

GHANA HEALTH SERVICE



STANDARD OPERATING PROCEDURES
ON
HEALTH INFORMATION

3RD Edition

Foreword to 3rd Edition

The Ghana Health Service over the years has been engaged in Health System Strengthening activities. As outlined in the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health in Africa in the New Millennium and its Framework for Implementation, the service has engaged the nine major priority areas to define the components of the system that needs strengthening.

Health information constitutes a major pillar of the entire health system. Developing a comprehensive Standard Operation Procedures (SOPs) for health information practices therefore form part of the overall effort of the Ghana Health Service towards strengthening health system in Ghana.

The second edition of the SOP used to train Health Workers in public, faith-based, quasi-government and private sectors, created awareness about availability of information, stimulated better understanding of health information management issues, engendered the production of quality data and use of information for decision making by managers.

Despite the improvement in information management at the district and regional level, it was realised that more needed to be done to improve data quality overall. It is in the light of this that the development of the third edition has become necessary.

The third edition has taken into consideration the review of some reporting forms and inclusion of other new forms in the sector. New variables in the reporting forms have all been included and some existing variables have their definitions clarified to conform to operational definitions.

This third edition is to enhance information use for decision making, improve efficiency in service delivery, improve supervision and monitoring, and contribute to pre-service training of health workers.

It is our hope that the use of this Standard Operating Procedures for Health Information will lead to the improvement in the quality of health information needed to make critical health decisions.

Dr Ebenezer Appiah-Denkyira
Director- General
Ghana Health Service

Acknowledgement

We acknowledge the effort of the staff of the Centre for Health Information Management (CHIM) who put together the First Edition of this SOP. We appreciate with much gratitude the effort of all the Divisions, Programs, Regional and District Health Directorates of the Ghana Health Service who provided and reviewed definitions for each element on the reporting forms and contributed immensely to the compilation of this very important document. We are also very grateful to Mr. Daniel Darko the past head of CHIM whose contribution to the first and second reviews cannot be over emphasized.

We further acknowledge the financial and technical assistance of the following donor partners and programs in the development of the various editions of the SOP.

Editions	Contributors
First Edition	World Health Organization (WHO) USAID Focus Region Health Project
Second Edition	Global Fund National Malaria Control Programme (NMCP) Malaria Care Population Council
Third Edition	USAID Systems for Health Project

List of Abbreviations

ACT	Artemisinin Combination Therapy
AERF	Adverse Event Reporting Form
AFP	Acute Flaccid Paralysis
ADH	Adolescent Health
ALOS	Average Length of Stay
ANC	Ante Natal Clinic
ARV	Anti-Retroviral
BF	Blood Film
BMC	Budget Management Centre
BMI	Body Mass Index
BOR	Bed Occupancy Rate
BP	Blood Pressure
BTR	Bed Turnover Rate
CBSV	Community Based Surveillance Volunteer
CHIM	Centre for Health Information Management
CHO	Community Health Officer
CHPS	Community-Based Health Planning and Services
CHRC	Child Health Record Card
CIC	Community Initiated Clinics
CoD	Cause of Death
CSO	Civil Society Organization
CWC	Child Health Clinic
DG	Director General
DDHS	District Director of Health Services
DHIMS	District Health Information Management System
DHIO	District Health Information Officer
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DQA	Data Quality Audit
EBF	Exclusive Breast Feeding
EPI	Expanded Programme on Immunization
FH	Foetal Heart
FHD	Family Health Division
FP	Family Planning
FPG	Fasting Plasma Glucose
GHS	Ghana Health Service
GOG	Government of Ghana
GRMA	Ghana Registered Midwife Association
Hb	Haemoglobin concentration
HIO	Health Information Officer
HITWG	Health Information Technical Working Group
HIV	Human Immuno-Deficiency Virus

HPG	Hour Plasma Glucose
ICD	Institutional Care Division
IGF	Internally Generated Fund
IME	Information Monitoring and Evaluation
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
LWR	Labour Ward Register
MCCD	Medical Certificate of Cause of Death
MDA	Ministries Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MOH	Ministry Of Health
MTMSG	Mother-to-Mother Support Group
MUAC	Mid- Upper Arm Circumference
NCHS	National Centre for Health Statistics
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
OPD	Out-Patient Department
OPV	Oral Polio Vaccine
PC	Personal Computer
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PPAG	Planned Parenthood Association of Ghana
PPFP	Post-Partum Family Planning
PPMED	Policy Planning Monitoring Evaluation Division
RDHS	Regional Director of Health Services
RHIO	Regional Health Information Officer
RHMT	Regional Health Management Team
SD	Standard Deviation
SDP	Service Delivery Point
SHR	School Health Register
SP	Sulphurdioxine Perimethamine
TB	Tuberculosis
TBA	Traditional Birth Attendant
TD	Tetanus Diphtheria
TT	Tetanus Toxoid
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization
WIFA	Women in Fertility Age

Table of Contents

List of Abbreviations	4
CHAPTER ONE	9
INTRODUCTION TO STANDARD OPERATING PROCEDURES FOR HEALTH INFORMATION MANAGEMENT.....	9
PURPOSE	9
CHAPTER TWO	11
DATA MANAGEMENT RESPONSIBILITIES	11
FACILITY LEVEL	12
DISTRICT LEVEL	12
REGIONAL LEVEL	12
NATIONAL LEVEL	13
CHAPTER THREE	14
ACTIVITIES AND TASKS FOR THE VARIOUS LEVELS	14
DATA COLLATION	16
DATA VERIFICATION AND VALIDATION	17
DATA TRANSMISSION	18
DATA ANALYSIS	18
REPORT WRITING	19
DATA STORAGE	19
DATA REQUEST/RELEASE	20
DATA QUALITY AUDIT (DQA)	21
DISSEMINATION	21
FACILITATIVE SUPERVISION	22
DISTRICT HEALTH DIRECTORATE LEVEL	22
DATA COLLATION	22
DATA VALIDATION	23
DATA TRANSMISSION	23
DATA ANALYSIS	24
REPORT WRITING	24
DATA STORAGE	24
DATA QUALITY AUDIT	25
DISSEMINATION	25
FACILITATIVE SUPERVISION	26
REGIONAL HEALTH DIRECTORATE LEVEL.....	26

DATA COLLATION	26
DATA VALIDATION	27
DATA TRANSMISSION	27
DATA ANALYSIS	27
REPORT WRITING	28
DATA STORAGE.....	28
DATA QUALITY AUDIT	29
DISSEMINATION	29
FACILITATIVE SUPERVISION	29
CENTRE FOR HEALTH INFORMATION MANAGEMENT (CHIM)	30
DATA COLLATION	30
DATA VALIDATION	30
DATA TRANSMISSION	31
DATA ANALYSIS	31
DATA STORAGE.....	32
DATA REQUEST/RELEASE	32
DATA QUALITY AUDIT	33
DISSEMINATION	34
FACILITATIVE SUPERVISION	34
GHANA HEALTH SERVICE	35
NATIONAL SUPPORT FOR DATA MANAGEMENT	35
APPENDIX	37
APPENDIX 1 – TASKS AND ACTIVITIES OF HIO ALL LEVELS.....	37
APPENDIX 2 – DISTRICT REPORT/RETURNS LOGBOOK.....	48
APPENDIX 3 – DATA CHANGE REQUEST FORM IN DHIMS2.....	49
APPENDIX 4 – FACILITY CREATION REQUEST FORM.....	50
APPENDIX 5 – REPORT WRITING FORMAT.....	51
APPENDIX 6 – DATA REQUEST FORM	55
APPENDIX 7 – CAUSES OF DEATH CERTIFICATE	56
APPENDIX 8 – REGISTERS AND FORMS.....	62
INSTITUTIONAL CARE DIVISION	62
FAMILY HEALTH REGISTERS AND REPORTING FORMS HEALTH PROMOTION DEPARTMENT	102
GLOSSARY OF FAMILY HEALTH INDICATORS	152
NUTRITION INDICATORS FOR DHIMS2	178
APPENDIX 9 PUBLIC HEALTH	188

NTP REGISTERS, FORMS AND INDICATOR DEFINITION	188
NATIONAL HIV/AIDS REGISTERS AND FORMS	202
EPI	211
APPENDIX 10 FINANCE	217
FINANCE FORMS	217
ADDITIONAL FINANCE INDICATOR DEFINITION	221
APPENDIX 11 – SPECIALISED SERVICES INDICATORS	222
APPENDIX 12 – ACCESS TO HEALTH SERVICES INDICATORS.....	224
APPENDIX 13 – INDICATORS ON MEASURES OF EFFICIENCY AND SERVICE QUALITY	227
APPENDIX 14 – INDICATORS ON FINANCE.....	229
APPENDIX 15 – INDICATORS ON PARTNERSHIP AND COLLABORATION.....	231

CHAPTER ONE

INTRODUCTION TO STANDARD OPERATING PROCEDURES FOR HEALTH INFORMATION MANAGEMENT

PURPOSE

This document on Standard Operating Procedures (SOPs) provides a formalized system to guide data collection, collation, storage, analysis, reporting and utilization. These standard procedures start before data collection and continue after reporting and utilization, requiring ongoing coordination and oversight.

These procedures outline how to manage data to obtain complete accurate and timely data to facilitate decision making in the service.

It also specifies the minimum data quality and quantity requirement as well as the procedures that will be used to analyse and report those data.

AIM

The aim of the SOP is to reach maximum accuracy, completeness, integrity and traceability of the data in the Ghana Health Service (GHS) and other health implementing agencies.

OBJECTIVES

1. Provide guidelines for maintaining a reliable data management system for the GHS
2. Provide guidelines for ensuring complete, accurate and timely data for service, donor partners and other stakeholders
3. Provide guidelines for prompt monitoring and evaluation.
4. Provide guidance for resolution of concerns and issues on ongoing programmes.

GUIDING PRINCIPLE

At all levels in the service, staff are involved in data management. Specified supervisory personnel are responsible for the monitoring and evaluation of all services.

This SOP is a written description of the routine methods and activities for managing data in the GHS. The SOP ensure that service providers follow the same procedures and that the procedures do not change as a result of change of personnel.

All health personnel should be thoroughly familiar with this SOP. Deviation from the SOP will affect data quality and integrity.

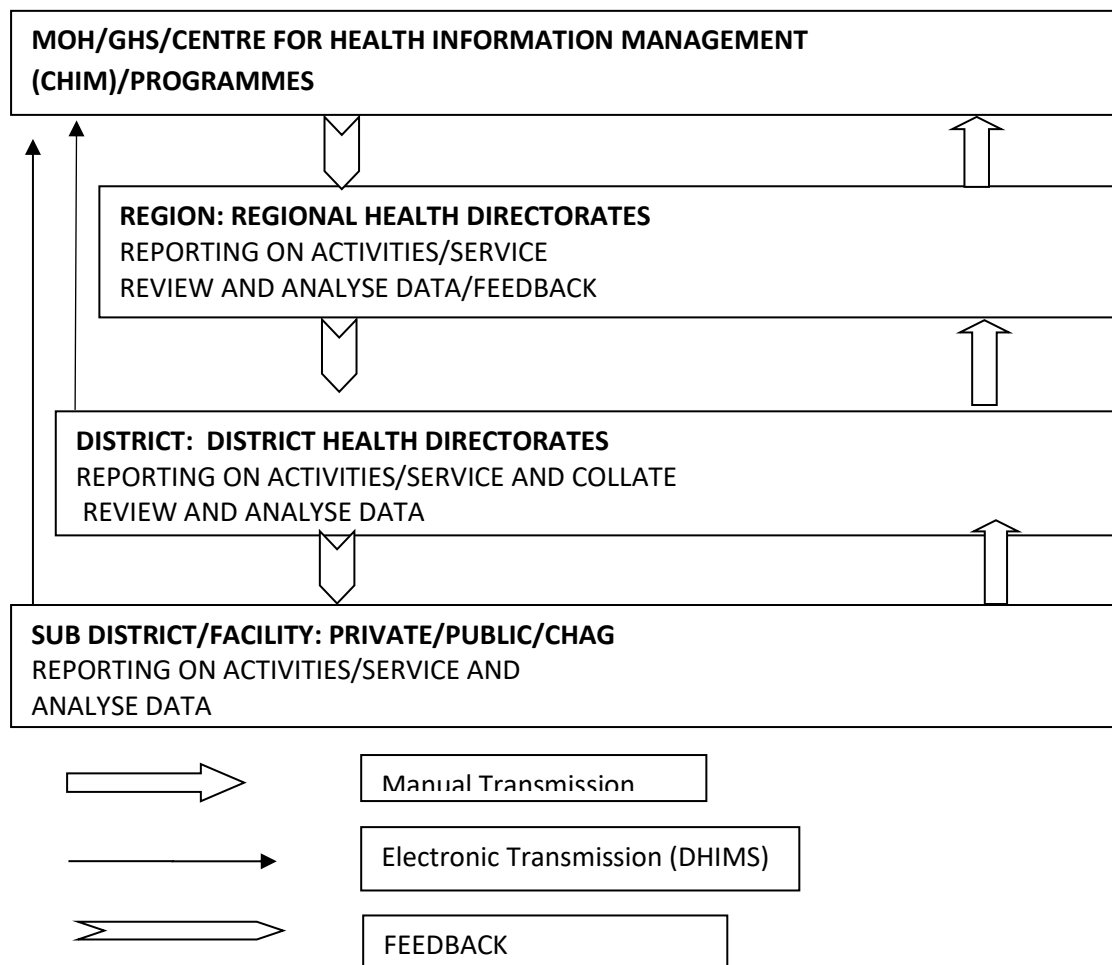
FLOW OF DATA

The Health Sector requirement is that all health facilities both private and public report on all services provided according to the agreed respective schedule. Facilities are to report through the Districts / Municipals / Sub-Metropolitan/ Metropolitan Health Directorates in which they are located as specified in Ghana Health Service Act, 525.

Facility summaries of all data collected are verified by In-charges and documented. Facilities shall validate their data for entry into District Health Information Management System (DHIMS). Facilities without access to computers shall submit their verified data to the sub-district for verification and data entry. Districts are to collate quarterly activity reports of sub-districts/facilities and submit to regions. Regions collate quarterly activity reports from districts and submit to Programmes and National level.

Regional Hospitals and some specialized health facilities perform day-to-day duties without the direct oversight of the District Health Directorates in which they are located. These reports are transmitted manually or electronically through the Region to the National level.

FIG.1. REPORT AND FEEDBACK FLOW

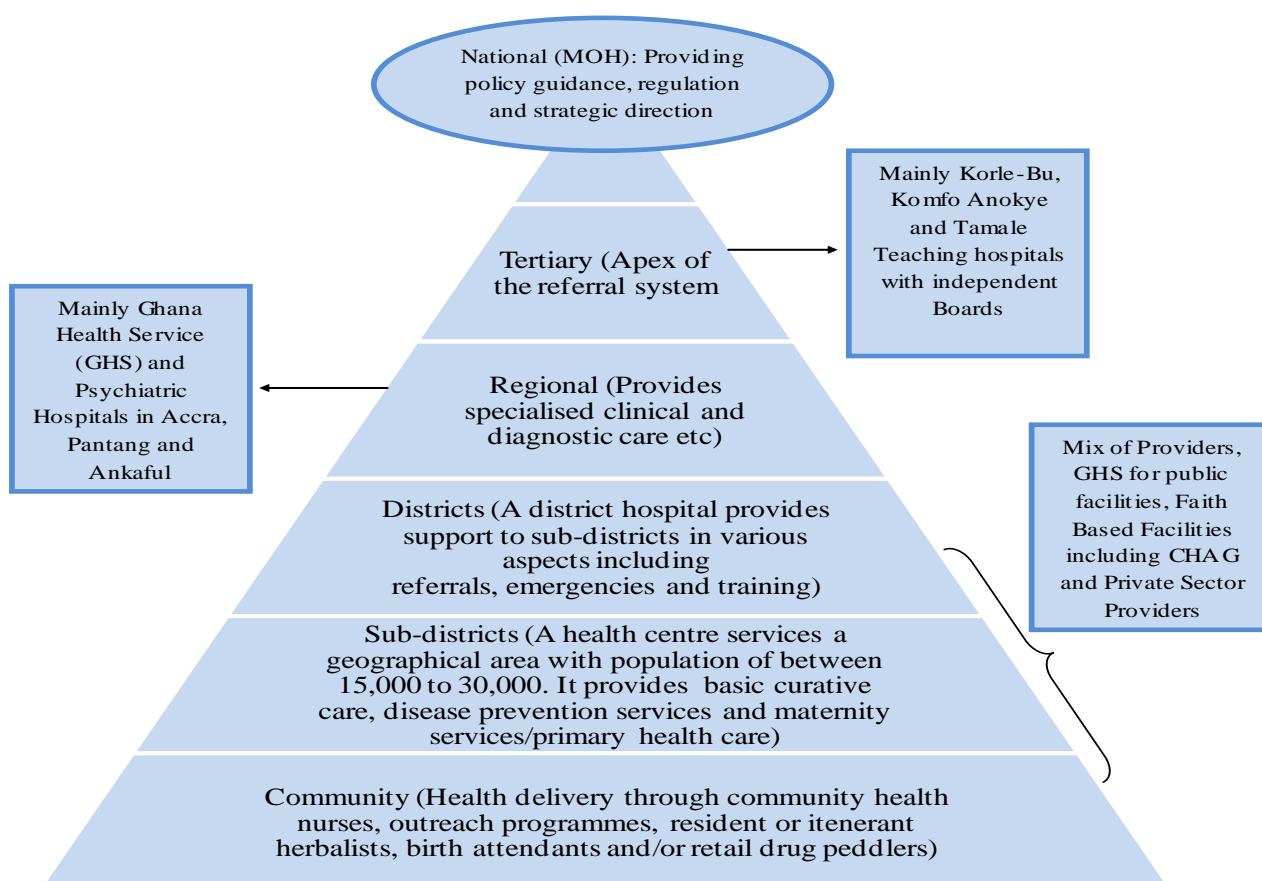


CHAPTER TWO

DATA MANAGEMENT RESPONSIBILITIES

The health system in Ghana is organized as a three tier system- District, Region and National. To improve access to health care, the sector has opened up to a wider range of providers, both public and private, at the national, regional and district levels; with the district having a sub-district level that incorporates a community health delivery system. Health interventions are packaged and delivered in communities, clinics, health centres, and district, regional and tertiary hospitals. Each level of service delivery has its management functions and activities.

Figure 2: Organisation of health services in Ghana



FACILITY LEVEL

Routine data collected from service delivery are first recorded into standard registers. Data is then collated from these registers into standardized reporting forms. Data on these reporting forms are then verified and validated for entry into the District Health Information Management System (DHIMS). Facilities data compilation and entry shall be completed by the 5th day of the ensuing month.

Sub-districts and Hospital activity reports shall be provided to the DHD on a quarterly basis. Reports shall be provided by the end of the second week of the month after the quarter. The head of the facility shall review and endorse the collated facility/sub-district data after it has been cleared by the data validation team, before submission to district.

DISTRICT LEVEL

Facilities/sub-districts without data entry capacity have up to the 5th of the following month to submit their data to the DHD. The district will then validate the data for entry into the DHIMS. The district has 10 days to, validate and enter data into DHIMS before signing off electronically on the 15th of the same month.

District activity reports shall be provided to the RHD on a quarterly basis. Reports should be provided by the end of the third week of the month after the quarter. The DDHS is responsible for final review and endorsement of district data before submission to region after validation.

REGIONAL LEVEL

Monthly district data will be provided through DHIMS by 15th of the following month to the regions. The region will have 10 days to validate data in DHIMS before signing off electronically on the 25th of the same month.

Regional activity reports which includes summary of all district activity reports shall be provided to the PPMED-GHS on quarterly basis. Reports should be provided by the first week of the second month after the quarter.

1. The Regional Health Information Officer (RHIO) is responsible for coordination of the validation of data from districts at the end of every month before it is signed off electronically.
2. It is mandatory that Regional Validation Team reviews the data entered into DHIMS by the districts to ensure consistency, completeness and accuracy before signing off electronically. The Regional Director of Health Services (RHDS) is responsible for

final review and endorsement of regional data before signing off of the data electronically.

NATIONAL LEVEL

Monthly Regional data will be available for use through the DHIMS by 25th of the following month by which time the region would have electronically signed off the data.

GHS activity reports shall be provided to the Policy Planning Monitoring and Evaluation Division – Ministry of Health (PPMED-MOH) on a quarterly basis. Reports should be provided by the first week of the second month after the quarter.

1. The National Health Information Officer (NHIO) is responsible for coordination of the validation of data from regions after it has been signed off electronically by the regions.
2. It is mandatory that the National Validation Team reviews the data signed off by the regions to ensure consistency, completeness and accuracy.

The NHIO is responsible for final review, analysis and endorsement before submission to the PPMED-GHS.

Signing off data electronically- this means an authorizing officer (eg. DDHS) at the defined level fills an electronic cover sheet acknowledging ownership and approving of the data in DHIMS.

CHAPTER THREE

ACTIVITIES AND TASKS FOR THE VARIOUS LEVELS

SERVICE PROVIDERS (ALL LEVELS)

DATA CAPTURE

Outpatient Services

Front Desk Instructions:

- Patient Reception: Refer Medical Records Operational Guidelines, Chapter 3
- Patient Registration: This may be manual or electronic.

Manual Registration:

- Check if patient has visited facility before and therefore has a patient number and folder.
- If patient has visited before locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number then assign a patient number and issue a folder.
- Register patient in Outpatient Register.
- Designate patient as **NEW PATIENT** or **OLD PATIENT** as appropriate. **NEW PATIENT** is one making first attendance at the facility in the calendar year. **OLD PATIENT** is one making subsequent attendance at the facility in the calendar year.

For other services use appropriate standard registers to register the patient e.g.

Physiotherapy Register. (Refer Medical Records Policy for guidance).

- Record using blue or black indelible ink/pens so that it is **readable**, write **legibly**.
- Record entries in **ALL** fields in the register.

Electronic Registration:

- Perform electronic search to determine if patient has visited before.
- If patient has visited before locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number then register patient electronically, assign a patient number and issue a folder.
- Designate patient as **NEW PATIENT** or **OLD PATIENT** as appropriate.

- Complete all fields in the electronic register using font size 12 and SANS SERIF font type.

Instruction for Consulting Room Register:

- Manual:
 - Register the client using the standard consulting room register.
 - Complete register with assistance from prescriber.
 - Complete **ALL** field and make sure no field is blank.
- Electronic:
 - Follow instructions given for the particular software.
 - Complete ALL fields and make sure no field is blank.
 - Use font size 12 and sans serif font type.
 - OPD cases seen outside the regular consulting hours should be recorded and added to the general OPD cases. E.g. clinical cases seen at ANC such as malaria in pregnancy.

Emergency cases:

Proceed to provide emergency services if the patient is unconscious

- Register clients using the appropriate register.
- Complete ALL fields and make sure no field is blank.
- Include total number of clients served at the emergency ward/unit for every given month to the relevant service report for the month (e.g. Total OPD attendance = Facility OPD attendance + Emergency Ward/Unit OPD attendance).

Outreach services:

- Register clients using the appropriate register.
- Complete ALL fields-Make sure no field is left blank.
- Include total number of clients served for each service area during outreach for every given month to the relevant service report for the month (e.g. Total ANC attendance = Facility ANC attendance + Outreach ANC attendance, Total OPD attendance = Facility OPD attendance + Outreach OPD attendance).

Inpatient Services (Refer Medical Records Policy):

- Register client at the records office using the Admission Register.
- Register the client in the ward using the Ward Register.
- Complete ALL fields in the registers.

Mortuary services:

- Register bodies using the Mortuary Register.
- Label the bodies appropriately.
- Complete **ALL** fields in the registers.

DATA COLLATION

This shall be a daily activity at all Service Delivery Points.

- Use standard tally sheet or books.
- Under each event/disease count the number of events. Do this by drawing tally marks to keep an accurate account of the data being collated using the five-bar-gate system. Sum up the tallies daily (Do this at the end of every clinic session) and at the end of every week.
- Sum up the weekly summaries at the end of the month.
- Collate data from the first to the last day of the month (e.g. 1st to 31st of July). Data collated for a particular month **shall** not overlap into the next month.
- Recheck totals (Verify) of every event/disease.
- Add the outreach, emergency and other services rendered in various parts of the facility.
- Keep tally sheets/books filed for audit purposes.
- Transfer totals unto appropriate standard reporting forms at the end of the month.
- Complete ALL fields that require data in the standard reporting forms.
- Facility In-charge or a designated person shall cross- check (validate) and sign all reporting forms.

- Hospitals and other health facilities with the capacities to do so shall enter data from the reporting forms into DHIMS.
- Complete ALL data fields in DHIMS.

DATA VERIFICATION AND VALIDATION

- Facility heads should set up Facility Data Validation Teams. The facility head is the chairperson of this team.
- Data verification and validation routine:
 - Meet monthly to verify and validate data before transmission.
 - Data validation meetings should be held between the 1st and the 4th of the following month.
 - Cross-check figures on the reporting forms with tallies from the register (verify)
 - Crosscheck total figures on the reporting forms (validate) for accuracy and completeness of reports.
 - Check for accuracy and completeness of data.
 - ✓ Crosscheck data consistency across returns.
 - ✓ Look for unusually low or high values for events/diseases and respond appropriately.
 - ✓ Compare with previous months and same period the year before.
 - Do necessary corrections before transmission.
- Chairperson of the validation team shall sign off the reports as validated.
- All errors detected after the submission of the reports can be changed upon submission of a completed **Data Change Request Form** to the DDHS. Upon approval the data can be changed. (see appendix 4)

LOCKING SYSTEM THAT WILL PREVENT DATA FROM BEING ALTERED

DATA WILL BE LOCKED 90 DAYS AFTER IT HAS BEEN ENTERED AND CAN NOT BE ALTERED AFTER THE ENTRY FIELDS HAVE BEEN LOCKED

DATA TRANSMISSION

This can be manual or electronic. Transmit reporting forms to the next level within the deadline (Facility to District – 5th of the ensuing month).

For the manual transmission

- All forms being submitted to the DHD shall be in duplicate (2 copies).
- The submitting officer shall ensure that both copies of all reports submitted to the DHD are stamped and the name and signature of the receiving officer as well as the date and time of receipt appended on them.
- A copy of the stamped duplicate forms shall be retained and properly filed at the facility level.
- The officer submitting the reporting forms shall ensure that the facility dispatch book is signed by the receiving officer at the district.
- The submitting officer shall ensure that the report is logged in the district reporting log book. see **Appendix 2**

For the electronic Transmission

- Data is entered into DHIMS.
- The officer in-charge of the facility shall sign off the data entered electronically by the 5th of the ensuing month.

DATA ANALYSIS

- Always indicate the level of completeness of data being used for the analysis.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross tabulate events/cases by months, age, sex, location etc.
- Compare performance with targets and/or historical data.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

(Refer to Data Utilization Manual)

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized report writing format.(Appendix 3)
- Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

Manual Storage

- All registers shall be kept for life. District and Regional Managers shall put in place an archival system to ensure the storage of the registers.
- Provide adequate secure space and cabinets for storing registers.
- File all tally sheets by type chronologically and store in secured place.
- File all reporting forms by type chronologically and store in secured place.

For Electronic Storage

- Set up and ensure daily data updates and back-up.
- External drives/Storage devices shall be used to back-up and update data and reports generated from DHIMS
- Establish an OFFSITE (outside the facility) back up facility.
- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

Filing and Record Keeping

Items Needed: Folder or file, external storage media (External hard drive, compact disks (CD) etc.)

- Assign separate folders for keeping both soft copies and hard copies of source (registers) and aggregated data/records.
- At the end of each day of update, save data on computer and an assigned external storage medium.
- At the end of every month , save data on computer and a copy on an external storage medium (e.g. flash drive, external hard drive)

- Print hard copies and place in designated folders and keep in a cabinet (or any other records keeping system used in the facility), monthly, quarterly or as required.
- The filing and record keeping system used should allow for easy retrieval of information. (Refer to Chapter 5 of Medical Records Policy)

DATA REQUEST/RELEASE

Medical Superintendents and Medical Directors shall authorize data request from their facilities. .

External Request (Request from outside the GHS)

All data requests shall be written and duly endorsed by the person/organization making the request stating reasons for the request.

Upon Receipt of Request:

- Ensure that all data requests are well documented and filed as evidence.
- If the authorizing officer approves the request, then he/she shall assign an officer to work on it with the Health Information Officer; after which the Authorizing Officer shall release the data so requested.
- The authorizing officer shall ensure that copies (electronic/manual) of all data released are duly filed.
- All data shall not be patient identifiable and unlinked to client records. (Refer to Chapter 5 of Medical Records Policy).

Client Personal information shall not be released to any person other than the client, or his authorized representative except with the consent of the client or the consent of the authorized representative or as required by law.(Refer to Code of Ethics of GHS)

Internal Request (Request from within GHS)

- An Internal memo shall be written and duly signed by person or department making the request.
- Individuals and departments can make request through their respective heads for data within the GHS at all levels. Request shall include reasons and uses to which report or data will be put to.
- If the authorizing officer approves the request, then he/she shall assign an officer to work on it with the Health Information Officer; after which the Authorizing Officer shall release the data so requested.

- The authorizing officer shall ensure that copies (electronic/manual) of all data released to persons/organizations are duly filed.
- All data shall be anonymized and unlinked to client records before data are released. (Refer to Chapter 5 of Medical Records Policy).

DATA QUALITY AUDIT (DQA)

(Composition of the teams specified in DQA Manual)

Polyclinics, District, Regional and Tertiary Hospitals may perform DQA quarterly in their respective facilities.

District DQA teams shall perform data quality audit for Hospitals, Health Centers, Clinics and CHPS Compounds.

For facilities performing their own DQA:

- Set up DQA team.
- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

- Develop a dissemination plan for the facility.
- Identify and make a list of all stakeholders who will receive the disseminated information. (E.g. Unit committees, District Health Committees, District Assembly, Facility Boards, NGOs, Community members etc.)
- Identify appropriate communication channels for dissemination (e.g. Gong-Gong, Information Centres, FM Stations, Workshops, Print Media, Bulletin, Internet, and Mobile Phones etc.).
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize quarterly supervisory visit to provide technical support to department/units (The principle is to teach, coach, guide and support officers to do their work better). Within departments it will be necessary to do this more frequently.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools should be developed and supervisors trained to use the tools.
- Review performance of departments/units prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the units/departments.

DISTRICT HEALTH DIRECTORATE LEVEL

DATA COLLATION

- Receive and record all reports from facilities.
- The receiving officer shall stamp, and append his/her name, signature, date and time of receipt to the reports being received. One copy shall be retained and the other given to the submitting facility for their records.
- Check for the number of returns expected from that particular facility - Use a log book with the list of facilities in the district and the reports expected from each of them. Write the date submitted for every report submitted by facility in the log book. **(Appendix 2)**
- Check to ensure that every required field on all the forms is filled.
- Glance through the reports and give an immediate feed-back if the person submitting the report is appropriate or provide written feed-back within 72 hours on completeness.
- If data is submitted by e-mail, written feedback shall be sent to the Head of Facility to acknowledge receipt. This shall indicate any follow-ups needed.

- Before data entry into DHIMS, check to see whether all facilities have reported.
- Re-check totals of every event/disease from each facility.
- File reporting forms from all facilities for audit purposes.
- Enter data from the reporting forms into the appropriate screens in DHIMS.

DATA VALIDATION

All District Health Directorates shall form District Data Validation Teams.

The team shall meet monthly to validate data before signing it off. Write minutes of all monthly data validation meetings and file.

- The DDHS is the chairperson of the validation team.
- Post dates for data validation meetings on district notice boards.
- Establish data validation routine-
 - Data validation routine:
 - Meet monthly to validate data before signing it off.
 - Data validation meetings shall be held by 14th of every month.
 - Check for accuracy and completeness of data.
 - Crosscheck data consistency across returns.
 - ✓ Look for unusually low or high values for events/diseases.
 - ✓ Look for rare events e.g. guinea worm, yellow fever, lassa fever.
 - ✓ Compare with previous months and same period previous years.
 - Alert facilities on inconsistencies, discrepancies and rare events.
 - Follow-up to ensure appropriate corrective actions are taken on unusual and rare events.
- Chairperson of the validation team shall sign off the reports as validated.

DATA TRANSMISSION

Transmission of data shall be through the DHIMS

- The medical superintendents at the health facilities shall sign off the data entered electronically by the 5th of the ensuing month

- DDHS shall sign off the data entered electronically by the 15th of the ensuing month.
- Save data on an appropriate storage device paper based and electronic both onsite and offsite

DATA ANALYSIS

There shall be analysis and interpretation of service data at the DHD. This shall form the basis for all planning, monitoring and decision making process to guide service delivery.

In doing the analysis:

- Always indicate the level of completeness and date of data being used for analysis.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare district performance with targets and or historical data.
- Compare performance between sub-districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized reporting format. (See appendix 3)
- Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

Manual storage

- All reporting forms shall be kept for life or archived electronically if there is need to destroy them.
- DHD shall ensure that facilities have adequate secure space for documents storage.

- DHD shall provide an archival system to ensure the storage of the registers from the facilities.
- File all reporting forms by type chronologically and store in a secured place.

For electronic storage

- Set up and ensure monthly data updates and back-up.
- External drives/Storage devices shall be used to back-up and update data from all computers used to collect data, whether networked or stand-alone.
- Establish an OFFSITE (outside the facility) back up facility.
- Set up user accounts that define levels of accessibility of data.
- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

DATA QUALITY AUDIT

District DQA teams shall perform data quality audit for Hospitals, Health Centres and CHPS Compounds.

District shall:

- Set up DQA team.
- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

- Develop a dissemination plan for the district.

- Identify and make a list of all stakeholders (E.g. Unit committees, District Health Committees, District Assembly, Facility Boards, NGOs, Community members etc.)
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channel for dissemination (e.g. Gong-Gong, Information Centres, FM Stations, Workshops, Print Media, Bulletin, Internet, and Mobile Phones etc.)
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision shall be performed at all levels. Supervisors at all levels shall organize quarterly supervisory visit to provide technical support to sub-districts/facilities. The principle is to teach, coach, guide and support officers to do their work better.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools shall be developed and supervisors trained to use them.
- Review performance of departments/units prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the units/departments and incorporate them into future supervisory plans.

REGIONAL HEALTH DIRECTORATE LEVEL

DATA COLLATION

Data entered into DHIMS at the Districts is visible to the Region. However, the Region cannot work with it until it is signed off by the district or after the expiration of the official reporting date (15th of the ensuing month).

The Region shall:

- Send reminders to districts if after the 15th of the month data from the district is not signed off.

- Check in DHIMS for data completeness from the districts.
- Examine the data within 72 hours after it has been signed off by the district and give feedback on completeness, timeliness and inconsistencies.
- Sign off Regional data by the 25th of the ensuing month.

DATA VALIDATION

All the Regional Health Directorates shall set up Regional Data Validation Teams.

Meet monthly to validate data before signing off data. Write minutes of all monthly data validation meetings. File minutes and send electronic copies to the National level.

- The RDHS is the chairperson of this team.
- Post dates for data validation meetings on notice board at RHD.
- Meet monthly to validate data entered into the DHIMS by district by the 24th of the month.
- Establish data validation routine-
- Data validation routine:
 - Check for accuracy and completeness of data
 - Crosscheck data consistency.
 - Look for unusually low or high values for events/diseases.
 - Look for rare events e.g. guinea worm, yellow fever, lassa fever.
 - Compare with previous months and same period previous years.
 - Alert districts on inconsistencies, discrepancies and rare events.
- Chairperson of the validation team should sign off the reports as validated.

DATA TRANSMISSION

Transmission of data shall be through the DHIMS

- Save all Regional data on an appropriate storage device paper based or electronic at both on-site and off-site.

DATA ANALYSIS

There shall be comprehensive analysis and interpretation of service data at the RHD. This shall form the basis for all planning, monitoring and decision making process at the Regional level.

In doing the analysis:

- Always indicate the level of completeness and date of data being used.
- Run frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare district performance with targets and or historical data.
- Compare performance between districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

(Refer Data Utilization Manual)

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized reporting format. (**Appendix 3**).
- Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

It is recommended that RHD print a summary of the complete regional, districts and facilities reports; and file appropriately.

For the electronic data:

- Set up and ensure monthly data back-ups and updates.
- External drives/Storage devices shall be used to back-up and update data from all computers used to collect data, whether networked or stand-alone.
- Establish an OFF-SITE (outside the facility) back up facility.
- Set up user accounts that define levels of accessibility of data.

- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

DATA QUALITY AUDIT

All the regional health directorates shall set up Regional DQA teams.

Regional DQA teams shall perform data quality audit for Facilities, Districts, and Regional Hospitals.

Regions shall:

- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

All Regional reports shall be disseminated to relevant stakeholders in the region.

The region shall:

- Develop a dissemination plan.
 - ✓ Identify and make a list of all stakeholders. e.g. Regional Coordinating Council (RCC) Regional Health Committees, District Assemblies, Facility Boards, NGOs, Community members, the Media etc.)
 - ✓ Identify the relevant information to be communicated to the stakeholders.
 - ✓ Identify appropriate communication channel for dissemination (e.g. Print and Electronic Media, Bulletin, Internet, Workshops, Meetings, Mobile Phones etc.)
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

The Region shall perform facilitative supervision at all levels. Supervisors shall organize quarterly supervisory visit to provide technical support to districts, sub-districts and facilities. The principle is to teach, coach, guide and support officers to do their work

better. To ensure an integrated and effective supervision, the composition of the team shall comprise of technical personnel from all the departments/units.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools shall be developed and supervisors trained to use them.
- Review performance of districts, sub-districts and facilities prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the districts, sub-districts and facilities

CENTRE FOR HEALTH INFORMATION MANAGEMENT (CHIM)

DATA COLLATION

Data entered into DHIMS from all levels is visible at the National level. However, National cannot work with it until it is signed off by the Region or after the expiration of the official reporting (25th of the ensuing month).

- *CHIM shall send reminders to regions if by the 25th of the month the Regions have not signed off the data. Once data is available for use, check in DHIMS for completeness and timeliness by regions and send feedback.*
- *Examine the data within 5 working days after it has been signed off by the region and send feedback on completeness and inconsistencies.*
- *Chairperson of the DVT shall finally authorize the data for use one month after the RHD sign-off date.*

DATA VALIDATION

The Director of PPME shall set up a National Data Validation Team. The team shall meet quarterly to validate data before making it available for use for the quarterly reports. Minutes of all quarterly data validation meetings shall be written.

The Head of Information, Monitoring and Evaluation (IME) of PPME shall be the chairperson of the team.

The Head of IME of PPME shall:

- Post dates for data validation meetings on CHIM's notice board, CHIM website chimgh.org and by e-mail.
- Establish data validation routine.
 - Data validation routine:
 - Meet monthly to validate data.
 - Data validation meetings shall be held after 25th of the month to the end of the month.
 - Check for accuracy and completeness.
 - Cross check data consistency
 - Look for unusually low or high values for events/diseases.
 - Look for rare events e.g. guinea worm, yellow fever, lassa fever
 - Compare with previous months and same period previous years.
 - Alert districts on inconsistencies, discrepancies and rare events.
- Chairperson of the validation team shall send written feedback to regions and districts after the reports have been validated.
- Regions and districts shall have one month after the scheduled signing off to effect any changes.
- Changes cannot be effected after the next sign-off date
- Chairperson of the DVT shall finally authorize the file of the data one month after the RHD sign-off date.

DATA TRANSMISSION

- Transmission of quarterly reports to IME (and other Divisions) shall be within the stipulated times: end of 1st week in May, August, Nov and Feb of the following year
- Document the reports sent to IME and other Divisions. Print forwarded email and file.
- File copies of all reports sent out as appropriate.

DATA ANALYSIS

There shall be comprehensive data analysis and interpretation of service data at CHIM to enable them provide IME and the Division monthly reports. This shall form the basis for all planning, monitoring and decision making process within the GHS.

In doing the analysis:

- Always indicate the level of completeness and date and time of data being used.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare regional and district performance with targets and or historical data.
- Compare performance between regions, districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

DATA STORAGE

- Set up and ensure monthly data updates and back-up
- Establish an offsite back-up system. (National level server)
- Set up administrator account to define security levels for user of computers to secure data.
- Keep rooms where data are stored out of bounds to unauthorized persons.

DATA REQUEST/RELEASE

External request

Ensure that all data requests are written and duly signed by the person/organization making the request.

- The Director General of GHS shall approve all data requests.
- The Director General shall refer the request to the Director PPME
- The Director PPME refers to Head of CHIM
- Head of CHIM shall assign a staff to work on the request.
- Director PPME shall certify the data when finished and release it to the person/organization making the request.
- File all data request letters and forms appropriately.

- File all copies (electronic/manual) of all data released to persons/organizations.

Internal Request

Internal memo shall be written and duly signed by person or unit making the request.

- For request emanating from programs, the request shall be routed through the Program Manager to the Divisional Director.
- The Director PPME shall approve all internal requests, The Director PPME shall refer to Head of CHIM
- Head of CHIM shall assign a staff to work on the request.
- Head of CHIM shall certify the data and release it to the person or unit making the request.
- File all data requests memos appropriately.
- File all copies (electronic/manual) of all data released to person/unit

DATA QUALITY AUDIT

Institutional Care Division, PPME and other divisions and Programmes shall set up National DQA teams.

National DQA team shall support the RDQA and DDQA teams to perform data quality audit at their respective levels.

The National DQA teams shall:

- Select relevant indicators for each audit.
- Perform DQA on request from regions. (use DQA manual as a guide)
- Support Regions and Districts to write report, develop action plan to address identified gaps in DQA.

DISSEMINATION

Reports from analysed data and interpretations shall be disseminated to relevant stakeholders at the national level.

PPME (IME) shall:

- Identify and make a list of all stakeholders. (e.g. MOH, Sector Ministries, NGOs, Development Partners, Parliamentary Select Committee, Health Training Institutions, etc.)
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channel for dissemination (Print and Electronic Media, Bulletin, Internet, Workshops, Meetings, Mobile Phones etc.)
- Develop a dissemination plan.
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision shall be performed at all levels. National supervisors shall organize quarterly supervisory visits to provide technical support to Regions and Districts. The principle is to teach, coach, guide and support officers to do their work better. To ensure an integrated and effective supervision, the composition of the team shall comprise of technical personnel from all the divisions.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools should be developed and supervisors trained to use the tools.
- Review performance of regions, districts, sub-districts and facilities prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the regions.

GHANA HEALTH SERVICE

NATIONAL SUPPORT FOR DATA MANAGEMENT

The Director General shall establish a Health Information Technical Working Group (**HITWG**) to promote and oversee information management. Membership shall be from all stakeholders with Chairperson from PPME.

Functions:

- Set standards for information management.
- Develop and/or adapt Health Sector Indicators.
- Set standards for information management equipment and software.
- Coordinate systems for data management
- Coordinate the development and modification of data management tools.
- Facilitate the procurement and distribution of data management tools by MOH.
- Regulation of health information system deployment in facility.

PPME shall collaborate with other Divisions, Departments and Programmes on information management issues:

- a. Collaboration with ICT department and regional IT managers on:
 - i. Standards setting (software and hardware).
 - ii. Trouble shooting and hardware support for Regions and Districts
 - iii. ICT capacity building in use of software.
 - iv. Advise on eHealth and other ICT innovations in the service.
- b. Collaboration with all Divisions on data management issues:
 - i. Training on DHIMS.
 - ii. Training on the use of registers and reporting forms.
 - iii. Capacity building on data management.

- iv. Training on Medical Records Management in collaboration with stakeholders.
- c. Regulate the deployment of health information system in facility.
- Policy Planning Monitoring and Evaluation Division of the Ghana Health Service is developing a guideline to guide procurement and management of electronic medical records by facilities. Meanwhile, facilities are expected to seek clearance from the PPMED before embarking on procurement of an Electronic Medical Record. The chosen eMR should be able to perform the following:
- i. It should enable the hospital to manage their patients while they are in the hospital, both outpatient and inpatient.
 - ii. It should be interoperable and able to share data with the Basic Laboratory Information System (BLIS), iHRIS, dhis2 or DHIMS2 in Ghana
 - iii. It should be able to send health insurance claims electronically to the NHIA.

APPENDIX

APPENDIX 1 – TASKS AND ACTIVITIES OF HIO ALL LEVELS

Facility Level

Daily/Weekly Basis

Collation of returns (Dataset)

- *Receive and check obvious errors for immediate feedback to departments.*
- *Follow up on outstanding returns from various departments.*
- *Perform Data entry (DHIMS, e-Tracker and other Programmes).*
- *File all returns and reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*

Disseminate data

- *Brief Facility Management on result of data analysis and interpretation.*
- *Submit returns to appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in weekly management meetings.*
- *Perform daily data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases seen to appropriate office.*
- *Provide technical supervision for the health information staff.*
- *Ensure the physical security of all health records and release data only upon authorization.*
- *Perform any other official duties that will be assigned.*

Monthly

Compilation of returns

- *Follow up on outstanding reports.*
- *Sort, verify and update returns.*
- *Do data cleaning and reconciliation.*
- *Perform Data entry (DHIMS, e-Tracker and other Programmes).*
- *Coordinate the data validation process.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief Facility and Department Heads.*
- *Submit returns to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly meetings.*
- *Perform monthly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases seen to appropriate office.*
- *Monitor and Supervise units staff under your care.*
- *Update all activity and event monitoring charts.*
- *Perform other official duties that will be assigned.*

Quarterly/Half Yearly

Compilation of reports

- *Receive reports*
- *Follow up on outstanding reports (if any) from departments.*
- *Sort, verify and update and file reports appropriately.*

Analyse data

- *Perform quarterly Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Reports

- *Write quarterly/half yearly reports.*

Disseminate data

- *Brief Facility Management Team.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in Quarterly and Half yearly Facility meetings.*
- *Perform quarterly and half yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts (e.g. EPI coverage).*
- *Participate in surveys conducted by the facility.*
- *Participate in planning how to achieve set targets for sector wide indicators that are not achieved.*
- *Perform in other official duties that will be assigned.*

Annually

Annual compilation of returns

- *Receive reports.*
- *Follow up on outstanding reports.*
- *Clean and reconcile data.*
- *Sort, verify, update and file reports.*

Analyse data

- *Perform annual Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief facility management.*
- *Participate in report generation.*
- *Participate in annually report writing.*

Other activities

- *Participate in annual facility meetings.*
- *Perform yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts.*
- *Conduct surveys on some events.*
- *Plan on achieving set targets that were not achieved.*
- *Perform other official duties that shall be assigned.*

District

WEEKLY Basis

Collation:

- *Receive and check data for errors and give immediate feedback.*
- *Follow up on outstanding data and reports.*
- *Perform Data entry (DHIMS and other programmes.)*
- *Coordinate data entry by other officers.*
- *Update all records.*
- *File data and reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts and Tables etc. to show trends.*

Disseminate data

- *Briefing DDHS/DHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in weekly DHMT meetings.*
- *Perform weekly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases and events to appropriate office.*
- *Provide technical supervision for the medical records staff.*
- *Ensure the physical security of all health records and release data only upon authorization.*

- *Perform any other official duties that will be assigned.*

Monthly

Compilation

- *Receive and follow up on outstanding data and reports.*
- *Do cleaning and reconciliation.*
- *Enter Data (DHIMS and other programmes).*
- *Coordinate data entry by other officers.*
- *Sort, verify and update data where appropriate*
- *Coordinate data validation process.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief DDHS/DHMT, Program Heads.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly DHMT meetings.*
- *Perform monthly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases and events to appropriate office.*
- *Monitor and Supervise subordinates.*
- *Update events and disease monitoring charts.*
- *Identify those that need training, plan and effect training*
- *Perform other official duties that will be assigned.*

Quarterly/Half Yearly

Compilation of reports

- *Receive and follow up on outstanding reports.*
- *Sort, verify, update and file reports*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Reports

- *Participate in writing quarterly/half yearly reports.*

Disseminate data

- *Brief DHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in DHMT meetings.*
- *Perform quarterly and half-yearly data updates and back-up.*
- *Routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Updating of performance monitoring charts (e.g. EPI coverage).*
- *Participate in surveys in the district.*
- *Coordinate data entry by other officers.*
- *Participate in planning how to achieve set targets for sector wide indicators that are not achieved.*
- *Perform other official duties that will be assigned.*

Annually

Annual compilation of reports

- *Receive Follow up on outstanding reports.*
- *Clean and reconcile data in reports.*
- *Sort, verify and update and file reports*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief DHMT*

- *Participate in report generation for Feedback*
- *Participate in annually report writing*

Other activities

- *Participate in annual review meeting.*
- *Perform yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts.*
- *Conduct surveys on some events.*
- *Coordinate data entry by other officers.*
- *Plan on achieving targets that were not achieved.*
- *Perform any other official duties that shall be assigned.*

Regional Level

Weekly Basis

Collation of returns

- *Check DHIMS online for obvious errors for immediate feedback.*
- *Work in collaboration with other programme officers to ensure that they have their data from DHIMS.*
- *Follow up on outstanding dataset reports after due dates.*
- *File any other reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Print out analysis and file.*
- *Support other programme heads and units to analyse data.*

Disseminate data

- *Brief RDHS.*
- *Submit weekly reports to the RDHS.*
- *Feedback to who it may concern.*
- *Report findings from analysis to RHMT and DHMTs.*

Other activities

- *Participate in weekly RHMT meetings.*

- *Perform weekly data updates and back-up.*
- *Provide technical supervision for the Health information staff.*
- *Ensure the physical security of all health data and release data only upon authorization.*
- *Perform any other official duties that shall be assigned.*

Monthly

Compilation of reports

- *Receive and follow up on outstanding reports.*
- *Coordinate the data validation process.*
- *Send feedback on findings to Districts and programme Heads*
- *Prompt districts to sign-off DHIMS data after 15th of each month if not done.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Disseminate data

- *Brief RHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly RHMT meetings.*
- *Perform monthly data updates and back-up.*
- *Monitor notifiable and diseases targeted for elimination.*
- *Provide technical supervision for the Health information staff at Regional, and District levels including the Hospitals.*
- *Update performance monitoring charts.*
- *Perform any other official duties that shall be assigned.*
- *Facilitate routine PC maintenance and support Districts to do same.*
- *Participate in monitoring and supervision*

Quarterly/Half Yearly

Compilation of reports

- *Check DHIMS for errors for immediate feedback.*

- *Follow up on outstanding reports.*
- *File all reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Reports

- *Participate in the writing of quarterly/half yearly reports.*

Disseminate data

- *Brief RHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly RHMT meetings.*
- *Perform quarterly/half yearly data updates and back-up.*
- *Monitor notifiable and diseases targeted for elimination.*
- *Provide technical supervision for the health information staff at Regional, and District levels including the Hospitals.*
- *Update performance monitoring charts.*
- *Perform other official duties that shall be assigned.*
- *Perform routine PC maintenance and support Districts to do same.*

Annually

Annual compilation of returns (check on appropriateness)

- *Check DHIMS for obvious for immediate feedback.*
- *Follow up on outstanding reports.*
- *File all reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts and Tables etc. to show trends.*

- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Disseminate data

- *Brief RHMT.*
- *Participate in report generation for Feedback.*
- *Participate in annually report writing.*

Other activities

- *Coordinate and Participate in annually RHMT meetings.*
- *Perform annual data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Monitoring and Supervision.*
- *Update performance-monitoring charts.*
- *Conduct surveys on some events.*
- *Plan on achieving set targets that were not achieved.*
- *Perform in other official duties that will be assigned.*
- *Conduct training needs assessment at the regional and district levels on information management activities.*
- *Facilitate training in information management skills at regional and district levels including hospitals.*

TASKS AND ACTIVITIES HEAD OF CHIM

Compilation of reports

- *Follow up on outstanding reports from regions.*
- *Coordinate national level data validation process.*
- *Prompt regions to sign-off DHIMS data after 25th of each month if not done.*
- *Liaise with teaching hospitals for data.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Reports

- *Provide Monthly, Quarterly and Annual reports to PPME*
- *Produce Annual Facts and Figures.*
- *Support the training of health information staff and skills development at all levels.*
- *Support the work of the **HITWG**.*

Other activities

- *Perform data updates and back-up monthly, quarterly, half yearly and annually.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Monitoring and Supervision.*
- *Perform other official duties that will be assigned.*
- *Conduct training needs assessment at the regional and district levels on information management activities.*
- *Facilitate training in information management skills at regional and district levels including hospitals.*

APPENDIX 4 – FACILITY CREATION REQUEST FORM

REQUEST FOR ORGANIZATION UNIT CREATION AND UPDATE											
Organization unit				Organization unit				Organization unit			
Name:				Name:				Name:			
District				Sub-District				Facility			
New	Update	(If old indicate old)		New	Update	(If old indicate old)		New	Update	(If old indicate old)	
Name:				Name:				Name:			
								Type:		Ownership:	
Poulation:				Poulation:				Poulation:			
Coordinates: Latitude		Longitude		Coordinates: Latitude		Longitude		Coordinates: Latitude		Longitude	
Dataset				Dataset				Dataset			
Assign		De-assign		Assign		De-assign		Assign		De-assign	
Reason(s) for Request											
Request by:								Date:			
Approved By :								Date:			

APPENDIX 5 – REPORT WRITING FORMAT

REPORT WRITING FORMAT

Report writing at all levels shall be formatted in the format that is described below. It is Mandatory that every District/Region prepares and presents this written report.

FORMAT FOR ANNUAL REPORT 2013

Executive Summary

Should be organised along the strategic objectives of the HSMTD showing highlights of performance according to these objective

HO1: *Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor.*

HO2: *improve governance and strengthen efficiency in health service delivery, including medical emergencies.*

HO3: *Improve access to quality maternal, neonatal, child and adolescent health services.*

HO4: *Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles.*

HO5: *Improve Institutional Care Including Mental Health Service Delivery.*

Summary mention should be made of implementation of POW major achievements for the year under review

Chapters I: Introduction

- GHS as an organisation & its mandate
- Challenges
- Priorities
- Organisation of report

Chapter II: Leadership & Governance

Performance in this area

Policy reviews & changes

Planning Activities

General management issues -

Internal

- Directors & Divisional meetings, retreats & SMMs, GHSC activities
- Performance management processes - Performance agreements, etc.

External

- Health Summits & other meetings with external stakeholders - Business meetings, working group meetings, Inter Agency leadership meetings, intersectoral meetings, etc.

M & E activities & performance

- M& E activities including monitoring visits
- Review processes & performance

Internal Audit

Chapter III Health Financing

Include

- ✓ Analysis of NHIS activities, coverage by district & region, beneficiaries segregation
- ✓ Compare financial performance of the hospitals, HCs, & regions
- ✓ Sources and breakdown regional & district segregation (e.g. contribution from MMDAs, etc.)

Chapter IV Human Resources for Health

Include

- ✓ HR planning
- ✓ Payroll & nominal role: performance by regions & Divisions
- ✓ Compare HR budget with actual expenditure
- ✓ Promotions
- ✓ Disciplinary issues

Chapter V Support Services

Subtitles

- ✓ Health Infrastructure
- ✓ Health equipment
- ✓ Transport
- ✓ Administrative Communication & Records Management System

Detailed table of status of projects be put in annex

Chapter VI Disease Surveillance and Control Services

Include

- ✓ IDSR
- ✓ CBS - reporting rates & major events reported by CBS system

Chapter VII Reproductive Health, Maternal, Newborn, Child Health (RMNCH) Services

Subtitles

- ✓ Maternal and Newborn Child
- ✓ Child health
- ✓ School Health
- ✓ Adolescent Health
- ✓ Family Planning
- ✓ Nutrition

Chapter VIII Clinical/Institutional Care

Include

- ✓ new health facilities completed & operational, new ones initiated & major gaps
- ✓ New health services introduced (where, performance)

Chapter IX Community Engagement and Partnerships

Include

Subtitles

- ✓ Community based Services (CHPS)
- ✓ Intersectoral Collaboration
- ✓ Engagement of Development Partners & NGOs

Chapter X Health Information, ICT & Health Research

Subtitles

- ✓ HMIS
- ✓ ICT
- ✓ Health research

ANNEXES

Include

Table of Development partner/NGOS, their areas of operation (geographical & service areas)

Details of health statistics that is not in the main body of the report. E.g. details of some hospital statistics, EPI, MNCH etc.

General Comments

Analysis statistics & issues by geographic, type, gender, etc.

Provide explanations for results

Identify gaps and the needed actions to be taken identified.

The review should include the use of the BNA indicators to review performance.

Put detailed tables in annex

APPENDIX 6 – DATA REQUEST FORM



NAME: _____

INSTITUTION: _____

TEL NO: _____ **DATE OF REQUEST:** _____

SPECIFIC DATA REQUIRED:

PURPOSE OF DATA REQUEST:

EMAIL _____

SIGNATURE _____

FOR OFFICIAL USE ONLY

APPROVED BY _____ **OFFICER ASSIGNED** _____

DATE ASSIGNED _____ **DATE COMPLETED** _____

REMARKS _____

Certified data request form is available at a fee to be determined by the CHIM .

APPENDIX 7 – CAUSES OF DEATH CERTIFICATE

MINISTRY OF HEALTH



MEDICAL CAUSE OF DEATH CERTIFICATE

I hereby certify that I have medically attended.....
of....., that I last saw on.....(DD/MM/YY)

Administrative Data																			
Folder No.		CoD Certificate No.				Facility code													
Sex		<input type="checkbox"/> Female				<input type="checkbox"/> Male		<input type="checkbox"/> Unknown											
Date of birth		D	D	M	M	Y	Y	Y	Y	Date of death		D	D	M	M	Y	Y	Y	Y
Frame A: Medical data: Part 1 and 2																			
1		Cause of death										Time interval from onset to death							
Report disease or condition directly leading to death on line a		a																	
Report chain of events in due to order (if applicable)		b Due to:																	
State the underlying cause on the lowest used line		c Due to:																	
		d Due to:																	
2		Other significant conditions contributing to death (time intervals can be included in brackets after the condition)																	
Frame B: Other medical data																			
Was surgery performed within the last 4 weeks?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
If yes please specify date of surgery		D	D	M	M	Y	Y	Y	Y										
If yes please specify reason for surgery (disease or condition)																			
Was an autopsy requested?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
If yes were the findings used in the certification?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
Manner of death:																			
<input type="checkbox"/> Disease		<input type="checkbox"/> Assault				<input type="checkbox"/> Could not be determined													
<input type="checkbox"/> Accident		<input type="checkbox"/> Legal intervention				<input type="checkbox"/> Pending investigation													
<input type="checkbox"/> Intentional self-harm		<input type="checkbox"/> War				<input type="checkbox"/> Unknown													
If external cause or poisoning:		Date of injury		D	D	M	M	Y	Y	Y	Y								
Please describe how external cause occurred (If poisoning please specify poisoning agent)																			
Place of occurrence of the external cause:																			
<input type="checkbox"/> At home		<input type="checkbox"/> Residential institution				<input type="checkbox"/> School, other institution, public administrative area				<input type="checkbox"/> Sports and athletics area									
<input type="checkbox"/> Street and highway		<input type="checkbox"/> Trade and service area				<input type="checkbox"/> Industrial and construction area				<input type="checkbox"/> Farm									
<input type="checkbox"/> Other place (please specify):		<input type="checkbox"/> Unknown																	
Foetal or infant Death																			
Multiple pregnancy		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
Stillborn?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
If death within 24h specify number of hours survived						Birth weight (in grams)													
Number of completed weeks of pregnancy						Age of mother (years)													
If death was perinatal, please state conditions of mother that affected the fetus and newborn																			
For women, was the deceased pregnant?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
<input type="checkbox"/> At time of death		<input type="checkbox"/> Within 42 days before the death																	
<input type="checkbox"/> Between 43 days up to 1 year before death		<input type="checkbox"/> Unknown																	
Did the pregnancy contribute to the death?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown													
Witness by my hand this day																			
Signature:																			
Medical Qualification:																			
Address																			
.....																			

DEFINITIONS FOR CAUSE OF DEATH CERTIFICATE

SN	Variable	Definition	Data Source	Purpose/Rationale
1	Name of Deceased	Full name of deceased patient as in hospital records	Patient's folder	For identification of the deceased
2	Address of deceased	Traceable residential address of deceased patient	Patient's folder	Help contact tracing in event of death from an infectious disease
3	Date last reviewed	Date when patient was last reviewed by clinician	Patient's folder	To confirm receipt of medical care prior to death
Administrative Data				
4	Folder Number	Deceased OPD registration number as documented on folder	Patient's folder	Help with tracing deceased case notes
5	Certificate of CoD Number	Unique ID assigned to each certificate, composed from facility code, and a unique serial number with prefix "D"	To be generated by facility Health Information Officer	for data analysis and archiving
6	Facility Code	Unique DHIMS2 code that identifies a particular facility	DHIMS 2	Indicates facility where death occurred
7	Serial Number	A unique serial number with prefix "D" assigned to a deceased.	To be generated by facility Health information Officer	Indicate the serial number of CoD Certificate issued
8	Sex	Indicates whether deceased is a male or female	Patient's folder	Identity confirmation and data analysis
9	Date of birth	Date on which deceased was born	Patient's folder	Identity confirmation and data analysis
10	Date of death	Date on which deceased died	Patient's folder	For Data analysis, required for death certificate by Birth and Death registry
Frame A: Medical Data: Part 1 and 2				
11	Cause of Death		Patient's folder or Autopsy report	For statistical analysis
12	Part 1	a Disease or condition directly leading to death It means the disease, injury or complication		The immediate cause of death is entered at Part I(a). If the death was a consequence of another disease or condition, this underlying cause should be entered at I(b). If there are more

SN	Variable	Definition	Data Source	Purpose/Rationale
		that caused death	events leading to death, write these in order at I(c) and I(d).	
	b	Intervening Cause of (a)		For statistical analysis
	c	Intervening cause of (b)		For statistical analysis
	d	Originating cause of (c)		For statistical analysis
13	Part 2	Used for conditions that do not belong to the sequence but still contributed to death, for example by impairing the patient's general condition	Patient's folder or Autopsy report	For statistical analysis
Frame B: Other Medical Data				
(Used for collecting additional information on the manner of death, information on foetal and infant deaths and information related to maternal deaths)				
14	Prior Surgery	Indicates whether surgery was performed within the last 4 weeks prior to death	Patient's folder	For statistical analysis
15	Date of Surgery	Date deceased patient had last surgery	Patient's folder	To establish possible causality
16	Reason for Surgery	Indication for surgery	Patient's folder	Tells what was wrong with patient
17	Autopsy Request	Indicates whether an autopsy was requested	Patient's folder Coroner inquest	To establish the most probable cause of death
18	Autopsy findings for certification	Indicates whether findings of autopsy was used in completing the CoD Certificate	Autopsy report	For statistical analysis
Manner of death				
19	Disease	Whether death was due to a disease	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
20	Accident	Whether death was as a result of an accident	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
21	Intentional self-harm	Whether death was as a result of a self-inflicted injury	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
22	Assault	Whether death was as a result of physical attack	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
23	Legal intervention	Whether death was authorized by a court of law	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
24	War	Whether death occurred during a war	Patient's folder, Autopsy report Coroner inquest	For statistical analysis

SN	Variable	Definition	Data Source	Purpose/Rationale
25	Could not be determined	Where manner of death is indeterminate	Autopsy report	For statistical analysis
26	Pending investigation	Where manner of death is under investigation	Patient's folder, Coroner inquest	For statistical analysis
27	Unknown	Where manner of death is not known		For statistical analysis
28	External Cause of Death	Where manner of death is either accident, intentional self-harm, assault, legal intervention or war	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
29	Date of injury leading to death	Indicates date of injury where death was due to external cause or poisoning	Patient's folder, Autopsy report Coroner inquest	To give an indication of causality
30	Description of occurrence of external cause	Description of how external cause occurred (Where poisoning, agent has to be specified)	Patient's folder, Autopsy report Coroner inquest	To give an indication of causality
31	<i>Place of occurrence of external cause</i>	Where deceased experienced the external cause of death	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
32	Home	Where deceased ordinarily resides	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
33	Residential Institution	Institution that accommodates such as a boarding house, hostel, orphanage etc.	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
34	School, other institution, public administrative area	Educational facility, workplace etc.	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
35	Sports and athletics area	Place designated for sporting and athletic activities	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
36	Street and highway	Along a street or highway	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
37	Trade and service area	Place of commercial activities eg. Market, shopping mall etc	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
38	Industrial and construction area	Site with ongoing industrial or constructional activities eg, factories, building sites etc	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
39	Farm	A place where growing of crops and rearing of animals are ongoing	Patient's folder, Autopsy report Coroner inquest	For statistical analysis
40	Other place	Place of injury different from above listed	Patient's folder, Autopsy report Coroner inquest	For statistical analysis

SN	Variable	Definition	Data Source	Purpose/Rationale
41	Unknown	Place of injury unknown		For statistical analysis
Foetal or infant death				
42	Multiple pregnancy	Pregnancy with two or more fetuses in-utero	Mother's ANC Booklet/ Mother's folder	For statistical analysis
43	Stillborn	Baby born dead after 28 completed weeks of pregnancy	Delivery book ANC Booklet	For statistical analysis
44	If death within 24h specify number of hours survived	Number of hours lived by baby before death, provided death occurred within 24hours of delivery	Infant's folder	For statistical analysis
45	Birth weight	(in grams)	Delivery book ANC Booklet	For statistical analysis
46	Number of completed weeks of pregnancy	Gestation in weeks	ANC Booklet	For statistical analysis
47	Age of mother	Age of mother in years	ANC Booklet Mother's folder	For statistical analysis
48	If death was perinatal, please state conditions of mother that affected the fetus and newborn	Maternal condition that caused a stillbirth or a new born death with first seven days of life	ANC Booklet Mother's folder	For statistical analysis To give an indication of causality
For women, was the deceased pregnant?				
49	At time of death	Deceased died with foetus in-utero	Patient's folder, Autopsy report Coroner inquest	For statistical analysis To give an indication of causality
50	Within 42 days before the death	Deceased was carrying a pregnancy which ended within 42-days prior to the date of death	Patient's folder, Autopsy report Coroner inquest	For statistical analysis To give an indication of causality
51	Between 43 days up to 1 year before death	Deceased was carrying a pregnancy which ended within 43 days to one year prior to the date of death	Patient's folder, Coroner inquest	For statistical analysis To give an indication of causality
52	Unknown	Deceased was carrying a pregnancy prior to the date of death but the time the pregnancy ended is not known	Patient's folder, Autopsy report Coroner inquest	For statistical analysis

SN	Variable	Definition	Data Source	Purpose/Rationale
53	Did the pregnancy contribute to the death?	Whether pregnancy played a role in death of a woman	Patient's folder, Autopsy report	To give an indication of causality
54	Witness by my hand this day	Date medical personnel signed deceased certificate	CoD Certificate	Confirm identity of person signing the CoD Certificate
55	Signature:	Signature of medical personnel	CoD Certificate	Confirm identity of person signing the CoD Certificate
56	Medical Qualification:	Academic qualification of practitioner signing CoD Certificate	CoD Certificate	Confirm eligibility of person signing the CoD Certificate
57	Address	Address of practice of Medical practitioner signing	CoD Certificate	Confirm identity of person signing the CoD Certificate

NB

In a multi-unit facility, where each unit is issued with a CoD Certificate in the facility, the HIO of the facility must ensure that all the CoD Certificate books have been numbered appropriately before being issued to ensure that each CoD Certificate issued has a unique number

APPENDIX 8 – REGISTERS AND FORMS
INSTITUTIONAL CARE DIVISION

**DEFINITIONS OF VARIABLE IN REGISTERS AND REPORTING FORMS FOR
INSTITUTIONAL CARE DIVISION (ICD)**

REGISTERS

OUTPATIENT REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	The numbering of clients as they attend the facility, it is done serially to know the number of clients registered at a given period	Generated
2	DATE	Date on which the client visits the facility and shall be in the form DD/MM/YYYY	Calendar
3	PATIENT NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient ID Card
4	NEW CLIENT	A client visiting the facility for the first time in the current calendar year (Jan – Dec), may have visited in the previous year.	Records
5	OLD CLIENT	All client visiting the facility after their first visit in the calendar year (Jan – Dec), shall remain so till year ends	Records
6	NAME OF CLIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card/Verbal
7	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Insurance Card / Verbal/Child Welfare card
8	SEX	Indicate the sex of the client. M for Male and F for Female	Observation
9	TOWN/ LOCALITY	Name of locality where client resides, e.g. Madina	Verbal
10	NHIS STATUS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES"- if the client's insurance card is valid or active and has not expired. Write "NO" if the client is not insured at all or if the card is not valid or active. <i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i>	Insurance card

NOTE: Staff shall note that this register has nothing to do with the condition for which the facility is being visited; this is used to complete the statement of outpatient (OPD Attendance)

General: Emergency at the OPD (Refer Medical Records in Emergency in the Medical Records Policy)

CONSULTING ROOM REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Date	Date on which the client is visiting the facility and shall be in the form DD/MM/YYYY	Calendar
2	Patient Number	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient ID Card
3	Insurance Number	The unique insurance identification number of the client	National Health Insurance Registration Card
4	Name Of Patient	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal
5	Address (Locality)	The locality in which the client resides but not the birthplace.	Verbal
6	Telephone Number(S) Of Patient	Contact number(s) of client or close relative	Client/Relative
7	Age	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Verbal, insurance card
8	Sex	Indicate the sex of the client. M for Male and F for Female	Observation / Verbal
9	Provisional Diagnosis	The suspected morbidity condition that the patient is presenting	Clinician
10	Type Of Test(S) Requested	This is the laboratory investigation(s) requested by the clinician/prescriber	Laboratory Request Form
11	Test Result(S)	This is the result(s) from the lab investigation requested by the clinician/prescriber	Lab result sheet
12	Principal Diagnosis	The main morbidity condition for which the patient is being treated	Attending Clinician

CONSULTING ROOM REGISTER (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
13	Status Of Principal Diagnosis (New Case Tick)	<p>A CONDITION that is seen at the facility for the first time for which the client is beginning treatment. This is referring to the diagnosis only and it is not the same as a New Client in the OPD register.</p> <p><i>It is the new cases that are counted and reported on the Monthly OPD Morbidity Reporting Form as individual cases.</i></p> <p><i>If it is a chronic condition and there is evidence of contact with any health facility it is then recorded as an old case. e.g. hypertension, diabetes</i></p>	Attending Clinician / Records
14	Status Of Principal Diagnosis (Old Case Tick)	<p>A condition that treatment has begun at the facility and the client is coming for review of the same condition after treatment has begun.</p> <p><i>This condition will remain old until it is cured. All old cases are added to the re-attendance on the Monthly OPD Morbidity reporting form. The principle is to ensure that no diagnosis is counted more than once.</i></p>	Attending Clinician / Records
15	Additional Diagnosis	Any other diagnosis that the client is confirmed by the clinician to have in addition to the principal diagnosis	Attending Clinician
16	Status Of Additional Diagnosis (New Case Tick)	Tick if additional diagnosis is a new case as defined in row 11 above.	Attending Clinician / Records
17	Status Of Additional Diagnosis (Old Case Tick)	Tick if additional diagnosis is an old case, All old cases are added to the re-attendance on the OPD Morbidity report. As defined in row 12 above.	Attending Clinician / Records
18	Pregnant Patient (Y/N)	This is to indicate if female clients visiting the consulting room are pregnant or not. If the client is pregnant then ,write “ Y ” and “ N ” if the client is not pregnant	Lab result / Verbal / observation

CONSULTING ROOM REGISTER (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
19	NHIS Client (Y/N)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>Write “YES”- if the client’s insurance card is valid or active and has not expired. <i>If ‘YES’, indicate if the patient is under CAPITATION OR DIAGNOSIS RELATED GROUP (DRG).</i></p> <p>Write “NO” if the client is not insured at all or if the card is not valid or active.</p> <p><i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i></p>	Insurance ID Card
20	Medicines Prescribed	This list all medicines prescribed by the clinician/ prescriber to the client for the confirmed principal and additional diagnosis	Prescription form/ folder
21	Medicines Dispensed	This list all medicines dispensed to the client for the confirmed principal and additional diagnosis	Prescription form/ folder

ADMISSION & DISCHARGE REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	PATIENT NUMBER	Client’s unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient folder
2	NAME OF PATIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal, Patient folder
3	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word ‘months’, e.g. 9 months	Patient folder
4	SEX	Indicate the sex of the client. M for Male and F for Female	Patient folder
5	ADDRESS	The locality in which the client resides but not the birth place	Patient folder

ADMISSION & DISCHARGE REGISTER (Cont.)

6	OCCUPATION	The work the client does. example, Farming, Teaching etc.	Patient folder
7	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Patient folder
8	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another facility.	Patient folder
9	WARD	The name of the ward client is admitted to.	Patient Folder
10	OUTCOME OF ADMISSION	How the client left the facility. Discharged, Transferred, Died or Absconded	Patient folder
11	NHIS NUMBER	The NHIS number of the client if he or she is registered and not expired	NHIS Card

INPATIENT MORBIDITY AND MORTALITY REGISTER

(Completed only after discharge of patient)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	Numbering of clients as they are discharged. It is to know the number of clients admitted and discharged in the facility.	Records
2	PATIENT NUMBER	Client's unique identification number issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient folder
3	ADDRESS (RESIDENCE)	The locality in which the client resides but not the birth place	Patient folder
4	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE, WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
5	SEX	Indicate the sex of the client. Write "M" for Male clients and "F" for Female clients	Patient folder
6	OCCUPATION	The main work that the client makes a living from e.g. Teaching, Farming, Civil Servant, etc.	Patient folder
7	EDUCATIONAL STATUS	The highest level of education that the client has attained, e.g. Primary, JHS, SHS, Tertiary, none, etc.	Patient folder
8	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Patient folder
9	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another facility.	Patient folder
10	SPECIALTY	The specialty of the case for which the client is being treated i.e. Medical, Surgical, Pediatric, Maternity etc.	Patient folder

INPATIENT MORBIDITY AND MORTALITY REGISTER (Cont.)

11	OUTCOME OF ADMISSION	The final result of the patient's stay in the facility. How the client left the facility. Discharged, Transferred-out, Died or Absconded.	Patient folder
13	PRINCIPAL DIAGNOSIS	The main morbidity condition for which the patient was admitted and treated	Patient folder
14	ADDITIONAL DIAGNOSIS	Any other diagnosis that the patient was confirmed by the clinician to have in addition to the principal diagnosis	Patient folder
15	SURGICAL PROCEDURE	If any surgical procedure performed on the client, write "Yes" and "No" if no surgical procedure was performed on the client.	Patient folder
16	COST OF TREATMENT	The total cost of treating the client for the duration of stay, this is either paid by client, by facility or by NHIS	Patient folder
17	NHIS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. *Write "YES"- if the client's insurance card is valid *Write "NO" if not insured, or card not active. <i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i>	Insurance Card

GENERAL WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	PATIENT NUMBER	The client's identification number found on the Patient folder	Patient folder
2	INSURANCE NUMBER	The unique insurance identification number of the client	NHIS Card
3	NAME OF PATIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Patient folder
4	OCCUPATION	The main work that the client makes a living from e.g. Teaching, Farming, Civil Servant, etc.	Patient folder
5	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place	Patient folder
6	EDUCATIONAL LEVEL	The highest level of education the client has attained e.g. Primary, JHS, SHS, Tertiary, none, etc.	Patient folder
7	AGE	The exact age of the client in completed years e.g. 30 years. If the child is A NEONATE, WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
8	SEX	Indicate the sex of the client. M for Male and <u>F</u> for Female	Patient folder

GENERAL WARD REGISTER (Cont.)

9	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another ward or facility.	Patient folder
10	PROVISIONAL DIAGNOSIS	The initial diagnosis for the client's admission before investigations are carried out	Patient folder
11	TYPE OF TEST(S) REQUESTED	This is the laboratory investigation(s) requested by the clinician/prescriber	Laboratory Request Form
12	TEST RESULT(S)	This is the result(s) from the lab investigation requested by the clinician/prescriber	Lab result sheet
13	FINAL DIAGNOSIS	The main confirmed morbidity condition for which the patient was admitted and treated	Patient folder
14	STATUS (NEW CASE TICK)	The confirmed CONDITION that the client is treated for after laboratory investigations. This is referring to the diagnosis only <i>It is the new cases that are counted and reported on the Monthly Inpatient Morbidity and Mortality Reporting Form as individual cases.</i> <i>If it is a chronic condition and there is evidence of contact with any health facility it is then recorded as an old case. e.g. hypertension, diabetes</i>	Attending Clinician / folder
15	STATUS (OLD CASE TICK)	A condition that has been treated by the facility and the client is re-admitted for the same condition. <i>The principle is to ensure that no diagnosis is counted more than once.</i>	Attending Clinician / folder
16	ADDITIONAL DIAGNOSIS	Any comorbidity that the patient was confirmed by the clinician to have in addition to the final diagnosis	Patient folder
17	STATUS (NEW CASE TICK)	Tick if additional diagnosis is a new case as defined in row 14 above.	Attending Clinician / folder
18	STATUS (OLD CASE TICK)	Tick if additional diagnosis is an old case as defined in row 15 above	Attending Clinician / folder
19	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another ward or facility. <i>This is referring to the date the clinician certifies that the episode being managed has ended.</i>	Patient folder
20	OUTCOME OF ADMISSION	How the client left the facility or ward. Discharged, Transferred, Died or Absconded	Patient folder
21	PREGNANT PATIENT (Y/N)	This is to indicate if female client admitted in the ward is pregnant or not. If the client is pregnant then ,write "Y" and "N" if the client is not pregnant	Lab result / Verbal / observation / Maternal Health Book

GENERAL WARD REGISTER (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
22	NHIS STATUS (YES OR NO)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>Write “YES”- if the client’s insurance card is valid or active and has not expired.</p> <p>Write “NO” if the client is not insured at all or if the card is not valid or active.</p> <p><i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i></p>	Insurance Card
23	MEDICINES PRESCRIBED	This list all medicines prescribed by the clinician/ prescriber to the client for the confirmed final and additional diagnosis	Prescription form/ folder
24	MEDICINES DESPENSED	This list all medicines dispensed to the client for the confirmed final and additional diagnosis	Prescription form/ folder

MATERNITY WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	The number on the row on which client record is written in the register.	Records
2	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Calendar
3	TIME OF ADMISSION	The time the client was admitted	Clock in Maternity Ward.
4	PATIENT NUMBER	Client's unique identification number issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	ANC card/Folder
5	PATIENT NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	ANC card/Folder
6	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place	ANC card/Folder
7	AGE	The exact age of the client in completed years e.g. 30 years.	ANC card/Folder
8	PARITY	Parity under ANC means the number of pregnancies (GRAVIDA) and number of live births (PARA). <i>Therefore, you shall indicate the number of pregnancies and children alive. For a current pregnant woman who has had three previous pregnancies all of which resulted in live births you should write G4P3</i>	ANC card/Folder
9	DURATION OF PREGNANCY	The age of the pregnancy at the time of admission in weeks	ANC card/Folder
10	PARTOGRAPH	Graph to monitor the progress of labour. Indicate whether done	ANC card/Folder
11	FOETAL HEART ON ADMISSION	Number of times the heart of the foetus beats per minute	ANC card/Folder
12	ANTE NATAL RISK FACTORS	Medical conditions that can lead to complications in labour	ANC card/Folder
	OUTCOME OF DELIVERY	Number of baby or babies that were delivered and their condition	ANC card/Folder
13	DATE OF DISCHARGE	Date on which the woman and baby or babies were discharged or transferred to another facility.	ANC card/Folder
14	COMPLICATIONS OF DELIVERY	Difficult/Extreme/Unexplained conditions that required other medical interventions during delivery	ANC card/Folder
15	NHIS STATUS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES"- if client card is active and Write "NO" if client not insured or card not active.	Insurance Card

MEDICAL LABORATORY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	DATE	Date lab test is being done	Calendar
2	PATHOLOGY NUMBER	Identification number assigned to the client/specimen	Request Form
3	NAME OF CLIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Request Form
4	SEX	Indicate the sex of the client. M for Male and F for Female	Request Form
5	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Request Form
6	CLIENT NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit	Lab request form
7	NAME OF CLINICIAN	Name of clinician requesting investigation	Lab request form
8	SOURCE OF REQUEST	Where the request is originating from; consulting room, ANC, Self (Walk-in), CHPS (Name).	Lab request form
9	DIAGNOSIS	Condition for which test is being requested for confirmation.	Lab request form
10	TYPE OF SPECIMEN	Type of specimen required for the investigation.	Lab request form
11	TEST REQUESTED	The type of test that has been requested by attending health personnel to be done.	Lab request form
12	RESULTS OF TEST	Result of the investigation carried out	
13	NHIS (YES or NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES"- if client card is active and Write "NO" if client not insured or card not active.	Insurance Card

PHARMACY DISPENSARY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	The number on the row on which client record is written in the register.	Records
2	DATE	The date on which medicine(s) is dispensed	Calendar
3	NHIS STATUS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES"- if client card is active and Write "NO" if client not insured or card not active..	Insurance Card
4	PATIENT FOLDER NUMBER	The client's identification number found on the Patient folder	Patient folder
5	PATIENT NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Patient folder
6	AGE	The exact age of the client in completed years e.g. 30 years. If the child is A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
7	WEIGHT (KG)	Weight of the client measured in kilograms.	Patient folder
8	DIAGNOSIS	Full patient diagnosis corresponding to the Principal and Additional diagnoses as written in patient folder	Patient folder
9	DOSAGE FORM/ NAME OF MEDICINE/ STRENGTH	Enter the dosage form/Name/Strength of medicine dispensed to the client. <i>The dosage form could be tablet, capsule, syrup or dispersible</i> <i>The name of the medicine is the generic name and not the brand name</i> <i>The strength of the medicine could be in mg or ml and is determined by the weight of the client</i>	Patient Folder/ Prescription Form
10	QUANTITY DISPENSED	The Quantity dispensed by multiplying the quantity per dose by the frequency and duration of treatment given	Patient Folder/ Prescription Form
11	COST OF MEDICINE(S) DISPENSED	The Cost of medicines dispensed is determined by multiplying the quantity dispensed with the unit price.	Patient Folder/ Prescription Form

DAILY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	Ward	Name of the ward, e.g. Male Surgical, Male General	Records
3	Month	The Month in which the transaction took place e.g. July	Calendar
4	Number Of Patients Remaining at the last day of the previous month	Number of patients remaining at the last day of the previous month	Ward Register
5	Bed Complement	Number of beds in the ward available for clients	Ward Register
6	Day Of The Month	Serial numbering of the days in the month of reporting	Ward Register
7	Admissions	Number of clients admitted in the ward for the day	Ward Register
8	Discharges	Number of clients discharged from the ward for the day	Ward Register
9	Deaths	Number of deaths recorded in the ward for the day	Ward Register
10	Transfers-In	Number clients transferred into the ward for the day	Ward Register
11	Transfer-Out	Number clients transferred out of the ward for the day	Ward Register
12	No. of Clients Remaining In Ward	Number of clients remaining in the ward at the end of the day	Ward Register

DENTAL TREATMENT RETURNS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	CATEGORY OF CLIENTS (BY AGE AND SEX)		
2	Boys (0-5)	Number of boys in the age range of 0 to 5years	CR Register
3	Girls (0-5)	Number of girls in the age range of 0 to 5years	CR Register
4	Boys (6-17)	Number of boys in the age range of 6 to 17 years	CR Register
5	Girls (6-17)	Number of girls in the age range of 6 to 17 years	CR Register
6	Adult Males (18 & Above)	Number of male 18 years and above	CR Register
7	Adult Females (18 & Above)	Number of female 18 years and above	CR Register
8	Attendances	Sum total of all visits to the dental clinic	CR Register
9	Remarks	Any other information /comment	Facility Head
10	Name Of Reporting Officer	Person completing the form	Facility Head
11	Signature	Signature of person completing the form	Facility head
12	Date	Date on which form was completed	Calendar

MONTHLY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	Month	The Month in which the transaction took place e.g. July	Calendar
3	Year	Year in which the transaction took place e.g. 2010	Calendar
4	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
5	Ward	Name of the ward, e.g. Male Surgical, Male General	Records
6	Admissions	Number of clients admitted to the ward in the Month	Ward Register
7	Discharges	Number of discharge from the ward in the Month	Ward Register
8	Deaths	Number of deaths recorded in the ward in the Month	A&D Register
9	Patient Days	The last cumulative number of days clients spent in the ward for the month	A&D Register
10	Transfer In	Number of clients transferred into the ward	Ward Register
11	Transfer Out	Number clients transferred out of the ward	Ward Register

MONTHLY BIOCHEMISTRY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility Name	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	The month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization of the OPD attendants	OPD Register
9	<28 days	Number of children below 28 days	OPD Register
10	1-11 months	Number of children aged 1 – 11 months	OPD Register
11	1-4 years	Number of children aged 1-4 years, male or female	OPD Register
12	5-9 years	Patients aged 5-9 year, male or female	OPD Register
13	10-14 years	Patients aged 10-14 years, male or female	OPD Register
14	15-17 years	Patients aged 15-17 years, male or female	OPD Register
15	18-19 years	Patients aged 18-19 years, male or female	OPD Register
16	20-34 years	Patients aged 20-34 years, male or female	OPD Register
17	35-49 years	Patients aged 35-49 years, male or female	OPD Register
18	50-59 years	Patients aged 50-59 years, male or female	OPD Register
19	60-69 years	Patients aged 60-69 years, male or female	OPD Register

MONTHLY BIOCHEMISTRY REPORTING FORM (Cont.)

20	above 70 years	Patients aged 70 years and above, male or female	OPD Register
21	Test	A count of the number of the individual test requested by clinician/ prescriber for the clients. <i>This is a List of the test that is conducted at the biochemistry unit of the laboratory.</i>	Medical laboratory register book
22	All others	Number of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Medical laboratory register book
23	Name Of Reporting Officer	Person completing the form	Facility Head
24	Signature	Signature of person completing the form	Facility head
25	Date	Date on which form was completed	Calendar

MONTHLY DIETHERAPY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which Health Facility is located, e.g. Asawasi	OPD Records
4	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
6	Month	The month that the transaction took place e.g. July.	Calendar
7	Year	Write down the year the report is generated	Calendar
8	Male	Refers to all boys and men reporting at the facility	OPD Register
9	Female	All girls and women reporting at the facility	OPD Register
10	Age group	Age categorization of the OPD attendants	OPD Register
11	<28 days	Number of children below 28 days	OPD Register
12	1-11 months	Number of children aged 1 – 11 months	OPD Register
13	1-4 years	Number of children aged 1-4 years, male or female	OPD Register
14	5-9 years	Number of children aged 5-9 year, male or female	OPD Register
15	10-14 years	Number of patients aged 10-14 years, male or female	OPD Register
16	15-17 years	Number of patients aged 15-17 years, male or female	OPD Register
17	18-19 years	Number of patients aged 18-19 years, male or female	OPD Register
18	20-34 years	Number of patients aged 20-34 years, male or female	OPD Register
19	35-49 years	Number of patients aged 35-49 years, male or female	OPD Register
20	50-59 years	Number of patients aged 50-59 years, male or female	OPD Register
21	60-69 years	Number of patients aged 60-69 years, male or female	OPD Register
22	above 70 years	Number of patients aged 70 years and above, male or female	OPD Register
23	Conditions	A count of the number of individual dietherapy conditions presented by clients. <i>This shall be new cases only, does not include cases on review</i>	Consulting room Register
24	Signature	Signature of In-charge of the facility reporting	Facility Head
25	Rank	Rank of the In-charge of the facility reporting	Facility Head
26	Date	Date of submission of the report	Calendar

MONTHLY EYE HEALTH REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which Health Facility is located, e.g. Kwabre.	OPD Records
4	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The region the Facility is located in e.g. Ashanti.	OPD Records
6	Year	Write down the year the report was generated	Calendar
7	Month	The month that the transaction took place e.g. July.	Calendar
8	Male	All boys and men reporting at the facility	OPD Register
9	Female	All girls and women reporting at the facility	OPD Register
10	Age group	Age categorization of the OPD attendants	OPD Register
11	<28 days	Patients below 28 days	OPD Register
12	1-11 months	Patients aged 1 – 11 months male or female	OPD Register
13	1-4 years	Patients aged 1-4 years, male or female	OPD Register
14	5-9 years	Patients aged 5-9 year, male or female	OPD Register
15	10-14 years	Patients aged 10-14 years, male or female	OPD Register
16	15-17 years	Patients aged 15-17 years, male or female	OPD Register
17	18-19 years	Patients aged 18-19 years, male or female	OPD Register
18	20-34 years	Patients aged 20-34 years, male or female	OPD Register
19	35-49 years	Patients aged 35-49 years, male or female	OPD Register
20	50-59 years	Patients aged 50-59 years, male or female	OPD Register
21	60-69 years	Patients aged 60-69 years, male or female	OPD Register
22	above 70 years	Number of patients aged 70 years and above, male or female	OPD Register
23	Conjunctivitis	Number of conjunctivitis disease reported at the facility within the defined period. Conjunctivitis is Inflammation of the conjunctiva of all types	Consulting room Register
24	Trachoma Follicle (TF)	Number of Trachoma Follicles disease reported at the facility within the defined period. TF refers to Trachoma Follicles. Follicles are found in the upper eyelids of children between 1-9 years	Consulting room Register
25	Trachoma Trichiasis (TT)	Number of Trachoma Trichiasis disease reported at the facility within the defined period. TT refers to Trachoma Trichiasis presenting as intumed eyelashes which rub on the cornea. It is found in people 15 years and above and requires to be operated on.	Consulting room Register

MONTHLY EYE HEALTH REPORTING FORM (Cont.)

NO.	VARIABLE	DEFINITION	DATA SOURCE
26	Cataract	Number of Cataract disease reported at the facility within the defined period. Cataract is the opacity of the lens of the eye. It can lead to poor vision and blindness. All ages can be affected but it is mostly found in the aged	Consulting room Register
27	Glaucoma	Number of glaucoma disease reported at the facility within the defined period. Glaucoma means pressure of the eye. It is symptomless but causes blindness. All ages can be affected but mostly found in people 30 years and above	Consulting room Register
28	Refractive error	Number of refractive error disease reported at the facility within the defined period. Refractive error is the defect in the ability of the lens of the eye to focus on an image accurately. This gives rise to a person being nearsighted, farsighted or presbyopic. Affects all ages	Consulting room Register
29	Trauma	Number of Trauma disease reported at the facility within the defined period. Trauma is any injury to the eyeball or the eyelid. It could be mechanical, chemical, thermal injury.	Consulting room Register
30	Diabetic Retinopathy	Number of diabetic retinopathy disease reported at the facility within the defined period. Diabetic retinopathy occur when a person with diabetes has the disease affecting the posterior part of the eye, which may cause reduction in vision	Consulting room Register
31	Low vision	Number of low vision disease reported at the facility within the defined period. Low Vision is residual vision left after medical or surgical intervention which enables the person to be functionally independent	Consulting room Register
32	Pterygium	Number of pterygium disease reported at the facility within the defined period. Pterygium is the overgrowth of the conjunctiva onto the cornea. Mostly affects the middle and old age people	Consulting room Register
33	Other eye conditions	Number of all other eye conditions reported at the facility within the defined period. Any condition affecting the eye aside those listed above apart from normal. Eg. Swelling of the eye.	Consulting room Register
34	Normal	Number of normal eye conditions reported at the facility within the defined period. When the vision is good. No disease is present	Consulting room Register
35	Total number of eye disease	Total number of clients seeking eye services. It can be medical, surgical, or refractive services at the facility	Consulting room Register
36	Total Number of clients seeking eye services	Total number of clients seeking eye services. It may be medical, surgical or refractive services at the facility	Consulting room Register

MONTHLY EYE HEALTH REPORTING FORM (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
Surgeries - Any surgical intervention of the eye, including removal of foreign body			
37	Cataract surgeries performed	Total number of cataract surgeries/operations performed within the defined period i.e. monthly	Theatre Register
38	Cataract operated people VA >6/18	Total number of cataract operated people with visual acuity of >6/18 within the defined period i.e. monthly	Theatre Register
39	Cataract operations performed with IOL	Total number of cataract surgeries/ operations performed with the implantation of Intra Ocular Lens (IOL) within the defined period i.e. monthly	Theatre Register
40	Glaucoma surgeries performed	Total number of glaucoma surgeries/operations performed within the defined period i.e. monthly	Theatre Register
41	Trachoma Trichiasis (TT) surgeries performed	Total number of trachoma trichiasis surgeries/operations performed within the defined period ie monthly	Theatre Register
42	Other eye surgeries performed	Total number of all other surgeries/operations apart from cataract, glaucoma and trachoma trichiasis performed within the defined period i.e. monthly.	Theatre Register
43	Did this facility undertake outreach services?	Outreach services undertaken to neighbouring eye facilities, schools, market places, etc. Please tick if 'YES', state number	Facility monthly report
44	Does this facility dispense spectacles?	Capacity of eye health facility to dispense spectacles. Please tick if 'YES', state number	Facility monthly report
45	Does this facility offer Pediatric Ophthalmology services	Capacity of facility to provide specialized Pediatric Ophthalmic service. Please tick if 'YES', state number	Facility monthly report
46	Does this facility provide laser treatment/Diabetic Rethinopathy	Capacity of facility to provide laser treatment for Diabetic Rethinopathy Please tick if 'YES', state number	Facility monthly report
47	Does this facility have functional visual field equipment	Availability of functional visual field equipment at facility Please tick if 'YES', state number	Facility monthly report

MONTHLY HAEMATOLOGY REPORTING FORM

No	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	The month in which the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization of the OPD attendants	OPD Register
9	<28 days	Patients below 28 days	OPD Register
10	1-11 months	Patients aged 1-11 months	OPD Register
11	1-4 years	Patients aged 1-4 years, male or female	OPD Register
12	5-9 years	Patients aged 5-9 year, male or female	OPD Register
13	10-14 years	Patients aged 10-14 years, male or female	OPD Register
14	15-17 years	Patients aged 15-17 years, male or female	OPD Register
15	18-19 years	Patients aged 18-19 years, male or female	OPD Register
16	20-34 years	Patients aged 20-34 years, male or female	OPD Register
17	35-49 years	Patients aged 35-49 years, male or female	OPD Register
18	50-59 years	Patients aged 50-59 years, male or female	OPD Register
19	60-69 years	Patients aged 60-69 years, male or female	OPD Register
20	above 70 years	Number of patients aged 70 years and above, male or female	OPD Register
21	Test	A count individual test requested by clinician/prescriber for the clients.	Medical laboratory register
22	All others	Number of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Medical laboratory register
23	Name Of Reporting Officer	Person completing the form	Facility Head
24	Signature	Signature of person completing the form	Facility head
25	Date	Date on which form was completed	Calendar

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre	Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	HEALTH FACILITY RECORDS – MALARIA		
9	Number of OPD Malaria Cases Put On Anti-Malarias	Number of suspected malaria cases treated with anti-malarias (ACTs and Quinine for pregnant women)	Consulting Register, Dispensary register
10	Number Of OPD Malaria Cases put on ACTs	Total number of suspected malaria cases treated with ACTs ONLY	Consulting, Dispensary register
11	Number Of OPD Malaria Cases Tested For Malaria Parasites Using Microscopy	Total number of suspected malaria cases tested for parasites using microscopy	Consulting, Lab Register
12	Number Of OPD Malaria Cases Tested For Malaria Parasites Using RDTs	Total number of suspected malaria cases tested for parasites using RDTs	Lab Register Consulting Register,
13	Number Of OPD Malaria Cases Tested Positive Using Microscopy	Total number of suspected malaria cases that tested positive for malaria using microscopy	Consulting Register, Lab Register
14	Number Of OPD Malaria Cases Tested Positive Using RDTs	Total number of suspected malaria cases that tested positive for malaria using RDTs	Consulting Register, Lab Register
15	Incidence Of Adverse Effects		
16	Number Of Cases Put On Acts With Adverse Effects	Number of reported side effects cases after taking any ACTs	Adverse Event Reporting Form (AERF)/ Consulting Room
17	Total Number Hospitalized Due To Adverse Effects From Acts	Number of clients who were hospitalized for reported side effects after taking any ACTs	AERF / Consulting Room/ Ward register
18	Number Of Pregnant Women Put On Acts With Adverse Effects	Number of pregnant women with reported side effects after taking any ACTs	AERF / Consulting Room

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
19	Total Number Of Pregnant Women put on ACTs With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
20	Number Of Pregnant Women put on any Other Anti malarials with Adverse Effects	Number of pregnant women with reported side effects of any other antimalarial other than ACTs	AERF / consulting room
21	Total Number of Pregnant Women Put On Any Other Anti malarials With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects of any other antimalarial other than ACTs	AERF / consulting room
22	Number Of Children Under 5 Put on ACTs With Adverse Effects	Number of children under 5 with reported side effects after taking any ACTs	AERF / consulting room
23	Total Number Of Children Under 5 Put On Acts With Adverse Effects Hospitalized	Number of children under 5 hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
24	DRUG AND OTHER COMMODITIES– DOSES/ PACKS FOR ACTs and QUININE, PIECES for INJECTIONS and OTHER COMMODITIES		
25	Dosages Dispensed (Consumed)	Quantity of the commodity dispensed to clients within the month(<i>this is in doses/ packs and not tablets</i>)	Dispensary Inventory control card
26	Balance Of At The End Of The Month	Quantity of the commodity remaining in the dispensary at the end of the month(<i>this is in doses/ packs and not tablets</i>)	Dispensary Inventory control card
27	Stock Out For More Than 7 Days	Shortage of any malaria commodity for more than 7 days within that month	Inventory control card
28	Date Of Submission	Date on which the report was being submitted	Calendar
29	Name And Signature Of Facility/BMC Head	Name and signature of the In-charge of the facility / BMC reporting	Facility Head
30	Submitted By	Name of Person who submitted the form (<i>not the currier</i>)	Records
32	Received By (Stamp & Signature)	Stamp and Signature of person who received the completed report at the next higher level.	Records

MONTHLY MICROBIOLOGY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	Month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization of the OPD attendants	OPD Register
9	<28 days	Patients below 28 days	OPD Register
10	1-11 months	Patients aged 1 – 11 months	OPD Register
11	1-4 years	Patients aged 1-4 years, male or female	OPD Register
12	5-9 years	Patients aged 5-9 year, male or female	OPD Register
13	10-14 years	Patients aged 10-14 years, male or female	OPD Register
14	15-17 years	Patients aged 15-17 years, male or female	OPD Register
15	18-19 years	Patients aged 18-19 years, male or female	OPD Register
16	20-34 years	Patients aged 20-34 years, male or female	OPD Register
17	35-49 years	Patients aged 35-49 years, male or female	OPD Register
18	50-59 years	Patients aged 50-59 years, male or female	OPD Register
19	60-69 years	Patients aged 60-69 years, male or female	OPD Register
20	Above 70 years	Patients aged 70 years and above, male or female	OPD Register
21	Test	A count of the number of the individual test requested by clinician/ prescriber for the clients. <i>This is a List of the test that is conducted at the microbiology unit of the laboratory.</i>	Medical laboratory register book
22	All others	Number of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Medical laboratory register book
23	Name Of Reporting Officer	Person completing the form	Facility Head
24	Signature	Signature of person completing the form	Facility head
25	Date	Date on which form was completed	Calendar

MONTHLY OUTPATIENTS MORBIDITY RETURNS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name Of Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records
3	Location	Town in which the Health Facility is situated	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Month	The Month in which the transaction took place e.g. July	Records
6	Year	Year in which the transaction took place e.g. 2010	Calendar
7	Disease (New Cases Only)	A count of the number of the individual conditions presented by clients. This is List of the diseases to be reported on. This shall be new cases only, does not include cases on review	Consulting Room Register
8	Uncomplicated Malaria Suspected	All OPD new cases that the that Clinician Suspects to be Malaria (including pregnant women)	Consulting Room Register
9	Uncomplicated Malaria Suspected Tested	Total number of suspected cases of malaria tested for malaria parasites (both RDTs and Microscopy); including pregnant women	Consulting Room Register
10	Uncomplicated Malaria Tested Positive	Total number of suspected cases of malaria that tested positive for malaria parasites(both RDTs and Microscopy); including pregnant women	Consulting Room Register
11	Uncomplicated Malaria not tested but Treated	Total number of Suspected cases of malaria that were clinically diagnosed and treated without testing (including pregnant women)	Consulting Room Register
12	Uncomplicated Malaria tested negative but Treated	Total number of Suspected cases of malaria that tested negative for malaria parasites (both RDTs and Microscopy) but were treated as malaria	Consulting Room Register
13	Uncomplicated Malaria In Pregnancy Suspected	All OPD new cases among Pregnant Women that the Clinician Suspects to be Malaria	Consulting Room Register
14	Uncomplicated Malaria in Pregnancy Suspected Tested	Total number of suspected cases of malaria among Pregnant women tested for malaria parasites (both RDTs and Microscopy)	Consulting Room Register
15	Uncomplicated Malaria in Pregnancy Tested Positive	Total number of suspected cases of malaria among Pregnant Women that tested positive for malaria parasites (both RDTs and Microscopy)	Consulting Room Register
16	Uncomplicated Malaria in Pregnancy not tested but Treated	Total number of Suspected cases of malaria among Pregnant women that were clinically diagnosed and treated without testing	Consulting Room Register
17	Grouping the cases	Male, Female under the various Age Groups	
18	Total	Totals for each strata	
19	All Other Diseases	Disease that are not listed from 1-92 are all counted as part of to this	Consulting Register
20	Total New Cases	Total of each column	

No.	VARIABLE	DEFINITION	DATA SOURCE
21	Re-Attendance	Conditions that came for review	Consulting Register
22	Referrals	Condition that were referred out	Consulting Room Register
23	Signature	Signature of In-charge of the facility reporting	Facility Head
24	Rank	Rank of the In-charge of the facility reporting	Facility Head
25	Date	Date of submission of the report	Calendar

MONTHLY PHYSIOTHERAPY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	Month in which the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	Refers to all boys and men reporting at the facility	OPD Register
7	Female	Refers to all girls and women reporting at the facility	OPD Register
8	Age group	Age categorization of the OPD attendants	OPD Register
9	<28 days	Number of children below 28 days	OPD Register
10	1-11 months	Children aged 1 – 11 months male or female	OPD Register
11	1-4 years	Number of children aged 1-4 years, male or female	OPD Register
12	5-9 years	Number of children aged 5-9 year, male or female	OPD Register
13	10-14 years	Number of patients aged 10-14 years, male or female	OPD Register
14	15-17 years	Number of patients aged 15-17 years, male or female	OPD Register
15	18-19 years	Number of patients aged 18-19 years, male or female	OPD Register
16	20-34 years	Number of patients aged 20-34 years, male or female	OPD Register
17	35-49 years	Number of patients aged 35-49 years, male or female	OPD Register
18	50-59 years	Number of patients aged 50-59 years, male or female	OPD Register
19	60-69 years	Number of patients aged 60-69 years, male or female	OPD Register
20	Above 70 years	Number of patients aged 70 years and above, male or female	OPD Register
21	Type of Service	A count of the number of the individual service requested by clinician/ prescriber for the clients. <i>This is a List of the services that is conducted at the physiotherapy unit</i>	Consulting Room Register/ Ward register
22	All Other Services	Number of all other services conducted by the facility within the defined period other than what is listed on the reporting form.	Consulting Room Register/ Ward register
23	Name Of Reporting Officer	Person completing the form	Facility Head
24	Signature	Signature of person completing the form	Facility head
25	Date	Date on which form was completed	Calendar

MONTHLY PROSTHETICS AND ORTHOTICS REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of the Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which the Health Facility is located, e.g. Asawasi	OPD Records
4	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The name of the region in which the the Health Facility is located e.g. Ashanti.	OPD Records
6	Month	The month in which the transaction took place e.g. July.	Calendar
7	Year	Write down the year the report was generated	Calendar
8	Male	Refers to all boys and men reporting at the facility	OPD Register
9	Female	Refers to all girls and women reporting at the facility	OPD Register
10	Age group	Age categorization of the OPD attendants in days for the neonates , months for the post neonates and years from 1yr to adults	OPD Register
11	<28 days	Number of children below 28 days	OPD Register
12	1-11 months	Children aged 1 – 11 months	OPD Register
13	1-4 years	Number of patients aged 1-4 years	OPD Register
14	5-9 years	Number of patients aged 5-9 year	OPD Register
15	10-14 years	Number of patients aged 10-14 years	OPD Register
16	15-17 years	Number of patients aged 15-17 years	OPD Register
17	18-19 years	Number of patients aged 18-19 years	OPD Register
18	20-34 years	Number of patients aged 20-34 years	OPD Register
19	35-49 years	Number of patients aged 35-49 years	OPD Register
20	50-59 years	Number of patients aged 50-59 years	OPD Register
21	60-69 years	Number of patients aged 60-69 years	OPD Register
22	above 70 years	Number of patients aged 70 years and above	OPD Register
23	Type of Service	A count of the number of individual prosthetics and orthotics conditions presented by clients. <i>This is a list of the diseases to be reported on. This shall be new cases only, does not include cases on review</i>	Consulting room Register/ Ward Register
24	Signature	Signature of In-charge of the facility reporting	Facility Head
25	Rank	Rank of the In-charge of the facility reporting	Facility Head
26	Date	Date of submission of the report	Calendar

MONTHLY SPECIALIST OUTREACH SERVICES (FORM C)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	BP	Blood pressure	Readings
2	BMI	Body Mass Index :- This is calculated by dividing the body weight in kilograms by the height in meter squared (kg/m)	Readings
3	FPG	Fasting Plasma Glucose:-A fasting plasma glucose test is performed after the client has fasted or not eaten for at least 12 hours.	Readings
4	2HPG	2 Hour Plasma Glucose :- Is the blood glucose level measured 2 hours after meals	Readings

STATEMENT OF OUTPATIENTS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Institution	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Age Groups	Age categorization of the OPD attendants. in days for the neonates, months for the post neonates and years from 1yr to adults	OPD Register
7	Insured Clients	New and old insured clients counted as male and females.	OPD Register
8	Non-Insured Clients	New and old non-insured clients counted as male and females.	OPD Register
9	Total (Male and Female)	Total number of male clients per row	OPD Register
10	Total	Indicates the sum of figures in each row and column	OPD Register
11	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

STATEMENT OF INPATIENT

No.	VARIABLE	DEFINITION	DATA SOURCE
1	INSTITUTION	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	DISTRICT	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	REGION	The name of the region in which the SDP is located e.g. Ashanti.	Records
4	MONTH	The Month in which the transaction took place e.g. July	Calendar
5	YEAR	Year in which the transaction took place e.g. 2010	Calendar
6	AGE GROUPS	Age categorization of the clients for the month in days for the neonates , months for the post neonates and years from 1yr to adults	Ward Register
7	Insured Clients Admission (M)	Insured New Male clients on admission	Ward Register
8	Insured Clients Admission (Female)	Insured New Female clients on admission	Ward Register
9	Insured Clients Death (Male)	Insured Old Male clients on admission	Ward Register
10	Insured Clients Death (Female)	Insured Old Female on admission	Ward Register
11	Non-Insured Clients Admission (Male)	Non-Insured New Male clients on admission	Ward Register
12	Non-Insured Clients Admission (Female)	Non-Insured New Female clients on admission	Ward Register
13	Non-Insured Clients Death (Male)	Non-Insured Old Male clients on admission	Ward Register
14	Non-Insured Clients Death (Female)	Non-Insured Old Female clients on admission	Ward Register
15	Total Ages	Totals per column	Ward Register
16	Summary Of Inpatient Malaria Cases		
17	Malaria Below 5 Years Male	Number of under 5 males admitted with malaria (Complicated and uncomplicated)	Ward Register
18	Malaria Below 5 Years Female	Number of under 5 females admitted with malaria(Complicated and uncomplicated)	Ward Register
19	Malaria 5 Years And Above Male	Number of males 5 years and above admitted with malaria(Complicated and uncomplicated)	Ward Register
20	Malaria 5 Years And Above Female	Number of females 5 years and above admitted with malaria(Complicated and uncomplicated)	Ward Register
21	Number Of Pregnant Women Admitted With Malaria	Number of pregnant women admitted with malaria (Complicated and uncomplicated)	Ward Register
22	Malaria Male Below 5 Deaths	Number of males under 5 dying of malaria	Ward Register

STATEMENT OF INPATIENT (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
23	Malaria Female Below 5 Deaths	Number of females under 5 dying of malaria	Ward Register
24	Malaria Male 5 & Above Deaths	Number of males 5 and above dying of malaria	Ward Register
25	Malaria female 5 & Above Deaths	Number of females 5 and above dying of malaria	Ward Register
26	Number Of Pregnant Women Dying Of Malaria	Number of pregnant women on admission dying of malaria.	Ward Register
27	Complicated Malaria Below 5 Years Male	Number of male patients below five years admitted with diagnosis of complicated malaria.	Ward Register
28	Complicated Malaria 5 Years And Above Male	Number of male patients above five years admitted with diagnosis of complicated malaria.	Ward Register
29	Complicated Malaria Below 5 Years Female	Number of female patients below five years admitted with diagnosis of complicated malaria.	Ward Register
30	Complicated Malaria 5 Years And Above Female	Number of male patients above five years admitted with diagnosis of complicated malaria	Ward Register
31	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

DAILY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	Ward	Name of the ward, e.g. Male Surgical, Male General	Records
3	Month	The Month in which the transaction took place e.g. July	Calendar
4	Number Of Patients Remaining at the last day of the previous month	Number of patients remaining at the last day of the previous month	Ward Register
5	Bed Complement	Number of beds in the ward available for clients	Ward Register
6	Day of the month	Serial numbering of the days in the month of reporting	Ward Register
7	Admissions	Number of clients admitted in the ward for the day	Ward Register
8	Discharges	Number of clients discharged from the ward for the day	Ward Register
9	Deaths	Number of deaths recorded in the ward for the day	Ward Register
10	Transfers-In	Number clients transferred into the ward for the day	Ward Register
11	Transfer-Out	Number clients transferred out of the ward for the day	Ward Register
12	No. of Clients Remaining In Ward	Number of clients remaining in the ward at the end of the day	Ward Register

MONTHLY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	Month	The Month in which the transaction took place e.g. July	Calendar
3	Year	Year in which the transaction took place e.g. 2010	Calendar
4	Region	The region in which the SDP is located e.g. Ashanti.	Records
5	Ward	Name of the ward, e.g. Male Surgical, Male General	Records
6	Admissions	Number of clients admitted to the ward in the Month	Ward Register
7	Discharges	Number of discharge from the ward in the Month	Ward Register
8	Deaths	Number of deaths recorded in the ward in the Month	A&D Register
9	Patient Days	The last cumulative number of days clients spent in the ward for the month	A&D Register
10	Transfer In	Number of clients transferred into the ward	Ward Register
11	Transfer Out	Number clients transferred out of the ward	Ward Register

DENTAL TREATMENT RETURNS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	CATEGORY OF CLIENTS (BY AGE AND SEX)		
2	Boys (0-5)	Number of boys in the age range of 0 to 5years	CR Register
3	Girls (0-5)	Number of girls in the age range of 0 to 5years	CR Register
4	Boys (6-17)	Number of boys in the age range of 6 to 17 years	CR Register
5	Girls (6-17)	Number of girls in the age range of 6 to 17 years	CR Register
6	Adult Males (18 & Above)	Number of male 18 years and above	CR Register
7	Adult Females (18 & Above)	Number of female 18 years and above	CR Register
8	Attendances	Sum total of all visits to the dental clinic	CR Register
9	Remarks	Any other information /comment	Facility Head
10	Name Of Reporting Officer	Person completing the form	Facility Head
11	Signature	Signature of person completing the form	Facility head
12	Date	Date on which form was completed	Calendar

LEPROSY QUARTER REPORT FORM

No.	VARIABLE	DEFINITION	DATA SOURCE	
1	Year	Year in which the transaction took place e.g. 2010	Calendar	
2	Quarter	Quarter in which transaction took place, e.g. 1 st quarter	calendar	
3	Health Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records	
4	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso	Records	
5	District	The district in which SDP is located, e.g. Kwabre.	Records	
6	Region	The region in which the SDP is located e.g. Ashanti.	Records	
7	Total Cases Under Treatment During The Quarter	Total number of all cases under treatment in the course of the quarter in question	Leprosy Register	
8	IN-COMING CASES SEEN DURING THE QUARTER	Total New Cases Never Treated (Detection)	The total number of new cases detected during the reporting quarter, categorized into multibacillary and Paucibacillary	Leprosy Register
9		0-14YRS	The total number of new cases detected during the reporting quarter of clients who below fourteen years.	Leprosy Register
10		15+ YRS	The total number of new cases detected during the reporting quarter who are fifteen years or more, categorized into multibacillary and Paucibacillary	Leprosy Register
11		New Cases With <2 nd Degree Disability	The number of new cases without deformed fingers, nose, ears and open sores, categorized into multibacillary and Paucibacillary.	Leprosy Register
12		Relapse, Defaulter Or Transferred	The total number of cases registered during the quarter as new cases who had previously completed treatment and develop signs of leprosy again after two years or new case transferred from another facility, categorized into Multibacillary and Paucibacillary	Leprosy Register
13		Cases that left programme during this quarter	Died	The total number of client who died while on treatment, categorized into Multibacillary and Paucibacillary
14	Treatment Finished		The total number of client who completed treatment, categorized into Multibacillary and Paucibacillary	Leprosy Register
15	Transferred		The total number of clients in register who transferred to another district to continue treatment, categorized into Multibacillary and Paucibacillary	Leprosy Register
16	Lost to Follow-Up (At Least 1 year Without Treatment)		The total number of leprosy cases in the register who have not come for drugs for at least one year, categorized into Multibacillary and Paucibacillary	Leprosy Register
17	Total		The total number of clients who left programme during the quarter (died, finished treatment, transferred out and those transferred to other districts for treatment), categorized into Multibacillary and Paucibacillary	Leprosy Register

LEPROSY QUARTER REPORT FORM (Cont.)

No.	VARIABLE		DEFINITION	DATA SOURCE
18	Cases in programme at the last day of the quarter	Total (Cases At The Beginning Plus New Cases During The Quarter Minus Cases That Left The Programme)	Total number of cases remaining in the register at the end of the quarter (cases in the register at the beginning of the quarter minus cases leaving the programme through death, completing treatment, transferred out and lost to follow –up), categorized into Multibacillary and Paucibacillary	Leprosy Register
19	Analysis, Interpretations, Comments And Recommendations		Any important information obtained from analyzing the data for the quarter, with issues identified and suggestions proposed to address them	Analysis
20	Comment On Observed Trends, Abnormal Increase In Cases		Observations that have been made with regards to the trend of leprosy in the district , comparing with previous quarters and same quarter in previous years (3 year trend)	Analysis
21	Conclusions, actions taken, and recommendations		Actions taken to address the issues identified and recommendations made.	Records
22	Sent Report	Date	Date on which report was sent to the next reporting level	Records
		Person	Name of the person who sent the report to the next level	Records
23	Received Report	Date	Date on which report was received at the next reporting level.	Records
		Person	Name of the person who received the report.	Records

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre	Records
3	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	HEALTH FACILITY RECORDS – MALARIA		
9	Number of OPD Malaria Cases Put On Anti-Malarias	Number of suspected malaria cases treated with anti-malarias (ACTs and Quinine for pregnant women)	Consulting, Dispensary Register
10	Number Of OPD Malaria Cases put on ACTs	Total number of suspected malaria cases treated with ACTs ONLY	Consulting, Dispensary Register
11	Number Of OPD Malaria Cases Tested For Malaria Parasites Using Microscopy	Total number of suspected malaria cases tested for parasites using microscopy	Lab Register Consulting Register,
12	Number Of OPD Malaria Cases Tested For Malaria Using RDTs	Total number of suspected malaria cases tested for parasites using RDTs	Consulting, Lab Register
13	Number Of OPD Malaria Cases Tested Positive Using Microscopy	Total number of suspected malaria cases that tested positive for malaria using microscopy	Consulting Register, Lab Register
14	Number Of OPD Malaria Cases Tested Positive Using RDTs	Total number of suspected malaria cases that tested positive for malaria using RDTs	Consulting Register, Lab Register
15	Incidence Of Adverse Effects		
16	Number Of Cases Put On Acts With Adverse Effects	Number of reported side effects cases after taking any ACTs	Adverse Event Reporting Form (AERF)/ Consulting Room
17	Total Number Hospitalized Due To Adverse Effects From Acts	Number of clients who were hospitalized for reported side effects after taking any ACTs	AERF / Consulting Room/ Ward register
18	Number Of Pregnant Women Put On Acts With Adverse Effects	Number of pregnant women with reported side effects after taking any ACTs	AERF / Consulting Room

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
19	Total Number Of Pregnant Women put on ACTs With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
20	Number Of Pregnant Women put on any Other Anti malarials with Adverse Effects	Number of pregnant women with reported side effects of any other antimalarial other than ACTs	AERF / consulting room
21	Total Number of Pregnant Women Put On Any Other Anti malarials With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects of any other antimalarial other than ACTs	AERF / consulting room
22	Number Of Children Under 5 Put on ACTs With Adverse Effects	Number of children under 5 with reported side effects after taking any ACTs	AERF / consulting room
23	Total Number Of Children Under 5 Put On Acts With Adverse Effects Hospitalized	Number of children under 5 hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
24	DRUG AND OTHER COMMODITIES– DOSES/ PACKS FOR ACTs and QUININE, PIECES for INJECTIONs and OTHER COMMODITIES		
25	Dosages Dispensed (Consumed)	Quantity of the commodity dispensed to clients within the month(<i>this is in doses/ packs and not tablets</i>)	Dispensary Inventory control card
26	Balance Of At The End Of The Month	Quantity of the commodity remaining in the dispensary at the end of the month(<i>this is in doses/ packs and not tablets</i>)	Dispensary Inventory control card
27	Stock Out For More Than 7 Days	Shortage of any malaria commodity for more than 7 days within that month	Inventory control card
28	Date Of Submission	Date on which the report was being submitted	Calendar
29	Name And Signature Of Facility/BMC Head	Name and signature of the In-charge of the facility / BMC reporting	Facility Head
30	Submitted By	Name of Person who submitted the form (<i>not the currier</i>)	Records
32	Received By (Stamp & Signature)	Stamp and Signature of person who received the completed report at the next higher level.	Records

IDSR FACILITY REPORTING FORM

No .	VARIABLE	DEFINITION	DATA SOURCE
1	Year	Year in which the transaction took place e.g. 2010	Calendar
2	Month	The month in which the transaction took place e.g. July	Calendar
3	Health Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
4	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	Records
5	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
6	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
7	Notifiable Diseases and Events	These are the list of the disease conditions or events of public health importance that occurred in the locality that are being reported-e.g. cholera, typhoid, SARS and so on	Consulting room register
8	Suspected cases	The number of the disease condition or events that is being reported before they were actually tested to confirm it	Consulting Register
9	Death	Number of deaths as a result of the occurrence of the event in the locality	MCCD
10	Lab Confirmed Cases	Number of the conditions or events that have been confirmed using laboratory investigations	Lab Register
11	Comments	Any information of importance that will help in managing the condition	
12	NB:		Consulting Register, Lab Registers, Reference lab results
	a. Acute Flaccid Paralysis	All cases that show the signs and symptoms of AFP but not limited to poliomyelitis only	
	b. Poliomyelitis	This are limited to flaccid paralysis limited to poliomyelitis only	
13	Analysis, Interpretation, Decision, Action and Recommendations		
14	Epidemiological Comments	All comments that will help professionals to understand the situation better- e.g. who, what, where, when, why, how etc.	
15	Decisions and Actions Taken	List the decisions and action under taken in dealing with the occurrence in question	
16	Recommendation	What action you recommend to be taken	
17	Report Date:	Date of reporting to the district in the form dd/mm/yyyy	Calendar
18	Person Reporting	The officer filling the form, this will include the name, telephone number and email address of the officer.	
19	Date Received	Date that the report was received at the district level	Calendar
20	Person Receiving	Details of the officer receiving the report at the district level	

Report zero (0) when no cases of disease are reported during reporting period. There should be no blank space left. If no case is reported for a disease condition for the month write zero in the space.

**NEGLECTED TROPICAL DISEASE CONTROL PROGRAMME MDA
REPORTING FORM**

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	
2	District	The name of the district in which SDP is located, e.g. Kwabre.	
3	Month	The Month in which the transaction took place e.g. July 2010	
4	Year	Year in which the transaction took place e.g. 2010	
6	Name Of Community	The name of the community being treated	
7	Total Population	Total population of the community	
8	Number Treated	Total number of people treated	
9	Total Population Coverage	Population covered with the treatment	
10	Albendazole Received	Number of tablets received	
11	Albendazole Used	Number of tablets used/dispensed	
12	Ivermectin Received	Number of tablets received	
13	Ivermectin Used	Number of tablets used/dispensed	
14	Adverse Reaction	Number persons reporting adverse reaction	
15	Non-Eligible Pregnant Mothers	Number of pregnant women who not dosed	
16	Non-Eligible Lactating < 1 Week	Number of lactating mothers not dosed	
17	Non-Eligible Seriously Sick	Number not dosed because of serious sickness	
18	Non-Eligible Under Height	Number not dosed due height	
19	Refused	Number refusing to be dosed	
20	Absent	Number not present at the time of dosing	
21	Clinical State Hydrocele	Number with clinical state hydrocele	
22	Clinical State Elephantiasis	Number with clinical state elephantiasis	
23	Clinical State Blindness	Number with clinical state blindness	
24	Clinical State Skin Disorders	Number with clinical state skin disorder	
25	Name/Signature Of Officer I/C	Name and Signature of the officer In-Charge of the SDP	

NEGLECTED TROPICAL DISEASE CONTROL PROGRAMME (CDTI REPORTING FORM)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	District	The name of the district in which SDP is located, e.g. Kwabre.	
2	Region	The name of the region in which the SDP is located e.g. Ashanti.	
3	Year	Write down the year the report was generated	
4	Treatment Cycle		
5	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	
7	Community	Name of the community being served	
8	Population	Population of the community	
9	Treatment By Dose 1, 2, 3, 4 Tabs	Treatment being given and the regimen	
10	No. Treated	Total number of people treated	
11	% Coverage	Proportion of the population treated	
12	Drug Inventory Received	Number (in tablets) of drugs received for the management of conditions	Inventory control card
16	Drug Inventory Used	Number of (in tablets) drugs used during in the period	Inventory control card
17	Drug Inventory Balance	Balance of the drugs on the inventory control card	Inventory control card
18	Refusals	Number of people who refused to take treatment drugs	
19	No. Absent	Number of people who were absent for their drugs	
20	Non-Eligible Lactating/ Pregnant	Number of lactating mothers or pregnant women not dosed	
21	Non-Eligible Very Sick	Number not dosed because of serious sickness	
22	Non-Eligible Under Height	Number not dosed due height	
23	No. of SAES		
24	Clinical State Blindness	Number with clinical state blindness	
25	Clinical State Skin Disorders	Number with clinical state skin disorder	

MONTHLY RETURNS ON SURGICAL OPERATIONS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Major Surgical Operations	Number of surgical procedure that involves respiratory assistance and anesthesia including spinal anesthesia and pre-operative sedation.	Theatre Register
6	General Surgery	Number of general surgeries done e.g., intestines including esophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts, and often the thyroid gland.	Theatre Register
7	Orthopaedic	Number of orthopaedic surgeries done.	Theatre Register
8	Genito-Urinary	Number of done on genito-urinary organs.	Theatre Register
GLANDS & SPECIAL ORGANS			
10	Obstetrics & Gynaecological Operations	Obstetrics surgery:-relates to surgery and treatment of women during pregnancy and childbirth, Gynaecological operations: - refers to surgery on the female reproductive system.it includes procedures for benign conditions, cancer, infertility, and incontinence, and various other conditions.	Theatre Register
TOTAL ALL MAJOR OPERATIONS			
12	Minor Surgical Operations	any surgical procedure that does not involve respiratory assistance but have local anesthesia with or without sedation	Theatre Register
13	Total All Minor Operations	Total number of all minor operations	Theatre Register
14	Total Minor And Major Operations	Total number of all minor and major operations	Theatre Register
15	Insured Clients	Total number of insured clients who assessed this service	Theatre Register
16	Non-Insured Clients	Total number of non-insured clients who assessed this service	Theatre Register
17	Total	Refers to the total for insured and non-insured client.	Theatre Register
18	Signature	Person completing the form	

MONTHLY SPECIALIST OUTREACH SERVICES (FORM C)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	BP	Blood pressure	Readings
2	BMI	Body Mass Index :- This is calculated by dividing the body weight in kilograms by the height in meter squared (kg/m)	Readings
3	FPG	Fasting Plasma Glucose:-A fasting plasma glucose test is performed after the client has fasted or not eaten for at least 12 hours.	Readings
4	2HPG	2 Hour Plasma Glucose :- Is the blood glucose level measured 2 hours after meals	Readings

**FAMILY HEALTH REGISTERS AND REPORTING FORMS
HEALTH PROMOTION DEPARTMENT**

HEALTH WORKER REGISTER FOR HEALTH PROMOTION ACTIVITIES

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	REGION	The name of the region in which the facility is located e.g. Ashanti.	Records	Geographical location
2	DISTRICT	The name of the district in which facility is located, e.g. Kwabre.	Records	Geographical location
3	SUB-DISTRICT	The name of the sub-district in which facility is located, e.g. Kwabre.	Records	Geographical location
4	FACILITY	The name of the Facility under which the activity is taking place e.g., Aboaso Health Centre etc.	Records	Service Delivery Point
5	DATE	The Date on which the activity is taking place	Calendar	Measure the time activity took place
6	NAME OF COMMUNITY	The name of the Community in which the Health Promotion activity is taking place e.g., Aboaso etc.	Records	Geographical location
7	HEALTH TOPIC / ISSUES	Subject or topic discussed during the health promotion activity. It shall be noted that it is one topic per row	Plan of Work (POW) / Action plan	To know the particular subject or topic that was discussed
8	CATEGORY OF HEALTH TOPICS	Tick the appropriate type of topic discussed. (Communicable Disease, Adolescent Health, Non-Communicable Disease, Reproductive Health, Nutrition, Child Health, Personal/ Environmental Hygiene, Mental Health). If topic not in list, write it at "Other Specify" column.	Plan of Work (POW) / Action plan	To identify the category for each specific topic
9	TYPE OF SESSION (ADVOCACY, EDUCATION)	Indicate whether the session or activity was an advocacy or Educational (Advocacy - Meeting held to solicit support / sponsorship from key decision makers and partners. Education - Meeting held to explain any health issue to participants). Note that each session shall be an advocacy or educational one.	Service Provider	To know the type of session held
10	COLLABORATION AND PARTNERSHIP	Indicate whether the session was in collaboration or partnership with key stakeholders by writing the name(s) of the partner(s) involved in the activity.	Service Provider	To know events/programs jointly held with partners

HEALTH WORKER REGISTER FOR HEALTH PROMOTION ACTIVITIES (Cont.)

11	CHANNEL USED	The medium used in communicating the message at the session to the audience- (Group meetings, Radio, One-on-One, Drama/Role Play, Community information center (CIC), Video show, TV, Social Media, Public Address System), Tick all that apply for each session.	Service Provider	It enable us know the type of communication channel that was used
12	Type Of Social Behaviour Change Communication (SBCC) Materials Used	The type of SBCC material(s) used for the activity or interaction. (Leaflet/flyers, Poster, Booklet, Flipchart, Games, Banner, Counseling Cards, Video CD). Tick all that apply for each session.	Service Provider	It enable us know the type of SBCC material that was used
13	Number Of Audience/Participants Reached	The number of people who participated in the session or activity. If the audience are Adolescent, School Children or Opinion Leader, they shall be segregated into males and females and numbers recorded.	Service Provider	To know the number of people reached and whether they are males or females
14	VENUE (COMMUNITY, HEALTH FACILITY, (Tick one for each category)	Indicate the place the activity was carried out. If it was at the community level then it shall be one of the following (School, Community Centers, Outreach CWC, Church, Mosque, Home, Market, specify if not in the list). If it was at the health facility level then it shall be one of the following (Static CWC, OPD, RCH (ANC, FP, PNC), specify if not in the list).	Service Provider	This will enable us know the exact location or place
15	REMARKS	Indicate any important point worthy of notes. This is to help you have a better session next time.	Provider's notes	For comments or clarifications
	NOTE	For all items not listed, write in the other specify column.		

MASTER REGISTRY FOR TRAININGS (REGIONAL/DISTRICT)

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	REGION	Name of the region training took place	Training Registration sheet	Geographical location
2	TITLE OF TRAINING	The title of the training, this shall be written on all pages that participants of this particular training's are written on	Activity Plan	
3	NO.	Serial numbering of Participants that attend each training organised at that level (District or Region)		
4	DATE	The Date on which the activity is taking place	Calendar	Measure the time activity took place
5	NAME	Name of the participant	Participant / Training Registration sheet	Who is being trained
6	SEX	Indicate the biological sex	Participant / Training Registration sheet	For analysis
7	CADRE (TO, CHN, FT, DCO)	Indicate the category of work group the participant belongs to (TO, CHN, HI, DCO)	Participant / Training Registration sheet	Category of staff being trained
8	DESIGNATION (STO, PCHN)	Indicate the rank of the participant (PTO, Staff Nurse)	Participant / Training Registration sheet	Rank of trainees
9	DISTRICT	Indicate the district that the participant came from. Note. When training is happening in a district and participants are all from the same district, this will not be necessary since the District register will be used	Participant / Training Registration sheet	Geographical location
10	STATION (UNIT OR FACILITY)	Indicate the station (unit or facility) that the participant came from. Note. When training is happening in a station (unit or facility) and participants are all from the same station (unit or facility) this will not be necessary since the Station (Unit Or Facility) register will be used	Participant / Training Registration sheet	Service Delivery Point

MASTER REGISTRY FOR TRAININGS (REGIONAL/DISTRICT) *Cont.*

11	NEVER TRAINED	Indicate whether the participant has never been trained in Health Promotion Activities	Log Book	To keep track of trainees
12	EVER BEEN TRAINED	Indicate whether the participant has been trained in Health Promotion Activities before	Log Book	To keep track of trainees
13	DURATION (in Days)	Indicate the duration in days of the particular training session	Activity Plan	Indication of Length of training
14	TYPE OF TRAINING (FORMAL, INTERNSHIP)	Indicate the type of training that was organized, whether it was formal or internship	Activity Plan	Indication of nature of training

MONTHLY HEALTH PROMOTION VOLUNTEER REPORTING FORM

No.	Variable	Definition	Data source
1	Name of Community	Write the name of the Community in which the Health Promotion activity took place e.g., Amasaman etc.	Records
2	DISTRICT	Write the name of the district in which facility is located, e.g. Ga West.	Records
3	SUB-DISTRICT	Write the name of the sub-district in which facility is located, e.g. Aboaso	Records
4	Health Facility	Write the name of the Facility e.g. Aboaso Health Centre	Records
5	MONTH	Write the month in which the activity took place e.g. July	Calendar
	YEAR	Write the Year in which the activity took place e.g. 2010	Calendar
6	TOPICS	Indicate the number of times each topic was discussed by tallying and ticking across the row in the appropriate column for all indicators	Volunteer Register
7	NUMBER OF PEOPLE REACHED	Indicate the number of people who participated in the session or activity from the volunteer register at the various venues in the community. If the audience are Adolescents, School Children or Opinion Leaders, they shall be disaggregated into males and females and numbers recorded. For Pregnant women, Nursing mothers, Other women and Men their sex is known. On the reporting form this can be found at the category of people column	Volunteer Register
8	SBCC MATERIALS USED	Indicate the number of times each type of SBCC material(s) was used.(FLIP CHART, POSTER, COUNSELLING CARD), for the activity or interaction	Volunteer Register

9	VENUE	<p>Indicate the total number of times an activity took place at each venue eg. Community Gathering, Church, Mosque, or Home for each health promotion activity. Note: One venue shall be ticked for each activity and not multiple venues. If the same topic is repeated at different venues on the same day, go to the next page and record the activity. However, different topics can be recorded on same page whether they occurred on same day as long as the page is not exhausted. On the reporting form the total count of the tally for each venue type shall be recorded for each at the end of the month.</p>	Volunteer Register
---	-------	--	--------------------

MONTHLY HEALTH WORKER REPORTING FORM FOR HEALTH PROMOTION ACTIVITIES

No.	Variable	Definition	Data Source
1	REGION	Write the name of the region in which the facility is located e.g. Ashanti.	Records
2	DISTRICT	Write the name of the district in which facility is located, e.g. Kwabre.	Records
3	SUB-DISTRICT	Write the name of the sub-district in which facility is located, e.g. Kwabre.	Records
4	FACILITY	Write the name of the Facility eg Aboaso Health Centre	Records
5	MONTH	Write the month in which the activity took place e.g. July.	Calendar
6	YEAR	Write the year in which the activity took place e.g. 2010.	Calendar
7	CATEGORY OF HEALTH TOPICS	Indicate the number of times each topic was discussed. (Communicable Disease, Non-Communicable Disease, Reproductive Health, Nutrition, Adolescent Health, Child Health, Personal / Environmental Hygiene, Mental Health). All topics listed under "Other Specify" shall be counted and recorded under "Others".	Health Worker Register
8	CHANNELS	Indicate the number of times each channel was used as a medium in communicating the message at the session to the audience- (Group meetings, Radio, One-on-One, Drama/Role Play, Community information center (CIC), Video show, TV, Social Media, Public Address System). All channels listed under "Other Specify" shall be counted and recorded under "Others".	Health Worker Register
9	AUDIENCE /PARTICIPANTS REACHED	Indicate the number of people who participated in the session or activity. If the audience are Adolescent, School Children or Opinion Leader, they shall be segregated into males and females and numbers recorded. (Pregnant women, Nursing mothers, Other women, Men, Adolescent, School Children, Opinion Leaders)	Health Worker Register
10	TYPE OF SBCC MATERIALS USED	Indicate the number of SBCC material(s) used for the activity. Categorise them using the following (PRINT - Leaflet/flyers, Poster, Booklet, Banner, Flipchart, and Counseling Cards GAMES - All forms of Games, Audio Visual - Video. Audio - Audio Recordings All SBCC materials written under "Other Specify" shall be counted against its type (Print, Games, Audio and Audi-Visual) and recorded.	Health Worker Register

MONTHLY HEALTH WORKER REPORTING FORM FOR HEALTH PROMOTION ACTIVITIES (Cont.)

No.	Variable	Definition	Data Source
11	Venue	Indicate the number of times activities are carried out at each of the venues. If it was at the community level then it shall be one of the following (School, Community Centers, Outreach CWC, Church, Mosque, Home, Market, specify if not in the list). If it was at the health facility level then then it shall be one of the following (Static CWC, OPD, RCH (ANC, FP, PNC), specify if not in the list).	Health Worker Register
12	Type Of Sessions Held	Indicate the number of types of session or activity held	Health Worker Register
13	Number Of Collaborative Activities	Indicate the number of collaborative or partnership session held	Health Worker Register

QUARTERLY HEALTH PROMOTION REPORTING FORM

NO	VARIABLE	DEFINITION	DATA SOURCE
1	DISTRICT	Indicate the District that is filling the form for reporting	Records
2	REGION	Indicate the Region that is filling the form for reporting	Records
3	QUARTER	Indicate the quarter of the year that the data is being reported for	Calendar
4	YEAR	Indicate the year in which the work took place for which you are reporting	Calendar
HEALTH PROMOTION SERVICE			
5	HUMAN RESOURCES	Number of Health Promotion Officers at post categorized according to the cadre of staff at post carrying out Health Promotion activities and also segregated by Males and Females including volunteers.	Human Resource Data
6	TYPE OF TRAINEE	Indicate whether the trainees is a first time trainee or had been trained in Health Promotion related activity before	Master Registry/Training Register
7	TRAINING	Indicate the number of people trained according to the type of training and the material used. Those who are being trained for each category for the first time and those who are receiving the training more than once will be indicated under Newly Trained and Ever Trained	Master Registry /Training Register
8	PROGRAMME	Number of Health Promotion trainings that were carried out in the course of the quarter that were supported by other GHS Programs such as NMPC, EPI etc, and all the other trainings that were supported by external partners such as USAID, UNICEF etc.	Master Registry /Training Register

QUARTERLY HEALTH PROMOTION REPORTING FORM (Cont.)

NO	VARIABLE	DEFINITION	DATA SOURCE
9	Health Promotion Unit	Number of trainings planned and the number carried out in the quarter by HPU	Program of Work
10	Monitoring and Evaluation	Number of monitoring and supervisory visits planned for the period, Number carried out in the same period and Number of Health Promotion Evaluation/Assessments of key behaviours conducted for the same period	Program of Work
11	Champions	Number of Health Promotion Champions identified in the district or region or National, Number that are active, the number of planned activities in their action plan and the total activities that were carried out for the reporting period	Program of Work
HEALTHIER COMMUNITIES			
12	MEDIA HOUSE	The number of media houses engaged to carry out planned health promotion activities in the district or region. Indicate the number of activities planned and carried out by the type of media house eg, Print, Radio, TV, Internet (Mail, Social Media)	Program of Work
COLLABORATIONS AND PARTNERSHIP			
13	TYPE OF PARTNERS	Indicate the type of partners that you collaborate with, in terms of internal (GHS) or external (outside GHS)	Program of Work
14	TYPE OF ACTIVITY	Indicate the type of activity that you collaborated with the partner eg Meetings, Trainings etc.	Program of Work

DISTRICT QUARTER CHPS REPORT

No	Data Elements	Definition
1	Number of Electoral Areas	Number of Electoral Areas in the district
2	Total Number of Communities in District	Total number of communities in district
3	Number of Communities Served by GHS	Number of communities served by GHS facilities and outreaches in the district
4	Number Communities served by other partners	Number of communities whose health needs are served by other partners
5	Number of GHS Institution	Number of GHS health facilities in the districts
6	Number of Outreach sites	Number of outreach sites in the districts
7	Number of Demarcated CHPS Zones	Number of Demarcated CHPS zones in the district
8	Number of Completed CHPS Zones	Number of completed CHPS zones in the district. The definition of completed CHPS zone is " <i>all the milestones/activities had been completed and the CHO actually resides in the community and provide a basic package of services to the catchment population</i> "
9	Number of CHPS Compounds	Number of CHPS compound (which consists of residence for CHOs and clinic in any form) at the end of the quarter, including newly constructed compound during the quarter.
10	Number of Functional CHPS with Equipment	Number of functional CHPS zones which have basic equipment necessary for providing basic service of CHO. Equipment include <ul style="list-style-type: none"> •Cold Chain Equipment; •Service delivery equipment and consumables; • Working gear (wellington boot, raincoat, torch light etc.); • Communication equipment (two way radio or mobile phones) • Personal Digital Assistants (PDAs) for data collection; • Motorcycle for the CHO; • Bicycles for the Volunteers in each community within the zone;

DISTRICT QUARTER CHPS REPORT (Cont.)

No	Data Elements	Definition
11	Population Covered by CHPS	Population covered by completed and functional CHPS zones. (Total population of communities within the completed and functional CHPS zones)
12	Number of Functional CHPS	Number of Functional CHPS Zones (Completed CHPS Zone is NOT included) in the district. Functional CHPS Zone shall be commissioned when: 1. The community entry process is completed and community members are fully engaged; 2. The CHMCs are formed and actively involved in health planning and service delivery design; 3. CHO is deployed to the defined zone; 4. Volunteers selected from the community and trained for service delivery; 5. A community profile (see appendix 2) is in place; 6. Health service delivery is targeted at households and families; 7. CHO has developed a schedule of home visits that covers all homes in the catchment area and is implementing regular home visits on schedule; 8. Identifiable service delivery data from the CHPS zone reported as an organizational unit and are available in the health information management system; AND 9. The Community Health Compound (newly constructed or rented or hired or refurbished) and the needed equipment are not yet ready.
13	Number of Trained CHOs	Number of trained CHOs who are assigned to CHPS zone in the district.
14	Number of Active CHMC with meeting held at least once in the last 6 months	Number of active Community Health Management Committees (CHNC) which the last meeting had been held within the last 6 month.
15	Number of Active CHV	Number of active Community Health Volunteers in the district
16	Number of Functional CHPS with CHAP	Number of Functional CHPS which have Community Health Action Plan.
17	Number of Zones planned to be made functional for the year	Number of CHPS zones which are planned to be functional in the year.
18	Number of Zones planned to be made functional for the quarter	Number of CHPS zones which are planned to be functional in the quarter.
19	Number of CHPS Compound planned to be constructed in the quarter	Number of CHPS zones which are planned to be functional in the quarter.

DISTRICT QUARTER CHPS REPORT (Cont.)

No	Data Elements	Definition
20	New functional CHPS zones during the quarter	Number of CHPS zones which became functional in the quarter.
21	Number of CHPS Compound constructed in the quarter	Number of CHPS compound newly constructed during the quarter.
22	Number of Home Visits done in the quarter	Total number of home visits done by all CHOs during the quarter.
23	Number of Durbars in the quarter	Number of Durbars related with CHPS activities held in the quarter
24	Number of Meetings with Social Groups in the quarter	Number of Meetings with social groups such as women's group, youth group, in the quarter.
25	No of Volunteers Trained in Surveillance	Number of Community Health Volunteers trained in surveillance (Community –Based Surveillance Volunteer(CBSV))in the district
26	No of Volunteers Trained in Malaria	Number of Community Health Volunteers trained in Malaria control activities.
27	No of Volunteers Trained in Child Health	Number of Community Health Volunteers trained in child health activities (IMNCI)
28	No of Volunteers Trained in FP Distribution	Number of Community Health Volunteers trained in Family Planning Commodity Distribution.
29	No of Trained TBAs	Number of trained Traditional Birth Attendance(TBAs)
30	TBA Deliveries	Number of deliveries conducted by TBAs
31	TBA Postnatal	Number of postnatal client seen by TBAs
32	TBA Antenatal	Number of antenatal client seen by TBAs

MATERNITY WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number	The number on the row on which client record written in the register.	Records	Count the number of clients taken care of in a particular period, determines client load and helps in planning
2	Date Of Admission	The date on which the client was admitted OR transferred in from another facility.	Calendar	Helps in record keeping of events for a particular period
3	Time Of Admission	The time the client was admitted OR transferred in from another facility.	Clock in Maternity Ward.	Helps to track the time of treatment initiation
4	Patient Number	Client's unique identification number issued on the first visit to the facility.	ANC card/Folder	It helps to identify and retrieve client records in case of loss
5	Patient Name	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	ANC card/Folder	For easy identification of client & records
6	Address (Locality)	The locality in which the client resides but not the birth place	ANC card/Folder	For follow ups and home visits
7	Age	The exact age of the client in completed years e.g. 30 years.	ANC card/Folder	Informs service providers on the full details of the client to provide individualized care
8	Parity	Parity means the number of times a female has given birth (PARA) <i>including children alive and dead e.g. Para 4^{3A1D}.</i>	ANC card/Folder	Provides information to the service provider for subsequent care
9	Duration of Pregnancy	The age of the pregnancy at the time of admission in weeks	ANC card/Folder	It informs the SP the age of pregnancy for individualized care
10	Partograph Use	Chart to monitor the progress of labour.	ANC card/Folder`	Provides information on how effective labour was managed
11	Foetal Heart on Admission	Number of times the heart of the foetus beats per minute	ANC card/Folder	It provides information on the viability of the foetus
12	ANTE NATAL RISK FACTORS	Medical conditions that can lead to complications in pregnancy, labour and delivery	ANC card/Folder	Prompts the care provider on the need for timely intervention for improved outcomes
13	OUTCOME OF DELIVERY	Number of baby or babies that were delivered and their condition	ANC card/Folder	Provides information on past obstetric history and informs decision for individualized client centred care

MATERNITY WARD REGISTER (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
14	DATE OF DISCHARGE	Date on which the woman and baby or babies were discharged or transferred to another facility.	ANC card/Folder	Provides information on number of days spent and the level of quality of care
15	COMPLICATIONS OF DELIVERY	'Difficult/Extreme/Unexplained' conditions that required other medical interventions or specialized care during delivery	ANC card/Folder	Provides information on the extent of the need for comprehensive obstetric care for necessary planning
16	NHIS STATUS (YES OR NO)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>Write "YES"- if the client's insurance card is valid or active and has not expired.</p> <p>Write "NO" if the client is not insured at all or if the card is not valid or active.</p>	Insurance Card	Provides information on the proportion of clients registered on the health insurance scheme and for planning

DELIVERY ROOM REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial No	Place a serial number from 1 to the end of the month. Each month starts with 1	Admissions & Discharges Book	Provides information on the number of client taken care of within a specified period & aids in planning
2	Medical Record No.	This is the number needed to locate client's records from the facility. Write the unique ID number assigned to the client by the facility	Records	Helps in identification & retrieval of client records
3	Insurance No	National health insurance (NHIS) registration number. Write the number as it appears on client's NHIS card. If not covered write NONE	NHIS Card	Provides information on the proportion of clients registered on the health insurance scheme and for planning
4	Admission	Date and Time of Admission to the labour ward a) Time: Record time as in am/pm format (e.g. 3:00am) b) Date: write date in the short date format (dd/mm/yy)	Delivery Room Clock & Calendar	Helps to keep track of the progress of labour and for the initiation of timely intervention for good outcomes
Client Information				
5	Name of mother	Write full name of client	ANC Card, confirmed from client	For easy identification of client and records
	Age	Mother's Age. Write age of the client in years	ANC Card, confirmed from client	Informs SP on the age of client
	Contact Address	Clients location address. Include mobile number, community name, landlord's name (where applicable) District etc.	ANC Card, confirmed from client	For follow ups & home visits
	Level of Education	Highest level of education attained. Write None, Primary, secondary, tertiary	ANC Card, confirmed from client	Helps with the provision of client centred care.
	Gravida	This is the number of times the woman has ever been pregnant including current pregnancy	ANC Card, confirmed from client	Provides insight into the obstetric history of the client
	Parity	This indicates the number of times the woman has given birth (indicate the no. alive and no. dead)	ANC Card, confirmed from client	Provides insight into the obstetric history of the client

DELIVERY ROOM REGISTER (*Cont.*)

No of ANC Visits	This is the number of times the pregnant woman visited the ANC throughout the period of pregnancy	ANC Card	Indicates the level of care the woman may have received
Gestational Age	The age of the pregnancy in weeks on the day of admission to the delivery ward; estimated by LMP, fundal height and or ultrasound scan	ANC Card	Indicates the maturity level of the pregnancy at labour
IPT (SP)	Intermittent Preventive Treatment/Sulphadoxine pyrimethamine. Write the number of doses given to client	ANC Card	Indicated the level of protection woman has against malaria in pregnancy
Hb	Haemoglobin in g/dl. Indicate the last Hb value recorded in the maternal health record booklet. Perform test if value not known	Lab Result	Indicates the haemoglobin level of woman and what precautionary measure to take during labour
Blood group	Blood type of mother. Write down the blood type (A,B,AB OR O) AND Rhesus factor (RH- or RH+)	Lab Result	Indicates the haemoglobin level of woman and what precautionary measure to take during labour.
ANC Corticosteroid	Indicate whether any corticosteroid was given during ANC at 28-34 weeks	Client's folder or ANC card	To track and ensure quality of management of preterm labour
Syphilis	Rapid Diagnostic test for Treponema pallidum. Indicate positive (pos), Negative(Neg) or unknown based on the test results	Lab Result / RDT Result	To detect and treat women reporting with syphilis to prevent the transmission to the babies
Hep. B	Random Diagnostic test for Hepatitis B virus. Indicate positive(pos), Negative(Neg) or unknown based on the test results	Lab Result	To detect and treat women reporting with Hep. B to prevent the transmission to the babies
PMTCT	Prevention of Mother to Child Transmission of HIV. Select the appropriate box to indicate whether the client is positive (reactive) or negative (non-reactive)	ANC Card	To prevent mother to child transmission of HIV

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Other intervention /Treatment	Any intervention other than episiotomy such as ARM, induction of labour by misoprostol, augmentation of labour by oxytocin, vacuum extraction, blood transfusion , medications, etc.. Write the indication for such intervention	Delivery notes	Provides information on the number of pregnant women receiving basic & comprehensive obstetric care respectively
	BP, Pulse, Temp	Mother's Vital Signs on Admission.	Partograph	Provides information on the mother's health status
	FHR (Fetal heart rate)	Write down the initial fetal heart rate on admission.	Partograph	Provides the state of viability of the foetus
	Cervical dilatation	Write down the cervical dilatation on admission	Partograph	Provides information on the stage of labour on admission
	Partograph use	Indication of the use of partograph in monitoring the progress of labour. Write yes or no (if No, indicate reason for not use e.g. Elective c/s, imminent delivery, etc.)	Client Record Card (ANC card or folder)	Provides information on the level of quality care provision in labour
	Lie & Presentation	Indicate the Lie of the fetus such as Longitudinal, Oblique or Transverse and the presentation such as Cephalic, Breech, etc.	ANC card	Informs the decision of the care provider on the mode of delivery and prompt referral where necessary
	Perineum	Condition of perineum. Tick if perineum is intact, episiotomy given or whether a tear occurred	Delivery notes	Provides information on the management of 2 nd stage of labour
	Date of delivery	The date the newborn was delivered. Indicate by writing the date as appropriate (specify dd/mm/yy)	Delivery notes	Provides information on the age of the baby for appropriate care
	Time	Time baby fully delivered.	Delivery notes	Provides information on the duration of labour and quality of care
	Breathing /Crying at Birth	Did the baby CRY or BREATH SPONTANEOUSLY at birth. Tick as appropriate.	Delivery notes baby form	Provides information on the state of health of the baby at birth and informs decision on both the immediate & subsequent care.

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Apgar Score	A measure of the physical condition of a newborn infant. It's obtained by adding points (2, 1, or 0) for heart rate, respiratory effort, muscle tone, response to stimulation, and skin coloration; a score of ten represents the best possible condition. Measured at 1 & 5 minutes after delivery.	Delivery notes	Provides information on the physical condition of the newborn infant at 1 minute & 5 minutes after delivery. It informs decision for appropriate care
	Respiration within 30 mins	The respiration rate of the baby within the first 30 minutes after delivery counted over one full minute.	Postpartum monitoring chart	Indicated health status of baby in the immediate postpartum period for timely intervention where there is any deviation
	Initiated Skin to skin care within first 30 minutes	If it was possible to initiate skin-to-skin contact between the mother and the newborn. There may be extenuating circumstances under which this may not occur. Indicate none in such situations.	Post-delivery notes	Provides information on the proportion of babies who receive skin to skin care at birth as per protocol
	Resuscitation provided	Indicates if the child provided some assistance to breathe on delivery. Tick None if the baby required no assistance to breathe. Tick stimulation and suction to start breathing if the newborn required this only. If the baby needed to be assisted with either bag or mask or with an endotracheal tube. Tick as many steps as are done.	Post-delivery notes	Provides information on the quality of care for newborns and informs decision for planning
	Axillary temperature within the first 90 mins	The Axillary temperature of the newborn within one and a half hours (90 minutes) of delivery. Must be measured with an appropriate thermometer in centigrade in the space provided	Post-partum observation form,	Provides information on the state of body warmth of the newborn, the quality of care for newborns and informs decision for planning

DELIVERY ROOM REGISTER (Cont.)

	Breastfeeding within 30 min	If mother is able to INITIATE breastfeeding within 30 minutes of delivery. There may be extenuating circumstances under which she may not be able to. Tick the appropriate response.	Post-delivery notes	Provides information on the proportion of babies put to breast within 30 minutes of delivery as per protocol
	Alive/Dead	The status of the baby at the time of delivery. Indicate if the baby was born alive or dead and tick the appropriate response.	Post-delivery notes	Provides information on the number of still births recorded within a specified period
	Stillbirth	A fetal death in late pregnancy. In Ghana, a stillbirth is defined as a late fetal death occurring after at least 28 weeks gestation. Indicate whether fresh (FSB) or macerated (MSB)	Post-delivery notes	Provides information on the quality of antenatal, labour & delivery care
	Fresh stillbirth :	The birth of a dead baby with no signs of maceration/disintegration of the skin where the death is assumed to have taken place during labor and process of delivery.	Post-delivery notes	Provides information on the quality of the management of labour
	Macerated Stillbirth	Includes all the changes, which occur in a fetus retained in utero after death. A “ <i>macerated</i> ” fetus shows skin and soft-tissue changes (skin discoloration or darkening, redness, peeling, and breakdown) suggesting death was well before delivery (pre-partum)	Post-delivery notes	Provides information on the quality of antenatal care.
	Birth Asphyxia	<i>Defined as inability of baby to initiate or sustain breathing. Indicate as: 1. No breathing or crying at birth. 2. APGAR score of 7 or less at 5 minutes in a baby. 3. Baby was resuscitated (either by stimulation by rubbing the baby’s back gently once or twice AND with bag and mask ventilation) . Note that 1, 2 & 3 above must be present before you indicate that the baby has asphyxia</i>	Post-delivery notes and baby form	Provides information on number of babies born with asphyxia and aids in planning, refresher training, procurement, etc.

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Sex	The sex of the baby delivered (Male or female). Ambiguous genitalia is if the sex of the baby cannot be determined easily. Indicate as appropriate.	Labour notes/ baby form	Provides information on proportion of male and female babies delivered in a specified place within a specified period. It helps in planning
	Weight (kg)	The weight in kilograms of the baby on the day of delivery. Write the weight of the baby in kilograms in the space provided	Labour notes/ baby form	Provides information on proportion of underweight babies delivered in a specified place within a specified period. It also helps assess the quality of ANC care & helps with planning.
	Length (cm)	The length of the baby measured from the occiput to the heel in centimeters. Write the result in the box provided	Labour notes/ baby form	A valuable predictor about a newborn's health, and also provide a suspected growth pattern to pediatricians. Concern for a smaller-than-average baby can come into play in the case of premature births.
	HC (cm)	Head Circumference (cm). Write in the space provide the head circumference of the newborn.	Labour notes/ baby form	A valuable predictor about a newborn's health, and also provide a suspected growth pattern to pediatricians. Concern for a smaller-than-average baby can come into play in the case of premature births.
	Vitamin K1	Write if vitamin K1 was given or not to the newborn on delivery.	Labour notes/ baby form	Provides information on the number of newborns protected against haemorrhagic disease of the newborn
	Infant ARVs	Antiretroviral Medications for HIV exposed babies. Tick the appropriate box	Client's folder	Provides information on the number of HIV exposed newborns put on treatment against mother to child transmission.

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Eye care	Tetracycline ointment OR chloramphenicol eye drops for preventing eye infection given within 90min of delivery. Note that only one is to be used, not both. Tick the appropriate response	Labour notes/ baby form	Provides information on the proportion of newborns protected against ophthalmia neonatorum as per protocol.
	Cord Care	Methylated Spirit or Chlorhexidine used to dress the cord as part of the essential care for the newborn. Tick the appropriate response	Postpartum notes	Provides information on the quality of cord care as per protocol for the prevention of neonatal sepsis likely to occur from cord sepsis.
	Birth Abnormalities	Any abnormality detected in the newborn eg. Extra digit. Write in the space provided as appropriate. Write None if there is no abnormality	Labour notes/ baby form	Provides information on the number of newborns with congenital abnormalities, the quality of ANC and helps in planning.
	3rd stage (AMSTL)			
	Oxytocin	Active management of the third stage of labour. Write down dosage and route of administration such as 10 IU IM.	Labour/delivery notes	Provides information on the quality of the management of the third stage of labour, compare with outcomes and aids with planning.
	Time	Indicate time oxytocin given ; format (3:02 am)	Delivery notes	Provides information on the quality of the management of the third stage of labour, compare with outcomes and aids with planning.
	Blood loss	Estimated blood loss after delivery. Write down in mls. such as 200mls	Labour/delivery notes	Provides information on the number of women developing post-partum haemorrhage at delivery, quality of the management of the third stage of labour, and aids with planning

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Complications	Any complication that occur before or during labour and after the delivery of the baby e.g., PROM, PPH. Tick the appropriate box.	Client's records	Provides information on the number of women developing complications in the course of pregnancy, quality of ANC, labour, and delivery care, and aids with planning
	Mode of Delivery	Mode of delivery such as spontaneous vaginal delivery (SVD), vacuum Extraction, Caesarean Section, etc. Tick the appropriate box	Client's records	Provides information on the proportion of women who needs comprehensive obstetric care services and aids in planning.
	Time Placenta Delivered	Time placenta and membranes completely delivered. Time: write in am/pm format	Delivery notes	Provides information on the quality of third stage management and assists with planning.
	State of Placenta and membranes	Indicate whether placenta and membranes were complete or any abnormalities detected. Tick the appropriate box	Delivery notes	Provides information on the quality of third stage management, the number of women with abnormalities of the placenta who needs further management and aids in planning.
Discharge /Transferred/Referred (Mother)				
	BP	Client's Blood Pressure Recorded at Discharge/Transfer or referral	Client Record	This provides information on the proportion of mothers with hypertensive disorders.
	Pulse	Client's pulse checked after delivery	Client Record	Provides information on deviation in the normal body function for prompt decision making and intervention
	Temp	Client's temperature checked after delivery	Client Record	Provides information on deviation in the normal body function for prompt decision making and intervention

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Respiration	Client's post-delivery respiration	Client Record	Provides information on the client's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
	Vitamin A	Post-partum vitamin A given to the mother after delivery	Client Records	Provides information on the proportion of postpartum women who received vitamin A supplement
	Disch./Transf./Ref.	Indicate whether the client was discharged, transferred or referred	Client Records	Provides information on level care at the facility
	Transferred/Referred To	Indicate where client was referred to	Client Records	Provides information on number of clients referred from the facility, the quality of services available and aids in planning.
	Date	The date of Discharge, Transfer or referral of the mother	Client Records	Provides information on client's length of stay, number of client's transferred or referred from the facility, quality of care and aids in planning, resource mobilization for quality improvement
	Time	The time of Discharge/Transfer or referral	Client Records	Provides information on client's length of stay, number of client's transferred or referred from the facility, quality of care and aids in planning, resource mobilization for quality improvement
	Comments	Indicate any additional information deemed necessary in the space provided	Client Records	Provides holistic information on the client for future planning
	Discharge /Transferred/Referred (Baby)			

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Resp.	Breath Count (Resp. rate) in one full minute of the baby at the time of discharge or referral. Write the value obtained	Client Records	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
	Temp	Axillary Temperature in centigrade of the baby at the time of discharge, transfer or referral. Write the value obtained in centigrade	Post-natal ward thermometer	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
	Heart Rate	Pulse (Heart Rate) of the newborn at the time of discharge/transfer or referral. Write the figure obtained	Post-natal ward seconds hand clock	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
	Colour	Indicate colour (pink, cyanosis, jaundice, pallor etc.) at the time of discharge, transfer or referral. Write the colour of the newborn in the space provided	Observation by the service provider, documents in client record	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
	Breastfeeding	Whether baby is being exclusively breastfed at the time of discharge transfer or referral. Tick the appropriate response	Client interview	Provides information on the number of babies exclusively breastfeeding at discharge transfer or referral
	Disch/ Ref	If newborn was discharged from the labour ward, transferred, or referred elsewhere any time after birth. Tick the appropriate response	Client records	Provides information on the number of newborns referred for higher care and helps with planning

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Referred to	If the newborn was referred, indicate the name of the referral facility. Write the name of the facility the newborn was referred to.	Client Records	Provides information on the facilities receiving referred newborns and helps with planning
	Date	Date the mother was referred or discharged. Write the date as appropriate (specify if dd/mm/yy)	Labour ward calendar/Client records	Provides information on client's length of stay and quality of care
	Time	Time the newborn was discharged, transferred or referred. Write the time in the space provided (am/pm)	Labour ward clock	Provides information on baby's length of stay and quality of care
	Comments	Relevant information related to the referral or discharge. Indicate the state of the newborn at the time of transfer, referral or discharge i.e. APGAR score is above 7 at 5 minutes. Dead means no signs of life at time of discharging the mother. Asphyxiated means the newborn is alive but at the time of referral or transfer from the labour ward, has: An APGAR score of 7 or less at 5 minutes	Client records / provider observation at discharge	Provides information on the state of newborns at discharge
	Delivered by	Name of the service provider who conducted the delivery. Write down the name	Client Records	Provides information on client load per service provider, quality of care provided by the service provider, for legal purposes and helps in planning
	Designation	The Rank of the service provider who conducted the delivery.	Client Records	Provides information on client load per service provider, for legal purposes and helps in planning

DELIVERY ROOM REGISTER (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
--	----------	------------	-------------	-----------

	Signature	The service provider who conducted the delivery appends a signature	Client Records	Provides information on client load per service provider, for legal purposes and helps in planning
--	-----------	---	----------------	--

FAMILY PLANNING REGISTER

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	SERIAL NUMBER (S/NO)	The serial number is the sequential numbering of the rows in the register which is written on the client card and used to identify the client over a one-year period. The client is re-registered in every new year and given a new serial number.	Family Planning Register/Card	Serial number helps count the number of clients within a particular period. This helps the manager to determine the client load, whether target is being met and plan the way forward.
2	CLIENT'S CARD REGISTRATION No.	This is the number issued to the clients on the first encounter with the service delivery point, also known as the registration number normally written in red ink if the client is a new client to the service or other ink if the client is a regular visitor.	Family Planning Register/Card	It helps to identify and retrieve client records in case of loss of Client card.
3	DATE	Indicate the date the visit was made. All dates shall be recorded as DAY/MONTH/YEAR.	Family Planning Register/Card	It helps to keep record of events throughout a particular period
4	NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Family Planning Register/Card	For easy identification of client and records
5	ADDRESS /LOCATION	Address is the location at which a health worker would be able to track a client. In most cases, the format of the address includes a town, community, landmark and/or the name of the landlord. Include telephone number	Family Planning Register/Card	For follow ups

FAMILY PLANNING REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
6	Phone No.	This is a sequence of digits assigned to a fixed-line telephone subscriber station or a communication network provided by the client	Family Planning Client Card	For follow ups
7	Level of Education	This refers to the highest level of schooling that a person has reached. At the primary and secondary school level , educational attainment refers to the number of years completed.	Family Planning Client Card	This aids in individualized client centred care and also provides information on the level of education of women seeking family planning services. Helps in planning
8	MARITAL STATUS	The client's situation with regard to whether being single, married, separated, divorced, or widowed.	Family Planning Register	Provides information on whether client is in a stable relationship or not. It influences the family planning method
9	AGE (CIRCLE IF < 20 OR > 35 YRS.)	The age of the client in completed years, circle age if it is less than 20 or more than 35years circle the age. This helps you to keep an eye on this person	Family Planning Card	Informs service providers on the age of the client for age appropriate care.
10	PARITY (CIRCLE IF >4)	This cell records the number of delivery by the client. Circle number if more than 4	Family Planning Card	Provides information on the number of children client has for need for FP.
11	1ST EVER USE (Y/N)	Indicate in this column whether the client is using modern family planning method for the first time in her life with a Yes or No	Family Planning Register/Card	It provides information on the number of clients accepting a family planning method for the first time
12	Last Method Used	Any modern method of Family Planning the client ever used to prevent pregnancy.	Family Planning Card	This enables the service provider to determine the status of the client as being new or continuing acceptor.
13	Current Method and Date Started	The preferred method chosen by the client and the date the method was given.	Family Planning Card	Provides information on the methods commonly used
14	PPFP (0-12 months)	Post-partum family planning	Family planning card	provides information on the number of post-partum mothers accepting a family planning method

FAMILY PLANNING REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
15	JAN-DEC (SUBSEQUENT VISITS)	Record dates for which Family Planning services will be provided for subsequent visits in the year.	Family Planning Register/Card	Provides information on the availability of family planning services for clients
16	Date of Removal	This refers to the particular date the client came for removal of a method in the case of implants and IUD.	Family Planning Card	Provides information on the compliance of clients with regards to a particular method
17	Sources of Family Planning Information	This refers to the sources of information that led the client to the service delivery point. The sources are found as a legend at the bottom of the register. The sources must be represented with the numbering codes assigned to them. However the client could have more sources mentioned.	Client	It informs service providers on the most effective channel for health education
18	REMARKS	Indicate anything of interest that is important for continuous care	Service Provider	Provides information on relevant issues for care and aids with future planning

ANC REGISTER

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	SERIAL NUMBER (S/NO)	The serial number is the sequential numbering of the rows in the register.	ANC Card	Serial number helps count the number of clients been taken care of within a particular period. This helps the manager to determine the client load, whether target is being met and plan the way forward.
2	DATE	Indicate the date the visit was made to the service delivery point. All dates shall be recorded as DD/MM/YYYY.	Calendar	It helps to keep record of events throughout a particular period
3	Registration No.	This is the client's registration/identification number on the Ante Natal card. If the client is registered at a different facility before visiting you, then use the same number. To distinguish between a registrant and one who is not, red ink is used for the registration number while for a trans-in blue ink is used for the registration number	ANC Card	It helps to identify and retrieve client records in case of loss of Client card.
4	NAME OF MOTHER (First name, middle name, last name)	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, etc.	ANC Card	For easy identification of client and records
5	FULL RESIDENTIAL ADDRESS	The residence of the client but not the birth place. This should include where the house is located, the name of the community and the house number. This address is very useful for home visits so it is important to get the correct directions from the client. include telephone number	ANC Card	For follow-ups and home visits
6	AGE	The age of the client in completed years.	ANC Card	Informs service providers on the full details of the client to provide individualized care
7	PARITY	This indicates the obstetric history of the woman. It includes the number of pregnancies, deliveries, children alive, number dead and other information relevant to the care of the woman. E.g., G4P3AA for 4 pregnancies, 3 deliveries and all 3 children alive.	History ANC Card	It provides information to the service provider for appropriate direction on the subsequent care

ANC REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
8	BP	The Blood Pressure of the client measured with a sphygmomanometer.	ANC Card	For early detection of any deviation and appropriate action.
9	HT (m)	The height of the client measured meters.	ANC Card	Gives information about the level of stunting in a specific area
10	WT (kg)	Weight of the client measured in kilograms.	ANC Card	For early detection of any deviation in foetal growth and appropriate action taken.
11	GESTATION	The age of the pregnancy in weeks on the day of the visit. This can be estimated by asking about the last menstrual period LMP, the height of the fundus, and /or ultrasound scan. <i>NB: Avoid using early pregnancy</i>	ANC Card	To keep track, monitor the growth of foetus for timely intervention where necessary
12	Expected Date of Delivery (EDD)	The date on which an infant is expected to be born, calculated from the first day of the last menstrual period.	ANC Card	To keep track, monitor the growth of foetus for timely intervention where necessary
13	Folic Acid & Iron Supplements	These are routine iron and folic acid supplements given to the client throughout the pregnancy and postpartum period.	ANC Card	To boost the pregnant woman's haemoglobin level and maintain the growth and development of the foetus. It also serves for planning purposes.

ANC REGISTER (Cont.)

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
14	Hb	Hb at Reg.	The pregnant woman's hemoglobin level at the time of registration	ANC Card	For early detection of anaemia in pregnancy and appropriate management.
		Hb at 28wks	The pregnant woman's hemoglobin level at 28 weeks of gestation	ANC Card	To identify pregnant women at 28 weeks with low Hb. levels for appropriate management before labour.
		Hb at 36wks	The pregnant woman's hemoglobin level at 36 weeks of gestation	ANC Card	To identify pregnant women at 36 weeks with low Hb. levels for appropriate management before labour.
15	BLOOD GROUP (ABO)		The blood group and rhesus factor of the pregnant woman e.g. A+, B-, AB+, O-	ANC Card	To plan and manage accordingly when the need arise for blood infusion
16	Sickling	Status (+/-)	This indicates the sickle cell test result of the pregnant woman.	Lab Result	To identify number of pregnant women with sickle cell disease, plan and manage them appropriately.
		TYPE	If the sickling is positive then Type is the result obtained from the HB electrophoresis : indicate the type e.g. AS, SS, SC CC	Lab Result	To identify number of pregnant women with sickle cell disease, plan and manage them appropriately.
17	ITN Given		This is indicates the number of pregnant women given ITN for Malaria prevention in Pregnancy	ANC Card	To know the number of pregnant women who have received ITNs for use and plan accordingly.
18	Blood Film (MPs)	BF at Reg.(MPs)	It is an investigation done to find out if pregnant woman has malaria parasites in her blood at registration.	Lab Result	To identify pregnant women reporting with malaria at registration for appropriate management
		BF at 36wks(MPs)	It is an indication that malaria investigation is done to find out if pregnant woman has the parasites in blood at Registration.	Lab Result	To identify pregnant women reporting with malaria at 36 weeks for appropriate management

ANC REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE	
19	Syphilis Screening	Status (+/-)	It is an investigation done to indicate whether the pregnant woman has syphilis at registration.	Lab Result	To identify pregnant women reporting with syphilis for appropriate management
		Treatment (Yes/No)	It is an indication to determine whether the pregnant woman was on treatment or being treated.	ANC Card	To identify pregnant women reporting with syphilis for appropriate management.
20	PMTCT	Status (+/-)	It is an investigation done to indicate whether the pregnant woman has HIV in the blood at registration	Lab Result	To identify pregnant women reporting with HIV for appropriate management and prevention of mother to child transmission.
		ARV Treatment (Yes/No)	It is an indication to determine whether the pregnant woman was on treatment or being treated.	ANC Card	To identify the number of pregnant women receiving ARVs for treatment and plan accordingly.
21	TB Screening	Screened (Yes/No)	This indicates whether the pregnant woman has been screened for TB at registration.	Lab Result	To know the number of pregnant women screened for Tuberculosis infection at registration
		Status (+/-)	It is an investigation done to indicate whether the pregnant woman has TB at registration	Lab Result	To identify pregnant women infected with Tuberculosis at registration
		Treatment (Yes/No)	This indicates whether or not a TB positive pregnant woman has been put on anti-tuberculous treatment or not	ANC Card	To know the number of TB positive pregnant women on treatment and plan accordingly with the information

ANC REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE	
SUBSEQUENT VISITS (2-12)					
22	Subsequent Visits (2-12)	DATE	Indicate the date the visit was made to the service delivery point. All dates shall be recorded as DD/MM/YYYY.	Calendar	It helps to keep record of events throughout a particular period
23		BP	The Blood Pressure of the client measured with a sphygmomanometer.	Sphygmomano meter Reading	For early detection of any deviation and appropriate action.
24		WT	Weight of the client measured in kilograms.	ANC card	For early detection of any deviation in foetal growth and appropriate action taken.
25		Fundal Height	It is a measure of the size of the uterus used to assess foetal growth and development during pregnancy. It is measured from the fundus of the uterus to the mother's pubic bone in centimetres.	ANC Card	To keep track and monitor the growth of foetus. It also aids in diagnosis of intra-uterine conditions such as oligohydramnous, polyhydramnous etc. for appropriate intervention
26		Urine Test	This is an investigation to detect the presence of protein, glucose and protein in the pregnant woman's urine	Lab / RDT Result	For early identification of complications in pregnancy such as pre-eclampsia and timely management
27		Foetal Heart Rate	The heartbeat of the foetus counted for 60 seconds using the foetal stethoscope.	ANC Card	To check the viability of the foetus
28		Folic acid	It is a B vitamin supplement needed for the growth and development of the foetus	ANC card	To know the number of pregnant women receiving folic acid supplementation within a specified period for planning purposes

ANC REGISTER (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
SUBSEQUENT VISITS (2-12) (Cont.)				
	Iron	An essential component of haemoglobin for preventing anaemia in pregnancy	ANC card	To know the number of pregnant women receiving iron supplementation within a specified period for planning purposes
34	Tetanus Diphtheria-TD (1-3)	The number of Tetanus Diphtheria vaccines given in the course of a pregnancy. In the duration of a pregnancy a maximum of 3 doses can be given.	ANC Card / Yellow Card	To know the number of pregnant women given TD to protect their babies from neonatal tetanus within a specified period for planning purposes
		<i>Number of TD doses taken during the pregnancy not the number of routine doses that should be taken. So for any dose given during the pregnancy the actual number continuing from the yellow card should be used in recording. E.g. the first dose may actually be TT4 if the woman had previously taken up to TT3 in the yellow card.</i>		To keep track of the number of pregnant women completing the recommended schedule for TD
36	Intermittent Preventive Treatment IPT- (1-5)	This represents the intermittent preventive treatment for malaria given to pregnant women in the form of SP. Indicate the date and the dose of IPT given	ANC Card	To know the number of pregnant women receiving Sulphadoxine pyrimethamine for malaria prevention
39	REMARKS	Provider notes written at the end of the session.	ANC card	It gives information on initiatives taken based on services provided. Provides detailed clarifications of issues and comments from service providers for future action

CHILD HEALTH REGISTER 0-11

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial No.	The numbering of clients as they attend the facility, it is done serially to know the number of clients registered at a given period	Generated	Helps count the number of clients seen within a particular period, determines client load, whether target is being met and helps in planning
2	Child Registration No.	The registration number given to the child on first visit to clinic. Red ink for registrants and blue ink for trans-in	Child Health Record Card	Helps in identification and retrieval of client records
3	Child's Name	Official name given child, if child is not name yet use Baby with mothers name appended until child is named. e.g. Baby Serwah Akoto where the mother is called Serwah Akoto	Birth Certificate. / Child Health Records Card	For easy identification of client records and for follow ups
4	Date of Birth	The date of birth of the baby	Birth Certificate. /Child Health Records Card	Helps in age calculation for quality care
5	Date First Seen	Date when baby is first seen at health facility if not already registered for CWC	Child Health Records Card	Provides information on the level of awareness of clients on the CWC services
6	Sex (M/F)	This is sex of baby M for Male and F for Female	Child Health Records Card	Helps with easy retrieval of records and also provides information on the gender distribution of children within the particular area over a specified period
7	Birth Weight		Maternal Health Card	Provides information on the proportion of underweight children, quality of ANC & helps with planning
8	Birth Registration No.	Birth registration number of baby is given	Birth Certificate	Provides information on the number of births within the specified period in the specified area and helps with planning

CHILD HEALTH REGISTER 0-11 (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE	
9	Sickling Status	Sickle cell test result of the baby (SS, AS, AC, CC, SC)	Child Health Records/Lab Results	Provides information on the burden of sickling cell in the specified area and helps with provision of quality care tailored towards the individual needs of the child and parents	
10	Mother's Name	The name of the baby's mother	Child Health Records Card/Verbal	For retrieval of records, easy client identification and for follow ups	
11	Telephone No. /Traceable Address	Indicate the Telephone number and the residence of the client but not the birth place. <i>(This should include where the house is located, the name of the community and the house number. This address is very useful for home visits so it is important to get the correct directions from the client.)</i>	Verbal	For follow ups and home visits	
12	Month (1-12)	Date	Day service rendered	Calendar	
		Age (weeks)	Age of child as at 'TODAY'	Date of Birth	
		Weight	Weight of baby (Kilogram)	Weighing Scale	To assess the growth of the child and provide the necessary support.
		Adequate Wt. Gain (Y/N)	Indicate status of weight gain yes for adequate and no for low based on the curve on the chart	CWC Register / Records	
		Z-score	Standard deviation score	CHRC	
13	Complementary Feeding Initiated at Six Month (Y/N)	This is to indicate whether baby has started any weaning diet at six months.	Verbal	To track and assess the proportion of children being initiated on complementary feeds at six months to ensure optimal growth	
14	MUAC	This is Middle-Upper Arm Circumference. The circumference of the upper arm of a child is taken to determine if the child is malnourished or at risk for malnutrition.	MUAC Tape	Provides information on the proportion of children who are malnourished or at risk for malnutrition, aids in planning for resource mobilization and trainings	

CHILD HEALTH REGISTER 0-11 (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
15	Bilateral Pitting Oedema	The inability of the skin of both feet to lift itself up when pressed	Examination by service provider	Provides information on the proportion of children with severe acute malnutrition, guides with decision making for further investigation and treatment
16	Hep B, BCG, Polio 0, 1, 2, 3, Rotavirus 1,2, Penta 1,2,3, Pneumococcal 1, 2, 3, Vit A @ 6mths, Measles 1, Yellow Fever, CSM, Others	These are the dates on which each of these vaccines are given	EPI Tally Book	Provides information on the proportion of children receiving their vaccinations as per protocol, whether targets are being met and aids in decision making
17	Remarks	The presence of the following or some of these Diarrhoea treatment fever use of ITN cough, cold, difficulty in breathing	Child Health Records/Verbal	This provides additional necessary information for improved service delivery and decision making

CHILD WELFARE CLINIC 24-59

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial No.	The numbering of clients as they attend the facility, it is done serially to know the number of clients registered at a given period	Generated	Helps count the number of clients seen within a particular period, determines client load, whether target is being met and helps in planning
2	Child Registration No.	The registration number given to the child on first visit to clinic	Child Health Records	Helps in identification and retrieval of client records
3	Child's Name	Official name given child, if child is not name yet use Baby with mothers name appended until child named. e.g. Baby Serwah Akoto where the mother is called Serwah Akoto	Birth Certificate / Child Health Records Card	For easy identification of client records and for follow ups
4	Date Of Birth	The date of birth of the baby	Birth Certificate / Child Health Records Card	Helps in age calculation for quality care
5	Date First Seen	Date when baby is first seen at health facility if not already registered for CWC	Birth Certificate / Child Health Records Card	Provides information on the level of awareness of clients on the CWC services
6	Sex	This is sex of baby M for Male and F for Female	Birth Certificate / Child Health Records Card	Helps with easy retrieval of records and also provides information on the gender distribution of children within the particular area over a specified period
7	Birth Registration No.	Birth registration number given the baby	Birth Certificate / Child Health Records Card	Provides information on the number of births within the specified period in the specified area and helps with planning
8	Mother's Name	The name of the baby's mother	Birth Certificate / Child Health Records Card	For retrieval of records, easy client identification and for follow ups

CHILD WELFARE CLINIC 24-59 (Cont.)

	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE	
9	Telephone No. /Traceable Address	Write the Telephone number and residence of client but not the birthplace. <i>(This should include where the house is located, the name of the community and the house number)</i>	CHRC	For follow ups and home visits	
10	Middle Upper Arm Circumference (MUAC)	This is to indicate how often baby is fed with weaning diet.	Readings		
11	Bilateral Pitting Oedema	This means Middle (mid)-Upper Arm Circumference. The circumference of the upper arm of a child is taken to determine if the child is malnourished or at risk for malnutrition.	Observation	Provides information on the proportion of children who are malnourished or at risk for malnutrition, aids in planning for resource mobilization and trainings	
12	No. Of Times Fed	The inability of the skin of both feet to lift itself up when pressed	Client	Provides information on the level of awareness of mothers on infant feeding	
13	Month (1-12)	Date	Day service being rendered	Calendar	To assess the growth of the child and provide necessary support.
		Age	Age of baby as at “today”	Date of birth	
		Weight	Weight of baby	Weighing Scale	
		Adequate Weight Gain	Indicate status of weight gain ‘Yes’ for adequate and ‘No’ for inadequate based on the direction of the points on the chart in the Child Health Record Card	CHRC	
		Z-Score	Standard Deviation	CHRC	
14	VIT A at 24, VIT A at 30, VIT A at 36, VIT A at 42, VIT A at 48, VIT A at 54	This is to indicate whether Vit. A given at age 24, 30, 36, 42, 48, and 54months	Child Health Records Card	Provides information on the number of children receiving vitamin A supplement as per protocol	
15	BCG, Polio 0,1,2, 3, Penta1,2,3, Rotavirus Measles and Others	These are the dates on which each of these vaccines are given	Child Health Records Card	Provides information on number of children receiving required vaccinations	

MONTHLY MIDWIFE'S RETURNS (FORM A)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution/ Maternity Home	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	Type Of Facility	Type of SDP reporting.eg hospital, health center, clinic, maternity home, CHPS	Records
3	Sub-District	The name of the sub-district Service Delivery Point is located, e.g. Aboaso.	Records
4	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
5	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
6	Month	The Month in which the transaction took place e.g. July	Calendar
7	Year	Year in which the transaction took place e.g. 2010	Calendar
8	EMONC Services (None, Basic Or Comprehensive)	Indicate whether Emergency obstetric care for new born done in the SDP is Basic or Comprehensive.	ANC register
9	Blood Transfusion Services	Indicate whether facility does blood transfusion or not	ANC register
10	Prevention Of Mother To Child Transmission (PMTCT)	Indicate whether SDP does PMTCT services or not	ANC register
11	Conduct Delivery	Indicate whether SDP conducts delivery or not	ANC register
12	Baby Friendly Services	Indicate whether SDP renders baby friendly services or not	ANC register
ANTENATAL SERVICE			
13	Registrants	Number of pregnant women reporting for antenatal care for the first time to any health facility with their current pregnancy.	ANC register
14	Attendances	Total number of all ANC visits for the period	ANC register
15	Making 4 ⁺ Visit	Number of pregnant women making their 4th antenatal visit for the period.	ANC register
16	TT2+	Number of women who have had two or more doses of TT	ANC Register
17	Age of Mother at Registration	Age of the pregnant woman as at the time of first ANC visit with the current pregnancy	ANC register

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
18	No. Eligible Mothers Receiving Corticosteroids at 28-34wks	Total number of pregnant women with preterm labour at between 28-34 weeks who received corticosteroids for foetal lung maturation as per protocol	Maternity Ward Register
SYPHILIS SCREENING			
19	No. Screened	Total number of pregnant women who were screened for syphilis	ANC register
	No. Positive	Number who tested positive	ANC register
	No. Treated	Number being treated at facility	ANC register
TB SCREENING			
20	No. Tested	Total number of pregnant women who were tested for TB	
	No. Positive	Number who tested positive	
	No. Treated	Number being treated at facility	
21	Parity	Number of deliveries prior to the current pregnancy	ANC register
ANTENATAL SERVICE			
Duration of Pregnancy at Registration (Trimester)			
22	1 ST Trimester	ANC Registrants reporting within the first 3months	
23	2 ND Trimester	ANC Registrants reporting between the 4 th and 6 th month of pregnancy	
24	3 RD Trimester	ANC Registrants reporting between the 7 th and 9 th month of pregnancy	
ANAEMIA AT REGISTRATION & AT 36 WEEKS			
25	Hb Checked at Registration	Number of pregnant women whose HB were checked at ANC registration	ANC register
26	Hb < 11gm/Dl at Registration	Number of pregnant women with HB less than 11gm/dl at the time of registration	ANC register
27	Hb < 7gm/Dl at Registration	Number of pregnant women with HB less than 7gm/dl at ANC registration	ANC register
28	Hb Checked at 36 Weeks	Number of pregnant women whose HB were checked, at 36 weeks	ANC register
29	Hb < 11gm/Dl at 36 Weeks	Number of pregnant women with HB less than 11 gm/dl at 36 weeks	ANC register
28	Hb <7gm/Dl at 36 Weeks	Number of pregnant women with HB less than 7gm/dl at 36 weeks	ANC register
29	Primigravidae With Hb Checked at 36 weeks	Number of pregnant women who are pregnant for the first time who had their HB checked at 36wks	ANC register

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
30	Primigravidae With Hb< 7gm/dl at 36wks	Number of pregnant women who are pregnant for the first time with HB less than 7gm/dl at 36 weeks	ANC register
INTERMITTENT PREVENTIVE TREATMENT in Pregnancy (IPTp)			
31	IPT1, IPT 2, IPT 3, IPT 4 and IPT 5	Number of pregnant women given each dose of malaria prevention drug (sulfadoxine pyrimethamine SP) at ANC	ANC register
32	Pregnant Women With Adverse Reaction	Number of pregnant women who had adverse reaction after taking SP.	ANC register, AERF
33	ITN Given	Number of pregnant women given ITN.	ANC register
PMTCT			
34	Number Tested	Number of pregnant women tested for HIV	ANC register
35	Number Positive	Number of pregnant women testing positive for HIV	ANC register
36	Number of Mothers On ARV	Number of Pregnant Women/Mothers put on ARV therapy	ANC and LWR
MALARIA SCREENING			
37	Number Tested	Total number of pregnant women who were tested for Malaria	ANC / CR Registers
38	Number Positive	Number that tested positive	ANC / CR Registers
39	Number Treated	Number that were given medication	ANC / CR Registers
DELIVERIES			
PRIMIGRAVIDAE OUTCOMES			
40	Age of Mother at Delivery	Age groups of mothers who are pregnant for the first time	
41	Live Birth To Primigravidae (Male And Female)	Number of babies delivered by primigravidae by sex (male and female)	ANC register
42	Primigravidae Still Birth	Total number of still births by primigravidae	ANC register
43	TOTAL BIRTHS	Total number of deliveries	LWR
LIVE BIRTH			
44	Male	Number of Male babies	LWR
45	Female	Number of Female babies	LWR
45	Total Live births	Total number of babies born alive male and female	LWR
STILL BIRTHS			
46	Fresh	Number of babies who died in the process of labour	LWR
47	Macerated	Number of babies who died in utero more than 12 hours before delivery with signs of maceration	

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
48	Total Still Births	Number of babies who were delivered without signs of life	
BIRTH WEIGHT			
49	Below 2.5kg Primipara	Number of babies born weighing less than 2.5kg to women with first delivery	LWR
50	Below 2.5kg Multipara	Number of babies born weighing less than 2.5kg to women with previous deliveries	LWR
51	Total	Total number of babies weighing less than 2.5kg (PRIMIPARA + MULTIPARA)	LWR Delivery Register
52	2.5kg & Above	Number of babies born weighing 2.5kg and above	LWR
53	Babies on ARV	Number of Babies on anti-retroviral treatment	PMTCT Register
54	Normal	Number of mothers with spontaneous vaginal deliveries	LWR
55	C/Section	Number of mothers with deliveries through caesarian section	LWR
56	Vacuum	Number of mothers with vaginal deliveries assisted with vacuum extractor	LWR
57	Forceps	Number of mothers with vaginal deliveries assisted with forceps	LWR
58	Number Receiving Oxytocin for 3 rd Stage of Labour	Total number of mothers receiving oxytocin for the active management of third stage of labour	LWR
59	Deliveries with at least 3 IPT doses	Total number of mothers who received at least 3 IPT doses during ANC for malaria prevention	ANC register
60	Mother Infant Baby Pairs Exclusively Breastfeeding at Discharge	Total number of postpartum mothers discharged with their babies exclusively breastfeeding as per protocol	PNC Register
61	Number of Mothers who gave birth to Single babies	Total Number of Mothers who gave birth to Single babies	LWR
62	Number of Mothers who gave birth to Twin babies	Total Number of Mothers who gave birth to Twin babies	LWR
63	Number of Mothers who gave birth to Triplet	Total Number of Mothers who gave birth to Triplet babies	LWR
64	Number of Mothers who gave birth to other sets of babies	Total Number of Mothers who gave birth to other sets of babies	LWR
65	Total Mothers who gave birth	Total Number of Mothers who gave birth in a specified period	LWR
66	Number of Single babies born to Mothers	Total Number of Single babies born to Mothers	LWR

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
67	Number of Twin babies born to Mothers	Total Number of Twin babies born to Mothers	LWR
68	Number of Triplet babies born to Mothers	Total Number of Triplet babies born to Mothers	LWR
69	Number of other set of babies born to Mothers	Total Number of other set of babies born to Mothers	LWR
70	Total No. of babies born	Total No. of babies born	LWR
MORTALITIES			
71	Maternal Deaths By Age Groups	Number of deaths due to pregnancy and child birth related issues by age groups (10-14yrs, 15-19yrs, 20-24yrs, 25-29yrs, 30-34yrs, >=35yrs)	Maternity, Female and Emergency Ward Registers MCCD
72	Total Maternal Deaths	Total number of deaths due to pregnancy and child birth related issues by adding up all the age groups	
73	Maternal Deaths Audited	Maternal deaths that are audited and reports presented	MCCD
74	Neonatal Deaths	Babies dying before 28 days of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCCD
75	Post-Neonatal Deaths	Babies dying after 28 days of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCCD
76	Deliveries With at least 3 IPT Doses	Total number of women who delivered who from records had taken at least 3 doses of SP	ANC Card
MORBIDITIES			
77	Vesico-Vaginal Fistula (VVF) number seen	Number of VVF cases seen	LWR / CR Register
78	VVF Number Repaired	Number of VVF cases repaired	LWR / CR Register
79	VVF Number Referred	Number of VVF cases referred	LWR / CR Register

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
80	Drop Foot Cases	Number of DROP FOOT CASES seen	Consulting, ANC, female ward register
81	Puerperal Psychosis	Number of cases of puerperal psychosis	Consulting, ANC, female ward register, Delivery Register
82	Endometritis	Infection of the Uterus	Maternity or female ward register
83	Mastitis	Infection of the Breast	LW, female ward register
BABY FRIENDLY HOSPITAL INITIATIVE			
84	Number Receiving Oxytocin At 3 rd Stage Of Labour	Number of mothers receiving oxytocin for 3 rd stage of labour	Labour ward register and theatre register
	# Babies Receiving Chlorhexidine	Number of babies receiving chlorhexidine for Cord Care	
85	Number of Mother-Infant Pairs Discharged	Number of mother/infant pairs discharged after delivery	Maternity(lying-in ward) register
86	Number of Mother-Infant Pairs Exclusively Breastfeeding At Discharge	Number of mother/infant pairs exclusively breastfeeding at discharge	Maternity(lying-in ward) register
87	Breastfeeding within first 30 minutes	Number of mothers initiating breastfeeding within first 30 minutes	Maternity(lying-in ward) register
88	# of babies Receiving Chloramphenicol /Tetracycline Eye drops at birth	Number of babies receiving Chloramphenicol or Tetracycline Eye drops at birth for eye care	Records
POSTNATAL			
89	Registrants	Mothers accessing PNC for the first time after delivery	PNC Register
90	No. Receiving 1st PNC on Day 1 Or 2	Mothers visiting clinic in the first or second day after delivery for their first PNC, or accessing PNC before discharge	PNC Register
91	Number receiving 1 st PNC on day 3-7	All client attending 1 st PNC between days 3-7 after delivery.	PNC Register
92	No. Receiving 1 st PNC from Day 8 And Above	Mothers visiting clinic from DAY 8 after delivery for their first PNC	PNC Register

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
93	Age Group (Years) of PNC Registrants	The age-bracket into which a woman attending PNC falls.	PNC Register
94	Site of Delivery	A place where the woman delivered.	PNC Register
95	Post-Partum FP	Number of post-natal mothers accepting and using a modern family planning method	Family planning,
96	Post-Partum Vit A For Mother	Number of postnatal mothers given Vitamin A	Maternity(lying-in ward), PNC register,
97	Baby's Weight (Within 6-10 Days)	Number of babies weighed within 6-10day grouped into below and above 2.5kg	PNC Register
98	Referrals ANTENATAL	Number of pregnant women referred either into the facility or out of the facility for further management during ANC	A and D Register
100	Referral LABOUR	Number of women in labour referred either into the facility or out of the facility for further management	A and D Register
101	Referral POSTNATAL	Number of postnatal mothers referred either into the facility or out of the facility for further management	A and D Register
102	BIRTH ABNORMALITIES	Number and type of birth abnormalities seen	Labour ward
ABORTIONS			
103	Elective	Number of elective abortions done or recorded in the SDP for the period	FP /theatre register
104	Spontaneous	Number of spontaneous abortions recorded	Gynecology or female ward register
105	Induced	Number of pregnancies terminated by self (Pregnant woman).	Gynecology or female ward register
106	Electronic/ Manual Vacuum Aspirations Done	Number of manual vacuum aspiration procedures done	FP/theatre register
107	D&CS DONE	Number of dilatation and curettage procedures done	theatre register/CAC Log book
108	MEDICAL ABORTION	Number of abortions done using medical methods according to the protocol.	CAC Log book
109	Age Group Performing Abortion	Age of women having abortions in completed years	Theatre register /CAC Log book
110	Number of Haemorrhage	Number of post abortion bleeding cases reported	CAC Log book

MONTHLY MIDWIFE'S RETURNS (FORM A) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
111	Number of Sepsis	number of post abortion sepsis/infection cases reported	CAC Log book
112	Number Of Perforations	Number of post abortion perforations cases reported	CAC Log book
113	Deaths from Post Abortion Complications	Number of deaths resulting from post abortion complication(s)	CAC Log book/Gynae Register
POST ABORTION FAMILY PLANNING			
114	Counselled	Number of persons counselled on family planning following abortion care	FP register
115	Accepting	Number accepting family planning following abortion	FP register
116	Male Involvement	Number of women being accompanied by their male partners at ANC, DELIVERY, PNC, FP, CWC	Various Registers
117	Completed by	Name of person who filled the form	
117	Signature	Signature of person who completed the form	Facility Head
117	Name	Name of person who completed the form	Facility Head
118	Authorized by	Name of person who authorised the data	
119	Name		
120	Signature	Name and rank of officer receiving at next level	Facility Head

FAMILY PLANNING RETURNS (FORM B)

No .	VARIABLE	DEFINITION	DATA SOURCE
1	Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	FP Register
2	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso	FP Register
3	District	The name of the district in which SDP is located, e.g. Kwabre.	FP Register
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	FP Register
5	Month	The Month in which the transaction took place e.g. July	FP Register
6	Year	Year in which the transaction took place e.g. 2010	
7	Total New Acceptors	The number of persons who are accepting modern form of contraception for the first time in their lives (registrants). Split by the age range on the form	FP Register
8	STOCK BALANCE		
9	Beginning Balance	The quantity of commodity on hand at the beginning of a reporting period. It is the sum of a particular commodity left from the last reporting period.	Inventory control card
10	Received	Quantity of commodities supplied to the facility for use in the courses of the period from.	Inventory control card
11	Issued /Dispensed	Commodities given to clients for the purpose of family planning from the stock in store at the facility.	
12	Transferred [Circle One]	The quantity that you moved to another facility / practitioner MoH = Ministry of Health GRMA = Ghana Registered Midwife's Association PPAG = Planned Parenthood Association of Ghana	Inventory control card
13	Loss / Expired /Demonstration	Number of commodities dispensed but not for the use of clients for FP purposes, e.g. expired, stolen, broken, used for demonstration.	Inventory control card
14	Ending Balance	Quantity of usable commodity that is left in store at the end of the reporting period calculated using columns [(1+2)-(3+4+5)]	Inventory control card
15	STOCK REQUIRED		
16	Col 3 X Number Of Months Required	The quantity of commodity required for a given period. It is calculated by multiplying the quantity Issued/Dispensed[col3] by the number of months for which the commodity is required	Work Sheet
17	Quantity Required	The quantity of commodity required for 3 months. Calculated by subtracting column 6 from column 7. This is because the quantity required is need to top up the ending balance to make it last for 3 months	Work Sheet
18	Unit Price [Col9]	The unit cost of each commodity used for service delivery. This information is supplied by FHD	FHD

FAMILY PLANNING RETURNS (FORM B) (Cont.)

No.	VARIABLE	DEFINITION	DATA SOURCE
19	Cedis Collected [Col10]	The total number amount of Cedis collected by multiplying the quantity <i>Issued/Dispensed</i> by the <i>Unit Price</i> .	Records
20	Cedis Retained	The amount of Cedis retained of the total amount of <i>Cedis Collected</i> [col10] by level of Service Delivery Point: The SDHS [col11] is to retain 50% of what is collected [col10] The DHMT [col12] is to retain 10% of what is collected [col10] The RHMT [col13] is to retain 10% of what is collected [col10]	Records
21	Cedis Submitted	Each level is to submit a specified percentage of <i>Cedis Collected</i> [col10] to the next level: The SDHS is to submit 50% of total amount of <i>Cedis Collected</i> [col10] to the DHMT (after retaining 50% at the SDHS) The DHMT is to submit 40% of total amount of <i>Cedis Collected</i> [col10] to the RHMT (after retaining 10% at the DHMT) The RHMT is to submit 30% of total amount of <i>Cedis Collected</i> [col10] to Central Account (after retaining 10% at the RHMT)	Records
22	Acceptors By Method	The Total number of persons who have accepted to use a family planning method. This number includes the New Acceptors (First Ever Use): -The numbers of persons who accept for the first time in their lives a method of contraception within the reporting period. Continuing (Users): - the number of persons who started using a method from a date/time before the start of the reporting period and still continue to use the method over the reporting period Total: - The sum of all persons who accepted one method or the other. (New Acceptors and Continuing)	FP Register
23	Brand Name (Insert Appropriate Names)	The trade name of a commodity, service or process. E.g., Cupper-T, Protector etc., if there is a commodity managed by the facility but not on the form, insert the appropriate name in one of the rows	Records
24	MOH/GRMA /PPAG/Private	These are acronyms used to represent sources of commodities such as: Private = Other sources	Records
25	Total Visits (From Tally Sheets)	Total visits (from tally sheets)	Tally Sheet
26	Couple Year Protection	The estimated protection provided by family planning services during a one-year period, based on the volume of all contraceptives sold or distributed free of charge to clients during that period	Records

MONTHLY CHILD HEALTH RETURNS (FORM C)

No	VARIABLE	DEFINITION	DATA SOURCE
1	Name Of Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	Record
3	District	The name of the district in which SDP is located, e.g. Kwabre	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Month	The Month in which the transaction took place e.g. July	Calendar
7	Prescribers	Number of service providers that prescribe medicine	Administrative records book
8	Trained In IMNCI	Number of service providers trained in IMNCI	Administrative records book
9	No. Of Children Referred	Number of sick children referred out of the facility	CR Register
10	Given Pre Referral Treatment	Number of children given some treatment before referral	CR Register
12	Sick Children Weighed	Number of sick children who were weighed	CWC register
13	Sick Children Given 1 st Dose Of Prescribed Drugs In Clinic	Number of sick children given 1 st dose of prescribed drugs in clinic	OPD or CR Register
14	School Health Services		
15	Number Of Schools	Number of schools within catchment area for SDP	SHR
16	Number Of Schools Visited	Number of schools visited within catchment area for the period	SHR
17	Number Of Schools Receiving 3+ Health Talks	Number of schools that have received at least 3 health educational talks	SHR
18	Enrolled	Number of children within a specified class	SHR
19	Examined	Number of children examined by care giver	SHR
20	Of Children Referred	Number of children with health problems who were referred for further management	SHR

MONTHLY CHILD HEALTH RETURNS (FORM C) (Cont.)

No	VARIABLE	DEFINITION	DATA SOURCE
21	Number Of Environmental Certificates Awarded	Number of environmental certificates awarded to the schools in the catchment area	SHR
22	Type A	Number of schools in catchment area with type A certificate	SHR
23	Type B	Number of schools in catchment area with type B certificate	SHR
24	None	Number of schools without certificate	SHR
25	Referrals	Number of pupils referred for the following problems: Ear Problems, Eye Problems, Oral Health Problems, Skin Problems Undescended Testis, Hernia	SH register
26	Name	Name of person submitting the form	Records
27	Rank	Rank of person submitting the form	Records
28	Submit To	Person to whom the Form is submitted to	Records
29	Date	Date in which the form was submitted	Calendar

GLOSSARY OF FAMILY HEALTH INDICATORS

PERCENTAGE OF ANTENATAL COVERAGE

Definition of the indicator: Proportion of pregnant women receiving antenatal care during pregnancy.

Definition of key terms:

1. Numerator: Number of antenatal registrants in the year.
2. Denominator: Number of expected pregnancies

Data sources: Reproductive and Child Health Reports.

Use: This indicator used to assess the coverage of antenatal services and to decide when and where to begin interventions to improve low coverage.

PERCENTAGE ANTENATAL CLIENTS MAKING 4TH VISIT

Definition of the indicator: Proportion of Women making at least 4th visit

Definition of key terms:

1. Numerator: Number of women delivering in a specified time period who made at least their 4th visit to ANC sites
2. Denominator: Total number of antenatal registrants within the specified period

Data source: Reproductive and Child Health Reports

Use: Measures whether pregnant women are receiving minimal antenatal visits

PERCENTAGE REGISTERED DELIVERIES

Definition of the indicator: Proportion of deliveries conducted in a specified time period

Definition of key terms:

1. Numerator: Number of deliveries conducted in a specified time period
2. Denominator: Total number of expected deliveries within the specified period

Data source: Reproductive and Child Health Reports

Use: Measures fertility rate within a specified period thereby guiding planning

TETANUS VACCINATION COVERAGE

Definition of the indicator: Proportion of pregnant women receiving at least 2 doses of Tetanus vaccination before delivery

Definition of key terms:

1. Numerator: Number of women delivering in a specified time period who had been adequately vaccinated with tetanus toxoid (at least 2 doses)
2. Denominator: Total number of expected pregnancies in the specified time

Data source: Reproductive and Child Health Reports

Use: Measures whether women of reproductive age are being vaccinated with tetanus toxoid. This indicator is measured at the time of birth. Neonatal tetanus cases should also be reported.

PERCENTAGE OBSTETRIC EMERGENCIES MANAGED

Definition of the indicator: Proportion of women with obstetric emergencies treated appropriately and timely according to protocol

Definition of key terms:

1. Numerator: Number of women with obstetric emergencies who are treated in a timely and appropriate manner in a specified time period
2. Denominator: Total number of women with obstetric emergencies within the specified time period

Data source: Reproductive and Child Health Reports

Use: Measures the quality of obstetric care. Case definitions for various obstetric emergencies need to be developed.

PERCENTAGE KNOWLEDGE OF DANGER SIGNS ON OBSTETRIC COMPLICATIONS

Definition of the indicator: Proportion of women of reproductive age with knowledge on at least two danger signs of obstetric complications

Definition of key terms:

1. Numerator: Number of women of reproductive age who can name at least two danger signs of obstetric complications
2. Denominator: Number of women in reproductive age

Data source: Reproductive and Child Health Reports

Use: Measures whether women can identify danger signs of obstetric complications, which can facilitate referral for proper care

PERCENTAGE CAESAREAN SECTION

Definition of the indicator: Proportion of pregnant women delivering by caesarean section in a specified geographical area and reference period

Definition of key terms:

1. Numerator: Number of women delivered by Caesarean section in the specified time period
2. Denominator: Total number of deliveries within the specified time period

Data sources: Reproductive and Child Health Reports

Use: Measures access to emergency surgical obstetric services.

INCIDENCE OF UNSAFE AND SPONTANEOUS ABORTIONS**SPONTANEOUS ABORTION (MISCARRIAGE)**

Definition of the indicator: Proportion of pregnancies loss due to the natural death of an embryo or fetus before it is able to survive independently. In Ghana, the cutoff of 28 weeks of gestation is used after which fetal death is known as a stillbirth.

Definition of key terms:

1. Numerator: Number of spontaneous abortions (before 28 weeks of gestation) in the specified time period
2. Denominator: Number of pregnancies in the specified time period

Data sources: Reproductive and Child Health reports

Use: Measures effectiveness of antenatal care in preventing early pregnancy loss. Also a measure of women's general health

UNSAFE ABORTION

Definition of the indicator: Proportion of unwanted pregnancies terminated either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both

Definition of key terms:

1. Numerator: Number of unsafe abortions recorded in the specified time period
2. Denominator: Number of pregnancies in the specified time period

Data sources: Reproductive and Child Health reports

Use: Measures the level of awareness of family planning services in preventing unwanted pregnancies. Also a measure of comprehensive abortion care services

MANAGEMENT OF COMPLICATIONS DUE TO ABORTIONS

Definition of the indicator: Proportion of women with complications due to unsafe and spontaneous abortions in a specified geographical area, treated according to protocol in a specified period

Definition of key terms:

1. Numerator: Number of women with complications due to abortions in a specified geographical area who are treated in a timely and appropriate manner, in the specified time period
2. Denominator: Total number of women with complications due to abortions in the geographical area within the specified time period

Data sources: Reproductive and Child Health reports

Use: Measures the quality of care for complications due to unsafe and spontaneous abortion

PERCENTAGE SUPERVISED DELIVERIES (BY SKILLED ATTENDANTS)

Definition of the indicator: Proportion of deliveries attended by skilled staff

Definition of key terms:

1. Numerator: Number of women who deliver in the specified time period who were attended by a trained health worker
2. Denominator: Number of expected pregnancies in the specified time period

Data sources: Reproductive and Child Health reports.

Use: Measures the degree of quality care received at the time of delivery. Trained health workers could include staff in facilities and hospitals, etc. (TBAs are not included in this category, per GHS guidelines). This indicator is used to assess the coverage of delivery by skilled health personnel and to decide when and where to begin interventions to improve low coverage.

PERCENTAGE OF POSTNATAL CARE COVERAGE

Definition of the indicator: Proportion of women who delivered and attended postpartum clinic twice within the first 3 days

Definition of key terms:

1. Numerator: Number of women who have delivered in the specified time period who made at least 2 postpartum visits within 3 days after delivery

Denominator: Total number of expected deliveries in the specified time period

Data sources: Reproductive and Child Health reports.

Use: Measures whether women receive postpartum visits. Time period can be up to 42 days following delivery. Factors determining the timing of the visit include: Incidence and type of obstetric complications, the percent of low birth weight births, the proportion of home deliveries, and the neonatal mortality rate among others. This indicator is used to assess the utilization of postnatal services and by extension well-baby services. coverages can prompt health workers on the strategies to improve coverage.

PERCENTAGE POSTNATAL MOTHERS WITH NO ANC VISIT

Definition of the indicator: Proportion of postnatal care mothers who did not make any antenatal visit till delivery

Definition of key terms:

1. Numerator: Number of postnatal mothers with no previous antenatal care visit to the time of delivery in a specified period

2. Denominator: Total number of postnatal registrants within the specified period

Data sources: Reproductive and Child Health reports

Use: Used to determine the drop out for ANC

PERCENTAGE MATERNAL DEATHS AUDITED

Definition of the indicator: Proportion of reported maternal deaths that are investigated according to established guidelines, and the results are disseminated to health staff

Definition of key terms:

1. Numerator: Number of reported maternal deaths which are investigated according to established guidelines, and the results of which are disseminated to health staff
2. Denominator: Total number of reported maternal deaths within the specified period

Data sources: Reproductive and Child Health reports

Use: It is used to measure the health system's capacity to identify all maternal deaths, investigate and determine the factors that contributed to those deaths, use the lessons learnt to take decisions and inform the formulation of policies that will help prevent avoidable maternal deaths in future.

MATERNAL MORTALITY RATIO (100,000 live births)

Definition of the indicator: Estimated number of maternal deaths for every 100,000 live births within a specified year in a given population

Definition of key terms:

1. Numerator: Number of maternal deaths reported in a specified time period
2. Denominator: Total number of deliveries in the specified period

Data source: Reproductive and Child Health reports

Use: it is used to access the quality of maternal health care as per Standard Reproductive Health Care Guidelines.

PERCENTAGE Hb CHECKED AT REGISTRATION

Definition of the indicator: Proportion of pregnant women who had their Hb checked at the time of registration at ANC clinic in a specified period

Definition of key terms:

1. Numerator: Number of pregnant women with Hb checked at registration in a specified period
2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health reports

Use: To determine the haemoglobin level of pregnant women at ANC registration within a specified period. This ensures that if anaemia is present it is corrected before the woman goes into labour

PERCENTAGE ANAEMIC AT REGISTRATION

Definition of the indicator: Proportion of pregnant women who were found anaemic (Hb < 11g/dl) at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women anaemic (Hb <11g/dl) at the time of registration in a specified period
2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health reports

Use: To identify those with anaemia at registration and take steps to correct this before they go into labour.

PERCENTAGE HB CHECKED AT 36 WEEKS OF GESTATION

Definition of the indicator: Proportion of pregnant women who had their Hb checked at 36 weeks of gestation

Definition of key terms:

1. Numerator: Number of pregnant women with Hb checked at 36 weeks in a specified period
2. Denominator: Total number of Hb checked within the specified period

Data source: Reproductive and Child Health reports

Use: To determine the quality of ANC care being given. Will help to determine how well those with anaemia have been managed.

PERCENTAGE ANAEMIC AT TERM

Definition of the indicator: Proportion of pregnant women who were found anaemic (Hb <11g/dl) at 36 weeks of gestation

Definition of key terms:

1. Numerator: Number of pregnant women found anaemic at 36 weeks in a specified period
2. Denominator: Total number of Hb checked within the specified period

Data sources: Reproductive and Child Health Reports

Use: To determine how well ANC intervention was able to address anaemia before the pregnant woman goes into delivery.

PROPORTION OF ANC ATTENDANCE BY TBAs

Definition of the indicator: Proportion of ANC attendance by a trained traditional birth attendant

Definition of key terms:

1. Numerator: Number of ANC clients attended to by TBAs in a specified period
2. Denominator: Total number of ANC attendants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the contribution of TBAs to ANC services, take steps to improve ANC coverage by skilled service providers and improve quality

PERCENTAGE TBA DELIVERIES

Definition of the indicator: Proportion of total deliveries conducted by trained traditional birth attendants

Definition of key terms:

1. Numerator: Number of deliveries conducted by traditional birth attendants in a specified period
2. Denominator: Total number of deliveries from all sectors within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the contribution that TBAs are making to delivery service, take decision on possible interventions that will increase skilled delivery for improved MNCH outcomes

PERCENTAGE 1ST TRIMESTER REGISTRATION

Definition of the indicator: Proportion of pregnant women making their first visit to the ANC in their 1st trimester

Definition of key terms:

1. Numerator: Number of pregnant women making their first visit to the ANC in their 1st trimester of gestation in a specified period
2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine how early pregnant women attend ANC as advocated by policy to enable them benefit from the full package of interventions for positive MNCH outcomes

PERCENTAGE 3RD TRIMESTER REGISTRATION

Definition of the indicator: Proportion of pregnant women in their 3rd trimester at the time of registration at ANC clinic

Definition of key terms:

1. Numerator: Number of pregnant women making their first visit to the ANC in their 3rd trimester of gestation in a specified period
2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent of the problem of late registration at ANC and institute measures to address the challenge for positive MNCH outcomes.

PERCENTAGE PREGNANT WOMEN LESS THAN 5 FEET

Definition of the indicator: Proportion of Pregnant Women less than 5 feet at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women less than 5 feet in a specified period
2. Denominator: Total number of registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent of low stature in ANC registrants.

PERCENTAGE PREGNANT WOMEN 35YRS AND ABOVE

Definition of the indicator: Proportion of Pregnant Women 35yrs and above

Definition of key terms:

1. Numerator: Number of pregnant women aged 35years and above at the time of registration at ANC in a specified period
2. Denominator: Total number of registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent of older age group among ANC registrants

PERCENTAGE OF HEALTH FACILITIES PROVIDING INTEGRATED PACKAGE OF PMTCT SERVICES

Definition of the indicator: Proportion of health facilities providing integrated package of PMTCT services

Definition of key terms:

1. Numerator: Number of health facilities providing integrated package of PMTCT services in a given period
2. Denominator: Total number of health facilities in a given period

Data source: Reproductive and Child Health Report

Use: To determine the coverage of PMTCT services in a specified area.

PERCENTAGE OF HEALTH FACILITIES PROVIDING EID SERVICES USING DBS

Definition of the indicator: Proportion of health facilities providing early infant diagnosis (EID) services using dried blood sample (DBS)

Definition of key terms:

1. Numerator: Number of health facilities providing EID services using DBS in a specified period
2. Denominator: Total number of health facilities in a given period

Data sources: Reproductive and Child Health Report

Use: To determine the coverage of early infant diagnosis for HIV using dried blood sample in a specified area

PERCENTAGE OF PREGNANT WOMEN TESTED FOR HIV AND RECEIVED RESULTS

Definition of the indicator: Proportion of pregnant women tested for HIV and received results

Definition of key terms:

1. Numerator: Number of ANC clients who were tested for HIV and received results in a specified time period
2. Denominator: Total number of ANC clients who were tested for HIV in the specified period of time

Data sources: Reproductive and Child Health Report

Use: To determine the proportion of women tested for HIV who received their results, an indication of how effective the pre-test counseling has been.

PERCENTAGE OF HIV NEGATIVE WOMEN COUNSELLED

Definition of the indicator: Proportion of HIV negative women counselled and provided information on HIV and STI prevention, and how to remain HIV free

Definition of key terms:

1. Numerator: Number of HIV negative women counselled in a specified time period
2. Denominator: Total number of pregnant women who tested negative for HIV within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine how well the post-test situations are handled

PERCENTAGE OF INFECTED PREGNANT WOMEN RECEIVING ART

Definition of the indicator: Proportion of HIV infected pregnant women receiving ART within a specified period

Definition of key terms:

1. Numerator: Number of pregnant women who tested positive for HIV and put on ARV treatment within a specified period
2. Denominator: Total number of pregnant women who tested positive for HIV within the specified period

Data sources: Reproductive and Child Health Reports

Use: Use to determine the proportion of HIV pregnant women who are receiving ART.

PERCENTAGE OF INFECTED WOMEN WHO RECEIVED ARVS FOR PMTCT

Definition of the indicator: Proportion of infected women who received ARVs for PMTCT

Definition of key terms:

1. Numerator: Number of HIV positive pregnant women who were assessed for ARV and put on ARV within a specified period
2. Denominator: Total number of HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To determine the coverage of ARV for eligible women.

PERCENTAGE OF INFECTED WOMEN PROVIDED COUNSELLING AND SUPPORT ON MATERNAL FEEDING

Definition of the indicator: Proportion of exposed infants started on Co-trimoxazole prophylaxis within 2 months of age

Definition of key terms:

1. Numerator: Number of infants born to HIV positive mothers who started receiving Co-trimoxazole prophylaxis within 2 months of age in a given period
2. Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: PMTCT Report

Use: It is used to track and assess the quality of PMTCT services as per protocol

PERCENTAGE OF EXPOSED INFANTS RECEIVING FIRST HIV VIROLOGICAL TEST WITHIN TWO MONTHS AGE

Definition of the indicator: Proportion of exposed infants received first HIV virological test within two months age

Definition of key terms:

1. Numerator: Number of infants born to HIV positive mothers who received first virological test within 2 months of age in a given period
2. Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: PMTCT Report

Use: It is used to track and assess the quality of PMTCT services as per protocol

PERCENTAGE OF HIV EXPOSED INFANTS WHO ARE EXCLUSIVELY BREASTFEEDING AT PENTA 3 VISIT

Definition of the indicator: Proportion of HIV exposed infants who are exclusively breastfeeding at Penta 3 visit

Definition of key terms:

Numerator: Number of HIV exposed infants who are on exclusive breastfeeding at Penta 3 visit in a given period

Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: PMTCT Report

Use: It is used to track and assess the quality of PMTCT services as per protocol

PERCENTAGE OF FAMILY PLANNING ACCEPTORS

Definition of the indicator: Proportion of women in the fertile age group who receive family planning services during the year.

Definition of key terms:

1. Numerator: Number of women in the fertile age-group (15-49 years) who accepted family planning services during the year.
2. Denominator: The number of women in the fertile age group (WIFA).

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the use of family planning services. Low coverage can prompt health workers to adopt new strategies to increase coverage.

COUPLE YEARS OF PROTECTION (CYP)

Definition of the indicator: The estimated protection provided by contraceptive methods during a one year period based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

Conversion Factors

Short term methods

Commodity	CYP Factor
Oral Contraceptives	13 cycles
Condoms	120 pieces
Depo Provera	4 doses
Norigynon	12 doses
LAM	0.25

CYP for short term methods is estimated by dividing the total number of commodities dispensed by the CYP factor e.g. no. of condoms dispensed-20,000 then CYP will be $20,000/120= 166.67$

Long term methods

Commodity	CYP Factors
Jadelle	3.5
Sino Implants	3.2
Implanon	2.5
Copper T	3.5
Vasectomy	10

Female Sterilization	11
Natural	2

CYP for long term methods is estimated by multiplying the total number of commodities/procedures/method by the CYP factor e.g. no. of jadelle -20,000 then CYP will be $20,000 \times 3.5 = 70,000$

CONTRACEPTIVE PREVALENCE

Definition of the indicator: Proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time

Definition of key terms:

1. Numerator: Total number of family planning acceptors in a given period
2. Denominator: Target population within the specified period

Data sources: Family planning report

Use: Measures access to essential reproductive health services targeted at meeting many of the Sustainable Development Goals (SDGs), especially the child mortality, maternal health HIV/AIDS, and gender related goals

CONTRACEPTIVE METHOD PREFERENCE

Definition of the indicator: The measure to contraceptive method use and uptake in a given period

Definition of key terms:

Numerator: Number of contraceptive acceptors to a specific method in a given period

Denominator: Total number of family planning acceptors within the given period

Data sources: Family planning reports

Use: It is used to assess the quality of family planning services

PERCENTAGE POSTNATAL CARE MOTHERS COUNSELED ON FAMILY PLANNING

Definition of the indicator: Proportion of mothers who were given counsel on family planning during their postnatal visit

Definition of key terms:

Numerator: Number of mothers who received counseling on family planning during their postnatal visit in a specified period

Denominator: Total number of postnatal registrants

Data sources: Postnatal reports

Use: It is used to assess the quality of postnatal services

PERCENTAGE POSTNATAL CARE MOTHERS ACCEPTING FAMILY PLANNING

Definition of the indicator: Proportion of mothers who were given counseling and accepted to use a family planning method during their postnatal visit

Definition of key terms:

Numerator: Number of family planning acceptors in a specified period

Denominator: Total number of postnatal care registrants

Data sources: Family planning and postnatal reports

Use: It is used to assess the quality of postnatal services

SCHOOL HEALTH INDICATORS

PERCENTAGE OF SCHOOLS VISITED

Definition of the indicator: Proportion of schools within the catchment area visited or reached by outreach teams

Definition of key terms:

Numerator: Number of schools visited in a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources:

Use: This indicator is used to assess the performance of the school health programme.

PERCENTAGE OF SCHOOLS CURRENT ENVIRONMENTAL CERTIFICATE

Definition of the indicator: Proportion of schools within the catchment area with currently approved environmental certificate

Definition of key terms:

Numerator: Number of schools with current environmental certificate within a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources: School Health Report

Use: This indicator is used to track and assess quality of school health services

PERCENTAGE OF SCHOOLS CHILDREN EXAMINED

Definition of the indicator: Proportion of school children visited by outreach teams within the catchment area

Definition of key terms:

Numerator: Number of School children examined within a catchment area in specified period

Denominator: Total number of school children enrolled within a catchment area in a specified period

Data sources: School Health Report

Use: This indicator is used to assess the performance of the school health programmes.

PERCENTAGE OF SCHOOL CHILDREN REFERRED

Definition of the indicator: Proportion of School children who were examined but referred to a higher level for treatment due to condition seen

Definition of key terms:

Numerator: Number of school children referred within a catchment area in specified period

Denominator: Total number of School children examined within a catchment area in specified period

Data sources: School Health Report

Use: This indicator is used to assess the performance of the school health programmes and provides information on the proportion of school children who conditions that need expert attention.

PERCENTAGE OF SCHOOLS RECEIVING 3+ HEALTH EDUCATIONAL TALKS

Definition of the indicator: Proportion of Schools receiving at least 3 health Educational talks

Definition of key terms:

Numerator: Number of schools receiving at least 3 health educational talks within a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources: School Health Report

Use: This indicator is used to assess the performance of the school health programme and the extent to which school pupils are reached with health education information.

CHILD HEALTH INDICATORS

OPV1 COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Oral polio (OPV1) vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the OPV1 vaccine in the year.
2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

OPV 3 COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Oral polio (OPV 3) vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the OPV 3 vaccine in the year.
2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

PENTA 1 (PENTA1) COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Penta1 vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Penta 1 vaccine in the year.
2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization services, and to determine the drop-out rate between PENTA 1 and PENTA 3. Low coverage can prompt health workers to adopt strategies to increase coverage.

PENTA 3 (PENTA3) COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Penta3 vaccine during the year

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Penta 3 vaccine in the year.
2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization services, and to determine the drop-out rate between PENTA 1 and PENTA 3. Low coverage can prompt health workers to adopt strategies to increase coverage.

IMMUNIZATION DROP OUT RATE

Definition of the indicator: Proportion of children under 1 year who do not complete their immunization schedule. This indicator is a measure of continuity of service and quality of care. It is most useful to make a year-to-date cumulative calculation of the indicator throughout the year.

Definition of key terms:

1. Numerator: Number of children 0-11 months who have received PENTA 1 minus the number of children 0-11 months who have received PENTA 3
2. Denominator: Number of children 0-11 months who have received PENTA 1

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the extent to which children fail to complete their immunization schedule. It is also used to assess the continuity of service and quality of care provided.

MEASLES COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Measles Vaccine during the year

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Measles vaccine in the year.
2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

PERCENTAGE OF CHILDREN RECEIVING VITAMIN A SUPPLEMENTATION

Definition of the indicator: Proportion of children aged 6–59 months who received a high-dose vitamin A supplement within the last 6 months.

Definition of key terms:

1. Numerator: Number of children between 6-59 months who receive Vitamin A supplementation in the last 6 months.
2. Denominator: number of children between 6-59 months.

Data sources: Reproductive and Child Health and immunization reports. DHS and MICS.

Use: This indicator is used for monitoring and assessing the performance of the child health programmes.

EARLY NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths occurring between 0 - 6 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from 0 - 6 days of life
2. Denominator: Total number of live births within the specified period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

PERINATAL MORTALITY RATE

Definition of the indicator: Estimation of death of new-born occurring during or pertaining to the phase surrounding the time of birth, from the 20th week of gestation to the 28th day of new-born life in a 1,000 live births.

Definition of key terms:

1. Numerator: Number of newborn deaths occurring during or pertaining to the phase surrounding the time of birth, from the 20th week of gestation to the 28th day of newborn life
2. Denominator: Total number of live births within the specified period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths occurring between 0 - 28 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from 0 - 28 days of life in a specified period
2. Denominator: Total number of live births in the specified time period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

LATE NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths from the first 7 days to the 28 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from the first 7 days to the 28 days of life in the specified time period

2. Denominator: Total number of live births in the specified time period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

POSTNEONATAL MORTALITY RATE

Definition of the indicator: Estimation of infant deaths occurring between 28 days and 11 months (29-364 days) of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of infant deaths occurring between 28 days and 11 months of life in a specified period
2. Denominator: Total number of live births in the specified time period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

STILLBIRTH RATE

Definition of the indicator: Proportion of babies born with no signs of life at or after 28 weeks' gestation

Definition of key terms:

1. Numerator: Number of baby born with no signs of life at or after 28 weeks' gestation in the specified time period
2. Denominator: Total number of births in the specified time period

Data sources: Maternity / Delivery room reports

Use: A general measure of pregnancy outcome.

CHILDHOOD MORTALITY

Definition of the indicator: Proportion of child deaths occurring between 1 - 4years of life

Definition of key terms:

1. Numerator: Number of infant deaths occurring between 1 - 4 years of life in a specified period
2. Denominator: Total number of live births in the specified time period

Data sources: Nominal roll of inpatient morbidity and mortality

Use: This indicator is used to assess the quality of care of the health services particularly, integrated management of neonatal and childhood infections.

CHILD MORTALITY RATE/UNDER-FIVE

Definition of the indicator: Proportion of infant deaths occurring <5 years (0 - 59 months) of life

Definition of key terms:

Numerator: Number of infant deaths occurring between 0 - 59 months of life in a specified period

Denominator: Total number of live births in the specified time period

Data sources: This data is obtained from the hospital Inpatient Morbidity and Mortality Returns

Use: This indicator is used to assess the quality of care of the health services particularly, integrated management of neonatal and childhood infections.

UNDER 5 MALARIA CASE FATALITY RATE

Definition of the indicator: Under 5 malaria case fatality rate is defined as the proportion of children under five years of age who die of malaria out of the total number of children under five years who have malaria. In other words it expresses the proportion of children under five years with malaria who die from it (**ratio of deaths to cases**).

Definition of key terms:

1. Numerator: Number of children under five years dying of malaria.
2. Denominator: Number of children under five years with malaria.

Data sources: The data is obtained from the hospital Inpatient Morbidity and Mortality Returns

Use: This indicator is used to assess the performance of the malarial control programme and quality of care of the health services.

PERCENTAGE UNDER FIVE YEARS WHO ARE MALNOURISHED (UNDERWEIGHT)

Definition of the indicator: Proportion of children under five years whose weight-for-age measures are below minus two standard deviations (-2SD) from the median weight-for-age of the WHO/NCHS reference population.

Definition of key terms:

1. Numerator: Number of children under five years surveyed who are below minus two standard deviations from the median.
2. Denominators: Number of children under five surveyed.

Data sources: A number of survey which collect anthropometric data can provide such data. In Ghana the most extensively quoted data is the DHS. Data from children seen at health facilities do not provide data reliable assessment of the nutritional status. A representative sample of the population should be used instead and surveys need to be carried out at reasonable intervals (e.g. five years) since malnutrition status do not change rapidly.

Use: This indicator is a measure of the general health status of the population and the performance of the child health programmes.

ADOLESCENT HEALTH INDICATORS

PERCENTAGE EARLY TEEN PREGNANCIES

Definition of the indicator: Proportion of pregnant women within the ages of 10 - 14 years at the time of registration

Definition of key terms:

Numerator: Number of pregnant women within the ages of 10 - 14 years at the time of registration in a specified period

Denominator: Total number of ANC registrants within the specified period

Data sources: Ante Natal Register and the Monthly Midwife Returns Form

Use: This indicator measures the extent of early teen pregnancies in a particular geographical area within a specified period and aids in planning.

PERCENTAGE LATE TEEN PREGNANCIES

Definition of the indicator: Proportion of pregnant women within the ages of 15 - 19 years at the time of registration

Definition of key terms:

Numerator: Number of pregnant women within the ages of 15 - 19 years at the time of registration in a specified period

Denominator: Total number of ANC registrants within the specified period

Data sources:

Use: This indicator measures the extent of late teen pregnancies in a particular geographical area within a specified period and aids in planning.

COVERAGE OF ADOLESCENT HEALTH CORNERS

Definition of the indicator: Proportion of health facilities with adolescent health corners

Definition of key terms:

1. Numerator: Number of health facilities with Adolescent Health Corner
2. Denominator: Total number of health facilities

Data sources:

Use: This indicator measures the proportion of health facilities with functional adolescent health corners. NB: An adolescent health corner is basically a counselling place solely for adolescents. The counselling place service can be enhanced with a library, game area, audio-visuals, e-learning, m-learning, computer room or laboratory and other recreational activities as may be suitable and affordable

NUTRITION INDICATORS FOR DHIMS2

Program me	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
Growth monitoring and promotion (registrants + or first time attendance in the month)	Underweight -	Proportion of children 0-59 month with Weight-for-age < -2 standard deviations of the WHO Child Growth Standards median	Total no. of children 0-59 month Weight for age below -2SD (also explained at moderate + severe underweight)	Total number of children 0-59 month weighed (Total Registrant)	Monthly Nutrition Form	Measures children's growth adequacy with weight as a proxy. Evidence has shown that the mortality risk of children who are even mildly underweight is high, and severely underweight children are at even greater risk.
	Moderate Underweight	Proportion of children 0-59 month Weight for age below $\geq -3 \leq -2SD$	Total no. of children 0-59 month Weight for age $\geq -3 \leq -2SD$	Total number of children 0-59 month weighed below $\geq -3 \leq -2SD$ (Total Registrant)	Monthly Nutrition Form	IYCF Programs, especially breastfeeding for 6 months and appropriate complementary feeding contribute to adequate growth and development of children. An excellent breastfeeding program supports appropriate feeding and reduces malnutrition among infants.
	Severe Underweight	Proportion of children 0-59 months Weight for age $\leq -3SD$	Total no. of children 0-59 month Weight for age $\leq -3SD$	Total number children 0-59 month weighed $\leq -3SD$ (Total Registrant)	Monthly Nutrition Form	<i>This indicator for measuring underweight rate among children is cumulative at the end of the year. The indicator is calculated per month to provide an idea on how the children are coming into the CWC program.</i> The rate of underweight at this stage could be a reflection of poor infant feeding support both at the facility and within the community, leading to poor infant feeding practices. Facilities and districts could use this data to improve upon their infant feeding program.

Program me	Indicator	Definition	Numerator	denominator	Sour ce	Remark/Rationale
IYCF – Breastfeeding (Baby Friendly Health Facilities)	% of health facilities designated as baby friendly facilities	Proportion of health facilities designated as baby friendly facilities	Total number of health facilities designated as baby friendly health facilities	Total number of health facilities conducting delivery	RCH form A	All health facilities with maternity services are to sign on to the national BFHF policy. this indicator looks at uptake of the Baby Friendly initiative
	Timely initiation of breastfeeding Rate	Proportion of new born put to breast within 30 mins of birth	Total # of live births put to birth within 1 hour of birth	Total # of live births	RCH Form A	This indicator measures when infants were put to breast after delivery. In Ghana, the BF policy looks at 30 mins. Early initiation of breastfeeding has been shown to reduce neonatal deaths, increase success of lactation and improve exclusive breastfeeding rates.
	EBF Rate at discharge	Proportion of mother infant pair practicing EBF at discharge	Total # of mother infant practicing exclusive bf on discharge	Total # of live births	RCH form A	Health staff who deliver pregnant women are expected to initiate the process of breastfeeding, refuse to give pre-lacteal feeds and ensure that breastfeeding has started off well before mother/infant are referred to the home. In addition, they are referred to MTMSG.
	LBW	Proportion of LB babies with wt. less than 2.5kg	Total # of live births with wt. less than 2.5kg	Total # of live births	RCH form A	This indicator gives an idea of maternal malnutrition, especially during pregnancy. LBW should reduce to the barest minimum if maternal nutrition before and during pregnancy is appropriately addressed.
	Exclusive breastfeeding rate at 3 months	Proportion of children exclusively breastfeeding at month 3	Number of children exclusively breastfeeding at the time they come for PENTA 3 or ROTAVIRUS 2 immunization	Number of children receiving PENTA 3 or ROTAVIRUS Immunization at 14 weeks	RCH Form A	This indicator is to be collected during the PENTA 3 or ROTAVIRUS 2 immunization visit. It measures exclusive breastfeeding rate at month 3: a proxy for how well the breastfeeding programme is doing, especially after discharge from the facility. This data can be cumulated at the end of the quarter, half-year or annual to find out how the children are doing.

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	Exclusive breastfeeding rate at 3 months	Proportion of children exclusively breastfeeding at month 3	Total number of children exclusively breastfeeding at the time they come for PENTA 3 or ROTAVIRUS 2 immunization	Total number of children receiving Vitamin A immunization at 6 months	RCH Form A	This indicator is to be collected during the 6-months Vitamin A immunization visit. It measures whether the caregivers have introduced complementary foods or not; which is usually expected to be. This indicator would show whether caregivers are introducing complementary foods or not for the necessary action to be taken
Micronutrient control programme (Vit A)	PP Vitamin A Coverage	Proportion of postpartum women receiving Vitamin A within 8 weeks after delivery birth	Total # of postpartum women receiving Vit A within 8 weeks of birth	Expected pregnancies /delivery	RCH form A	Routine coverages are expected to be above 80% for each indicator to achieve national targets of reducing Vitamin A deficiency
	Routine Vit A (6-59MTHS) coverage	Proportion of children aged 6-59months dosed with Vitamin A within 6months	Total Number of children 6-59 months dosed with Vit A within 6 months interval	Total # of children within 6-59months	EPI (form D)	
	Routine Vit A (6-11MTHS) coverage	Proportion of children aged 6-11months dosed with Vitamin A within 6months	Total Number of children 6-11 months dosed with Vit A within 6 months interval	Total # of children within 6-11months	EPI (form D)	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	Routine Vit A (12-59MTHS) coverage	Proportion of children aged 12-59months dosed with Vitamin A within 6months	Total Number of children 12-59 months dosed with Vit A within 6 months interval	Total # of children within 12-59months	EPI (form D)	
Micronutrient control programme (IDA)	Percentage of children 6-59 months diagnosed anaemic	Proportion of children 6-59months diagnosed anaemic at OPD	Total # f children 6-59 months diagnosed with anaemia at OPD	Total 6-59months seen at OPD in a month.	OPD Morbidity form	
	% of women 15-49 years (WIFA) diagnosed anaemic	Proportion of women 15-49 years (WIFA) Diagnosed anaemic at OPD	Total # of women 15-49 years (WIFA) diagnosed anaemic at OPD	Total OPD Attendance	OPD Morbidity form	Trends of this indictor would point to the developments in the general WIFA population.
	% of pregnant women anaemic at registration	Proportion of pregnant women anaemic at registration	Total # of pregnant women anaemic (below 11g/dl) at registration	Total Number of pregnant women HB check at registration	RCH form A	
	% of pregnant women anaemic at 36 weeks	Proportion of pregnant women anaemic at 36wks	Total # of pregnant women anemic at 36weeks	Total Number of pregnant women HB check at 36weeks.	RCH form A	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
CMAM	CMAM Cure rate	Proportion of SAM children 6-59 months discharged cured	Total # of SAM cases Discharged cured	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	These set of indicators shows how well children with severe acute malnutrition are identified and treated. Treatment success is determined by a high cure rate of more than 75%. Some validity checks for CMAM< NACS and Supplementary Feeding data is that the total discharges <u>must be equal to numbers cured + died +defaulted and non-recovered</u> and never be more than that.
	Death rate	Proportion of SAM children 6-59 discharged dead	Total number of SAM children discharged dead	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	Defaulter rate	Proportion of SAM children 6-59months discharged defaulted	Total number of SAM children discharged defaulted	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	Non –recovery rate	Proportion of SAM children 6-59months discharged non recovered after 16 continuous weeks of treatment	Total # of children not recovered after 16 weeks of continuous treatment	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
SUPPLEMENTARY FEEDING	Cure rate	Proportion of MAM children 6-59 months discharged cured	Total # of MAM cases Discharged cured from SFP	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	Death rate	Proportion of MAM children 6-59 discharged dead	Total number of MAM children discharged dead	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	Defaulter rate	Proportion of MAM children 6-59 month discharged defaulted	Total number of MAM children discharged defaulted	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	Non –recovery rate	Proportion of MAM children 6-59 months discharged for non-recovery after 16 continuous weeks of treatment	Total # of children not recovered after 16 weeks of continuous treatment	Total number discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
NACS (HIV/AIDS)	SAM admission rate (PLHIV / AIDS)	Proportion of PLHIV/AIDS reported with SAM	Total # number of PLHIV/AIDS reported with SAM	Total number of new PLHIV/AIDS cases assessed	Monthly Nutrition Form	Some PLHIVs have difficulties with access to food and other supplies. This may manifest as acute malnutrition (severe and moderate). A programme to support them with food supplement as such as RUTF and Fortified blended flour to improve their nutritional status is being implemented. Assessing and classifying PLHIVs and Persons living with Tuberculosis identifies the at risk populations for care.
	MAM admission rate (PLHIV / AIDS)	Proportion of PLHIV/AIDS reported with MAM	Total # number of PLHIV/AIDS reported with MAM	Total number of new PLHIV/AIDS cases assessed	Monthly Nutrition Form	
	NACS Cure rate (PLHIV / AIDS)	Proportion SAM cases discharged cured	Total # of SAM cases Discharged cured	Discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	NACS Death rate (PLHIV / AIDS)	Proportion SAM PLHIV/AIDS discharged dead	Total number of SAM PLHIV/AIDS discharged dead	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	NACS Defaulter rate (PLHIV/AIDS)	Proportion of SAM PLHIV/AIDS	Total number of SAM PLHIV/AIDS discharged defaulted	Total discharges (cured (cured +	Monthly Nutrition Form	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
		discharged defaulted		defaulter +died + non recovered)		These set of indicators shows how well children with severe acute malnutrition are identified and treated. Treatment success is determined by a high cure rate of cure than 75%.
	NACS Non – recovery rate (PLHIV/AIDS)	Proportion of SAM PLHIV / AIDS discharged for non-recovery after 16 continuous months of treatment	Total # of SAM PLHIV/AIDS not recovered after 16 months of continuous treatment	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	See NACS PLHIVs above Morbidity form
NACS (TB)	SAM admission rate (TB)	Proportion of TB reported with SAM	Total # number of TB reported with SAM	Total number of new TB cases assessed	Monthly Nutrition Form	
	MAM admission rate (TB)	Proportion of TB reported with MAM	Total # number of TB reported with MAM	Total number of new TB cases assessed	Monthly Nutrition Form	
	NACS Cure rate (TB)	Proportion SAM TB cases discharged cured	Total # of SAM cases Discharged cured	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	NACS Death rate (TB)	Proportion SAM TB discharged dead	Total number of SAM TB discharged dead	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	NACS Defaulter rate (TB)	Proportion of SAM TB discharged defaulted	Total number of SAM TB discharged defaulted	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
	NACS Non – recovery rate (TB)	Proportion of SAM TB discharged non recovered after 16 continuous months of treatment	Total # of SAM TB not recovered after 16 months of continuous treatment	Total discharges (cured + defaulter +died + non recovered)	Monthly Nutrition Form	
C-IYCF	% of mothers /caregivers individually counselled (first visit during reporting period):	Proportion of mothers/caregivers individually counseled	Total Number of mothers/caregivers individually counseled for the first time	Total of mothers/caregivers at first visit	C-IYCF register	These set of indicators help to track progress with adequate encounter and support for pregnant and breastfeeding women.
	% of pregnant women individually counselled (first visit during reporting period):	Proportion of pregnant women individually counseled	Total of pregnant women individually counseled for the first time	Total of pregnant women at first visit	C-IYCF register	

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	% of children who are exclusively breastfed at 6 months (during VITAMIN A 6 MONTHS)	Proportion of children who are exclusively breastfed at 4 months (during VITAMIN A 6 MONTHS)	Total number of children who are exclusively breastfed during VITAMIN A 6 MONTHS)	Total number of children who received VITAMIN A AT 6 MONTHS)	C-IYCF register	
	% of children receiving at least 1 visit in a month from a health worker	Proportion of children with nutrition –related difficulties registered in the C-IYCF register who are visited at home	Total number of children visited at home	Total number in of children in the Register	C-IYCF Register	
School Nutrition	% of schools with School feeding program visited	Proportion of schools with school feeding program visited by nutrition staff	Number of schools with SFP visited monthly	Total number of schools with School Feeding Programme	Nutrition Report	
Nutrition related NCDs Control	Percentage of OPD attendants who are diagnosed hypertensive	Proportion of OPD attendants who are diagnosed hypertensive	Total number of OPD attendants who are diagnosed hypertensive	Total OPD attendance	OPD Morbidity form	This data is important to document the trends of incidence of NR-NCDs as an indicator of healthy lifestyles.

Programme	Indicator	Definition	Numerator	denominator	Source	Remark/Rationale
	Percentage of OPD attendants who are diagnosed diabetic	Proportion of OPD attendants who are diagnosed diabetic	Total number of OPD attendants who are diagnosed diabetic	Total OPD attendance	OPD Morbidity form	The trends would inform staff distribution and in-service training needs to ensure appropriate care. it also offers districts/facilities of which areas to provide more preventive services.
	Commodity	Quantity at the beginning of the month (sachets)	Quantity received(sachets)	Quantity used(sachets)	Balance(sachets)	The main rationale for providing this data is to inform appropriate stocks management and improve forecast.
Commodity	RUTF		N/A	N/A	N/A	
	F-100					
	F-75					
	Resomal					
	FBF					
	Vitamin A					
	100000IU	N/A	N/A	N/A	N/A	
200000IU						

APPENDIX 9 PUBLIC HEALTH

NTP REGISTERS, FORMS AND INDICATOR DEFINITION

TB INSTITUTIONAL REGISTER

No	Data element/attribute	Description	Purpose
1	Unit TB No./ Facility Name	Unique unit TB number generated for a Facility (eg:KP/01) -considering it to be client number	To uniquely identify a facility
2	Date Registered	Date of Patient registration	To know the date of registration for Patient
3	District TB No.	Unique unit TB number generated for a District (eg:AMD/KP/01)	To uniquely identify a District
5	Patient's Surname	Provide the patient's Surname	To identify a patient by his/her Surname
6	Patient's First name	Provide the patient's Lastname	To identify a patient by his/her first name)
7	Patient's Nick name	Provide the patient's Nickname	To identify a patient by nickname
8	Age	Age of the patient in complete month and year in months and years	To know the patient age as at the last birthday
9	If Children, BCG Scar	Indicate the presence of BCG Scar if the Patient is within 0-59 months (under 5 years)	
10	Sex (M/F)	Sex of the patient, indicate whether Male or Female	To know the sex of the patient
11	Weight (kg)	Weight of the patient in Kilogram (Kg)	
12	Height (m)	Height of the patient in meter (m)	
13	BMI	The patients BMI calculated from the weight and height	
14	Occupation	The occupation of patient	
15	Education	The educational status of the patient	
16	Marital status	The marital status of the patient	
17	Address of patient	A traceable address of the patient, house address/street name	To help trace patient by address
18	Tel No. of Patient	Telephone or mobile number of patient	To help trace patient by the telephone or mobile number
19	Email address	Email address of patient	To help trace patient by email address
20	Contact Person Name	Name of person the patient holds in trust, and can be contacted in case of emergency	Persons identified by the patient to be contacted in case of emergency
21	Contact Person address	A traceable address of the contact, house address/street name	To help trace contact person by address

TB INSTITUTIONAL REGISTER (Cont.)

No	Data element / attribute	Description	Purpose
	Contact Person Telephone number	Telephone or mobile number of contact person	To help trace contact person by the telephone or mobile number
	Contact Person email address	Email address of patient	To help trace contact person by email address
	Disease Classification: (<i>PP, PN, EP & Site</i>)	Classify the disease of the patient into the following PP for Pulmonary Sputum Smear Positive, PN for Pulmonary Sputum Smear Negative and EP and site/organ of Extrapulmonary TB. For EP indicate site affected (Spine, etc)	To classify the patient into
	Type of Patient (<i>N,R,F,D,T,O,U</i>) For classification and care	<p>The type of patient can include</p> <p>N for New – A patient who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month.</p> <p>R for Relapse – A patient previously treated for TB, declared cured or treatment completed, and diagnosed with bacteriological (+) TB (smear or culture).</p> <p>F for Treatment Failure – A patient on a re-treatment regimen after having failed previous treatment.</p> <p>D for Return after Default – A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 2 or more consecutive months.</p> <p>T for Transfer in – A patient transferred from another TB Register to continue treatment. This group is excluded from the quarterly report on registration.</p> <p>O for Other previously treated– All cases that do not fit the above definitions. This group includes Smear positive cases with unknown outcome of previous treatment, Smear negative previously treated, EP previously treated and chronic case (ie a patient who is sputum positive at the end of a re-treatment regimen).</p> <p>U for other previous treatments unknown - patients who are unable to recall any history of previous treatment for TB</p>	
12	Sputum Smear Microscopy Results		

TB INSTITUTIONAL REGISTER (Cont.)

No	Data element/attribute	Description	Purpose
	<i>Stage 1: Before Treatment</i>		
	<i>Weight</i>	Weight of the patient in Kilogram (Kg)	
	Smear Results	Provide the smear result for the patient at month zero or before treatment starts. Indicate Neg, Scanty, 1+, 2+, 3+	
	Digital/Chest X-ray	Indicate one of the following ND for Not Done, S for Suggestive, NS for Not Suggestive, U for Unknown/atypical	
	GXP	Provide the GXP for the patient at month zero or before treatment starts. Indicate MTBNeg, MTBPos, MTB-Rif Resistance (MTBRR)	
	Culture/DST	Provide the Culture/DST for the patient at month zero or before treatment starts. Indicate Culture Pos/Growth, Culture Neg/No Growth	
	Other tests	other test include lymph node, biopsy, abdominal USG,	
13	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
14	Date of Lab Result	Provide the date the laboratory investigation was done	
15	<i>Stage 2: 2 or 3 Months</i>		
16	<i>Weight</i>	Weight of the patient in Kilogram (Kg)	
17	Smear Results	Provide the smear result for the patient at month 2 or 3. Indicate Neg, Scanty, 1+, 2+, 3+	
18	Digital/Chest X-ray	Not necessary at this stage	
19	GXP	Not necessary at this stage	
20	Culture/DST	Provide the Culture/DST for the patient at month 2 or 3 or before treatment starts. Indicate Culture Pos/Growth, Culture Neg/No Growth	
21	Other tests	Not necessary at this stage	
22	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
23	Date of Lab Result	Provide the date the laboratory investigation was done	
24	<i>Stage 3: 5 Months</i>		
25	<i>Weight</i>	Weight of the patient in Kilogram (Kg)	
26	Smear Results	Provide the smear result for the patient at month 5. Indicate Neg, Scanty, 1+, 2+, 3+	
27	Digital/Chest X-ray	Not necessary at this stage	

TB INSTITUTIONAL REGISTER (Cont.)

No	Data element/attribute	Description	Purpose
28	GXP	Not necessary at this stage	
29	Culture/DST	Provide the Culture/DST for the patient at month 5 or before treatment starts. Indicate Culture Pos/Growth, Culture Neg/No Growth	
30	Other tests	Not necessary at this stage	
31	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
32	Date of Lab Result	Provide the date the laboratory investigation was done	
33	Stage 4: End of treatment		
34	<i>Weight</i>	Weight of the patient in Kilogram (Kg)	
35	Smear Results	Provide the smear result for the patient at month 6 or 8/End of treatment. Indicate Neg, Scanty, 1+, 2+, 3+	
36	Digital/Chest X-ray	Not necessary at this stage	
37	GXP	Not necessary at this stage	
38	Culture/DST	Not necessary at this stage	
39	Other tests	Not necessary at this stage	
40	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
41	Date of Lab Result	Provide the date the laboratory investigation was done	
42	Treatment (category)		
43	Category: New/ Previously Treated/other	For New - Cat I & III, Paed Cat I	
44		For Previously Treated/other - Cat II, Paed Cat II	
45	?MDRTB	?Category IV?	
46	Dosage		
47	Date Started	Indicate the date treatment started	
48	Living Support		
49	Enabler	Indicate Yes or No	
50	Food Supplements	Indicate Yes or No	
51	Date CBTC Initiated	Indicate the date CBTC was initiated	
52	Treatment Outcome		

TB INSTITUTIONAL REGISTER (Cont.)

No	Data element/attribute	Description	Purpose
52	Date of treatment	Enter the date that treatment completed	
53	Outcome	<p>Provide treatment outcome as follow: Cure: Sputum smear (+) patient who is sputum (-) in the last month of treatment and at least once before.</p> <p>Treatment completed Patient who has completed treatment but who does not meet the criteria to be classified as a cure or a failure. Default: Patient whose treatment was interrupted for 2 consecutive months or more. Died: Patient who dies from any cause during the course of treatment. Transfer out: Patient who has been transferred to another recording and reporting unit and for whom treatment outcome is not known.</p> <p>Treatment failure: New patient who is sputum smear (+) at 5 months or later during treatment, or who is switched to Category IV treatment because sputum turned out to be MDRTB. Previously treated patient who is sputum smear positive at the end of his retreatment or who is switched to Category IV treatment because sputum turned out to be MDRTB</p>	
54	TB/HIV		
55	HIV Results	Indicate the HIV status of the Patient (Enter RT if patient was counselled but refused test, +ve if test positive, -ve if test negative and ND if counselling and testing not done)	
56	Date	Date that the patient started HIV test was investigated	
57	CPT start date	Indicate the date CPT started	
58	ART Start Date	Indicate the date ART started	

MONTHLY SUMMARY OF TUBERCULOSIS SCREENING RESULTS

Data Element	Description	Purpose	Data Source
Number Screened For TB (recorded on the TB Screening Tool)	Number of persons responding yes to cough or in contact with index TB case who have been recorded on the TB screening tool at the various OPDs in the facility	This is to help determine the number of OPD attendees who are at risk of TB	Symptom Based Screening Tool
Number Presumed TB	These are patients who responded yes to cough or in contact with index TB case and presented with two or more TB symptoms	This reflects the number of patients eligible to undertake TB test	Symptom Based Screening Tool
Number Tested for TB	The number of persons with presumed TB who were tested for TB in the laboratory	This will help determine the number of persons loss to diagnosis (drop-out)	TB Lab Register
Number Diagnosed with TB	This is the number of persons tested for TB in the lab who were either bacteriologically confirmed or clinically diagnosed. This includes Smear negative and Extra Pulmonary TB patients	This reflects the yield of TB cases from the screening process and a proxy for quality of care	Health Facility TB Register
Number initiated on TB Treatment	The number of persons diagnosed with TB and enrolled on TB treatment	This will help measure initial loss to treatment	Health Facility TB Register

TB Symptoms Based Screening Tool (Chest Infection) Register	
Region:	Refers to the part of the country where the screening activity is being undertaken e.g. Greater Accra Region
District:	Refers to an area within the Region defined by local government as an administrative area
Health Facility Name:	Refers to the Name of the health care delivery center where the screening is being done
NGO/Community Name:	Refers to the name of the NGO undertaking the screening and the community in which they are operating
Month/Year:	Refers to the month and year the screening is being done
Screening Date:	Refers to the date the screening activity is being carried out
Consultation	(1X): Provides options of different units where TB screening can be undertaken N.B. Only one option can be selected in this section (1 - 7).
Symptoms and signs	Could check more than 1 symptom (X) as appropriate): Provides options of various symptoms and signs of TB a client is likely to present with N.B. More than one option can be selected in this section (8 - 17)
Lab Screening Eligibility (Check only 1 X):	Refers to decision made based on the presenting symptoms and signs of the clients as well as the case definition N.B. Only one option can be selected in this section (18 – 20)
Investigation Requested/action taken (Could check more than 1 request or action as appropriate): Refers to laboratory investigation requested after a decision of eligibility is made N.B. More than one option can be selected in this section (21 – 30)
Screening case definition:	Defines criteria for eligibility i.e. Any Client responding “YES” to cough or contact with a known TB case in addition to two or more other symptoms and signs OR Any client responding to cough for more than 2 weeks irrespective of presence or absence of other symptoms
Name:	Refers to the name of the client who responded “YES” to having a cough or having come into contact with a known TB case
Age:	Refers to Age in years (Written in figures)
Sex:	Refers to the gender of the client either Male (M) or Female (F)
Tel# / Remark:	Refers to the phone number or any additional information useful in contacting the client

DRUG RESISTANCE REGISTER

Element	Description	Purpose	Data Source
New TB cases	A patient who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month. Also, any new patient on category I&III regimen (irrespective of duration of treatment) who require testing for Drug Resistant TB	To diagnose drug resistance early in order to provide appropriate care	Culture and DST Lab Register
Retreatment Cases	Any patient who falls in the following category of TB: Relapses, Treatment Failures, return after loss to follow up, other retreatment	To diagnose drug resistance early in order to provide appropriate care and may lead to avoiding category II.	Culture and DST Lab Register
Number presumed drug resistant	All new cases as explained above and all retreatment cases.	To help estimate number of patients at the risk of Drug Resistant TB	Culture and DST Lab Register
Number tested with GeneXpert	Number of persons tested for TB and Rif Resistance using GeneXpert	To help estimate logistics needs of facilities	Culture and DST Lab Register
Identified as MTB complex XPERT ONLY	Number of persons who tested MTB Complex using GeneXpert	Help determine incidence of MTB complex	Culture and DST Lab Register
MTB/Rif Resistant XPERT ONLY	Number of patients who were Resistant to Rifampicin using the GeneXpert	To provide appropriate care as soon as possible	Culture and DST Lab Register
Identified as MTB complex CULTURE	Number of patients who tested MTB complex using Culture	Help determine incidence of MTB complex	Culture and DST Lab Register
Resistant to both Rif &H (MDR-TB)	Number of patients who were resistant to Rifampicin and Isoniazid through culture and DST	To provide appropriate care as soon as possible	Culture and DST Lab Register
Resistant to Rifampicin ONLY	Number of patients who were resistant to Rifampicin (R) only through culture & DST	To provide appropriate care as soon as possible	Culture and DST Lab Register
Resistant to H ONLY	Number of patients who were resistant to Isoniazid (H) only through culture & DST	To provide appropriate care as soon as possible	Culture and DST Lab Register

DRUG RESISTANCE REGISTER (Cont.)

Element	Description	Purpose	Data Source
Poly Drug Resistance PDR	Number of patients resistant to 2 or more of the following medicines: Streptomycin S, Pyrazinamide Z, Ethambutol E	To provide appropriate care as soon as possible	Culture and DST Lab Register
Other Mono resistant	Number of patients resistant to any (ONE) of the following medicines: Streptomycin S, Pyrazinamide Z, Ethambutol E	To provide appropriate care as soon as possible	Culture and DST Lab Register
Identified as MTB complex LPA ONLY	Number of persons who tested MTB Complex using LPA ONLY	To provide appropriate care as soon as possible	Culture and DST Lab Register
Resistant to both Rif &H (MDR-TB) LPA ONLY	Number of patients who were resistant to both Rif &H (MDR-TB) LPA ONLY	To provide appropriate care as soon as possible	Culture and DST Lab Register
Resistant to Rifampicin ONLY (by LPA)	Number of patients who were resistant to Rifampicin ONLY (by LPA)	To provide appropriate care as soon as possible	Culture and DST Lab Register
Resistant to H ONLY (by LPA)	Number of patients who were resistant to H ONLY (by LPA)	To provide appropriate care as soon as possible	Culture and DST Lab Register

TB STOCKS LEVEL REGISTER

	Data Element	Description	Purpose	Data Source
1	Opening Balance	Quantity of useable medicines available at the health facility at the beginning of the reporting period i.e. month	To know the quantity of medicines available for use at the beginning of the month	Report Requisition Issue Voucher on TB Medicines
2	Quantity Received	Quantity of medicines received from the RMS/CMS during the reporting period	To know the quantity of medicines received within the month	Report Requisition Issue Voucher on TB Medicines
3	Losses& Adjustments	Losses are the quantities removed from your stock for anything other than dispensing to patients e.g. expiry, theft, damage. Adjustments are the quantities received from any source other than the RMS/CMS or given to another facility	Helps to account for all inventory in stock. This informs stock managers to take decisions concerning safety of stock	Report Requisition Issue Voucher on TB Medicines
4	Number of days out-of-stock	Number of days in the month that the health facility did not have a particular medicine in stock	To indicate the number of days the facility was without a particular medicine. This information is used by the higher levels to monitor the logistics system	Report Requisition Issue Voucher on TB Medicines
5	Usable Stock on Hand at the Pharmacy & DOTs centre	Quantity of useable medicines available at the health facility at the end of the reporting period. Quantities must be obtained thorough physical count	To identify the quantity of useable medicines in order to determine the exact quantities of additional medicines to reorder	Report Requisition Issue Voucher on TB Medicines
6	Consumption (from TB Dispensing Register)	Quantity of medicines dispensed to patients in the month for which report is generated.	To record and track the number of TB medicines dispensed to patients in the period. This information helps to determine the Average Monthly Consumption of the facility	Report Requisition Issue Voucher on TB Medicines

TB STOCKS LEVEL REGISTER (Cont.)

	Data Element	Description	Purpose	Data Source
7	Maximum Stock Quantity	The maximum quantity of medicine that a facility must stock at any time. This is obtained by multiplying the AMC for the facility by 2. This must be recalculated every six months	To establish the stock quantities that will be used for inventory control and in calculating order quantity. It ensures that the facility stocks just the quantities it needs in order to avoid expiries	Report Requisition Issue Voucher on TB Medicines
8	Quantity to Order	This is the quantity to request from the RMS. It is obtained by subtracting the useable stock on hand from the Maximum stock quantity	To determine additional quantities needed to bring stock back to maximum stock quantity	Report Requisition Issue Voucher on TB Medicines
9	Quantity to Issue	Quantity issued by the RMS to the requesting facility	To indicate if facility was resupplied with required quantities.	Report Requisition Issue Voucher on TB Medicines

MONTHLY TB CASE REGISTRATION

Data Element	Description	Purpose	Data Source
0-4yrs	Patients aged 0 to 4 years who received treatment for TB in the period by sex & HIV status	To determine the number of patients aged 0 to 4years	Health Facility Register
5-14yrs	Patients aged 5 to 14 years who received treatment for TB in the period by sex & HIV status	To determine the number of patients aged 5 to 14years	Health Facility Register
15-24yrs	Patients aged 15 to 24 years who received treatment for TB in the period by sex & HIV status	To determine the number of patients aged 15 to 24years	Health Facility Register
25-34yrs	Patients aged 25 to 34 years who received treatment for TB in the period by sex & HIV status	To determine the number of patients aged 25 to 34years	Health Facility Register
35-44yrs	Patients aged 35 to 44 years who received treatment for TB in the period & HIV status	To determine the number of patients aged 35 to 44years	Health Facility Register
45-54yrs	Patient aged 45 to 54 years who received treatment for TB in the period by sex & HIV status	To determine the number of patients aged 45 to 54years	Health Facility Register
55-64yrs	Patients aged 55 to 64 years receiving TB treatment in the period by sex & HIV status	To determine the number of patients aged 55 to 64years	Health Facility Register
Total	Total number of cases registered in a particular period (all ages) by gender by sex & HIV status	To determine the total number of cases (all ages) diagnosed and registered in the period by gender	Health Facility Register
Grand Total	Number of cases registered in a particular period (all ages and all gender) by sex	To determine the total number of cases diagnosed and registered in the period	Health Facility Register
Community based TB care	Number of patients receiving community TB Based care by sex	This establishes the strength of linkages between the diagnostic facilities and lower levels/community which may influence the outcome of the treatment	Health Facility Register
M	Number of males	To determine the number of cases that are males	Health Facility Register
F	Number of females	To determine the number of cases that are males	Health Facility Register
New Smear Positive Case	A patient with sputum smear positive results who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month	To establish the proportion of cases that are Smear Positive which is proxy measure of the sensitivity of diagnostics	Health Facility Register

MONTHLY TB CASE REGISTRATION (Cont.)

Data Element	Description	Purpose	Data Source
Smear not done or Smear results not Available	Any patient who did not undergo sputum smear examination especially children <5	To establish the proportion of cases that are clinically diagnosed	Health Facility Register
Relapse TB cases	A patient previously treated for TB, declared cured or treatment completed, and who is now diagnosed with bacteriological positive (+) TB (smear or culture)	To establish the proportion of cases that relapse.	Health Facility Register
Return after lost to follow up TB cases	A patient who returns to treatment, bacteriological positive (+), following interruption of treatment for 2 or more consecutive months	To establish the proportion of cases that return after loss to follow-up	Health Facility Register
Treatment after failure TB cases	A patient who is started on a re-treatment regimen after having smear or culture positive at 5 months or latter during treatment	To establish the proportion of cases that are treated after failure	Health Facility Register
New Smear negative TB cases	A patient with sputum smear negatives results who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month	To establish the proportion of cases that are clinically diagnosed.	Health Facility Register
New Extra pulmonary TB cases	A patient with TB affecting any other organ other than the lungs. However, patients presenting with both pulmonary and Extra-pulmonary disease should be classified as Pulmonary by their sputum status	To establish the proportion of cases with TB affecting other organs other than the lungs	Health Facility Register
Other Previously treated TB cases	Any previously treated patient who is sputum smear or culture positive and do not fit any of the the above definitions. This group includes Smear positive cases with unknown outcome of previous treatment, Smear negative previously treated, EP previously treated and chronic case (ie a patient who is sputum positive at the end of a re-treatment regimen)	To establish the proportion of cases without adequate records of previous treatment	Health Facility Register
Other Previous treatment unknown TB cases	Any patient whose previous treatment history can't be established. All these patients should be considered new and classified by their sputum status	To establish the proportion of cases with no records of previous treatment	Health Facility Register

QUARTERLY REPORTING ON TREATMENT RESULTS: ALL PATIENTS (ADULTS + CHILDREN)

Data Element	Description
Total No. registered in quarter ¹	Number of cases registered in the period
HIV status	HIV test results of the Patient i.e. HIV+, HIV- or HIV ND/NA
Cure (1)	Number of new Sputum smear positive (+) patients who were sputum smear negative (-) in the last month of treatment and at least once before
Treatment completed (2)	Number of new patients who have completed treatment but who do not meet the criteria to be classified as a cure or a failure
Died (3)	Number of new patients who die from any cause during the course of treatment
Treatment Failure (4)	Number of New patients who are sputum smear positive (+) at 5 month or later during treatment, or who is switched to Category IV treatment because sputum turned out to be MDRTB.
Default (5)	Number of New patients whose treatment was interrupted for 2 consecutive months or more
Transferred out (6)	Number of Patients who have been transferred to another recording and reporting unit and for whom treatment outcome is not known
Total Evaluated for outcomes	Number of patients for which treatment outcomes was provided

NATIONAL HIV/AIDS REGISTERS AND FORMS

ANC

Program	Data element / attribute	Description	Purpose
HTS			
HIV/AIDS Testing Service			
	Date Registered	Date of Client registration	To know the date of registration for Client
	Name of Client	Name of Client (Surname, Last name, & aliases/Nickname)	To identify a Client by name (Surname, Lastname, & aliases/Nickname)
	Client's Surname	Provide the Client's Surname	To identify a Client by his/her Surname
	Client's First name	Provide the Client's Lastname	To identify a Client by his/her first name)
	Client's Nick name	Provide the Client's Nickname	To identify a Client by nickname
	Address of Client	A traceable address of the Client, house address/street name	To help trace Client by address
	Tel No. of Client	Telephone (Fixed line) or mobile number of Client	To help trace Client by the telephone (Fixed line) or mobile number
	Email address	Email address of Client	To help trace Client by email address
	Age	Age of the Client in complete month and years	To know the Client age as at the last birthday
	Gender (M/F)	Gender of the Client, indicate whether Male or Female	To know the gender of the Client
	TB Screened	Screening of TB done for the client, Indicate YES/NO	To know whether the client has been screened for TB
	Pre-Test Information	Initial basic HIV/AIDS information given to the Client before testing is conducted, indicate YES or NO	To determine whether client had received initial basic HIV/AIDS information.
	Type of Client	Indicate the mode of contact eg: DIAGNOSTIC(D), WALK IN(W), PROVIDER INITIATED(PI)	To determine the mode of contact to the service delivery point
	First Response	Indicate the result of first response test conducted, For example; REACTIVE HIV I, REACTIVE HIV II, REACTIVE HIV I& II	To determine the results of the first-line test conducted (First Response) and to know the type of HIV

ANC (Cont.)

Program	Data element / attribute	Description	Purpose
HTS HIV/AIDS Testing Service (Cont.)			
	Oraquick	State the result of Oraquick test conducted, Indicate whether Reactive or Nonreactive	To determine the results of the confirmation test conducted (oraquick)
	Final Test Result	State the final test result of the client after Oraquick results. Indicate Positive or Negative	To determine the outcome of the test.
	Post Test Counselling	Indicate whether the client had a post test counselling during his/her final test result, indicate Yes or No.	To disclosed to the client his/her test result and how to cope with the result
	Referred Into Care	Indicate Yes or No if the client has been referred into care for further management (STI, TB care, Nutritional need, etc)	To determine when the clients had been referred into care
	Comments	Further Actions/Clarification	To provide any other comment on service provided.
	Counsellor	Name/Initials	To know the counsellor's details
EID (Early Infant Diagnosis)			
	Date Registered	Date of Client registration	To know the date of registration for Client
	Name of Mother	Name of Client (Surname, Last name, & aliases/Nickname)	To identify a Client by name (Surname, Lastname, & aliases/Nickname)
	Mother's Surname	Provide the Client's Surname	To identify a Client by his/her Surname
	Mother's First name	Provide the Client's Lastname	To identify a Client by his/her firstname)
	Mother's Nick name	Provide the Client's Nickname	To identify a Client by nickname
	Address of Client	A traceable address of the Client, house address/street name	To help trace Client by address
	Tel No. of Client	Telephone (Fixed line) or mobile number of Client	To help trace Client by the telephone (Fixed line) or mobile number
	Email address	Email address of Client	To help trace Client by email address
	Date of delivery	Date the baby was born	To determine the date of birth of the child born to HIV mother

EID (Cont.)

Program	Data element / attribute	Description	Purpose
	Sex	Sex of the child born to HIV mother, indicate whether Male or Female	To know the sex of the child born to HIV mother
	Type of ARVs given at Birth	Indicate the ARV given to the child, indicate AZT or NVP	To know the drug of choice the child born to HIV mother is on
	Septtrin at 6 Wks	Indicate whether the child was given Septtrin, state Yes (Y) or No (N)	To know if septtrin given the child born to HIV mother to control opportunistic infection.
	DNA-PCR Tested at 6Wks	Indicate DNA PCR tested at week 6, indicate Yes (Y) or No (N)	To know the HIV status of the child exposed to HIV at week 6
	DNA-PCR After 6Wks - 18 Months	Indicate DNA PCR tested after 6 weeks to 18 months , State in Weeks or Months)	To know the HIV status of the child exposed to HIV at after 6 weeks to 18 month
	EID Results	Indicate the child DNA/PCR results. Indicate Positive (POS) or Negative (NEG)	To determine the DNA/PCR test result of the exposed child.
	Antibody Test at 18 Months	Indicate whether antibody testing is done for all HIV exposed infants including those tested negative for DNA/PCR, Indicate Yes (Y) or No (N)	To determine the HIV status of the exposed infants after 18 months
	Antibody Test Results	Indicate the antibody test results for all HIV exposed infants including those tested negative for DNA/PCR, ndicate Positive (POS) or Negative (NEG)	To determine the HIV result of the exposed infants after 18 months
	Referred into Care	State whether the client has been referred into care for further management, indicate Yes or No	To determine when the clients had been referred into care
	Comments	Further Actions/Clarification	To provide any other comment on service provided.
	Name	Name/Initials	To know the counsellor's details

KEY NACP INDICATORS DEFINITIONS

Indicator	Definition	Numerator	Denominator	
Case Notification per 100,000 population				
Treatment Success Rate	Number of New cases who were cured plus successfully treated in a particular period	No. Treated successfully/Total no. of new cases x 100	No. of new cases treated successfully	Total no. of new cases
Death Rate	Number of New cases who died while on treatment in a particular period		No. of deaths	Total no. of new cases
Failure Rate	Number of New cases who had a positive smear results at the end of the 5th month of treatment in a particular period		No. of Failures	Total no. of new cases
Default Rate	Number of New cases registered in a period who interrupted treatment for more than one month		No. of Defaulters	Total no. of new cases

NACP HTS REGISTER

Data element	Description	Source
No.	This refers to the serial numbers given to clients	Service Provider
Date	This refers to the day, the month and the year that the client accessed services (DD/MM/YYYY)	Client
Name	The unique identity of the client without title e.g Dr., Mr. , Mrs	Client
Contact address/telephone	This refers to the exact physical address/location of the client/how to contact client	Client
Age	Age of the client in complete month and year in months and years	Client
Sex	Gender of the Client, indicate whether Male or Female	Client
TB screened	Refers to whether the client have been screened for TB	Client
Pre-test information	Refers to clients given basic information on HIV before HIV testing is done	Client and service provider

NACP HTS REGISTER (Cont.)

Data element	Description	Source
Type of client [Diagnostic(D), Walk in (W), Provider initiated (PI)]	This indicates the mode of contact with client (the mode through which the client came in to do the HIV test, whether it was Diagnostic(D), Walk in (W), Provider initiated (PI)	Client
First Response (Non-Reactive or Reactive HIV I, or HIV I & II or HIV II)	This indicates the result of first response test conducted (Reactive or Non-reactive) and if Reactive, the type	First Response HIV 1&2 Results
Oraquick (Reactive /Non-reactive)	This Indicates the result of Oraquick test conducted (Reactive or Non-reactive)	Oraquick Test Results
Final Test Result	This indicates the final HIV results (positive or negative) after the results is confirmed with a confirmatory test	Results of both First Response 1&2 and Oraquick tests
Post-test counseling	This refers to clients that have been tested, given results (positive or negative) and counselling to cope with the results	Service Provider and Client
Referred into Care	This describes other care and support services client has been referred to (STI, TB treatment e.t.c)	Service Provider / Referral Book
comments	This describes further action to be taken on client by care giver	Care Giver Note
Counsellor	This refers to the name of the provider that offered service to client	Service Provider

NACP HTS MONTHLY SUMMARY

Data element	Description	Source
Number receiving Pre-test information	Number of clients receiving basic information on HIV before testing by age and sex	HTC (HTS) Register
Number tested	Total number of clients tested for HIV according to age groupings and sex	HTC (HTS) Register
Number positive	Total number of clients tested positive for HIV according to age groupings and sex	HTC (HTS) Register
Number receiving positive test results	Total number of clients who were confirmed positive at final HIV testing by age and sex	HTC (HTS) Register
No. receiving post-test counselling	Number of clients receiving test results and counselling to cope with their HIV status	HTC (HTS) Register
No. screened for TB	This is total number of clients screened for TB during HIV testing	HTC (HTS) Register
No. referred into care	Total number of clients who were referred for other services after HIV testing	HTC (HTS) Register

PMTCT MONTHLY SUMMARY

Data element	Description	Source
ANC registrants	Total number of new pregnant women recorded in a month in an ANC clinic according to age groupings	ANC Register
Receiving pre-test information	Number of pregnant women receiving basic information of HIV before testing (new and existing clients) according to age groupings	ANC Register
Tested	Number of pregnant women tested for HIV in an ANC clinic according to age groupings	ANC Register
Positive	Number of pregnant women tested HIV +ve at ANC clinic according to age groupings	ANC Register
Receiving post-test counselling	Total number of pregnant women receiving HIV test results and counselling to cope with results according to age groupings	ANC Register
Retested at 34 weeks	Number of pregnant women tested negative at registration and were retested at 34 weeks	ANC Register
Retested positive at 34 weeks	Total number of pregnant women who tested negative at registration and were retested at 34 weeks and tested positive	ANC Register
Tested for syphilis	Total number of pregnant women who were tested for syphilis (antibody test)	ANC Register
Tested positive for syphilis	Total number of pregnant women who tested positive for syphilis (antibody test)	ANC Register
Treated for syphilis	Number of pregnant women tested positive for syphilis (antibody test) and got treatment	ANC Register
Mothers on ARVs	Number of pregnant women on ARVs (before pregnancy, during pregnancy or after delivery)	ANC Register
Babies who have completed full course of ARVs	Total number of exposed babies who were given ARVs (AZT or NVP) for 6 weeks	ANC Register
Babies given co-trimoxazole at 6 weeks	Total number of exposed infants who were given co-trimoxazole at 6 weeks	ANC Register
Infants exclusively breast fed for 6 months	Total number of infants who were given breast milk only from delivery to 6 months	ANC Register
Infants exclusively given commercial infants formula for 6 months	Total number of infants who were given infant formula only from delivery to 6 months	ANC Register
Infants DNA PCR tested	Total number of exposed infants tested using DNA PCR at 6 weeks or 6 weeks – 18 months	ANC Register
Infants DNA PCR positive (before 18 months)	Total number of exposed infants tested positive using DNA PCR before 18 months	ANC Register
Infants antibody tested from 18 months	Number of HIV exposed infants who were tested from 18 months using anti body test	ANC Register
Infants antibody positive 18 months onward	Total number of HIV exposed infants 18 months onwards who tested positive using anti body test	ANC Register

NACP EID REGISTER

Data element	Description	Source
Name of Mother	Refers to the name of Client's mother (Surname, first name, & aliases/Nickname)	EID Register
Mother's Surname	Provide the Client's mother's Surname	EID Register
Mother's First name	Provide the Client's mother's first name	EID Register
Mother's Nick name	Provide the Client's mother's Nickname	EID Register
Address of Client	Refers to a traceable address of the Client, house address/street name	EID Register
Tel No. of Client	Refers to telephone (Fixed line) or mobile number of Client	EID Register
Email address	Refers to the Email address of Client	EID Register
Date of delivery	This indicates the Date the baby was born	EID Register
Sex	Refers to the Sex of the child born to HIV mother, indicate whether Male or Female	EID Register
Type of ARVs given at Birth	Indicates the ARV given to the child, whether AZT (syrup) or NVP (syrup)	EID Register
Septtrin at 6 Wks	Indicate whether the child was given Septtrin, state Yes (Y) or No (N)	EID Register
DNA-PCR Tested at 6Wks	Indicate DNA PCR tested at week 6, indicate Yes (Y) or No (N)	EID Register
DNA-PCR After 6Wks - 18 Months	This Indicates DNA PCR tested after 6 weeks to 18 months , State in Weeks or Months)	EID Register
EID Results	This Indicate the child DNA/PCR results whether Positive (POS) or Negative (NEG)	EID Register
Antibody Test at 18 Months	This refers to the antibody test results for all HIV exposed infants including those tested negative for DNA/PCR, indicate whether Positive (POS) or Negative (NEG). This determines the HIV result of the exposed infants at 18 months.	EID Register
Antibody Test Results	This refers to the antibody test results for all HIV exposed infants including those tested negative for DNA/PCR, indicate whether Positive (POS) or Negative (NEG). This determines the HIV result of the exposed infants after 18 months.	EID Register
Referred into Care	This indicates whether the client has been referred into care for further management, indicate Yes or No when the clients had been referred into care	EID Register
Comments	This refers to Actions/Clarification or any other comment on service provided.	EID Register
Name	Refers to the counsellor's details (name and other details)	EID Register

NACP EID MONTHLY SUMMARY

Data element	Description	Source
Number of HIV exposed infants	This indicates the total number of babies born to HIV positive mothers	EID Register
Number Receiving ARV prophylaxis from birth	This indicates the total number of new babies born to HIV positive mothers and were given ARV prophylaxis (AZT/NVP) for six weeks	EID Register
Number receiving Septrin prophylaxis from 6 weeks	This indicates the total number of HIV positive babies aged 6 weeks who were given Septrin prophylaxis	EID Register
Number tested by PCR at 6 weeks	This indicates the total number of babies (aged 6 weeks) born to HIV positive mothers who were tested for HIV using DNA PCR	EID Register
Number tested by PCR < 18 months	This indicates the total number of babies (less than 18 months but after 6 weeks) born to HIV positive mothers who were tested for HIV using DNA PCR	EID Register
Number tested positive at 6 weeks	This indicates the total number of babies (aged 6 weeks) born to HIV positive mothers who tested HIV positive by DNA PCR	EID Register
Number tested positive <18 months	This indicates the total number of babies (less than 18 months but after 6 weeks) born to HIV positive mothers who tested HIV positive by DNA PCR	EID Register
Infants antibodies tested at 18 months	This indicates the total number of babies (18 months and above) born to HIV positive mothers who were tested for HIV using RDT (antibody test)	EID Register
Infants tested positive at 18 months	This indicates the total number of babies (18 months and above) born to HIV positive mothers who tested positive for HIV using RDT (antibody test)	EID Register
Infants positive enrolled into care	This refers to the number of infants who tested HIV positive either by DNA PCR or RDT (antibody test) and were given a minimum package of care (e.g. ARVs or other services)	EID Register
New clients receiving HIV care	Refers to the total number of new PLHIV's who received clinical care by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
New clients on co-trimoxazole prophylaxis	Refers to the total number of new PLHIV's given co-trimoxazole prophylaxis by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
New clients started on ARVs	This indicates the total number of HIV positive clients given ARVs by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
ART clients screened for TB	This is total number of PLHIV's screened for TB at the ART clinic by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder

NACP ART MONTHLY SUMMARY

Data element	Description	Source
HIV Positive clients with TB on ART	This indicates the total number of PLHIV's who also have TB and are given ARVs by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
ART clients with adverse clinical events	This indicates the total number of PLHIVs on ARVs who had adverse clinical events (e.g. Pulmonary TB, Kaposi Sarcoma, chronic diarrhea) by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
ART clients with new adverse drug symptoms	This indicates the total number of PLHIVs on ARVs who had adverse drug symptoms (e.g. anaemia, pancreatitis, blood in urine, hepatotoxicity) by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
ART clients with change of regimen due to drug toxicity	This indicates the total number of PLHIVs on ARVs who changed their ARV regimen as a result of drug toxicity by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
ART clients with change of regimen due to treatment failure	This indicates the total number of PLHIVs on ARVs whose ARV regimen was changed by the care giver as a result of treatment failure by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
Number of clients who stopped treatment due to death	This indicates the total number of PLHIVs on ARVs who stopped treatment due to death by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
Number of clients who stopped treatment due to adverse clinical status/events	This indicates the total number of PLHIVs on ARVs who stopped taking ARVs as a result of adverse clinical status/events by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
Number of clients who stopped treatment due to loss to follow up	Number of PLHIVs on ARVs who stopped treatment due to loss to follow-up by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
Clients on second line	This indicates the total number of PLHIVs on ARVs who are on second line by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder
New clients screened for Hepatitis B	This indicates the total number of new PLHIVs who have been screened for Hepatitis B by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder/Lab Results
Number on ART Viral Load tested	This indicates the total number of PLHIVs on ARVs who were viral load tested by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder/Lab Results
Clients currently on treatment	This indicates the cumulative number of PLHIVs who are on ARVs (treatment) and are active (alive) by age 15+ years (adults) or < 15 years (paediatric) and by sex (Male or Female)	ART Client Folder

EPI

EPI MONTHLY VACCINATION REGIONAL STORES STOCKS REPORTS

Monthly vaccination stocks report			
Code	Variable	Definition	Data Source
A	Region	The name of the region in which reporting facility is located. e.g. Volta	Records
B	District	The name of the district in which reporting facility is located. e.g. Adaklu	Records
C	Month	The month in which the report was generated. e.g. January	Calendar
D	Year	The year in which the report was generated. e.g. 2015	Calendar
1.1*	Beginning	Quantity of a specified vaccine/commodity available at the beginning of the reporting period	Vaccine ledger/tally card
1.2*	Received	Quantity of a specified vaccine/commodity received within the reporting period	Vaccine ledger/tally card
1.3*	Total doses opened for vaccination	Quantity in doses of a specified vaccine opened for vaccine administration within the reporting period	Vaccine ledger/tally card
1.4*	VVM status change (3 or 4)	Quantity in doses of a specified vaccine with VVM status in stages 3 or 4 within the reporting period	Vaccine ledger/tally card
1.5*	Expired	Quantity of a specified vaccine/commodity which expired within the reporting period	Vaccine ledger/tally card
1.6*	Other losses	Quantity of a specified vaccine/commodity which were lost due to other reasons other than VVM and expiry within the reporting period	Vaccine ledger/tally card
1.7*	Stock at end	Quantity of a specified vaccine/commodity available at the end of the reporting period	Vaccine ledger/tally card
1.8*	Number of days of stockouts	Number of days for which a specified vaccine/commodity run out-of-stock at the facility within the reporting period	Vaccine ledger/tally card
2.1	Maximum temperature recorded	The maximum (highest/warmest) temperature recorded within the reporting period	Fridge tag
2.2	Minimum temperature recorded	The minimum (lowest/coolest) temperature recorded within the reporting period	Fridge tag
2.3	Number of days with high temperature alarms	Number of days on which high temperature alarms were recorded within the reporting period	Fridge tag

EPI MONTHLY VACCINATION REGIONAL STORES STOCKS REPORTS (Cont.)

Code	Variable	Definition	Data Source
2.4	Number of days with low temperature alarms	Number of days on which low temperature alarms were recorded within the reporting period	Fridge tag
2.5	Number of refrigerators available	Absolute number of vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
2.6	Number of functional refrigerators	Absolute number of functional vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
	Remarks	Other information worth sharing to the next high level on the report	NA
	Compiled by	Name of the officer who completed the report	Records
	Designation	The official position of the officer who completed the report	Records
	Date	The date on which the report was completed	Calendar
	Contact Number	The phone number of the officer who completed the report	Records

MONTHLY VACCINATION FACILITY REPORT

Code	Variable	Definition	Data Source
A	Region	The name of the region in which reporting facility is located. e.g. Volta	Records
B	District	The name of the district in which reporting facility is located. e.g. Adaklu	Records
C	Name of Reporting Facility	The reporting facility from where the report is generated. e.g. Ahunda Health Center	Records
D	Month	The month the report was generated. e.g. January	Calendar
E	Sub-district	The name of the sub-district in which reporting facility is located. e.g. Helekpe	Records
F	Year	The year the report was generated. e.g. 2015	Calendar
1.1	Total population	The total population of all persons living the geographic areas for which the report represents. E.g. 100,000	PPMED-GHS
1.2	Infants 0-11 months: annual	The number of children aged 0-11 months old targeted in a year. e.g. 4,000	PPMED-GHS
1.2	Infants 0-11 months: monthly	The number of children aged 0-11 months old targeted in a month. e.g. 333	PPMED-GHS

MONTHLY VACCINATION FACILITY REPORT (Cont.)

Code	Variable	Definition	Data Source
1.3	Children 12 - 23 months: annual	The number of children aged 12-23 months old targeted in a year. e.g. 4,000	PPMED-GHS
1.3	Children 12 - 23 months: monthly	The number of children aged 12-23 months old targeted in a month. e.g. 333	PPMED-GHS
1.4	Expected Pregnancy: annual	The number of women expected to be pregnant in a year. e.g. 4,000	PPMED-GHS
1.4	Expected Pregnancy: monthly	The number of women expected to be pregnant in a month. e.g. 333	PPMED-GHS
2.1	No. of fixed vaccination sessions planned	Number of fixed vaccination sessions planned by the facility for the month	Facility micro-plan
2.1	No. of fixed vaccination sessions conducted	Number of fixed vaccination sessions conducted by the facility for the month	Facility micro-plan
2.2	No. of outreach vaccination sessions planned	Number of outreach vaccination sessions planned by the facility for the month	Facility micro-plan
2.2	No. of outreach vaccination sessions conducted	Number of outreach vaccination sessions conducted by the facility for the month	Facility micro-plan
2.3	No. of school vaccination sessions; planned	Number of school vaccination sessions planned by the facility for the month	Facility micro-plan
2.3	No. of school vaccination sessions conducted	Number of school vaccination sessions conducted by the facility for the month	Facility micro-plan
3.1	Monthly vaccination coverage	Number of children vaccinated with a specific vaccine dose in a month divided by the monthly target population	Immunization Tally Sheet
3.2	Cumulative coverage	Number of children vaccinated with a specific vaccine dose from the beginning of the year to the current month divided by the annual target population	Immunization Tally Sheet
3.2	Dropout rate (Penta)	The difference between the number of children vaccinated with the first and the third doses of the pentavalent vaccine divided by the number of children vaccinated with the first dose of the pentavalent vaccine multiplied by 100	Immunization Tally Sheet
3.2	Dropout rate (BCG/MR)	The difference between the number of children vaccinated with BCG and MR-1 divided by the number of children vaccinated with BCG multiplied by 100	Immunization Tally Sheet
4.1	Monthly vaccinations by age; 0 - 11 months	Number of children aged 0 - 11 months vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet

MONTHLY VACCINATION FACILITY REPORT (Cont.)

Code	Variable	Definition	Data Source
4.2	Monthly vaccinations by age; 12 - 23 months	Number of children aged 12 - 23 months vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
4.3	Monthly vaccinations by age; >=24 months	Number of children aged 24 months and above vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
4.4	Monthly vaccinations by age; total vaccinated	Total number of children vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
5.1	HPV1; in-school	Number girls aged 9 years vaccinated with the first dose of HPV vaccine in school	Immunization Tally Sheet
5.1	HPV1; out-of-school	Number girls aged 9 years vaccinated with the first dose of HPV vaccine out-of-school	Immunization Tally Sheet
5.1	HPV1; total	Total number of girls aged 9 years vaccinated with the first dose of HPV vaccine (both in-school & out-of-school)	Immunization Tally Sheet
5.2	HPV2; in-school	Number girls aged 9 years vaccinated with the second dose of HPV vaccine in school	Immunization Tally Sheet
5.2	HPV2; out-of-school	Number girls aged 9 years vaccinated with the second dose of HPV vaccine out-of-school	Immunization Tally Sheet
5.2	HPV2; total	Total number of girls aged 9 years vaccinated with the second dose of HPV vaccine (both in-school & out-of-school)	Immunization Tally Sheet
6.1	Vitamin A; 6-11 months	Number of children aged 6-11 months receiving vitamin A within the reporting period	Immunization Tally Sheet
6.1	Vitamin A; 12-59 months	Number of children aged 12-59 months receiving vitamin A within the reporting period	Immunization Tally Sheet
6.1	Vitamin A; Post-partum	Number of post-partum mothers receiving vitamin A within the reporting period	Immunization Tally Sheet
7.1	No. of AEFI cases reported; non-serious	Number of non-serious adverse events following immunization (AEFI) reported within the reporting period	Immunization Tally Sheet
7.1	No. of AEFI cases reported; serious	Number of serious adverse events following immunization (AEFI) reported within the reporting period	Immunization Tally Sheet
8.1	No. of safety boxes used	Number of safety boxes used within the reporting period	Immunization Tally Sheet
8.2	No. of safety boxes disposed	Number of safety boxes disposed within the reporting period	Immunization Tally Sheet
9.1	Maximum temperature recorded	The maximum (highest/warmest) temperature recorded within the reporting period	Fridge tag

MONTHLY VACCINATION FACILITY REPORT (Cont.)

Code	Variable	Definition	Data Source
9.2	Minimum temperature recorded	The minimum (lowest/coolest) temperature recorded within the reporting period	Fridge tag
9.3	Number of days with high temperature alarms	Number of days on which high temperature alarms were recorded within the reporting period	Fridge tag
9.4	Number of days with low temperature alarms	Number of days on which low temperature alarms were recorded within the reporting period	Fridge tag
9.5	Number of refrigerators available	Absolute number of vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
9.6	Number of functional refrigerators	Absolute number of functional vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
10.1	No. of IEC sessions; planned	Number of information, education and communication (social mobilization) activities planned within the reporting period	Micro-plan
10.1	No. of IEC sessions; conducted	Number of information, education and communication (social mobilization) activities conducted within the reporting period	Activity report
10.2	No. of participants; conducted	Number of participants that were present at the IEC activities conducted within the reporting period	Activity report
10.3	No. of home visit sessions; planned	Number of home visits planned within the reporting period	Microplan
10.3	No. of home visit sessions; conducted	Number of home visits conducted within the reporting period	Activity report
11.1*	Beginning	Quantity of a specified vaccine/commodity available at the beginning of the reporting period	Vaccine ledger/tally card
11.2*	Received	Quantity of a specified vaccine/commodity received within the reporting period	Vaccine ledger/tally card
11.3*	Total doses opened for vaccination	Quantity in doses of a specified vaccine opened for vaccine administration within the reporting period	Vaccine ledger/tally card
11.4*	VVM status change (3 or 4)	Quantity in doses of a specified vaccine with VVM status in stages 3 or 4 within the reporting period	Vaccine ledger/tally card
11.5*	Expired	Quantity of a specified vaccine/commodity which expired within the reporting period	Vaccine ledger/tally card

MONTHLY VACCINATION FACILITY REPORT (Cont.)

Code	Variable	Definition	Data Source
11.6*	Other losses	Quantity of a specified vaccine/commodity which were lost due to other reasons other than VVM and expiry within the reporting period	Vaccine ledger/tally card
11.7*	Stock at end	Quantity of a specified vaccine/commodity available at the end of the reporting period	Vaccine ledger/tally card
11.8*	Number of days of stockouts	Number of days for which a specified vaccine/commodity run out-of-stock at the facility within the reporting period	Vaccine ledger/tally card
	Remarks	Other information worth sharing to the next high level on the report	NA
	Compiled by	Name of the officer who completed the report	Records
	Designation	The official position of the officer who completed the report	Records
	Date	The date on which the report was completed	Calendar
	Contact Number	The phone number of the officer who completed the report	Records

APPENDIX 10 FINANCE
FINANCE FORMS

MONTHLY FACILITY IGF REVENUE FORM

Variable	Definition	Data Source	Rationale for collecting data
Budget	This is the approved revenue budget for the month. Budgets are supposed to be approved by the Regional Director in line with ATF	Approved monthly revenue budget as recorded in Departmental Journal Voucher and entered in the Revenue Budget Ledger	To ascertain the revenue budget for the month for each revenue generating facility. To help generate monthly revenue budget of the Service and also provide information for budgeting in ensuing periods

CLAIMS SUBMITTED FORM (this form is to track NHI submissions)

Variable	Definition	Data Source	Rationale for collecting data
Amount Submitted	This is the value of NHI claims submitted for the relevant month. For eg the bill for May may be submitted in June. In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted	Facility signed/approved NHI relevant month bill submitted to NHIA for payment on facility NHI file. This must also correspond to monthly NHI bills in the revenue budget ledger	Rational This form is to enable Management to track the timeliness of claims submission by health facilities. This is important because it has an impact on the timing of reimbursements
Med & Pharma	This is the total value of NHI bills for Medicines and Pharmaceuticals for the relevant month submitted by the facility to the NHIA for payment	Facility signed/approved NHI relevant month bill for Medicines and pharmaceuticals submitted to NHIA for payment on facility NHI file. This figure must also correspond to monthly NHI bills in the revenue budget ledger	

CLAIMS SUBMITTED FORM (Cont.)

Variable	Definition	Data Source	Rationale for collecting data
Services	This is the total value of NHI bills for Non-drug consumables for the relevant month submitted by the facility to the NHIA for payment	Facility signed/approved NHI relevant month bill for Non-drug consumables submitted to NHIA for payment on facility NHI file. This figure must also correspond to monthly NHI bills in the revenue budget ledger	
Total	This is the addition of the monthly NHI Medicines and Pharmaceuticals and the Monthly NHI Services submitted for the relevant month	The monthly NHI Medicines and Pharmaceuticals and the Monthly NHI Services submitted for the relevant month as appropriately sourced	
Date of Submission	This is the date of submission of the NHI bill for the relevant bill. In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted	NHIA stamped received Cover letter of health facilities. Facilities must get NHIA to stamp received date of bill on the facility cover letter for the bill for the relevant month and Date of submission of bill to NHIA as appropriately received or acknowledged.	

PAYMENT OF CLAIMS FORM

Variable	Definition	Data Source	Rationale for collecting data
Payment of Claim	This is the claims paid by NHIA for the relevant month. So for example if the MAY Bill submitted was paid in December, the information would be entered in the December Month payment of claim template/form. The date of submission would show when the bill that has been paid was submitted		This is to help management track <ol style="list-style-type: none"> 1. The average time between when claims are submitted and when they are paid to aid management decisions and advocacy 2. The quantum and percentage of Claims that are rejected and hence gauge the efficiency and quality of claims submitted by facilities
Med & Pharma	This is the total value of NHI payments for Medicines and Pharmaceuticals in the relevant month paid by the NHIA to the facility		
Services	This is the total value of NHI payments for Non-drug consumables in the relevant month paid by the NHIA to the facility		
Rejected /Disputed Claims	This is the total value of claims (Medicines and pharmaceuticals plus Services) for the relevant month that was rejected by the NHIA.		
Date of Submission	This is the date of submission of the NHI bill for the relevant bill. In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted		

EXPENDITURE FORM (IGF)

Variable	Meaning	Data Source	Rationale
EXPENDITURE ITEM	This is the normal expenditure item for the Government of Ghana Chart of Account	Expenditure Budget Ledger	This form is to help management <ol style="list-style-type: none"> 1. Track the budget execution of funds from IGF of the facilities 2. Obtain information on IGF expenditure to make budget estimates for ensuing fiscal year 3. Determine the budget variance trends over periods
CUMULATIVE COMMITMENTS	This is the cumulative commitments of the facility as at the month of entry. For example the cumulative commitments for June 2016 would be the total commitments of the facility from January 2016 to June 2016		
PAYMENT OF COMMITMENTS	This is total commitments paid by the facility as at the month of entry. For example cumulative payments for June 2016 would be the total payments of commitments of the facility from January 2016 to June 2016		

MONTHLY FACILITY IGF REVENUE FORM

Variable	Meaning	Data Source	Rationale
Budget	This is the approved revenue budget for the month. Budgets are supposed to be approved by the Regional Director in line with ATF	Approved monthly revenue budget as recorded in Departmental Journal Voucher and entered in the Revenue Budget Ledger	To track revenue performance of the facility To examine trends in IGF composition over the period
Revenue Collected (cash & carry)	This is the cash and carry revenue collected in the relevant month	Revenue Budget Ledger	
Corporate (Deferred Payment)	This is the revenue generated from corporate clients/deferred payment clients(apart from NHI clients) for the relevant month	Revenue Budget Ledger	
NHIS	This is the revenue generated from only NHI clients for the relevant month	Revenue Budget Ledger	

ADDITIONAL FINANCE INDICATOR DEFINITION

1. Percentage of claims rejected

$$\frac{(\text{Total Rejected Claims} \times 100)}{\text{Total Claims submitted}}$$
2. Average time for submitting bills
 Average Number of days after end of relevant month(s) before submitting claims
3. Average time for reimbursing claims
 Month of payment of claims – month of submission
4. Budget execution

$$\frac{(\text{Total expenditure for the period} \times 100)}{\text{Total expenditure budget for the period}}$$

$$\frac{(\text{Total expenditure for the period} \times 100)}{\text{Total revenue generated for the period}}$$
5. Availability of Cash

$$\frac{(\text{NHI reimbursements for the period} \times 100)}{\text{NHI Claims submitted for the period}}$$

$$\frac{(\text{Total Revenue Cash and carry revenue collected for the period} \times 100)}{\text{total revenue generated for the period}}$$

$$\frac{(\text{Total NHI revenue generated for the period} \times 100)}{\text{total revenue generated for the period}}$$

APPENDIX 11 – SPECIALISED SERVICES INDICATORS
HIV SEROPREVALENCE (AMONG REPRODUCTIVE AGE, 15-19, 20-24)

Definition of the indicator: HIV prevalence is the percentage of persons testing HIV positive in the 15-19 and 20-24 year age group.

Definition of key terms:

1. Numerator: Number of HIV positives in 15-19 and 20-24 age groups.
2. Denominator: Total number of persons in the specified age group tested for HIV.

Data sources: HIV prevalence calculated from the routine data collected in the national sentinel surveillance system for HIV.

Use: HIV prevalence among the young population (15-19 and 20-24 years) reflects infections that are of more recent onset and therefore is a good proxy of HIV incidence. This indicator monitors the HIV epidemic dynamics in the population.

TUBERCULOSIS CURE RATE

Definition of the indicator: TB cure rate is the percentage of TB clients who have been cured after anti-TB treatment, meaning that they are smear negative at (or one month prior to) the completion of treatment and on at least one previous occasion.

Definition of key terms:

1. Numerator: Smear Positive that got cured
2. Denominator: Total smear positive put on treatment

Data sources: TB cure rate calculated from data from the Report on TB Treatment Results

Use: Since the highest priority in the TB control programme is the identification of new cases and the cure of the detected cases, this indicator is the key determinant in evaluating the effectiveness of the TB control programme.

NUMBER OF GUINEA WORM CASES

Definition of the indicator: This is the number of Guinea Worm cases reported in the year.

Data sources: The number of Guinea Worm cases obtained from the Monthly Guinea Worm Returns.

Use: Since Guinea Worm is targeted for eradication, this indicator is used to assess the performance of the Guinea Worm Eradication programme and to determine strategies to implement towards its eradication.

APPENDIX 12 – ACCESS TO HEALTH SERVICES INDICATORS

NUMBER OF COMMUNITY RESIDENT NURSE PER DISTRICT

Definition of the indicator: This shows the trend in the deployment of community health officer (CHO) under the CHPS programme. Over the years the indicator has been presented to show communities which have completed all the stages of the programme which include the completion of residential units or CHPS compounds and the provision of other essential equipment and amenities. A functional CHPS compound represents communities where the compound is completed and the community health officer is at post. The definition is currently being considered for modification to indicate the provision of service rather than the completion of structures. For now it will be taken as communities where the community health nurses have started working with the communities in the area of community mobilization, provision of essential primary health services.

Definition of key terms: Total number of communities with resident trained nurse

Data sources: CHPS monitoring data at the district level

Use: The indicator assess the extent of the deployment of the CHPS programme to communities and by extension a measure of access to health care services to communities.

NUMBER OF OUTREACH SERVICES CARRIED OUT BY SPECIALIST FROM TERTIARY, SECONDARY AND DISTRICT HOSPITAL

Definition of the indicator: Number of clinics held by specialists from outside the Region or District during the year.

Definition of key terms: Specialist outreach services are organized by the national level and they involve the use of specialists from the teaching (tertiary) facilities. However, region may also organize specialists from the regional hospital to the districts and may request the use of specialists from other areas including the private sector. A specialist service provided by a specialist(s) in a facility that is also his or her normal place of work is not counted as an outreach service. Specialist outreach services may include any of the recognized specialties such as Obstetrics and Gynaecology; Surgery; Ophthalmology; Ear Nose and Throat; Dermatology; etc. Clinics may include outpatient services and other operations carried out by the specialist.

Data sources: Routine registers kept by the specialist outreach services coordinator at the national level. Registers kept by the regional and district health administrations and individual facilities where services were provided. Information on specialist outreach services may be presented as Total number of clinics, Total number of clinics by specialty, Number of clients seen at outpatient, Number of operations undertaken.

Use: The indicator a measure of access to specialized health care services at the local level.

POPULATION TO DOCTOR AND NURSE RATIO BY REGION

Definition of the indicator: Number of people to one doctor/nurse in a defined geographical area.

Definition of key terms:

1. Numerator: Total number of doctors/nurses in the region.
2. Denominator: Total population of the region

Data sources: Number of doctors/nurses may be obtained from the personnel unit of the regional health administration. At the district level the district health administration will compile list of all medical practitioners including those in the private sector. Population figures for regions and districts may be obtained from the Ghana Statistical Services. This has been compiled and will be found in the annex. It is based on the 2000 population census and the district projections are based on the regional growth rates.

Use: The indicator measures the availability of health staff at various levels and also the equity in staff distribution patterns.

OUTPATIENT VISIT PER CAPITA BY REGION

Definition of the indicator: Number of outpatient (OPD) visits per person per year.

Definition of key terms:

1. Numerator: Total number of outpatient visits in the year
2. Denominator: Total population of the region

Data sources: The data obtained from the outpatient attendance recorded per facility and summed for all the facilities in the region per year.

Use: The indicator measures the use of outpatient services. In a population with a low OPD per capita but with a high morbidity of acute and preventable diseases, the indicator is a prompt to health staff to adopt strategies to make health services more accessible and available to the population.

HOSPITAL ADMISSION RATE

Definition of the indicator: The hospital admission rate is the average number of hospital admissions per 1000 population per year.

Definition of key terms:

1. Numerator: Total number of hospital admissions in the year

2. Denominator: Total population of the district.

Data sources: The data is obtained from the inpatient admissions recorded in the inpatient register for each hospital and summed for all the hospitals in the district (if there is more than one hospital in the district) per year.

Use: This is an indicator of the use of inpatient services reflecting the level of accessibility of hospital services to the population. It indicates the level of utilization of hospital services despite the traditional barriers such as distance, user charges and quality of care.

APPENDIX 13 – INDICATORS ON MEASURES OF EFFICIENCY AND SERVICE QUALITY

BED OCCUPANCY RATE

Definition of the indicator: Bed Occupancy Rate (BOR) measures the percentage of beds occupied by clients in a given period.

Definition of key terms:

1. Numerator: Number of client-days.
2. Denominator: Number of beds multiplied by number of days in the period.

Data sources: The number of client-days is obtained from the Monthly Bed State Returns compiled at each hospital.

Use: This is an indicator of the efficiency of hospital resource use. In general, health facilities are designed to operate most efficiently at a level of about 80-90 percent occupancy; lower bed occupancy rates indicate inefficient use of hospital resources. Conversely, high occupancy rate may reflect an efficient use of hospital resources and poor quality of care when it is related to inappropriate pattern of admissions and length of stay that is too long.

AVERAGE LENGTH OF STAY

Definition of the indicator: The average length of stay (ALOS) is measure of the average duration of inpatient hospital admissions (mean number of days from admission to discharge).

Definition of key terms:

1. Numerator: Number of client-days.
2. Denominator: Number of inpatients.

Data sources: The number of client-days obtained from the Monthly Bed State Returns compiled at each hospital. The number of inpatients obtained from the inpatient register.

Use: This is another indicator of the efficiency of hospital resource utilization. Short average length of stay generally indicate good efficiency, enabling turnover rates to increase, and allowing the extension of hospital services to a greater number of clients. An excessively long average length of stay for a given condition may reflect inefficient hospital resource use, inflating demand for hospital beds and increasing hospital costs.

BED TURNOVER RATE

Definition of the indicator: Bed Turnover Rate (BTR) is the average number of inpatients admitted per each hospital bed.

Definition of key terms:

1. Numerator: Number of clients admitted.
2. Denominator: Number of hospital beds.

Data sources: The number of inpatients is obtained from the inpatient register. The number of beds is obtained from the ward state returns.

Use: Bed Turnover rate (BTR) is an indicator of the efficiency of hospital resource use. High bed turnover rate implies that a greater number of clients may be admitted, improving hospital productivity and decreasing average cost per admission. Alternatively, excessively low bed turnover rate reflects inefficiency in the use of hospital resources leading to high average costs per admission.

PERCENTAGE TRACER DRUG AVAILABILITY

Definition of the indicator: A snap shot assessment of the availability of essential drugs. A list of tracer drugs is provided and at a given time the proportion of those that are available on the shelves is taken.

Definition of key terms:

1. Numerator: Proportion of tracer drugs available at the time of survey.
2. Denominator: Total number of tracer drugs on the list.

Data sources: Pharmacy stores records.

Use: This indicator is used to assess the quality of care of the services provided. If the tracer drug availability is 100 percent it indicates that all essential drugs required to provide treatment for clients are made available at all times. A low value indicates that the facility is not stocking all essential drugs required to provide treatment to clients and this may impact on the quality of care provided and client outcomes.

APPENDIX 14 – INDICATORS ON FINANCE

PERCENTAGE RECURRENT BUDGET FROM GOG AND HEALTH FUND USED BY PRIVATE SECTOR, NGOs, CSOs AND OTHER MDAs

Definition of the indicator: Total amount of funds allocated from the district budgets to support other health providers other than the GHS facilities.

Definition of key terms:

1. Numerator: Proportion of budget allocated to Private providers, NGOs etc.
2. Denominator: Total budget released to the district for the year.

Data sources: Financial management reports on disbursements at the regional/district level.

Use: This indicator is used to measure the extent of inter-sectoral collaboration and partnership between the DHMT and the other sectors.

PERCENTAGE OF GOG BUDGET SPENT ON HEALTH

Definition of the indicator: Proportion of total government budget allocated to the health sector. The health sector in this case is the Ministry of Health including all implementing agencies.

Definition of key terms:

1. Numerator: Total allocation to the health sector as a percentage.
2. Denominator: Total government budget.

Data sources: Ministry of Finance budget estimates reports.

Use: This indicator is used to measure the extent of central government commitment to the provision of health care in particular and social services in general.

PERCENTAGE GOG RECURRENT BUDGET FOR HEALTH

Definition of the indicator: Proportion of total government recurrent budget allocated to the health sector. The health sector in this case is the Ministry of Health including all implementing agencies.

Definition of key terms:

1. Numerator: Total recurrent allocation to the health sector as a percentage.
2. Denominator: Total government recurrent budget.

Data sources: Ministry of Finance budget estimates reports

Use: This indicator is used to measure the extent of central government commitment to the provision of health care in particular and social services in general. This does not take into account capital expenditure which may be high due to the high cost in new buildings and other physical investments. It gives an indication of investments in actual provision of health care services.

PERCENTAGE OF INTERNALLY GENERATED FUNDS (IGFs) COMING FROM PRE-PAYMENT AND COMMUNITY-INSURANCE SCHEME

Definition of the indicator: Proportion of all revenue for service delivery obtained through premiums or bills settled by schemes.

Definition of key terms:

1. Numerator: Total revenue from schemes multiplied by 100.
2. Denominator: Total revenue realized by the BMC.

Data sources: Revenue returns.

Use: This indicator provides information on the general performance of the health insurance and prepayment schemes.

TOTAL AMOUNT SPENT ON EXEMPTIONS BY EXEMPTION CATEGORY

Definition of the indicator: Total cost of rendering services to exempted clients based on agreed framework for costing those services. Another way of defining this is the total revenue that would have accrued to the BMC if the clients were to pay full fees for all services provided.

Definition of key terms: Total cost of services to exempted client by category of client.

Data sources: Exemptions register.

Use: This indicator is used to assess the extent to which health services is being made available and accessible to the poor and vulnerable.

APPENDIX 15 – INDICATORS ON PARTNERSHIP AND COLLABORATION

PERCENTAGE OF MEETINGS HELD BY THE COMMUNITY MANAGEMENT COMMITTEE

Definition of the indicator: Proportion of planned meetings held with community management committee.

Definition of key terms:

1. Numerator: Number of meetings held by the community management committee.
2. Denominator: Number of meetings planned by the community management committee.

Data sources: DHMT minutes.

Use: This indicator is used to measure the extent of collaboration and partnership with the community and the DHMT.

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
1	Percentage of clients satisfied with health promotion services	Number of clients (internal and external) who are satisfied with the services provided by health promotion. Internal clients include GHS programs e.g. Nutrition, FP, NMCP etc. External clients include community members, NGOs and other development partners	Number of clients satisfied with health promotion services	Total number of clients interviewed	Survey report	Use to Improve quality of health promotion services
2	Number of Health Promotion(HP)Documents Developed	HP documents developed e.g. Guidelines on material development and usage, media, advertising, policy on advocacy lobbying and networking, resource mobilization plan/ strategy and IE&C materials	NA	NA	Resource Centre reports	To ensure adherence to health promotion policies, legal framework, guidelines and standards by health workers and partners
3	Proportion of trainings conducted by HP	All trainings planned by HP for or with lower levels, programs and external partners, the number that were conducted	Number of trainings conducted	Total number of planned trainings	Quarterly reporting form	To strengthen human resource capacity for Health Promotion
4	Proportion of HP officers receiving Continuous Professional Development (CPD).	The total number of HP staff undergoing CPD in a year. CPD is a structured programme recognised by a regulatory body to build capacity of its members. Training for Continuous Professional Development (CPD) should be influenced by training needs assessment of the individual	Number of HPD officers who undergo CPD training	The total number of HP Officers at post	Quarterly reporting form	Use to strengthen human resource capacity for HP

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
5	Proportion of HP Personnel/Focal Persons Trained On HP Protocols And Guidelines	All designated staff undertaking HP activities who have ever or newly received any sensitization or training in the use and adherence of HP protocols and guidelines at all levels. These could include HP managers, HPTOs, CHNs, Midwife, FTs. The trainings will include CPD, or internships	Number trained on HP protocols and guidelines	Total number of HP designated personnel.	Quarterly reporting form	To strengthen human resource capacity for health promotion
	Number of HP personnel/focal persons trained in the utilization of SBCC materials	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in the effective use of SBCC materials. Focal persons includes staff at the lowest levels of health delivery. E.g. CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
	Number of HP personnel/focal persons trained on Interpersonal communication.	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in interpersonal communication. Focal persons include CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
	Number of HP personnel/focal persons trained on risk communication	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in risk communication. Focal persons includes CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
6	Number of HPOs at post	The total number of staff engaged and posted to the various level (National, Regional, Districts and facilities) and currently undertaking HP activities	NA	NARA	Quarterly reporting form	To strengthen human resource capacity for HP
7	Number of proposals submitted for funding HP activities	Number of proposals submitted for support (funding) of HP activities	NA	NA	Proposal file	To improve resource mobilization for HP
8	Number of meetings organised to review HPD performance indicators	Number of meetings organised to specifically assess HPD performance at all levels	NA	NA	Meeting reports/minutes	To operationalize a results-based M&E system
9	Number of verification and validation meetings of HPD data	Number of meetings held to verify and validate data.	NA	NA	Meeting reports	To operationalize a results-based M&E system
10	Number of monitoring/supervisory visits conducted	The total number of monitoring/supervisory conducted. Visits should include those to address the following activities - adherence of SOPs, protocols, guidelines, and compliance to campaigns and its programmatic implications in the field (this includes regional, district, community, etc.)	NA	NA	Monitoring/supervisory report	To operationalize a robust results based M & E system

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
11	No. of evaluations conducted by HPD for key health behaviours	Number of assessments conducted by HPD to measure the outcome/impact of HP interventions. These include rapid assessments, desk reviews, etc.	NA	NA	Quarterly report	Assess/Measure the effectiveness of HP interventions
12	No of SBCC materials developed	Total number of educational materials developed to change behavior.	NA	NA	Resource centre report, Material Devt Unit report	To ensure availability and access to SBCC materials
12	No of SBCC materials disseminated	Total number of SBCC materials developed, the number that have been disseminated. Dissemination refers to training and distribution of materials for their intended purpose.	NA		Resource centre report, Material Devt Unit report	To ensure availability and access to SBCC materials
13	Proportion of SBCC materials used	Of the quantities of SBCC materials disseminated, the quantity that have been utilized for their intended purpose.	Number of SBCC materials used	Total number of SBCC materials disseminated	monitoring visit reports Survey report	This is to assess the usage of SBCC materials for their intended purpose
14	No of SBCC resource centres (Eg. Library, electronic catalogue, portal) established	SBCC resource centre refers to a repository of electronic and print materials on health where people can easily have access e.g. Section of a regional library, cabinet in the RHD, approved HPD online library	NA	NA	Resource Centre Report	The establishment of SBCC resource centre's is to make available and assessable SBCC tools and materials.

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
15	Number of media houses engaged to undertake health promotion activities	The number of media houses (TV, Print, radio, social media) contacted (through contract, reaching agreements) by HPD to air/publish health promotion messages	NA	NA	Schedule, Accounts, programme and Procurement records	To know media houses who are actively involved in HP activities
16	Number of programmes and messages aired/published by media houses.	The number of health messages/ programmes aired/published on media platforms	NA	NA	Media Monitoring Report, Transmission certificate	To assess the promotion of health messages on media platforms of the media houses engaged by HPD
17	Number of health programs covered during HP activities	Total number of Health programs used during health promotion activities. Programs include Communicable Diseases (TB, Malaria, HIV+, cholera, etc), Non-Communicable Diseases (Hypertension, Cancer, asthma, etc), Reproductive Health (ANC attendance, skilled delivery, family planning and awareness on fistula etc), Nutrition (early initiation of breastfeeding, exclusive breastfeeding and complementary feeding) and Regenerative Health, Child health (ORS and Zinc for diarrhoea, new born care, CWC attendance, etc), Personal Environmental hygiene, Mental Health	NA	NA	Monthly report	To ensure that SBCC interventions of the various programs are effectively implemented

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
18	Number of times channels were used for HP activities	Number of times various channels were used for communicating HP messages during HP activities/sessions. Channels include group meetings, radio, One-on-One, drama/role play, community information center, video, television, social media, public address system, others	NA	NA	Monthly reporting form	To assess the use and effectiveness of the communication channels used for HP activities
19	Number of times SBCC material were used during HP activities	Total number of times SBCC material were used to support HP activities. SBCC materials include print, audio, audio-visual and games. Print SBCC materials include posters, flipcharts, counselling cards, flyers, banners, booklet, leaflets etc. Audio include recorded radio adverts (discussions and jingles), Audio visual include video CDs.	NA	NA	Monthly reporting form	To assess the effective use of SBCC materials for HP activities
20	Number of times venues were used for HP activities	Total number of times activities were carried out in various venues. Venues include Community level (school, community, CWC outreach, church, mosque, market, home), Facility level (static CWC, OPD, RCH)	NA	NA	Monthly reporting form	To know which venues were used in carrying out HP activities

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
21	Number of target audience reached with SBCC activities	The number of people who participated in HP activities/sessions. Participants include pregnant women, nursing mothers, other women, adolescents, school children, and opinion leaders	NA	NA	Monthly reporting form	To ensure that all target audience are engaged and actively involved in SBCC interventions
22	Percentage of community members practicing desired health behaviours	Percentage of community members practicing desired behaviors in health areas CH, FP, RH, Nutrition, ARH, Mental health, etc)	Number of community members practicing desired health behaviours.	Number of target audience in the general population Number of community members interviewed (rapid assessment).	DHIMS 2, rapid assessment	To assess the adoption of positive health behavior and lifestyles by community members
23	Number of sessions held	Total number of advocacy and educational sessions conducted	NA	NA	Monthly report	To assess the output of the HP activities (to know the total number and type of sessions held)
24	Number of HP events/ programs jointly planned with partners	The number of health promotion events/ programs planned with internal (within GHS) and external (outside GHS) partners.	NA	NA	Quarterly report	To assess the level of collaboration with other stakeholders
25	Number of HP events/ programs jointly organised with partners	The number of health promotion events/ programs conducted with internal (within GHS) and external (outside GHS) partners.	NA	NA	Quarterly Report	To assess the level of collaboration with other stakeholders

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
26	Number of advocacy sessions held with key decision-makers and partners	The number meetings held by ICC-4-HP with MOH, GHS Council, HRD, RHMT to support the provision of health promotion resources at all levels (national, regional, district)	NA	NA	ICC-HP Meeting reports	To assess the output of the HP activities (to know the total number of advocacy sessions held with key decision makers and partners)
27	Number of functional district health committees	A functional district health committee refers to a group of stakeholders who have an action plan and meet regularly to discuss health issues affecting their district	NA	NA	DHMT minutes/district monitoring checklist	To increase collaboration coordination and partnership among stakeholders in the district
28	Number of Health Promotion Champions (HPC) identified	HPC refers to recognized people undertaking advocacy activities for health promotion which includes influential people, satisfied clients, etc.	NA	NA	Quarterly Report	Increase Advocacy and support for HP
30	Number of active Health Promotion Champions (HPC)	An active HPC is one who implements activities according to the terms of reference (TOR).	NA	NA	Quarterly Report	Measure the active involvement of HP Champions in HP activities
31	Proportion of activities in the action plan implemented by HPC	The number of completed activities as per TOR/ action plan	Number of activities implemented by HPC	Number of planned activities in action plan of HPC.	Work plan, activity report, TOR	Measure the implementation of planned activities by Champions