## **HEALTH FACILITY FORM**

## REPUBLIC OF KENYA - MINISTRY OF HEALTH NATIONAL INTEGRATED FORM FOR REPRODUCTIVE HEALTH, HIV/AIDS, MALARIA, TB and CHILD NUTRITION

DISTRICT:	NAME OF FACILITY: _	
MONTH:	YEAR: _	

A:	FAMILY PLANNING	NEW CLIENTS	RE-VISITS	TOTAL	
1.	PILLS	Microlut			
١	FILES	Microgynon			
2.	INJECTIONS	INJECTIONS			
3.	I.U.C.D.	Insertion			
4.	IMPLANTS	Insertion			
5.	STERILIZATION	B.T.L.			
5.	STERILIZATION	Vasectomy			
6.	CONDOMS	No. of Clients receiving			
7.	ALL OTHERS: (specify)				
8.	TOTAL NO. OF CLIENTS				

9. REMOVALS:	IUCD	IMPLANTS	
			_

B: N	ICH - ANC / PMCT	New	Re-visit	TOTAL
1.	No. of ANC Clients			
2.	No. of Clients with HI	o < 7 g/dl		
3.	No. of Clients given I	PT (1 <sup>st</sup> dose)		
4.	No. of Clients given I	PT (2 <sup>nd</sup> dose)		
5.	No. of Clients comple	eted 4th Ante	natal Visit	
6.	No. of ITNs distribute	ed to ANC clie	ents	
_		Counselled		
7.	No. of ANC clients	Tested for H	·IIV	
		HIV+		
8.	No. of clients	Tested for S	Syphilis	
0.	No. of cheffs	Found +ve		
9.	No. of clients issued	with prevent	ive ARVs	
10.	No. of infants	At 6 wks		
10.	tested for HIV	After 3 Mon	ths	
11.	HIV+ referred for	Mothers		
	follow up	Partners		
12.	No. of infants issued	with prevent	ive ARVs	
13.	No. of mothers couns options			
		Counselle	ed	
14.	No. of partners	Tested		
		HIV+		

D:	STI	Type of visit	Females	Males	Total
		Initial visit			
1.	Urethral Discharge	Re-att			
	3.	Referrals			
	Cases of Genital	Initial visit			
2.	ulcer disease	Re-att			
	(GUD)	Referrals			
	Cases of	Initial visit			
3.	Ophthalmia	Re-att			
	Neonatorum	Referrals			
4.	Cases of Syphilis Serology				
5.	Grand Totals				

C: N	MATERNITY- PMCT	TOTAL		
1.	No of Women coun	selled		
2.	Women tested for I	Women tested for HIV		
3.	Women found HIV-			
4.	No. of Women issu preventive ARVs			
5.	No. of infant Preve			
6.	Total Deliveries fro			
7.	No initiated cotrimoxaxole			

E: M	IATERNITY / SAFE DELIVERIES	NUMI	BER
1.	Normal Deliveries		
2.	Caesarean Sections		
3.	Breech Delivery		
4.	Assisted vaginal delivery		
5.	TOTAL DELIVERIES		
6.	Live Births		
7.	Still Births		
8.	Under Weight Babies (Weight below 2500 grams)		
9.	Pre-Term babies		
10.	No. of babies discharged alive		
11.	Referrals		
12.	Neonatal Deaths		
13.	Maternal Deaths		
Mate	ernal complications	Alive	Dead
14.	A.P.H. (Ante Partum Haemorrhage)		
15.	P.P.H. (Post Partum Haemorrhage)		
16.	Eclampsia		
17.	Ruptured Uterus		
18.	Obstructed labour		
19.	Sepsis		

(Revised 2008) Page 1 of 2

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FACILITY:	MONTH:	YEAR:	

F:	PAC SERVICES	TOTAL
1.	No. of MVA	
2.	No. of D & C	
3.	No. of FP Up take	

ш.	H: VCT		VCT 15-24 years		≥ 25 y	/ears	TOTAL	
п:	VCI		F	М	F	М	TOTAL	
		Counselled						
1.	VCT Clients	Tested						
	Gilonto	HIV+						
		Counselled						
	No of	Tested						
2.	couples	Both HIV+						
		With discordant						

I: DTC		_	ldren 4 yrs)	-	ults 4yrs)	TOTAL	
			F	М	F	М	
1.	No.	Outpatient					
"	counselled	In-Patient					
2	2. No. tested	Outpatient					
2.		In-Patient					
2	3. No. HIV+	Outpatient					
٥.		In-Patient					

G: TB		New	Re-att	Total
1.	No. of TB cases detected			
2.	No. of smear positive			
3.	No. of smear negatives			
4.	No. of Extra-pulmonary TB patients			
5.	No. of Re-treatment TB patients			
6.	Total No. of TB Patients tested for HIV			
7.	Total No. of TB Patients HIV+			
8.	No. of TB HIV patients on CPT			
9.	No. of defaulters			
10.	Total No. completed treatment (all forms of TB) who started treatment this month last year			
11	No of TB deaths (who started treatment this month last year)			

J: CHILD HEALTH AND NUTRITION INFORMATION SYSTEM (CHANIS)					
Ch	Children Needing Follow up F M TOTAL				
1.	Marasmus				
2.	Kwashiorkor				
3.	Anaemia				
4.	Faltering Wt				
Others e.g. Vitamin A deficiency, etc. (Specify):					
5.					

K: ART		Children 0-14yrs		Adults >14yrs		Totals		Grand Totals	
		F	М	F	М	F	М	]	
	No of new patients enrolled within the month for HIV care by entry point	PMCT clients							
		VCT clients							
		TB patients							
1.		In patients							
		CWC							
		All others							
		Sub-total							
2.	2. Cumulative No. of persons enrolled in HIV care at this facility at end of the month								
	_	WHO stage 1							
	Number of patients	WHO stage 2							
3.	starting ARVs within the month by WHO stage	WHO stage 3							
		WHO stage 4							
		Sub-total							
4.	4. Cumulative No. of persons started on ARVs at this facility at end of the month.								
5.	Total No. of patients currently on ARVs	Pregnant women							
		All others							
		Sub-total							
6.	No. of persons who are enrolled and eligible for ART but have not been started on ART								
7.	Post exposure prophylaxis(PEP)	Sexual assault							
		Occupational							
		All others							
		Sub-total							
	Total No. of patients	Cotrimoxazole							
8.		Fluconazole							
	currently on prophylaxis	Sub-total							

L: E	NUMBER	
1.	Blood units collected from Regional Blood Transfusion Centers	
2.	Blood units collected from other sources Other than Regional Blood	
3.	Blood units screened at health facility	
4.	Blood Units transfused	

BL	OOD SAFETY (cont.)	NUMBER
5.	Blood units screened found HIV+	
6.	Blood units screened for Hepatitis B	
7.	Blood units screened for Hepatitis C	
8.	Blood Units screened for Syphilis	

Prepared By:	Designation:	
Date:	Signature:	

(Revised 2008) Page 2 of 2