



 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<br/>countCross border<br/>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<br>New<br>Acceptors | No. of<br>Continued<br>Users | No. of<br>New<br>Acceptors | No. of<br>Continued<br>Users | No. of<br>New<br>Acceptors | No. of<br>Continued<br>Users | No. of New<br>Acceptors | No. of<br>Continued<br>Users |
| Condom (male)                       | <b>^</b>                   |                              | •                          |                              | 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  |             |             |             |            |          |            |             |             |





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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 <sup>st</sup> ANC visit   |         |         |         |     |
| 2 <sup>nd</sup> ANC visit   |         |         |         |     |
| 3 <sup>rd</sup> ANC visit   |         |         |         |     |
| 4 <sup>th</sup> ANC visit   |         |         |         |     |
| 4 <sup>th</sup> + 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                           |        |





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**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 <b>normal</b> 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              |                  |                                 |        |                       |                |           |        |





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

| <b>T</b> 7 <b>•</b> | Number immunized |          | <b>X</b> 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<br>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<br>who are underweight<br>(Weight/Age <-2 WHZ score) | # of children 0-59 months<br>with MAM (<-2 - ≥-3 WHZ or<br>MUAC ≥11.5 - <12.5cm) | # of infants initiated<br>to the breast within<br>1 hour of birth | # of children aged 0-<br>6 months who are<br>exclusively breastfed | # of children aged 6-8<br>months who received<br>complementary food |                              | s who received<br>ling on IYCF |
|         | (Col. 22)  | (Col. 23)  | (Col. 24)   | (Col. 25)  | (Col. 26)   | Pregnant<br><b>(Col. 27)</b> | Lactating<br>(Col. 28)         |
| Total   |  |  |   |  |   |                              |                                |

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

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



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

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





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# 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 <sup>st</sup> 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                                |      |            |      |        |            |        |





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*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                    |                         |                              |





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





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| Age breekdown of skildren in Core and Treetment  | In<br>Care | On<br>ART | Breastfeeding |        |  |
|--|------------|-----------|---------------|--------|--|
| Age breakdown of children in Care and Treatment<br>(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        |  |           |          |           |          |         |       |         |             |       |              |        |
| <b>HIV Positive</b> |  | 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<br>Patients not<br>eligible for ART | Among the<br>Patients on<br>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<br>years                    | 5 years<br>and<br>above | Under<br>5<br>years | 5 years<br>and<br>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<br>years                    | 5 years<br>and<br>above | Under<br>5<br>years | 5 years<br>and<br>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 <sup>0</sup> 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<br>years                    | 5 years<br>and<br>above | Under<br>5<br>years | 5 years<br>and<br>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<br>years | 5 years<br>and<br>above | Under<br>5<br>years | 5 years<br>and<br>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<br>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<br>years                  | 5 years<br>and<br>above | Under<br>5<br>years | 5 years<br>and<br>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. |
|---------------------------|--------|--------|---------|---------|---------|---------|----------|
| <b>Conditions/Disease</b> |        | 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 | <b>18</b> – | 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<br>any point in<br>time (Yes/No) |
|-----|---------|---|--|---|
| 1   | NMCP    | Sulfadoxine 500mg +<br>Pyrimethamine 25mg tab             | Malaria  |   |
| 2   | NMCP    | AS 25mg + AQ 67.5mg ( FDC)<br>OR A 20mg + L 120mg         | Malaria  |   |
| 3   | NMCP    | AS 50mg + AQ 135mg (FDC)<br>OR A 20mg + L 120mg           | Malaria  |   |
| 4   | NMCP    | AS 100mg + AQ 270mg (<br>FDC) <b>OR</b> A 20mg + L 120mg  | Malaria  |   |
| 5   | NMCP    | AS 100mg + AQ 270mg AQ (<br>FDC) <b>OR</b> 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),<br>HIV care, Otitis<br>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<br>Acid 0.25mg               | Anemia   |   |
| 18  | NACP    | HIV TEST Kits   | HIV  |   |
| 19  | EPI/CH  | Pentavalent vaccine                                       | Immunization                                       |   |
| 20  | EMP/RH  | Oxytocin 10IU/ml  | Postpartum<br>hemorrhage                           |   |
| 21  | EMP/RH  | Medroxyprogesterone 150mg<br>(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<br>years | 5 years<br>and above | Under 5<br>years | 5 years<br>and<br>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<br>years | 5 years<br>and above          | Under 5<br>years | 5 years<br>and<br>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 <sup>0</sup> 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<br>years | 5 years<br>and above | Under 5<br>years | 5 years<br>and<br>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<br>years | 5 years<br>and above | Under 5<br>years | 5 years<br>and<br>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<br>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<br>years              | 5 years<br>and above | Under 5<br>years | 5 years<br>and<br>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<br>(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,<br>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:
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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<br>Meetings conducted         |   |
| 4  | Does facility have a functional solar fridge                                  | [ ] Yes<br>[ ] No   |
| 5  | Does facility have a functional fridge tag?                                   | [ ] Yes<br>[ ] No   |
| 6  | Does Facility have access to a functional, "on premise", safe drinking water? | [ ] Yes<br>[ ] No   |
| 7  | During the month under review, What was the major<br>source at this facility? | <ul> <li>[ ] Creek, river, stream</li> <li>[ ] Open well</li> <li>[ ] Borehole</li> <li>[ ] Hand Pump</li> <li>[ ] Piped borne water (includes water piped from reservoir into facility)</li> <li>Other:</li> </ul> |
| 8  | Status of Incinerator   | <ul> <li>[ ] No incinerator (open pit burning)</li> <li>[ ] No incinerator (off site waste) disposal</li> <li>[ ] Dysfunctional, needs repair</li> <li>[ ] Functional</li> </ul>                                    |
| 9  | Does the facility have access to on premise latrine facility?                 | [ ] Yes<br>[ ] No   |
| 10 | Status and type of existing toilet /latrine facility for clients              | <ul> <li>[ ] No toilet (bush)</li> <li>[ ] Open Pit Latrine</li> <li>[ ] Flushed Toilet</li> </ul>  |

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 <del>\$5</del> 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 (5<sup>th</sup>) of the subsequent month. Any report submitted after the fifth (5<sup>th</sup>) 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 5<sup>th</sup> of the following month.