



 Health Facility Name:
 County:

 District:
 Year:

Health Facility Type: *circle one that applies*

- a. Clinic
- b. Health Center
- c. Hospital (<= 100 bed capacity)
- d. Hospital (> 100 bed capacity)

 $< 5 \ years$ >= $5 \ years$ MaleFemaleMaleFemaleTotal head
countCross border
PatientsMaleFemale

A) FAMILY PLANNING: Check here \Rightarrow [] if service was not provided

Total Counseled for Family Planning								
	10 - 14			15 - 19		- 02	ัน	+ 67
Methods Used	No. of New Acceptors	No. of Continued Users	No. of New Acceptors	No. of Continued Users	No. of New Acceptors	No. of Continued Users	No. of New Acceptors	No. of Continued Users
Condom (male)	^		•		1		<u> </u>	
Condom (female)								
Oral Contraceptives								
Depo-provera								
IUCD								
Implant								
Cycle Beads								
Vasectomy								
BTL								

Unit of	No. of	No. of	monthly	number	number	number	No of	Total
Distribution	male	female	cycles	of	of	of	cycle bead	Condom
	condom	condom	distributed	injections	IUCDs	Implant	distributed	distributed
	distributed	distributed			inserted	insertions		for non-
								family
								planning
								purpose
No.								
Distributed								





 Health Facility Name:
 County:

 District:
 Year:

B. Tetanus Toxoid Vaccination - Check here ⇒ [] if service was not provided

	Preg	nant	Non-pregnant		
TT dosage	Facility	Outreach	Facility	Outreach	
TT1					
TT2					
TT3					
TT4					
TT5					

C. ANTENATAL: Check here \Rightarrow [] if service was not provided

ANC Visits	10 - 14	15 - 19	20 - 24	25+
1 st ANC visit				
2 nd ANC visit				
3 rd ANC visit				
4 th ANC visit				
4 th + ANC visit				

Service	Number	Service	Number
Pregnant women Pre-test counsel		Mebendazole given at ANC	
for HIV			
Pregnant women tested for HIV		IPT 1st Dose	
Pregnant women tested positive			
for HIV		IPT 2nd Dose	
Pregnant women Post-test			
counsel for HIV		IPT 3rd Dose	
Pregnant women re-tested for			
HIV during current pregnancy		IPT 3rd+ Dose	
Pregnant women re-tested HIV		Total LLINs given at ANC during	
positive (confirmed)		this month	
Pregnant women initiated on		Number of partners tested for HIV	
ART during current pregnancy			
during the reporting month			
Pregnant women already on ART			
before current pregnancy who		Number of partners tested positive	
enrolled in PMTCT during the		for HIV	
reporting month			
Total pregnant women on ART		Pregnant women newly initiated on	
including newly enrolled		CPT during the reporting month	
Pregnant women tested for		Number of pregnant women tested	
syphilis		positive for syphilis and placed on	
		treatment	





Health Facility Name: _		County:
District:	Reporting Month:	Year:

D. Delivery and Outcome: Check here ⇒ [] if service was not provided

Delivery Methods	· L] J ~		10	- 14	15 - 19	20 - 24	25+
No. of normal deliveries conducted at	health						
facilities by unskilled health personne	el						
No. of normal deliveries conducted a	at <i>health</i>						
<i>facilities</i> by skilled health personnel							
No. of Caesarean section							
No. of assisted delivery done with For	ceps, vac	cum					
extraction, episiotomy and other proce	-						
No. of Deliveries conducted outside he	ealth faci	lity					
and reported or referred to the health f	acility	•					
<u> </u>							
Delivery and Outcomes		Num	ber	Deliv	very and O	utcomes	Number
No. of pregnant women that received				No.	of Live birth	is	
adequate Iron Folate (180) during AN	С						
No. of pregnant women that received				No.	of Low birth	n weight	
adequate TT dosage				< 2.5	5 kg		
No. of women who received uterotonic	c drug						
(Oxytocin, Pitocin, Ergot, Misoprostol	l)			No.	of Maternal	death	
(AMTSL)							
Live Birth born to HIV positive wome	n			No. of Neonatal death			
Pregnant women who were only tested	1 HIV						
positive during labor and received				No.	of Still birth	(Fresh)	
ARVs/ART in labor							
Neonate born to HIV positive mother	that			No.	of Still birth	l	
received ARVs prophylaxis after birth				(Mac	cerated)		
E. Postnatal Care: Check here ⇒[] if	service w	as not p	orovic	led			
Services	Number		vices				Number
No. of PNC visit within 24 hrs after		Wo	men	who re	eceived vitat	min A	
delivery		caps	sule v	vithin	6 weeks aft	er	
		deli	very				
No. of New born baby (ies) with		No. of New born with sepsis who			sis who		
sepsis		received injectable antibiotics			tics		
No. of low birth baby (ies) weight wh	o receive	d kang	garoo	mothe	er care and o	other	
supportive care							
Chlorhexidine (CHX) applied		Chl	orhex	idine	(CHX) appl	ied after	
within 24 hours after birth		24 ł	nours	after l	oirth		
Total number of LLINs issued to wom	en after o	deliver	y in t	he hea	alth facility		
Neonatal /birth asphyxia managed							





Health Facility Name: _		County:
District:	Reporting Month:	Year:

F) *Immunization of Children under 1:* Check here ⇒ [] if service was not provided

T 7 •	Number immunized		X 7 •	Numbe	r immunized
Vaccine	Facility	Outreach	Vaccine	Facility	Outreach
BCG			Pentavalent 1		
OPV 0			Pentavalent 2		
OPV 1			Pentavalent 3		
OPV 2			Measles		
OPV 3			Fully immunized		
Pneumo 1			Yellow Fever		
Pneumo 2			Rota 1		
Pneumo 3			Rota 2		
IPV 1			IPV 2		

G) Vaccine accountability

Vaccine	BCG	OPV	Pentavalent	Measles	IPV	Yellow	TT	Pneumo	Rota
	(doses)	(doses)	(doses)	(doses)	(doses)	fever	(doses)	(doses)	(doses)
						(doses)			
Beginning									
Balance									
Received									
Used									
Closing									
Balance									

Temperature Monitoring Chart

Monthly Temperature reading	AM (Morning)	PM (Evening)
Lowest		
Highest		

Note: Each facility is required to record only the lowest and highest temperature reading at the end of the reporting month.





ŀ	lealth Facility Name:			County:	District:		
F	Reporting Month:	Year:					
1	H. NUTRITION: Check her	e⇔[] if service was not pro	wided				
Summary	Growth N	Ionitoring		Infant and Your	ng Child Feeding (IYC	F)	
	# of children 0 - 59 months who are underweight (Weight/Age <-2 WHZ score)	# of children 0-59 months with MAM (<-2 - ≥-3 WHZ or MUAC ≥11.5 - <12.5cm)	# of infants initiated to the breast within 1 hour of birth	# of children aged 0- 6 months who are exclusively breastfed	# of children aged 6-8 months who received complementary food		s who received ling on IYCF
	(Col. 22)	(Col. 23)	(Col. 24)	(Col. 25)	(Col. 26)	Pregnant (Col. 27)	Lactating (Col. 28)
Total							

Micronutrient Supplementation (for children under five years) Check here () if service was not provided

	# of children 6-23 months who received MNP (Col. 29)	# of children aged 6-11 months who received Vit A (100,000 i.u) (Col. 30)	# of children aged 12-59 months who received Vit A (200,000 i.u) (Col. 31)	# of children aged 12-59 month who received deworming tablet (Col. 32)
Total				



Health Facility Name: _		County:	District:
Reporting Month:	Year:		

Management of Severe Acute Malnutrition (SAM): Check here () if service was not provided

	Total		Admis	sions					Exits			
Age Group (Months) (Col. 6)	Beginning of the month = Total End of the Past month	WHZ or MUAC or Edema (Col. 12)	Readmission (Col. 13)	Transfer in from another OTP or IPF unit (Col 14)	Total Admissions = Col 12 + Col 13 + Col 14	Cured (Col. 16)	Death (Col. 17)	Defaulter (Col. 18)	Non- Responder (Col. 19)	Transfer to another OTP or IPF unit (Col. 20)	Total discharg es = (Col. 16 + Col. 17 + Col. 18 + Col. 19 + Col. 20)	Total End of the month =Total beginning of the month + Total Admission - Exits
<6												
6 to 23												
24 - 59												
>59												
TOTAL												
				Male (Col. 5)								
				Female (Col. 5)								





Health Facility Name: _		County:
District:	Reporting Month:	Year:

I) Integrated Management of Neonatal & Childhood Illnesses (IMNCI): Check here ⇒ [] if service was not provided

Pneumonia	Number	Diarrhea	Number
No. of Children under 5 with		No. of Children under 5 with	
pneumonia		diarrhea	
No. of Children under 5 with		No. of Children <5 yr with	
pneumonia treated with antibiotics		dehydration treated with ORS and	
		Zinc	
	Mala	ria	
No. of Children under 5 treated with		No. of Children under 5 treated	
ACT within 24 hours after onset of		with ACT after 24 hours with	
fever		Fever	

J) **Malaria.** Check here \Rightarrow [] if service was not provided

Age	Malaria cases diagnosed by					Malaria cases treated with					
group	Clinically	RE	TC	Micro	oscope	Total	ACT	Quinine	Quinine	Artemether	Artesunate
				Te	est	tested		Tab	IV	Injection	Injection
		+ve	-ve	+ve	-ve						
Under 5											
Children											
5 and											
above											
Pregnant											
women											

K) HCT \longrightarrow Check here \Rightarrow [] if service was not provided

HCT Test and results		< 15 years		years	>=25 years	
HC1 Test and fesuits	Male	Female	Male	Female	Male	Female
Clients receiving pre-test counseling						
Clients receiving HIV test						
Client tested positive for HIV –						
Screening (1 st Test)						
Client tested positive for HIV –						
Confirmed Outcome (Another test)						
Clients receiving post-test counseling						
New HIV positive case referred to care						
and Rx						
New confirmed HIV + clients enrolled						
in care						





Health Facility Name: _		County:
District:	Reporting Month:	Year:

HIV exposed infants testing results Check here ⇒[] if service was not provided

Number of Children tested for HIV

Number of Children tested for the		
Age of child at time of testing	# of Children Confirmed	# of Children Confirmed HIV-
	HIV+	
Less than 6 months		
6 - 9 Months		
Above 9 months		





Health Facility Name: _		County:
District:	Reporting Month:	Year:

· · · · · · · · · · · · · · · · · · ·	$L) CARE AND TREATMENT Check here \Rightarrow [] if service was not provided.$								
A. Total number			& NOT ON						
	ART treatn	nent			В. Т	otal Patien			
Age & Sex	EXISTING Patients at beginning of month	NEW patients enrolled during month	TOTAL patients at end of month (do NOT count those lost to follow- up, death, transfers)		EXISTING Patients at beginning of month	NEW patients enrolled during month	TOTAL patients at end of month (does NOT include those lost to follow-up, death, transfers)		
Male < 15 yrs									
Male \geq 15 yrs									
Non pregnant									
female < 15 yrs									
Non-pregnant females ≥ 15 yrs									
Pregnant women < 15 yrs									
Pregnant women \geq									
15 yrs		-				_			
Total									
HIV+ patients newly screened for TB									
HIV + patients placed on IPT to prevent TB									
HIV/TB Co- infected									





Health Facility Name: _		County:
District:	Reporting Month:	Year:

Age breekdown of skildren in Core and Treetment	In Care	On ART	Breastfeeding		
Age breakdown of children in Care and Treatment (including pregnant women less than 15 yrs)	Care	ANI	In Care	On ART	
< 12 months					
12 months - 35 months					
3 years - 5 years					
6 years - 14 years					
Total					

M) Number	• of PLV	VHA curre	ntly rec	eiving Al	RT —	➡ Che	ck he	ere ⇒[] if servic	ce wa	as not provi	ded
	Number receiving treatment by regimen category											
A	AZT	D4T	AZT	D4T(3	TDF	TDF	A	AZT	TDF	d	dI ABC	Others
Adult by	3TC	(30)3TC	3TC	0)	3TC	3TC	3	BTC	3TC		LPVr	
regimen line	NVP	NVP	EFV	3TC	NVP	EFV	L	PVr	LPVr			
				EFV								
Adult: First												
Line Regimen												
Adult: Second												
Line Regimen												
		-	N	umber re	eceiving	g treat	men	t by re	gimen			-
Child by												
Child by	AZT	D4T	AZT	Г D4	T AZ	T D	4T	TDF	AZ	Т	ddI	Others
regimen line	3TC	3TC	3TC	C 3T	C 3T	C 37	ГС	3TC	3T0	С	3TC	
	NVP	NVP	ABC	C EF	V EF	V A	BC	EFV	LPV	//r	LPV/r	
Child: First												
Line Regimen												
Child: Second												
Line Regimen												
HIV Positive		Adult		Ch	ildren (confirm	n		HIV-e	xpo	sed infan	ts
patient placed					HIV Po	sitive						
on:												
Cotrimoxazole												
Preventive												
Therapy												





Health Facility Name:		County:
District:	Reporting Month:	Year:

PATIENT ATTRITION

Reason for leaving the program	Among the Patients not eligible for ART	Among the Patients on ART
Lost to follow-up (not seen in clinic for 3 months after appointment)		
Death		
Transferred out to another site		
Stopped		
Total		

Total number of patients by HIV infection type.

Check here ⇒ [] if HIV staging service was not provided

only HIV-1	only HIV-2	HIV-1and HIV-2	Occupational Exposure
			Treated with PEP





Health Facility Name: _		County:
District:	Reporting Month:	Year:

N) Outpatient (New Cases and deaths) Check here \Rightarrow [] if service was not provided

	anom (iver cuses and acams) check here	Outpatient					
		(New cases treated at OPD & Deaths)					
No		OPD Nev	w Cases	OPD Deaths			
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above		
1	A.F.P						
2	Abdominal Mass						
3	Abrasion (RTA)						
4	Acute Otitis Media						
5	All other causes						
6	Anemia						
7	Anemia in pregnancy						
8	ARI						
9	Arthritis						
10	Ascariasis						
11	Aspiration Pneumonia						
12	Asthma						
13	Bloody Diarrhea						
14	Blunt Eye Trauma						
15	Blunt Trauma						
16	Bowel Obstruction						
17	Breast Cancer						
18	Bronchiolitis						
19	Burn						
20	Cataract						
21	Caustic Ingestion						
22	Cellulitis						
23	Cervical Cancer						
24	Chemical Burn						
25	CHF/CVA						
26	Cholera						
27	Closed Fracture						
28	Conjunctivitis						





Health Facility Name: ______ District: ______ Reporting Month: ______

		Outpatient						
		(New cases treated at OPD & Deaths)						
No	Discourse (Cara dittion	OPD Ne	w Cases	OPD Deaths				
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above			
29	Contusion (RTA)							
30	Corneal Foreign Body							
31	Corneal Perforation							
32	Dental Abscess							
33	Dental Caries							
34	Dental Trauma							
35	Diabetes/ D-Mellitus							
36	Diabetic Ketoacidosis (DKA)							
37	Diabetic Ketoacidosis 2 ⁰ DM							
38	Dog Bite							
39	Domestic Violence Injuries GBV (rape)							
40	Domestic Violence							
41	Ebola							
42	Encephalitis							
43	Enteric Fever							
44	Eye Trauma							
45	Fracture							
46	Fungus							
47	Gastroenteritis							
48	Gastroesophageal Reflux Disease (GERD)							
49	Gastrointestinal Bleeding							
50	Glaucoma							
51	Gunshot Wound							
52	Head Injury							
53	Heart Diseases							
54	Hemorrhoid							
55	Hepatitis							
56	Hernia							





Health Facility Name: ______ District: ______ Reporting Month: ______

			Outpatient					
		(New cases treated at OPD & Deaths)						
No	Disease/Condition	OPD Ne	w Cases	OPD Deaths				
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above			
57	HIV/AIDS							
58	Hook worm							
59	Hydrocele							
60	Hyperglycemia							
61	Hypertension							
62	Immunosuppression							
63	Iritis							
64	Laceration (RTA)							
65	Lassa Fever							
66	Liver Cancer							
67	Liver Cirrhosis							
68	Liver Disease							
69	Lower Respiratory Track Infection							
70	Lumbago							
71	Lymphedema							
72	Malaria							
73	Malaria in pregnancy							
74	Malnutrition							
75	Mandibular Fx							
76	Maxillar Fracture							
77	Measles							
78	Meningitis							
79	Neo-natal Tetanus							
80	Onchocerciasis							
81	Opened Fracture							
82	Optic Atrophy							
83	Oral Candidiasis							
84	Osteoarthritis							
85	Other Eye conditions							





Health Facility Name: ______ District: ______ Reporting Month: ______

		Outpatient					
		(New cases treated at OPD & Deaths)					
No	Disease/Condition		OPD Ne	w Cases	OPD Deaths		
	Disea		Under 5 years	5 years and above	Under 5 years	5 years and above	
86	Other Injuries						
87	P.I.D						
88	Peptic Ulcer Dis	ease (PUD)					
89	Pharyngitis						
90	Physical Assault						
91	Pleural Effusion						
92	Pneumonia						
93	Rabies						
94	Refractive Error						
95	Renal Failure						
96	Respiratory Trac	k Infection					
97	Retinal Detachm	ent					
98	Revisit for all ca	uses					
99	Rheumatic Feve	r					
100	Rhinitis						
101	Road Traffic Ac	cidents (car/bike)					
102	Schistosomiasis						
103	Sepsis						
104	Sexual assault						
105a	C 11	Urethral Discharge			-		
105b	Sexually Transmitted	Vaginal Discharge			-		
105c	Infection	Genital Ulcer					
105d	Neonatal Conjunctivitis						
106	Sickle Cell						
107	Stroke						
108	Systolic hyperter	nsion					
109	Tetanus						
110	Tinea Corporis						
111	Tinea Pedis						





Health Facility Name: ______ District: ______ Reporting Month: ______

			Outpat	tient				
		(New cases treated at OPD & Death						
No	Disease/Condition	OPD Ne	w Cases	OPD	Deaths			
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above			
11	2 Tinea Versicolor							
11	3 Tonsillitis							
11	4 Tuberculosis							
11	5 Tumor							
11	6 Typhoid							
11	7 Upper Respiratory Track Infection							
11	8 Urinary retention							
11	9 Uveitis							
12	0 Watery Diarrhea							
12	1 Whooping Cough							
12	2 Worm							
12	3 Yellow Fever							
	PREGNANCY RELAT	ED CONDIT	IONS					
124	Abortion							
125	Ante-partum hemorrhage							
126	Eclampsia							
127	Obstructed labor							
128	Other maternal complication							
129	Post-partum hemorrhage							
130	Post-partum sepsis							
131	Pre-eclampsia							
132	UTI							





 Health Facility Name:
 County:

 District:
 Reporting Month:
 Year:

O) SGBV Check here \Rightarrow [] if service was not provided

	=10 -</th <th>- 14 yrs.</th> <th colspan="2">15 – 19 yrs.</th> <th colspan="2">20 - 24 yrs.</th> <th colspan="2">25+ years</th>	- 14 yrs.	15 – 19 yrs.		20 - 24 yrs.		25+ years	
Number of cases reported	Male	Female	Male	Female	Male	Female	Male	Female
Rape Cases reported								
			No.	of Rape c	ases re	ported		
	=10 -</td <td>– 14 yrs.</td> <td>15 –</td> <td>19 yrs.</td> <td>20 -</td> <td>24 yrs.</td> <td>25+</td> <td>years</td>	– 14 yrs.	15 –	19 yrs.	20 -	24 yrs.	25+	years
Incident and Reporting	Male	Female	Male	Female	Male	Female	Male	Female
Rape Cases reported								
within 72 hours (<3 days)								
Rape Cases reported after								
72 hours (>3 days)								
Rape Cases treated with								
Post Exposure								
Prophylaxis								
Rape Cases referred								
Rape Cases follow-up at								
this facility								
Rape Cases treated with								
Emergency Contraceptive								
Pills								
Rape Cases treated with								
antibiotics								
Rape Cases treated with								
Hepatitis B vaccine								





Health Facility Name: _		County:
District:	Reporting Month:	Year:

P) Mental Health Conditions - Check here ⇒[] if service was not provided

Mental Health	<=5yrs	6 - 12	13 – 17	18 - 34	35 - 49	50 - 64	65+ yrs.
Conditions/Disease		yrs.	yrs.	yrs.	yrs.	yrs.	
Anxiety Disorders							
(PTSD, Panic Reactions)							
Bipolar							
Dementia							
Mood disorders (Mania,							
Depression)							
Psychosis							
(Schizophrenia)							
Post-Partum Psychosis							
Post-Partum Depression							
Substance use disorder							
(Alcohol, Drug)							
Intellectual Disability							
Developmental Disorders							
in Children and							
adolescents						-	
Psychosomatic Disorders							
Behavior Disorders in							
Children and adolescents							
Epilepsy							
Emotional Disorders in							
Children and adolescents							
Fetal Alcohol/Drug							
Syndrome							





Health Facility Name:		County:
District:	Reporting Month:	Year:

Psychotropic medication - *Check here* ⇒ [] *if service was not provided*

	<5	5 - 12	13 – 17	18 –	35 -	50-64	65+
Medication	yrs.	yrs.	yrs.	34 yrs.	49 yrs.	yrs.	yrs.
Carbamazepine							
Chlorpromazine							
Amitriptyline							
Artane							
Buprenophine							
Haloperidol							
Phenobarbital							
Phenytoin							
Diazepam							
Flouxetine							
Citalopren							
Paroxetine							
Inipramine							
Thioridazine							
Fluphenazine							
Olanzapine							
Risperidone							





 Health Facility Name:
 County:

 District:
 Year:

Q) Tracer items

Sn.	Program	Name of Medicine	Disease Condition	Stock out at any point in time (Yes/No)
1	NMCP	Sulfadoxine 500mg + Pyrimethamine 25mg tab	Malaria	
2	NMCP	AS 25mg + AQ 67.5mg (FDC) OR A 20mg + L 120mg	Malaria	
3	NMCP	AS 50mg + AQ 135mg (FDC) OR A 20mg + L 120mg	Malaria	
4	NMCP	AS 100mg + AQ 270mg (FDC) OR A 20mg + L 120mg	Malaria	
5	NMCP	AS 100mg + AQ 270mg AQ (FDC) OR A20mg+ L 120mg	Malaria	
6	NMCP	Artemether 80mg inj.	Malaria	
7	NMCP	LLINs	Malaria	
8	EMP	Amoxycillin 250mg tab/caps	ARI, PID, UTI	
9	EMP	Co-trimoxazole 480mg tab	UTI (Acute Cystitis), HIV care, Otitis media	
10	EMP	Oral Rehydration Salt 20.5g/L	Diarrhea	
11	EMP	Paracetamol 500mg tab	Fever	
12	EMP	Examination Gloves (nitrile)	IPC	
13	EMP	Mebendazole 100mg tab	Anthelmetic	
14	EMP	Hydrochlorothiazide 25mg tab	Hypertension	
15	EMP/FH	Doxycycline 100mg cap/tab	Typhoid,	
16	EMP/FH	Paracetamol 100mg tab	Fever	
17	RH/FH	Ferrous Sulfate 200mg+ Folic Acid 0.25mg	Anemia	
18	NACP	HIV TEST Kits	HIV	
19	EPI/CH	Pentavalent vaccine	Immunization	
20	EMP/RH	Oxytocin 10IU/ml	Postpartum hemorrhage	
21	EMP/RH	Medroxyprogesterone 150mg (Depo-Provera), inj	Contraceptive	
22	NMCP	Malaria Rapid Diagnostic Test	Malaria	





 Health Facility Name:
 County:

 District:
 Year:

R) **INPATIENT** (**Discharged cases and deaths**)- Check here ⇒ [] if service was not provided

N		In	patient Morbid	ity/Mortalit	y
No.	Disease/Condition	Cases Di	scharged	IPD Deaths	
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above
1	A.F.P				
2	Abdominal Mass				
3	Abrasion (RTA)				
4	Acute Otitis Media				
5	All other causes				
6	Anemia				
7	Anemia in pregnancy				
8	ARI				
9	Arthritis				
10	Ascariasis				
11	Aspiration Pneumonia				
12	Asthma				
13	Bloody Diarrhea				
14	Blunt Eye Trauma				
15	Blunt Trauma				
16	Bowel Obstruction				
17	Breast Cancer				
18	Bronchiolitis				
19	Burn				
20	Cataract				
21	Caustic Ingestion				
22	Cellulitis				
23	Cervical Cancer				
24	Chemical Burn				
25	CHF/CVA				
26	Cholera				
27	Closed Fracture				
28	Conjunctivitis				
29	Contusion (RTA)				





Health Facility Name: ______ District: ______ Reporting Month: ______

N			Inpatient Morbidity/Mortality				
No.	Disage/Condition	Cases Di	ischarged	IPD Deaths			
Disease/Condition		Under 5 years	5 years and above	Under 5 years	5 years and above		
30	Corneal Foreign Body						
31	Corneal Perforation						
32	Dental Abscess						
33	Dental Caries						
34	Dental Trauma						
35	Diabetes/ D-Mellitus						
36	Diabetic Ketoacidosis (DKA)						
37	Diabetic Ketoacidosis 2 ⁰ DM						
38	Dog Bite						
39	Domestic Violence Injuries GBV (rape)						
40	Domestic Violence						
41	Ebola						
42	Encephalitis						
43	Enteric Fever						
44	Eye Trauma						
45	Fracture						
46	Fungus						
47	Gastroenteritis						
48	Gastroesophageal Reflux Disease (GERD)						
49	Gastrointestinal Bleeding						
50	Glaucoma						
51	Gunshot Wound						
52	Head Injury						
53	Heart Diseases						
54	Hemorrhoid						
55	Hepatitis						
56	Hernia						
57	HIV/AIDS						
58	Hook worm						
59	Hydrocele						





Health Facility Name: ______ Reporting Month: ______

		In	patient Morbid	lity/Mortality	y
No.		Cases Di	scharged	IPD Deaths	
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above
60	Hyperglycemia				
61	Hypertension				
62	Immunosuppression				
63	Iritis				
64	Laceration (RTA)				
65	Lassa Fever				
66	Liver Cancer				
67	Liver Cirrhosis				
68	Liver Disease				
69	Lower Respiratory Track Infection				
70	Lumbago				
71	Lymphedema				
72	Malaria				
73	Malaria in pregnancy				
74	Malnutrition				
75	Mandibular Fx				
76	Maxillar Fracture				
77	Measles				
78	Meningitis				
79	Neo-natal Tetanus				
80	Onchocerciasis				
81	Opened Fracture				
82	Optic Atrophy				
83	Oral Candidiasis				
84	Osteoarthritis				
85	Other Eye conditions				
86	Other Injuries				
87	P.I.D				
88	Peptic Ulcer Disease (PUD)				
89	Pharyngitis				
90	Physical Assault				





Health Facility Name: ______ District: ______ Reporting Month: ______

N	Disease/Condition		In	patient Morbid	ity/Mortality	y
No.			Cases Di	scharged	IPD Deaths	
			Under 5 years	5 years and above	Under 5 years	5 years and above
91	Pleural Effusion					
92	Pneumonia					
93	Rabies					
94	Refractive Error					
95	Renal Failure					
96	Respiratory Trac					
97	Retinal Detachm	ent				
98	Revisit for all car					
99	Rheumatic Fever					
100	Rhinitis					
101	Road Traffic Acc					
102	Schistosomiasis					
103	Sepsis					
104	Sexual assault					
105a	G 11	Urethral Discharge				
105b	Sexually Transmitted	Vaginal Discharge				
105c	Infection	Genital Ulcer				
105d		Neonatal Conjunctivitis				
106	Sickle Cell					
107	Stroke					
108	Systolic hyperter	nsion				
109	Tetanus					
110	Tinea Corporis					
111	Tinea Pedis					
112	Tinea Versicolor					
113	Tonsillitis					
114	Tuberculosis					
115	Tumor					
116	Typhoid					
117	Upper Respirator	ry Track Infection				
118	Urinary retention	1				





 Health Facility Name:
 County:

 District:
 Year:

No.		Inpatient Morbidity/Mortality			
NO.	Disease/Condition		scharged	IPD Deaths	
	Disease/Condition	Under 5 years	5 years and above	Under 5 years	5 years and above
119	Uveitis				
120	Watery Diarrhea				
121	Whooping Cough				
122	2 Worm				
123	Yellow Fever				
	PREGNANCY RELATE	D CONDIT	IONS		
124	Abortion				
125	Ante-partum hemorrhage				
126	Eclampsia				
127	Obstructed labor				
128	Other maternal complication				
129	Post-partum hemorrhage				
130	Post-partum sepsis				
131	Pre-eclampsia				
132	UTI				

S) Hospital Utilization: Check here \Rightarrow [] if no applicable of service was not provided

<u> </u>			L J J	III III III
Total no. of	Total	Total no. of	Total no. of	Total no. of
beds	bed days	admissions	discharged	inpatient
			cases	days





Health Facility Name:		County:
District:	Reporting Month:	Year:

T) *Health Financing:* Check here \Rightarrow [] if no applicable of service was not provided

Income	Amount (USD)	Expenditure	Amount (USD)
Government source		Remuneration/salaries	
Sale of drugs or		Drugs procurement	
revolving drugs fund			
Other sources (donor,		Incentives Paid	
NGO, donation)		Fuel procurement	
		Utilities /maintenance	
Total income		Total Expenditure	

U) Surgical Procedures - Check here [] if service was not provided

Procedures	Number	Procedures	Number
Herniarrhaphy		Dental Extraction	
Hydrocelectomy		Hysterectomy	
Appendectomy		Laporatomy	
Myomectomy		Splenectomy	
Thyroidectomy		Amputation	
Obstetric Fistula Repair		Opened reduction	
Closed reduction		Prostatectomy	
Nephrectomy		Mastectomy	
Cataract Surgery		Pterygium Excision	
Glaucoma Surgery		Corneal Repair	
Other minor eye surgeries			

V) Blood Safety - Check here [] if service was not provided

Blood Donation at Blood Bank						
Type of Blood Donor	Male	Female				
Voluntary						
Replacement						
Number of Blood Donors Counseled						
Number of Blood Donor Referred to Care and Treatment Centers						





Health Facility Name: _		County:
District:	Reporting Month:	Year:

Testing of Blood Units for blood borne infection: Check here \Rightarrow [] if not applicable of service was not provided

	Total Collected Unit			
	Tes	ted	Pos	itive
Type of test	Male Female Male		Male	Female
HIV				
HBsAg				
HCV				
RPR				
Malaria				

Type of Blood Component

Blood Component	Total Unit Collected	Total Unit Supplied	Balance at Blood Bank
Whole Blood			
Packed Cells			
Plasma			





Health Facility Name:		County:
District:	Reporting Month:	Year:

W) Community Health - Check here [] if service was not provided

CHSS Nan	Name: CHSS ID: Facility ID:				CHSS ID:			_				
CHA ID 1		CHA ID 2		CHA ID 3		CHA ID 4		CHA ID 5	CHA ID 6		CHA ID 7	
CHA ID 8		CHA ID 9		CHA ID 10		CHA ID 11		CHA ID 12	CHA ID 13		CHA ID 14	
CHA ID 15		CHA ID 16		CHA ID 17		CHA ID 18		CHA ID 19	CHA ID 20		CHA ID 21	
CHA ID 22		CHA ID 23		CHA ID 24		CHA ID 25						

Mod	ule 1 - Routine Visit	Total
1.2A	Routine household visits	
1.2B	Births (home)	
1.2C	Births (facility)	
1.2D	Still births	
1.2E	Neonatal deaths	
1.2F	Post-neonatal deaths	
1.2G	Child deaths	
1.2H	Maternal deaths	
1.21	Community triggers	
1.2J	HIV/TB/CM-NTD/Mental Health Referrals	
1.2K	Deaths > 5 years (community/home)	

Module 2 - RMNH

2.1A	Pregnant Woman Visits	
2.1B	Referred for Delivery	
2.1C	Referred for ANC	
2.1D	Post Natal Visits	
2.1E	Referred for Danger Sign	
2.1F	HBMNC within 48 hrs: Mother	
2.1G	HBMNC within 48 hrs: Infant	
2.2A	Clients currently using modern FP	

Mod	ule 3 - iCCM	Total
3.1A	Active Case Finds	
3.1B	MUAC Red	
3.1C	MUAC Yellow	
3.1D	MUAC Green	
3.1E	Pneumonia cases identified	
3.1F	Malaria (RDT +)	
3.1G	Diarrhea cases identified	
3.1H	Pneumonia treated (antibiotics)	
3.11	Malaria treated (2-11 months)	
3.1J	Malaria treated (1-5 years)	
3.1K	Malaria treated less than 24 hrs	
3.1L	Malaria treated in more than 24 hrs	
3.1M	Diarrhea treated (Zinc + ORS)	
3.1N	Referred to Health Facility	

Module 4 - HIV,TB, CM-NTD, Mental Health	Total
4.1A HIV Client Visits	
4.1B TB Client Visits	
4.1C CM-NTD Client Visits	
4.1D Mental Health Client Visits	
4.1E LTFU HIV Clients Traced	
4.1F LTFU TB Clients Traced	

Supervision

5.3A Supervision visits completed	
5.3B Number of CHA Absences	
5.3C Reviews Completed	
5.3D Reviews with Correct Treatment	
5.3E CHA Reports On Time	





 Health Facility Name:
 Cour

 District:
 Yea

County: _____ Year: _____

X. Other

sn	Data Element	Number
1	Number of Supportive Supervision visits to facility	
2	Number of CHA assigned to facility	
3	Number of Health Facility Development Committee Meetings conducted	
4	Does facility have a functional solar fridge	[] Yes [] No
5	Does facility have a functional fridge tag?	[] Yes [] No
6	Does Facility have access to a functional, "on premise", safe drinking water?	[] Yes [] No
7	During the month under review, What was the major source at this facility?	 [] Creek, river, stream [] Open well [] Borehole [] Hand Pump [] Piped borne water (includes water piped from reservoir into facility) Other:
8	Status of Incinerator	 [] No incinerator (open pit burning) [] No incinerator (off site waste) disposal [] Dysfunctional, needs repair [] Functional
9	Does the facility have access to on premise latrine facility?	[] Yes [] No
10	Status and type of existing toilet /latrine facility for clients	 [] No toilet (bush) [] Open Pit Latrine [] Flushed Toilet

Facility Registrar (Signature/date) Mobile OIC

(Signature/date) mobile

Name and Position of person receiving the report

Name and Position of person receiving the report

Health facilities: Do not use the space below. This is for use of CHT

Date report received at CHT

Date report received at DHT

Date data entered /updated in computer

Name and Position of person entering the data in computer

Date of data validation

Data validated by



Health Facility Name:

District:

Ministry of Health Health Management Information System Health Facility Monthly Report



	County:
Reporting Month:	Year:

Guidelines on how to complete this monthly report:

- 1. Each health facility (whether private, Public, Health Post, Clinic, Health Center or Hospital) must instantaneously account for daily client provider transactions to individual Patient charts and ledgers in facility and within five days following the end of the reporting month, must produce a monthly summary morbidity, mortality or health service report using this standardized aggregate morbidity and mortality reporting form. Patient charts must be securely filled in a chronological or in logical order for easy reference.
- 2. All data field must be completed with appropriate value unless if is explicitly determined that the facility does not provide that service; in which case the cell will remain blank with a check mark in the appropriate check box at the top of the section to indicate that such service was not provided at the facility during the reporting period. If however such service was available but that no client showed up for the service during the reporting period, a zero (0) would be the most appropriate value. Do not write a zero if otherwise.
- 3. Complete obliteration of value or the use of correction fluid is unacceptable. In the event that an erroneous recording is noticed at any point in report generation or data verification, simply strike out the erroneous value by drawing a single or double line across the value (e.g \$5 schanged to 76), record a replacement value against former value and initial same.
- 4. The officer in Charge of the facility must review and certify report by affixing his/her signature before submission and must ensure that report is ready for collection by a District or County Health Team representative by the fifth (5th) of the subsequent month. Any report submitted after the fifth (5th) day of the month shall be considered late.
- 5. Preparing the monthly report is a shared responsibility in which definite steps have to be followed. Each service unit or department is responsible for maintaining the individual service register. The same service unit or department is also responsible for compiling data from various service registers onto the designated Charts. The following diagram shows data transcription sequence:



The next day following the end of the month, each unit or department (e.g. the OPD, IPD, Immunization, Diagnostic Lab, RH/FP, etc) generates from their respective service ledgers/registers, a summary of services they provided during the month under consideration and submits their respective quota to the OIC and register for consolidation and inclusion in the standardized monthly health statistical reporting form. The OIC and or Registrar verify each unit's quota and transcribe verified figures to the monthly health statistic or morbidity and mortality reporting form.

6. The term "Monthly" as used in this guideline refers to a <u>complete</u> *calendar month* (i.e for example, January 1 – 31 or February 1 – 28. and not Jan 1 – 25 and Jan 26 – Feb 25)





Health Facility Name: _		County:
District:	Reporting Month:	Year:

- 7. Unique data identification numbers have been printed in both the chart and report form. Data must be carefully transcribed from the same code box in the chart to the same code box in report form. A mistake made on this process is inexcusable.
- 8. A completed Community Based Health service statistic using the CHMIS monthly summary reporting forms as well as that of the Logistic Management information data must be attached and submitted along with this report by the 7th of the subsequent month.
- 9. During the month following the end of each quarter (e.g by April 7, July 7, October 7 and January 7), each facilities providing TB services are required to attached a completed TB morbidity and outcome reporting form reflecting accountability for TB services provided during the most recent past quarter using the standardized TB morbidity and outcome reporting form (already provided in triplicate form) and attach same to form a part and parcel of this report.
- 10. Detail guideline on HMIS recording and reporting is contained in the HMIS reference manual presumably available at your facility. Make sure to maintain a copy.
- 11. After completion of transcribing data on the monthly report, one person should read the data from the chart and another person follow the numbers in the report to ensure that data

transcribe in the report are 100% correct. No mistake is excusable.

12. The person who has transcribed data onto the report and the person who has verified the figures must sign and print date before submitting it to the county health office by the 5th of the following month.