



REPUBLIC OF UGANDA

## **Ministry of Health**

# **THE HEALTH MANAGEMENT INFORMATION SYSTEM**

**VOLUME 1**

## **HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL**

**October, 2014**

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# MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES

The objective of the Health Management Information System (HMIS) in Uganda is to generate timely and accurate information which will inform health care management decisions at all levels of the health system. The HMIS is a routine monitoring system that plays a specific role in the monitoring and evaluation process and is intended to provide warning signals through the use of indicators.

The HMIS is the Ministry of Health's official reporting system which has replaced all co-existing routine reporting systems through the integration and harmonization process achieved through the just concluded review meetings. The essence of this system is to equip all health stakeholders with information for planning, managing, monitoring and evaluating the health care delivery system. These critically important tasks are necessary in order to continually achieve the desired quality of health care and ultimately to improve the health of the population.

The HMIS tools were developed in order to address the information needs of the Health Sector Strategic Investment Plan (HSSIP) for monitoring the health sector towards the Joint Action Framework (JAF), National Development Plan (NDP) and the Millennium Development Goals (MDGs).

Following several consultations with different stake holders both within and outside the health sector, the Resource Center Division of the Ministry of Health has worked with the Technical programmes and reviewed the previous (2010) version of HMIS manual.

As with the previous versions, the success of National HMIS will depend on the collaborative effort of all stakeholders in supporting the on national Monitoring and Evaluation System of the health sector through collectively strengthening the data management aspects of data quality, availability of tools, availability of health information managers and use of the approved HMIS tools for collecting data from the various health facilities across the country. Through working together we shall create a strong and effective HMIS system.

It is important to note that the better the quality of our data captured through the HMIS system, the better our indicators will be and hence the better we shall be at assessing the performance of the health sector.

I therefore take this opportunity to call upon all Health Sector stakeholders and Development Partners to actively support the use of these revised and harmonized data collection tools to facilitate accurate and timely reporting, formulation of policies, strategic planning, monitoring and evaluation.

I also ask you to routinely conduct Data Quality Assessment exercises coupled with Data Review Meetings, as these will aide in increasing the level of confidence we have in this data let alone strengthen the processes of HMIS data management and their relevance to the various data producers and users.

  
Dr. Aceng Jane Ruth

DIRECTOR GENERAL OF HEALTH SERVICES

MINISTRY OF HEALTH

# ACKNOWLEDGEMENT

This 2014 HMIS review has been an invention of concentrated work by several players who made different contributions, and in many forms. Ministry of Health is grateful to every individual who was involved in the HMIS 2014 review process, for all the technical and financial support that you offered which has enabled the development/review of the HMIS tools.

The input of the District Health Teams (DHT), all programme/department staff in the Ministry of Health, partners and other stakeholders who were vital and played a key role in the HMIS review process. This revised HMIS Manual has accelerated integration and harmonization of data needs across all technical programmes in a bid to reduce on the multiple silos of information systems that have been existing within the health sector.

Ministry of Health is most grateful to the Monitoring and Evaluation Technical Assistance (META) for their support both technically and financially; and Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) for their technical support. Additionally, MOH is grateful to a number of Technical Officers for their valued input during the HMIS review process, the detailed list of stakeholders who contributed to the HMIS review process has been included under annex XXVI. Their technical contributions were very helpful in the implementation of the review process of the Health Management Information System Tools of 2014.

# ACRONYMS

|          |   |
|----------|---|
| ADHO     | Assistant District Health Officer                                 |
| AEFI     | Adverse Events Following Immunization                             |
| AIDS     | Acquired Immune Deficiency Syndrome                               |
| ANC      | Antenatal Care  |
| ART      | Antiretroviral Therapy  |
| ARV's    | Antiretroviral Drugs  |
| BCG      | Bacillus Chalmette Guerin   |
| CBD      | Community Based Development                                       |
| CBDOTS   | community and Family based DOTS                                   |
| CBMIS    | Community Based Management Information System                     |
| CDC      | Centre's for Disease Control                                      |
| CPR      | Contraceptive Prevalence Rate                                     |
| CPT      | Cotrimoxazole prophylaxis therapy                                 |
| CTx      | Co-ntrimoxazol Preventive Treatment                               |
| CYP      | Couple Years of Protection  |
| D & C    | Dilatation and Curettage  |
| DDP      | District Development Plan   |
| DHC      | District Health Committee   |
| DHMT     | District Health Management Team                                   |
| DHO      | District Health Officer   |
| DHT      | District Health Team  |
| DLC      | District Local Council  |
| DOT      | Directly Observed Treatment                                       |
| DPU      | District Planning Unit  |
| DR       | Drug Resistant  |
| DR TB    | Drug Resistant Tuberculosis                                       |
| DST      | Drug Susceptibility Test  |
| DTLS     | District TB and Leprosy Supervisor                                |
| eMTCT    | Elimination of Mother to Child Transmission of HIV                |
| EP       | Extra Pulmonary TB  |
| EPI      | Expanded Programme for Immunization                               |
| EPTB     | Extra Pulmonary Tuberculosis                                      |
| ESD      | Epidemiological Surveillance Division                             |
| F DOTS   | Facility based DOTS   |
| FSG      | Family Support Groups   |
| GBV      | Gender Bases Violence   |
| HCII     | Health Centre Two   |
| HCIII    | Health Centre Three   |
| HCIV     | Health Centre Four  |
| HIV      | Human Immune Deficiency Virus                                     |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome |
| HMIS     | Health Management Information System                              |

|         |   |
|---------|---|
| HPD     | Health Planning Department                                    |
| HSD     | Health Sub-District   |
| HSSP    | Health Sector Strategic Plan                                  |
| HUMC    | Health Unit Management Committee                              |
| ICCM    | Integrated Community Case Management                          |
| ICF     | Intensified Case Findings                                     |
| IDS     | Integrated Disease surveillance                               |
| ILI     | Influenza like Illness  |
| IMCI    | Integrated Management of Childhood Illnesses                  |
| INR     | Integrated Nutritional Register                               |
| IP      | In patient  |
| IPT     | Intermittent Presumptive Treatment                            |
| IPV     | Inactivated Polio Vaccine                                     |
| IUD     | Intra Uterine Device  |
| IVM     | Ivermectin  |
| IYCF    | Infant Young Child Feeding                                    |
| LF      | Lymphatic Filariasis (Elephantiasis)                          |
| LG      | Local Government  |
| LGBF    | Local Government Budget Framework                             |
| LLIN    | Long Lasting Insecticide treated Net                          |
| MCH     | Maternal and Child Health                                     |
| MDA     | Mass Drug Administration                                      |
| MDR TB  | Multi-drug resistant tuberculosis                             |
| MEEP    | Monitoring and Evaluation of Emergency Plans Progress Project |
| MGLSD   | Ministry of Gender Labour and Social Development              |
| MNC     | Maternal Nutritional Counseling                               |
| MoH     | Ministry of Health  |
| MTB     | Mycobacterium Tuberculosis                                    |
| MUAC    | Middle Upper Arm Circumference                                |
| NAAT    | Nucleic Acid Amplification Test                               |
| NGOs    | Non-Governmental Organizations                                |
| NTDs    | Neglected Tropical Diseases                                   |
| NTLP    | National TB and Leprosy Program                               |
| OOB     | Output Oriented Budgeting                                     |
| OPD     | Outpatient Department   |
| PAC-IUD | Post Abortion Care Intra Uterine Device                       |
| PAS     | Para-amino salicylic acid                                     |
| P-BC    | Bacteriologically confirmed, pulmonary TB                     |
| P-CD    | Clinically diagnosed, Pulmonary TB                            |
| PDC     | Parish Development Committee                                  |
| PNC     | Postnatal Care  |
| PP-BTL  | Post-Partum Bilateral Tubal Ligation                          |
| PP-IUD  | Post-partum Intra Uterine Device                              |
| PZQ     | Praziquatel   |

|        |   |
|--------|---|
| QAD    | Quality Assurance Department                |
| R      | Relapse                                     |
| ROM    | Results Oriented Management                 |
| SARS   | Severe Acute Respiratory Syndrome           |
| SCDP   | Sub-County Development Plan                 |
| SGBV   | Sexually Gender-Based Violence              |
| STD    | Sexually Transmitted Diseases               |
| STH    | Soil Transmitted Helminthes                 |
| STI    | Sexually Transmitted Infections             |
| TB     | Tuberculosis                                |
| TEO    | Tetracycline Eye Ointment                   |
| THU    | Treatment History Unknown.                  |
| UCMB   | Uganda Catholic Medical Bureau              |
| UDHS   | Uganda Demographic Health Survey            |
| UNEPI  | Uganda Expanded Programme on Immunization   |
| UNMHCP | Uganda National Minimum Health Care Package |
| UPMB   | Uganda Protestant Medical Bureau            |
| WHO    | World Health Organization                   |
| XDR    | Extensively Drug Resistant                  |



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# FOREWORD

The Health Management Information System (HMIS) is a set of integrated components and procedures organized with an objective of generating information which will improve health care management decisions at all levels of the health system. It is also a routine monitoring system that plays a specific role in the monitoring and evaluation process intended to provide warning signals through the use of indicators.

Seven technical modules have been included in this Procedure Manual to enable training of the Health Unit staff in the revised Health Management Information System (HMIS).

Incharges (I/Cs) of health units, members of the District Health Team (DHT), Tutors at training schools should become familiar with the complete package, as these are expected to train other health workers or students in the areas relevant to their day-to-day work.

The training package covers the collection, use and reporting of information on the important areas of activities within a health unit:

1. Planning, meetings and supervision
2. Preventive and Curative Services
3. Maternal and Child Health Services
4. Management of Resources
5. Inpatient and speciality services
6. Community Health (Village Health Teams)
7. Information systems and Routine Reporting

In the modules, each form or table will be presented: how it looks, how to fill it and how to use the information collected.

Each year the Health Unit will be required to have a Health Unit Database (Database) file completed. This file contains all forms and tables discussed in this training package. When completed regularly, the Database file will contain all vital information about the running of the health unit for that financial year. It should be stored in a safe place but also be available whenever reference is needed.

The modules have been created to facilitate training, but can also be used as reference books after the training. They should be referred to during training and at the health unit when questions arise.

There are two tools to assist in locating the information required:

The first is the **Table of Contents** –

- This manual is organized into management topics (modules). If more information is required about a particular topic, for example “how to record a stock out”, then look up this topic in the Table of Contents.

- The second is the **Reference Chart**.

This chart is organized by the frequency and kinds of activities that you need to do routinely as the manager of a health unit. So, if you wish to know more about activities that you should do every day, these are listed in the chart with references to the documents needed and the page numbers as in the manual.

In situations/cases where HMIS forms have to be submitted electronically to the Ministry of Health Resource Centre, the following email address is to be used:

[hmisatabank@yahoo.com](mailto:hmisatabank@yahoo.com)

# INTRODUCTION

The Health Management Information System (HMIS) is an integrated reporting system used by the Ministry of Health, Development Partners and Stakeholders to collect relevant and functional information on a routine basis to monitor the Health Sector Strategic and Investment Plan (HSSIP) indicators to enable planning, decision making, monitoring and evaluation of the health care delivery system.

It is designed to assist managers carry out evidence based decision making at all levels of the health care delivery. At the health Unit level, HMIS is used by the health unit in-charge, health unit departmental incharge and the Health Unit Management Committee to plan and coordinate health care services in their catchment area.

## Goals of HMIS

The major goal of HMIS is to provide quality information to support decision-making at all levels of the health care system in Uganda.

## Objectives of HMIS

- Provide quality information to support decision-making in the Health Sector
- Aide in setting performance targets at all levels of health service delivery
- Assist in assessing performance at all levels of the Health Sector
- Encourage use of Health information

## Uses of HMIS

Information from the HMIS can be used in the following ways:

- Planning
- Epidemic prediction
- Epidemic detection
- Designing Diseases specific Interventions
- Monitoring Work plan performance
- Resource allocation

HMIS was developed within the framework of the following concepts:

- The information collected is **relevant** to the policies and goals of the Government of Uganda, and to the responsibilities of the health professionals at the level of collection.
- The information collected is **functional**; it is to be used immediately by management and should not wait for feedback from higher levels.
- Information collection is **integrated**, there is one set of forms and no duplication of reporting.



- The information is **collected on a routine basis** from all levels of health care delivery in all districts within Uganda.

HMIS provides data collection tools for capturing patient level data, which is aggregated into summary reports for submission to the next level. The flow of HMIS information is from the lowest level which is the community, to the health unit, health sub-district, district and finally to the National Health Databank /Resource Centre of the Ministry of Health.

The frequency of routine HMIS reporting varies from daily, weekly, monthly, quarterly to annually depending on the health care service offered and the urgency of the information reported on.

While the amount of routine data to be reported through the HMIS is limited, detailed information can also be collected through sentinel sites, special studies and surveys.

The HMIS information collected is used to improve the ability of health units to provide optimal preventive and curative care. HMIS must provide accurate, timely and relevant information in order to accomplish the long-term goal of optimising health care delivery thus achieving health for all.

To ensure **accuracy** of HMIS information, data must be collected using standard methods, correctly following procedures for compiling, continuously cross checking to identify and eliminate errors, make corrections where necessary and store data in a format ready for analysis at any time.

To ensure **timeliness** of HMIS information, all levels of reporting should comply with the agreed deadlines. A DATABASE BOOK is required at the health units, HSDs and the Districts to record and monitor aggregated information in one central place.

To ensure **relevance** of HMIS information, HMIS is regularly reviewed to ensure that it is in-line with the goals and objectives of the major health policies and programmes, and that, the collected information is actually utilized and or consumed by the stakeholders.

HMIS procedures at the health care delivery levels are presented in this manual in form of seven modules. Embedded in these modules are the HMIS forms, reporting tools and summary tables.

# STRUCTURE OF THE HMIS MANUAL

Volume 1 is the HMIS MANUAL for all levels of health care delivery. All In-Charges and other relevant staff members collecting, aggregating and reporting data should first read and get thorough knowledge of HMIS.

HMIS documentation is in three categories:

## **1.The HMIS Manual:**

This is subdivided into technical Modules, where the relevant forms and reports are discussed.

## **2.The HMIS Database:**

This is where the relevant summary information is recorded and stored.

## **3.The INDICATORS Booklet:**

It describes the calculation, interpretation and use of HMIS information.

# MANAGEMENT RESPONSIBILITIES OF THE IN-CHARGE AND VHT LEADERS

The HMIS is designed to assist the In-Charge and VHT leaders in making evidence based decisions. The information generated allows them to plan and design appropriate interventions to address the burden of disease in the catchment population.

Their main responsibilities are:

- Ensuring that the buildings, equipment and environment are clean and maintained,
- Monitoring the staff - their workload, the quality of work, their punctuality
- Determining a good allocation of the staff based on workloads
- Accounting for resources (revenue, drugs and human resources), ensuring efficient and honest use of the resources
- Ensuring the constant availability of drugs and other medical supplies
- Ensuring timely reporting, keeping the files updated and in good order
- Planning and follow-up of activities, ensuring that the decisions are executed
- Creating a strong relationship between the health unit and the communities in the service area
- Improving the coverage of preventive services
- Providing sensitive and quality service to every client

## PROBLEM SOLVING

Good planning can prevent problems. Some problems need immediate decision and solutions, while others are less urgent or may demand resources beyond what is available. It is therefore important for the Team Leaders to identify the problems and then:

1. Solve problems at their respective levels and manage on their own them or find or find workable alternatives
2. Defer the problems that can be solved later
3. Request for timely assistance from Community members, Health Units, HUMC, HSD or District for the problems that are beyond the health unit's ability.

But the Team Leads should go beyond this, and constantly look for improvements even if it is not an apparent problem. For example, how can the waiting time in queues be reduced? How can case-fatalities be reduced? Why does the health facility experience drug shortage? Why did the malaria cases increase in the dry months of January and February? How can money be saved? How can the quality of care be improved?

## QUALITY OF CARE

Quality of Care depends first of all on the **ATTITUDE** of the health service provider. Individual attention is extremely important in these services so that the clients feel comfortable asking questions. Make sure that all the clients are getting such treatment. Observation is the only way to check that the health service provider is:

- Being polite, helpful, friendly, patient and interested in the patient/client's problems
- Taking an accurate history and proper examination of the client/patient
- Giving a clear explanation to the patient, e.g., what medicines have been prescribed, their expected side effects and what to do when they occur, what to do to prevent such a disease at personal and community levels, next appointment in the Health Unit (conduct random exit interviews where possible)

The Health Service provider needs to have the necessary **SKILLS** for doing his/her job correctly. This includes knowing:

- The proper use of instruments, e.g. correct use and calibration of weighing scales, BP machine, etc
- The proper recording of the data on card and register, e.g. correctly plotting the weight of the child on the growth chart, correctly filling the register.
- Technical procedures and information, e.g. Sterilisation procedures, cold chain procedures, immunisation techniques and schedules.
- Proper record taking, documentation and filing.

Quality of Care depends on a number of **ORGANISATIONAL ISSUES**. These include:

- Organizing the Health Service provision points so that waiting time for clients is as short as possible, e.g. starting on time, respecting planned dates

- Ensuring the availability of drugs e.g. proper consumption-based drugs forecasting, ordering in time and keeping good stock records
- Ensuring privacy for medical consultations
- Making optimal use of each contact, e.g. EVERY contact with children is utilized to check their immunization schedule for omissions and to correct such omission, ensuring that EVERY contact with women of child bearing ages is utilized to screen her for lack of tetanus vaccinations, among other things
- Proper filling of HMIS data collection tools, data analysis and use

Quality of Care means giving attention for the **CONTINUITY OF CARE**. This can be improved by utilising the registers to ensure proper case management, surveillance and reporting, assessing workload, identifying defaulters, making home visits, to mention but a few (either Health Unit staff, the sub-county health assistant or Village Health Teams and treatment assistants/supporters).

## **THE LOG BOOK**

Every health service provision point should have a LOGBOOK, which can be like a simple exercise book, where the Team Leads or supervisors can record a wide range of subjects:

- Problems found at the health service provision point
- Suggestions for improvement or solutions for those problems
- Issues to be discussed during HUMC, VHT meetings or during Staff meeting
- The minutes of HUMC, VHT and staff meetings

Also DHT members and other supervisors can use this book to record their findings during their support supervision visits.

## **MANAGEMENT QUESTIONS**

The basic management questions have been included in the health unit quarterly assessment report (HMIS 106b). In addition, the Indicator Manual is organized around key management and health status questions.

# REFERENCE CHART

| WHEN TO DO IT                                   | HMIS ACTIVITIES AND DOCUMENTS   | REFERENCE PAGE(S) |
|---|---|-------------------|
| <b>EVERY CLINIC DAY</b>                         | <b>Fill registers and related documents:</b>  |                   |
|   | OPD Register (HMIS 031)   | 19                |
|   | Inpatient Register (HMIS 054)   | 396               |
|   | In Patient Treatment Sheet (HMIS 051)   | 388               |
|   | Inpatient Discharge Form (HMIS 052)   | 394               |
|   | Integrated Antenatal Register (HMIS 071)  | 74                |
|   | Integrated Postnatal Register (HMIS 078)  | 102               |
|   | Integrated Maternity Register (HMIS 072)  | 90                |
|   | Child Register (HMIS 073)   | 123               |
|   | Integrated Family Planning Register (HMIS 074)  | 150               |
|   | HPV/TT Vaccination Register( HMIS 076)  | 132               |
|   | Deworming Register (HMIS 075)   | 138               |
|   | School Health Register (HMIS 079)   | 141               |
|   | Integrated Nutrition Register (HMIS 077)  | 170               |
|   | HIV Counseling & Testing Register (HMIS 055)  | 183               |
|   | Safe Male Circumcision Register (HMIS 035)  | 190               |
|   | Post Exposure Prophylaxis Register (HMIS 036)   | 196               |
|   | Family Support Grouping Register(HMIS 052)  | 203               |
|   | HIV Exposed Infant Register (HMIS 082)  | 211               |
|   | PRE- ART Register (HMIS 080)  | 219               |
|   | ART Register (HMIS 081)   | 226               |
|   | Operating Theatre Register (HMIS 057)   | 502               |
|   | VHT/ICCM Register (HMIS 097)  | 511               |
|   | TB Registers (HMIS 096)   | 487               |
|   | Health Unit Drug Resistant TB Register (HMIS 096b)  | 493               |
|   | Laboratory Registers (HMIS 055a1-055a4 )  | 437 – 473         |
|   | X-Ray Register (HMIS 056)   | 500               |
| <b>Keep Accountability:</b>                     |   |                   |
| Cash Analysis Book (HMIS 014)                   | 301   |                   |
| <b>Keep track of Medical and Other supplies</b> |   |                   |
| Stock Card (HMIS 015)                           | 309   |                   |
| Stock Book (HMIS 083)                           | 313   |                   |
| Daily Dispensing Log (HMIS 016)                 | 317   |                   |
| Requisition and Issue Voucher (HMIS 017)        | 321   |                   |
| Discrepancy Report (HMIS 087)                   | 379   |                   |
| Expired/Spoiled Medicine Register (HMIS 088)    | 383   |                   |
| <b>WHEN A SPECIAL EVENT OCCURS</b>              | <b>Refer Patients if necessary</b>  |                   |
|   | Referral Note (HMIS 032)  | 69                |
|   | Report Notifiable Disease within 24 hours (HMIS 033a)   | 551               |
|   | <b>Report Equipment Breakdown</b>   |                   |
|   | Report Equipment Breakdown (HMIS 011)   | 281               |
|   | <b>React to Stock Outs</b>  |                   |
|   | Requisition and Issue Voucher (HMIS 017)  | 321               |
| <b>Organize Staffing and react to changes</b>   |   |                   |
|   | Staff Listing (HMIS 103)  | 284               |
|   | Duty Roster (HMIS 110)  | 291               |
|   | Health Unit Daily Attendance (HMIS 111)   | 293               |
|   | In-Service Training Record (HMIS 112)   | 297               |
| <b>EVERY WEEK</b>                               | HU Weekly Epidemiological Surveillance Report (HMIS 033b)   | 553               |
|   | <b>Enter and compile in the Database:</b><br>HU Weekly Epidemiological Surveillance Summary (HMIS 033c) | 555               |

| WHEN TO DO IT    | HMIS ACTIVITIES AND DOCUMENTS   | REFERENCE PAGE(S)   |
|------------------|---|---|
| EVERY MONTH      | <p><b>Enter and compile in the Database:</b></p> <p>OPD Summary Table 1a-1j<br/> Maternal Health Attendance Summary Table 2a-2b<br/> EPI Attendance Summary Table 3a-3b<br/> FP Summary Table 4a-4b<br/> EID Monthly Summary Table 18<br/> Financial Summary Table 14a-14b<br/> Inpatient Diagnoses Tables 12a-12d<br/> Inpatient Deaths Tables 13a-13b<br/> Laboratory Test Summary Table 17a - 17b<br/> Inpatient Census Table 6a-6b<br/> Non Payment of Staff Table 8<br/> Surgical Operations, X-Ray, Inpatient Referrals Table 7<br/> Record of Reporting Table N1<br/> Health Unit Safe Circumcision Summary By Month For All Years Table 9<br/> Health Unit HCT Summary By Month For All Years Table 11<br/> Dates of Management Meetings Table N2<br/> Dates of Support Supervision Visits Table N3<br/> Record of General HU Support Supervision Table N4<br/> Health Unit Tool For HMIS Support Supervision Table N5</p> <p><b>Complete And Send The Monthly Report</b></p> <p>Health Unit OPD Monthly Report (HMIS 105)<br/> Health Unit Inpatient Monthly Report (HMIS 108)</p> | <p>27-66<br/> 112 - 120<br/> 144-148<br/> 161-168<br/> 218<br/> 304 – 305<br/> 401 – 422<br/> 424 – 432<br/> 476 - 485<br/> 434 - 435<br/> 295<br/> 505<br/> 548<br/> 194<br/> 186<br/> 9<br/> 10<br/> 11<br/> 12<br/> 559<br/> 571</p> |
| EVERY TWO MONTHS | <p><b>Complete and send Bi-Monthly Report</b></p> <p>Bi-Monthly Report and Order Calculation Form (HMIS 084)<br/> Bi-Monthly Report and Order Calculation Form for HIV test kits (HMIS 084a)</p>  | <p>344<br/> 348</p>   |
| EVERY QUARTER    | <p><b>Send the Quarterly HMIS Report</b></p> <p>Health Unit Quarterly Report (HMIS 106a)<br/> VHT/ICCM Quarterly Report (HMIS 097b)</p> <p><b>Enter and compile in the Database:</b></p> <p>Health Unit Quarterly VHT/ICCM Summary Table 15a – 15b<br/> Health Unit HIV Care/ART Services Quarterly Summary Table5<br/> Health Unit Quarterly Indicator Summary Table 19<br/> Post Exposure Prophylaxis Quarterly Summary Table 16<br/> Health Unit Nutrition Quarterly Summary Table 20</p>  | <p>583<br/> 524<br/> 527<br/> 236<br/> 598<br/> 199<br/> 180</p>  |
| EVERY YEAR       | <p><b>Compile and Send the end of year:</b></p> <p><u>August:</u> Health Unit Annual Report (HMIS 107)</p> <p><b>Compile and send beginning of year:</b></p> <p><u>August:</u> Health Unit Population Report (HMIS 109)</p> <p><b>Compile and send other reports:</b></p> <p><u>August:</u> Physical Inventory (HMIS 101)<br/> <u>August:</u> Equipment Inventory (HMIS 102a-102e)<br/> <u>August:</u> Staff Listing (HMIS 103)</p>   | <p>605<br/> 578<br/> 244<br/> 249-279<br/> 284</p>  |

# **THE HEALTH MANAGEMENT INFORMATION SYSTEM**

## **HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL**

### **TECHNICAL MODULE 1: PLANNING AND SUPERVISION**

→ PART 1:            PLANNING

→ PART 2:            MEETINGS AND SUPPORT SUPERVISION

## **PART 1: PLANNING**

The Health Planning Department (HPD) produces guidelines for Planning at all levels.

This Module should be filled using the current Guidelines for preparing the Annual Work plans for Health Sub-District, DHO's office and lower level units developed by the Planning department.

**Note:** During the planning process, In-charges and managers will use information registered in the Database for the current and previous years. Using that information for planning and monitoring purpose will make planners understand the importance of collecting and compiling quality data on prevailing diseases and service delivery.



# HMIS FORM 020: OUTPUT PERFORMANCE AND WORKPLAN FORMAT

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To record activities by programme area for the Annual Work plan

**Timing:** 15th July

**Copies:** Three. One copy remains at the HU. Another copy is sent to the HSD and third copy is sent to the District Health Office. In case of referral hospitals, a copy should be sent to MOH.

**Responsibility:** Health Facility In-charge

## PROCEDURE:

The form provides the details of all the undertakings of a health facility during a specified financial year. It has the following components;

Summary of revenues and expenditures of the health facility. The summary comprises the sources, previous/present budget and receipts and the next financial year and cash forecasts by each quarter of the financial year.

**Part A:** provides a sample of the summary revenue form. The section is filled by the Health Facility incharge with assistance of the sub-accountant/accountant.

**Part B:** provides the format for developing a workplan for the health facility. It comprises of three parts; Programmes /Functions/Output Description, Review of previous performance and the planned activities.

Under the Programme /Function part/Output description, the core functions of the Health facility is provided as follows;

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| ▪ Preventive services (Immunization) | ▪ HIV/AIDS                        |
| ▪ Health Management Information      | ▪ Community Based TB DOTs         |
| ▪ OPD utilization                    | ▪ M & E                           |
| ▪ Antenatal services utilization     | ▪ Equipment                       |
| ▪ Sanitation                         | ▪ Construction of health facility |
| ▪ Health Education                   | ▪ Support Supervision             |
| ▪ Deliveries in Health Units         | ▪ Malaria                         |
| ▪ Family planning                    | ▪ Non Communicable diseases       |
| ▪ Referral                           | ▪ Disease surveillance            |

Under each function, the output indicator, output target are provided alongside the activities to be undertaken.

The inputs required to implement some activities are in most cases overlapping, thus mixing up costs. An activity can apply to a multiplicity of personnel. The pertinent question for every person at the health facility, on every output is:

“What will be my activities/input?”

This table further provides the format for developing a work plan for the service delivery outlets; district, hospitals and health centers, unit by unit. The core function of the outlets is providing the Basic Minimum Health Care Package.

## HMIS FORM 020: OUTPUT PERFORMANCE AND WORKPLAN FORMAT

Vote \_\_\_\_\_

District \_\_\_\_\_

Health Facility \_\_\_\_\_

### Part A: Summary of the funds received

| Source Description  | Balance as at<br>end of .....<br>Quarter | .....<br>quarter<br>release | Total |
|---|--|-----------------------------|-------|
| <b>Total balance for all Accounts under Health Sector end of..... Quarter</b> |  |                             |       |
| <b>1.1 Central Government Transfers</b>                                       |  |                             |       |
| a) PHC Non Wage   |  |                             |       |
| b) PHC NGO  |  |                             |       |
| c) PHC Development  |  |                             |       |
| <b>1.2 Transfers from Central Government e.g. Sector line Ministry</b>        |  |                             |       |
| a) Specify/describe the transfer  |  |                             |       |
|   |  |                             |       |
| <b>1.3 Local Revenue including other NGOs supporting Health Sector</b>        |  |                             |       |
|   |  |                             |       |
| <b>1.4 Private Wings</b>  |  |                             |       |
|   |  |                             |       |
| <b>1.5 Donor Funding</b>  |  |                             |       |
|   |  |                             |       |
| <b>Grand Total (sum of 1.1; 1.2; 1.3, 1.4 and 1.5)</b>                        |  |                             |       |

**Part B: Workplan and Activity/output performance**

| Output Description<br>(1)             | Out put indicator<br>(2)   | Output target                             |   | Geographical location (for the physical investment/ outputs) |                | Output Cost (7) |
|---------------------------------------|--|---|---|--|----------------|-----------------|
|                                       |  | Target (3)                                | Actual (4)  | Parish (5)   | Sub-county (6) |                 |
|                                       |  | <b>Preventive Services (Immunization)</b> | Number of children under one year immunized against measles both from health facilities and community immunization outreaches |  |                |                 |
|                                       | Number of children under 1 year who received DPT3                                    |   |   |  |                |                 |
| <b>Health Information Management</b>  | Timely submission of HMIS 105 and 108 reports to the next level                      |   |   |  |                |                 |
|                                       | Complete submission of HMIS 105 and 108 reports to the next level                    |   |   |  |                |                 |
| <b>OPD utilization</b>                | Number of clients reporting with health episode for the first time( new attendances) |   |   |  |                |                 |
| <b>Antenatal services Utilization</b> | Number of pregnant women visiting ANC clinic for the first time in first trimester   |   |   |  |                |                 |
|                                       | Number of pregnant women visiting ANC for the fourth time                            |   |   |  |                |                 |
| <b>Sanitation</b>                     | Number of Sanitation home visits made  |   |   |  |                |                 |
| <b>Health Education</b>               | Number of health Education talks and Film shows held                                 |   |   |  |                |                 |
| <b>Deliveries in Health Units</b>     | Number of mothers delivered in health facilities                                     |   |   |  |                |                 |
| <b>Referral</b>                       | Number of Referrals out  |   |   |  |                |                 |
| <b>HIV/AIDS</b>                       | Number of Community Sensitization meetings and Film shows on HIV/AIDS held           |   |   |  |                |                 |
| <b>CB TB DOTs</b>                     | Number of patients on CB DOTs  |   |   |  |                |                 |
| <b>M&amp;E</b>                        | No. of quarterly performance reviews carried out                                     |   |   |  |                |                 |
| <b>Equipment</b>                      | Proportion of broken down equipment repaired/replaced                                |   |   |  |                |                 |

## Technical Module 1: Planning

|   |  |  |                  |  |  |
|---|--|--|------------------|--|--|
| <b>Meetings</b>   | Number of HUMC meetings held                               |  |                  |  |  |
| <b>Construction of health center infrastructure/ renovation</b> | %age of planned constructions completed                    |  |                  |  |  |
|   | %age of planned renovations completed                      |  |                  |  |  |
| <b>Support Supervision</b>                                      | Number of Support supervision visits carried out           |  |                  |  |  |
| <b>Quality Improvement</b>                                      | Number of QI meetings held                                 |  |                  |  |  |
| <b>Malaria</b>  | Number of Community Sensitization meetings on malaria held |  |                  |  |  |
| <b>Laboratory</b>   |  |  |                  |  |  |
| <b>Other diagnostic services e.g. X-ray</b>                     |  |  |                  |  |  |
| <b>Total Expenditure for Quarter .....</b>                      |  |  |                  |  |  |
| <b>Balance on all the Account under Health Sector</b>           |  |  |                  |  |  |
| <b>Endorsed by:</b>   |  |  |                  |  |  |
| <b>Name:</b>  |  |  | <b>Name:</b>     |  |  |
| <b>Title:</b>   |  |  | <b>Title:</b>    |  |  |
| <b>Signature:</b>   |  |  | <b>Signature</b> |  |  |

## **PART 2: MEETINGS AND SUPPORT SUPERVISION**

### **MEETINGS**

For every meeting that takes place at the health facility e.g. Senior Staff meetings, General staff meetings, HUMC meetings etc minutes should be written and a copy maintained at the health facility. A record of these meetings should be recorded in the Health Unit Record of Management Meetings (Table N2).

### **SUPPORT SUPERVISION**

Collection, compilation, use of the Health and Management Information needs to be supervised as much as any other aspect of health care delivery. But more important, there are three major ways in which Support Supervision supplements the HMIS.

Support Supervision is one of the ways of determining the root cause of a problem. In management the identification of the symptom (s) -low coverage, stock outs - is not the same as the identification of the cause(s). A problem may only be found by examining additional information in Health Unit Database, stock cards, etc., and talking to the Health Unit Team. Only when the causes are discovered can effective reactions and therefore solutions be determined. It is extremely important that all detailed information used in the determination of the causes of a problem is documented during Support Supervision.

Some problems cannot be detected from the HMIS reports. The most important of these is quality of care. This has to be determined by observation and evaluation at the health unit.

During support supervision, problems should be identified and mechanisms for solving them discussed at the health unit. A supervision report should be written and shared with the supervisees. A follow up supervision plan should then be drawn. Before the next supervision, review findings and follow-up actions taken following the previous supervision visit.

## TABLE N2-5: MEETINGS AND SUPPORT SUPERVISION

### DESCRIPTION AND INSTRUCTIONS

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | To monitor and maintain the quality and standard of health care delivery in the Health Unit. |
| <b>Timing:</b>         | Monthly  |
| <b>Copies:</b>         | One copy which is kept in the health unit database   |
| <b>Responsibility:</b> | In-charge of HU  |

### PROCEDURE:

Before conducting supervision at the health unit, review previous supervision report and follow-up actions proposed in that report. Also review the Health Unit HMIS profile at the HSD (Timeliness, completeness of reporting, record of supervision visits, accuracy of reporting e.t.c).

1. In the health unit, the supervisor should consult the Health Unit LOG Book for record of problems that are experienced by the Health unit.
2. Keep a record of the dates of Support Supervision of the Health Unit in TABLE N3: RECORD OF SUPPORT SUPERVISION VISITS in the Health Unit Database.
3. After the supervision, share the findings with key staff.
4. The results from Support Supervision should be written in the General Health Unit Supervision report (Table N4) while at the Health Unit. One copy of the report should be left in the Health Unit and another placed in the HSD file.
5. For HMIS technical Support Supervision, use the HMIS support supervision Tool (Table N5 :). Fill in short comments for each area. (Please do not tick).



**TABLE N3: HEALTH UNIT RECORD OF SUPPORT SUPERVISION VISITS**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| DATE | AREA/SUBJECT COVERED | NAMES OF TEAM MEMBERS INVOLVED IN THE SUPERVISION |
|------|----------------------|---|
|      |                      |   |
|      |                      |   |
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**Note:** For all support supervisory visits (external and internal) conducted, a report must be kept using the General Health Unit Supervision Report (Table N4).



**TABLE N4: GENERAL HEALTH UNIT SUPERVISION REPORT**

**SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS**

|   |                           |
|---|---------------------------|
| Date:   |                           |
| Health Unit name  |                           |
| District  |                           |
| HSD   |                           |
| Sub-county  |                           |
| Parish  |                           |
| Name and Title of Supervisors(s):   |                           |
| Supervisee(s):  |                           |
| Area of focus   |                           |
| <b>POSITIVE FINDINGS</b><br>(Also acknowledge actions taken following the last supervision recommendations) |                           |
| <b>WEAKNESS/GAPS OBSERVED</b>   |                           |
| <b>RECOMMENDATIONS</b>  | <b>RESPONSIBLE PERSON</b> |

**ACTION PLAN**

| Action | Responsible person | Time frame |
|--------|--------------------|------------|
|        |                    |            |
|        |                    |            |
|        |                    |            |
|        |                    |            |

**TABLE N5: HEALTH UNIT TOOL FOR HMIS SUPERVISION**

| Health Unit Name:   |                                   |                 |            |                            |   |
|---|-----------------------------------|-----------------|------------|----------------------------|---|
| HSD:  |                                   |                 |            |                            |   |
| District:   |                                   |                 |            |                            |   |
| Date:   |                                   |                 |            |                            |   |
| Supervisors(Name & Title):  |                                   |                 |            |                            |   |
| Supervisee(s) (Name & Title):   |                                   |                 |            |                            |   |
| AREA  |                                   | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION (indicate what should be done and persons responsible) |
| <b>1. Database:</b>   |                                   |                 |            |                            |   |
| Availability: Observe for presence of Database  |                                   |                 |            |                            |   |
| Accuracy:<br>Compare entries in Database with HU reports<br>Compare data in the health unit registers and the figures in the database |                                   |                 |            |                            |   |
| Data Use:   | Look for graphs                   |                 |            |                            |   |
|   | Probe for use of data in planning |                 |            |                            |   |

## Technical Module 1: Planning

| AREA   | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION<br>(indicate what should be done and persons responsible) |
|--|-----------------|------------|----------------------------|--|
| Performance assessment (M & E)<br>Probe for use of the HMIS 106b form.   |                 |            |                            |  |
| <b>2. Reporting:</b>   |                 |            |                            |  |
| Availability of reporting forms  |                 |            |                            |  |
| Assess Timeliness of Health Unit reporting   |                 |            |                            |  |
| Assess completeness of Health Unit reporting   |                 |            |                            |  |
| Is the Health Unit using the DHIS2 for routine data submission? If No, why?  |                 |            |                            |  |
| Record of reporting to the HSD/District: Is there a record of report submission to the HSD/District?                     |                 |            |                            |  |
| <b>3. Planning for HMIS</b>  |                 |            |                            |  |
| Are HMIS activities included in the HU Work plan?  |                 |            |                            |  |
| Are funds available to implement HMIS activities?  |                 |            |                            |  |
| <b>Support Supervision on HMIS</b><br>Is there any support supervision to the different departments and/or Health Units? |                 |            |                            |  |

## Technical Module 1: Planning

| AREA  | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION<br>(indicate what should be done and persons responsible) |
|---|-----------------|------------|----------------------------|--|
| <b>5. Coordination of HMIS activities</b>   |                 |            |                            |  |
| Involvement of other stakeholders   |                 |            |                            |  |
| <b>6. Feedback</b>  |                 |            |                            |  |
| To staff in the health unit through the HUMCs or otherwise  |                 |            |                            |  |
| Are there review meetings of the HMIS data in the reports before or after submission to the next level? |                 |            |                            |  |
| <b>7. Monitoring &amp; Evaluation</b>   |                 |            |                            |  |
| Are monitoring Indicators for the Health Unit updated?  |                 |            |                            |  |
| <b>8. Equipment: availability &amp; functionality</b>   |                 |            |                            |  |
| Are there any Computers available for HMIS data management, and are they enough?                        |                 |            |                            |  |
| Is there office space available for HMIS Officer/Records Assistants where he keeps his/her records?     |                 |            |                            |  |
| Does the HMIS office have a Calculator?   |                 |            |                            |  |
| <b>9. Other remarks/ findings</b>   |                 |            |                            |  |

**SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS**

|  |                           |
|--|---------------------------|
| <b>POSITIVE FINDINGS</b><br><i>(Also acknowledge actions taken following the last supervision recommendations)</i> |                           |
| <b>WEAKNESS/GAPS OBSERVED</b>  |                           |
| <b>RECOMMENDATIONS</b>   | <b>RESPONSIBLE PERSON</b> |

# **THE HEALTH MANAGEMENT INFORMATION SYSTEM**

## **HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL**

### **TECHNICAL MODULE 2: OUTPATIENT SERVICES**

- PART 1: GUIDELINES FOR DIAGNOSIS AND TREATMENT
- PART 2: OUTPATIENT REGISTER
- PART 3: OPD DIAGNOSES SUMMARY
- PART 4: REFERRAL NOTE

## **PART 1: GUIDELINES FOR DIAGNOSIS AND TREATMENT**

The Ministry of Health (MoH) has developed guidelines for diagnosis and treatment of priority diseases in the form of:

- ❖ Standard case definitions and alert/action thresholds for Integrated disease surveillance and response (IDSR)
- ❖ Technical guidelines for Integrated disease surveillance and response
- ❖ Uganda Clinical Guidelines 2012
- ❖ Disease specific guidelines developed by technical programs like Malaria, UNEPI, Guinea worm, HIV/AIDS, Diarrhoea control, etc.

**Note:** Please refer to these guidelines in case of any doubt while using this manual.

## PART 2: OUTPATIENT REGISTER

# HMIS FORM 031: OUTPATIENT REGISTER

### DESCRIPTION AND INSTRUCTIONS

**Objective:** Used to record detailed information about each outpatient visit

**Copies:** One. This stays at the Health Unit and preferably in the Out Patients Department (OPD)

**Responsibility:** In-charge OPD

### PROCEDURE:

1. The **DATE** the register was started; **NAME** of Health Unit and the date the register was finished are written on the front cover.
2. Pre-printed formats should be available for this register. However, in the event that they are not available, Counter books can be used. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 031 below.
3. A specific list of diseases of national interest are monitored and reported monthly. The In-charge and **DHO** can determine additional diseases of local interest to monitor. For reporting, age is classified into two age groups: zero to four years, and five years and older. However, the exact age should be recorded in the register.
4. For each **new visit** and each **re-attendance visit**, a serial number is given. The total attendance, number of new attendance, re-attendance, referrals (in and out) and new diagnoses are counted and recorded in tables 1a and 1b on a daily basis. The count of new attendance and re-attendance is the total of all entries (Ticks) in the New attendance and Re-attendance columns respectively. The total attendance is the sum of the New and Re-attendances. The count of Referrals to the health unit is derived from the referrals listed in the **REF IN NUM** column and the count of Referrals out of the health unit is derived from the referrals listed in the **REF OUT NUM** column (Referral Number). The new diagnoses are counted from the **NEW DIAGNOSIS** column.
5. Special services, e.g. eye clinic, dental clinic, can use the same format. When separate clinics exist for children 0 to 4 years or for antenatal women, the same procedure should also be used. The clinics can monitor separately the diseases they diagnose; however, totals for the entire health unit are compiled together for reporting.



# HMIS FORM 031: OUTPATIENT REGISTER

## HEADINGS AND COLUMN WIDTHS:

| (1)           | (2)             | (3)       |        | (4)  | (5)           | (6)                           | (7)            | (8)         | (9)                      | (10)                |                    |
|---------------|-----------------|-----------|--------|------|---------------|-------------------------------|----------------|-------------|--------------------------|---------------------|--------------------|
| SERIAL NUMBER | NAME OF PATIENT | RESIDENCE |        | AGE  | MUAC          | BMI                           | BLOOD PRESSURE | NEXT OF KIN | Need for palliative Care | TICK CLASSIFICATION |                    |
|               |                 |           |        |      | WEIGHT        | Weight for Age Z Score        | BLOOD SUGAR    |             |                          | NEW ATTENDANCE CASE | RE-ATTENDANCE CASE |
|               |                 | VILLAGE   | PARISH |      | HEIGHT/LENGTH | Height/Length for Age Z Score |                |             |                          |                     |                    |
| 1 cm          | 5 cm            | 5 cm      | 4 cm   | 1 cm | 1 cm          | 5 cm                          | 2cm            | 5 cm        | 1 cm                     | 1 cm                | 1 cm               |
| SERIAL NUMBER | NAME OF PATIENT | VILLAGE   | PARISH | AGE  | MUAC          | BMI                           | BLOOD PRESSURE | NEXT OF KIN | Need for palliative Care | NEW ATTENDANCE CASE | RE-ATTENDANCE CASE |
| SERIAL NUMBER | NAME OF PATIENT | VILLAGE   | PARISH | AGE  | WEIGHT        | Weight for Age Z Score        | BLOOD SUGAR    | NEXT OF KIN | Need for palliative Care | NEW ATTENDANCE CASE | RE-ATTENDANCE CASE |
| SERIAL NUMBER | NAME OF PATIENT | VILLAGE   | PARISH | AGE  | MUAC          | BMI                           | BLOOD PRESSURE | NEXT OF KIN | Need for palliative Care | NEW ATTENDANCE CASE | RE-ATTENDANCE CASE |
| SERIAL NUMBER | NAME OF PATIENT | VILLAGE   | PARISH | AGE  | WEIGHT        | Weight for Age Z-Score        | BLOOD SUGAR    | NEXT OF KIN | Need for palliative Care | NEW ATTENDANCE CASE | RE-ATTENDANCE CASE |

| (11)        | (12)           |                          |                      | (13)                       |                               |                            |                           | (14)          | (15)              | (16)                | (17)        | (18)         |
|-------------|----------------|--------------------------|----------------------|----------------------------|-------------------------------|----------------------------|---------------------------|---------------|-------------------|---------------------|-------------|--------------|
| Tobacco use | MALARIA TEST   |                          |                      | TB                         |                               |                            |                           | NEW DIAGNOSIS | DRUGS / TREATMENT | DISABILITY (YES/NO) | REF. IN NUM | REF. OUT NUM |
|             | FEVER (YES/NO) | TESTS DONE (B/S, RDT/ND) | RESULTS (POS/NEG/NA) | New Presumed TB case (Y/N) | Patient sent to the Lab (Y/N) | Lab TB result (POS/NEG/NA) | Linked to TB clinic (Y/N) |               |                   |                     |             |              |
| Alcohol use |                |                          |                      |                            |                               |                            |                           |               |                   |                     |             |              |
| 3cm         | 2cm            | 2cm                      | 2cm                  | 2cm                        | 2cm                           | 2cm                        | 2cm                       | 6 cm          | 12 cm             | 1cm                 | 1 cm        | 1 cm         |
| TOBACCO USE | (YES/NO)       | (B/S, RDT/ND)            | (POS/NEG/NA)         | (Y/N)                      | (Y/N)                         | (POS/NEG/NA)               | (Y/N)                     | NEW DIAGNOSIS | DRUGS / TREATMENT | (YES/NO)            | REF. IN NUM | REF. OUT NUM |
| ALCOHOL USE | (YES/NO)       | (B/S, RDT/ND)            | (POS/NEG/NA)         | (Y/N)                      | (Y/N)                         | (POS/NEG/NA)               | (Y/N)                     | NEW DIAGNOSIS | DRUGS / TREATMENT | (YES/NO)            | REF. IN NUM | REF. OUT NUM |

**Note:** A new line is started and a serial number provided for each attendance. However, **a new diagnosis is only recorded for a new attendance/case.**

**A NEW ATTENDANCE/CASE** is defined by a person who attends the health unit with a new episode of illness. If there are many diagnoses for one new attendance, use additional lines completing only column (14) and (15).

### NEWLY DIAGNOSED:

To identify a person as having a new disease or condition by means of a diagnosis (this is subject to a medical analysis).

### A RE-ATTENDANCE:

This refers to a person who attends the health unit for the second, third or higher number of visits for the same episode of illness as was previously diagnosed. **No diagnosis is recorded in the diagnosis column for a re-attendance.** However, you should still write all diagnoses in the patient cards.

**DESCRIPTION OF COLUMNS:**

Write the date on the first blank row. Nothing else is written on that row.

**1. SERIAL NUMBER:**

The numbers should start with “1” on the first date of each month. A new serial number is given to a patient who comes with a new diagnosis and those who come as re-attendances.

**2. NAME OF PATIENT:**

Write the patient’s surname and the first name as an initial or in full as appropriate

**3. RESIDENCE:**

Write the Village and Parish of residence where the patient stays. It is important for geographical catchment and distribution of OPD population and diseases respectively.

**4. AGE & SEX:**

Write the patient’s age in complete years if the patient is **over one year** of age. Write the patient’s age in months if the patient is **under one year** of age and write clearly “MTH” after the age. Write the patient’s age in days if the patient is less than **one month** of age and write clearly “Days” after the age.

Write the Sex (Gender) of the patient. Indicate **M** for male and **F** for female.

**5. MUAC, WEIGHT AND HEIGHT/LENGTH**

**MUAC:**

Take MUAC for clients above 6 months of age.

This is a measure of wasting. Write the MUAC colour code (“R” for red, “Y” for yellow and “G” for green) and the measurement in cm. Red is an indication of Severe Acute Malnutrition, yellow indicates Moderate acute malnutrition and green is normal nutrition status, If MUAC is Red or Yellow refer client to obtain the admission number from the Intergrated Nutrition Register (INR) which should be recorded in the register for nutrition rehabilitation.

**WEIGHT:**

Measure and record the weight of the client in Kilograms (Kg) on OUTPATIENT CARD. The measured weight should also be used to estimate the drug dosages to be administered

**HEIGHT/LENGTH:**

Measure and record the Height (for children above two years)/Length (For children 2 years and below) of the clients in centimeters (cm). Indicate as well, his/her height/Length on OUTPATIENT CARD.

**6. BMI, WEIGHT FOR AGE Z SCORES AND HEIGHT/LENGTH FOR AGE Z SCORES**

**BMI**

Calculate BMI by; weight (Kg)/ Height (m<sup>2</sup>). For calculation of BMI, height or length in cm should be converted to metres (m) by dividing height or length in m by 100. Write ND if Weight and/or Height is not taken

**WEIGHT FOR AGE Z SCORES**

This measure under weight. Weight for Age Z-scores (for clients less than 6 months) write “N” for normal nutritional status if client’s Z-score are equal or above (>)-2SD And U for Underweight if client z score is less than (<)-2 SD

**HEIGHT/LENGTH FOR AGE Z SCORES**

This measures stunting, write “N” for normal nutritional status if client’s Z-score are equal or above (>)-2SD And S for Stunting if the client z score is less than (<)-2 SD

**7. BLOOD PRESSURE & BLOOD SUGAR:**

Record the patient blood pressure and Blood sugar level. Indicate ND if patient blood pressure and/or blood sugar level was not checked.

**8. NEXT OF KIN:**

Write the names of the care taker (person) to be contacted in case of any follow up or emergency.

**9. NEED FOR PALLIATIVE CARE:**

Tick if client needs palliative care if palliative care is not required put X

**10. TICK CLASSIFICATION:**

**NEW ATTENDANCE:**

Tick if the patient has a new case of illness, as defined above in the **note**.

**RE-ATTENDANCE:**

Tick if the patient is a re-attendance, as defined above in the **note**.

**11. TOBACCO & ALCOHOL USE:**

Put a tick if patient uses tobacco in any form e.g. smoking, sniffing, chewing, shisha, smoking pipe. Put an X if patient does not use tobacco.

Put a tick if patient consumes any type of alcohol e.g. local brew, beers, wines and spirits, Put an X if patient does not consume any type of alcohol.

**12. MALARIA TESTS:**

Indicate Yes if client has fever. NO if client has no fever.

Record the kind of test done i.e. **B/S** for microscopy

**RDT** for Rapid Diagnostic Test

**ND** if no test was done.

Write **POS** for positive result, **NEG** for negative result and **ND** if no test done under result

**13. T.B**

Record the **New Presumed TB Cases** from the triage corner. Record YES if it's a New Presumed case and NO if it's not a New Presumed case.

If previous column is Y for yes, then record Y if a patient was sent to the LAB and N if the patient was not sent to the LAB.

If the patient was sent to the lab and has results, then record the result POS for positive, NEG for negative and NA if Not Applicable

If patient confirmed to have T.B basing on the results then record linked to the clinic with Y and N if not linked for treatment.

**14. NEW DIAGNOSIS:**

Write clearly all diagnosis made. Diagnosis is written only once for a new attendance for the health condition. If more space is required, use another line. Remember that all diagnoses of notifiable diseases should be clearly **starred (\*)** by the Serial Number.

## Technical Module 2: Outpatient Services

**NOTE:** All diagnoses must be made according to the standard case definitions and Uganda Clinical Guidelines (UCG) provided by the Ministry of Health. The written diagnosis should correspond to one of the diagnoses listed in the Monthly Health Unit report (HMIS 105).

### 15. DRUGS / TREATMENT:

At a minimum, the names of the drugs/devices and quantities given in accordance with the age and/ weight of the patient. Quantities given should be written in the format: Number of units per dose x number of doses per day x number of days the drug is to be taken.

**NOTE:** In case of disability record the device given e.g. spectacles, wheel chair, walking stick, etc

### 16. DISABILITY:

Write YES if patient has any form of disability and NO if patient doesn't.

### 17. REF IN NUM:

Write in this column the referral number which was earlier indicated on the referral note, when the patient is referred to your health facility.

### 18. REF. OUT NUM:

If a patient is referred from your health facility to another health unit, a **REFERRAL NOTE** is written. The number on the **REFERRAL NOTE** is written in this column.

### REPORTED DAILY: NOTIFIABLE DISEASES AND SUMMARISED WEEKLY

Any new case of Acute Flaccid Paralysis (AFP), Cholera, Dysentery, Guinea Worm, Meningococcal meningitis, Neonatal Tetanus, Plague, Rabies, Maternal Deaths, Perinatal Deaths, Measles, Yellow Fever and other Viral Hemorrhagic Fevers (VHF), Adverse Events Following Immunization (AEFI) Influenzae Like Illness (ILI), Presumptive TB cases etc.

[To make it easier, every notifiable disease patient should be starred (\*) by the Serial Number]

### REPORTED MONTHLY

The number of new attendances, re-attendance, referrals in and out, and diagnoses.

The number of diagnoses for the nationally selected diagnoses and for the diagnoses of local interest, by age groups (0-28 days, 29days - 4years, 5 – 59 years and 60 years and above).

Other information as requested for and required by the In-Charge.

## **PART 3: OPD ATTENDANCE AND DIAGNOSES SUMMARY (TABLE 1a – 1j) PREPARATION**

TABLE 1a is for recording daily OPD attendances and referrals.

TABLE 1b is for recording daily diagnoses of children 0 – 28 days

TABLE 1c is for recording daily diagnoses of children 29 days – 4years.

TABLE 1d is for recording daily diagnoses for people 5 – 59 years.

TABLE 1e is for recording daily diagnoses for people 60 years and above.

TABLE 1f is for recording monthly OPD attendances and referrals.

TABLE 1g is for recording monthly diagnoses of children 0 – 28 days.

TABLE 1h is for recording monthly diagnoses of children 29 days – 4years.

TABLE 1i is for recording monthly diagnoses for people 5 – 59 years.

TABLE 1j is for recording monthly diagnoses for people 60 years and above.

**Note:** Prepare separate tables for male and female for each age category.

### **For In-Charge, HUMC and DHT**

- Add additional diagnoses of local interest to tables 1b, 1c, 1d, 1e, 1g, 1h, 1i and 1j.

### Daily or Routine Procedure

#### **From OUTPATIENT REGISTER**

For each day count the attendances (new and re-attendances), referrals (in and out) and record them in table 1a and 1f

Tally diagnoses for the categories shown in Table 1b, 1c, 1d and 1e using the **OUTPATIENT TALLY SHEET** (HMIS 031a).

Record the number of diagnoses for each day in Table 1b, 1c, 1d and 1e.

### Weekly procedures

On a weekly basis, add the daily diagnoses for notifiable diseases in Tables 1b, 1c, 1d and 1e.

These should be reported in the Health Unit Weekly Epidemiological form (Module 7; HMIS 033b)

### Monthly Procedures

Add daily attendances and referrals in table 1a to get the monthly totals

Add the daily diagnoses in tables 1b, 1c, 1d and 1e to get the monthly diagnoses totals.

Write the total in the last column of Tables 1a, 1b, 1c, 1d and 1e.

### **On HEALTH UNIT MONTHLY OUT PATIENT REPORT**

Fill in Items 1 (OPD attendances) and 2 (Outpatient Diagnoses)

Annual Procedures

From Tables 1a, 1b, 1c, 1d and 1e extract the monthly totals and fill in Tables 1f, 1g, 1h, 1i and 1j respectively to get the annual totals.

# HMIS FORM 031a: OUTPATIENT TALLY SHEET

## DESCRIPTION AND INSTRUCTIONS

- Objectives:** To facilitate the counting and summarizing of outpatient records
- Timing:** Every moment there is need to add-up cases/attendances in the OPD department
- Copies:** One
- Responsibility:** In-charge/Records Assistant

## PROCEDURE:

1. The sheet is a series of blocks with empty boxes. It allows you to tally anything you wish to count. The main use of the tally sheet will be to count Outpatient Attendances and Diagnoses. Every occurrence is represented by a slash (/). Five slashes go in one box. One entire block can contain about 400 tallies. The total tallies are written in the last box.
2. For outpatient diagnoses, there is a list of diagnoses to be monitored: the diagnoses printed on the monthly report and possibly some diagnoses the district added. All other diagnoses are entered in the box labeled "Other diagnoses". The diagnoses are given space according to the anticipated number monthly. For most health units, one block per diagnosis will be sufficient, sometimes less. In the first example on the next page, six notifiable diseases are in one block because they occur so infrequently. Since acute respiratory tract infections are very common, one entire block is reserved for its tallying. It is probably easiest to start a new tally sheet each month. All sheets should be filed in the Database file until they are checked for accuracy.

### Example for OPD for the month of January:

Description Notifiable diseases Where OPD Time Period January 10

| 0-4 years |      |   |  |  | 5 and older |  |      |      |   |  |  |  |
|-----------|------|---|--|--|-------------|--|------|------|---|--|--|--|
| Cholera   | IIII | 5 |  |  |             |  | IIII | IIII | 9 |  |  |  |
| Mening    |      |   |  |  |             |  |      |      |   |  |  |  |
| Measles   | II   | 2 |  |  |             |  |      |      |   |  |  |  |
| Plague    |      |   |  |  |             |  |      |      |   |  |  |  |
| Rabies    |      |   |  |  |             |  |      |      |   |  |  |  |
| Typhoid   |      |   |  |  |             |  |      |      |   |  |  |  |

Description ARI- NOT pneumonia Where OPD Time Period January 2010

| 0-4 years |      |      |      |      | 5 and older |      |      |      |      |      |      |      |
|-----------|------|------|------|------|-------------|------|------|------|------|------|------|------|
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII | IIII |
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII | 144  |
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII |      |
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII |      |
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII |      |
| IIII      | IIII | IIII | IIII | IIII | IIII        | IIII | IIII | IIII | IIII | IIII | IIII |      |

# HIMS FORM 031a: OUTPATIENT TALLY SHEET

Description \_\_\_\_\_ Where \_\_\_\_\_ Time Period \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Description \_\_\_\_\_ Where \_\_\_\_\_ Time Period \_\_\_\_\_

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**TABLE 1a: HEALTH UNIT DAILY OUTPATIENT ATTENDANCE AND REFERRALS FOR  
(MALE/FEMALE, delete where non-applicable)**

| Category            |               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---------------------|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| New attendance      | 0-28days      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 29days-4 yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 5 -59yrs      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 60yrs & above |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Re-attendance       | 0-28days      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 29days-4 yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 5 -59yrs      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 60yrs & above |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Referrals to unit   | 0-28days      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 29days-4 yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 5 -59yrs      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 60yrs & above |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Referrals from unit | 0-28days      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 29days-4 yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 5 -59yrs      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                     | 60yrs & above |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

**TABLE 1b: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR CHILDREN 0-28DAYS  
(MALE/FEMALE, delete where not-applicable)**

| Category   | 1                                | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|----------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 1. Acute Flaccid Paralysis   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 2. Animal Bites (suspected rabies)   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 3. Cholera   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 4. Dysentery   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 5. Guinea Worm   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 6. Malaria   | Total                            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Confirmed<br>(Microscopic & RDT) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 7. Measles   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 8. Bacterial Meningitis  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 9. Neonatal tetanus  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10. Plague   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11. Yellow Fever   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12. Other Viral Hemorrhagic Fevers   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15. Typhoid Fever  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16. Presumptive MDR TB Cases   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17. Diarrhoea- Acute   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18. Diarrhoea- Persistent  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 19. Urethral discharges  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 20. Genital ulcers   |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 22. Other Sexually Transmitted Infections  |                                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 23. Urinary Tract Infections (UTI)                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 24. Intestinal Worms                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 25. Hematological Meningitis                        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 26. Other types of meningitis                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 27. No pneumonia - Cough or cold                    |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 28. Pneumonia                                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 29. Skin Diseases                                   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 30. New TB cases diagnosed                          | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 31. Leprosy   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 32. Tuberculosis MDR/XDR cases started on treatment |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 33. Tetanus (over 28 days )                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 34. Sleeping sickness                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 35. Pelvic Inflammatory Disease (PID)               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 36. Brucellosis                                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.3 Neonatal Diseases</b>                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 37. Neonatal Sepsis (0-7days)                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 38. Neonatal Sepsis (8-28days)                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 39. Neonatal Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 40. Neonatal Meningitis                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 41. Neonatal Jaundice                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 42. Premature baby (as a condition for management)  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 43. Other Neonatal Conditions                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 44. Sickle Cell Anaemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 45. Other types of Anaemia                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 46. Gastro-Intestinal Disorders (non-Infective)     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 47. Pain Requiring Palliative Care                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Oral diseases</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 48. Dental Caries                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 49. Gingivitis                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 50. HIV-Oral lesions                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 51. Oral Cancers                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 52. Other Oral Conditions                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>ENT conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 53. Otitis media                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 54. Hearing loss                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 55. Other ENT conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Eye conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 56. Ophthalmia neonatorum                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 57. Cataracts                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 58. Refractive errors                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 59. Glaucoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 60. Trachoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 61. Tumors                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 62. Blindness                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 63. Diabetic Retinopathy                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 64. Other eye conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Mental Health</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 65. Bipolar disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 66. Depression                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 67. Epilepsy                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 68. Dementia                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 69. Childhood Mental Disorders                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 70. Schizophrenia                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 71. HIV related psychosis                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 72. Anxiety disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 73. Alcohol abuse                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 74. Drug abuse                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 75. Other Mental Health Conditions               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Chronic respiratory diseases</b>              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 76. Asthma                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 77. Chronic Obstructive Pulmonary Disease (COPD) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cancers</b>                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78. Cancer Cervix                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79. Cancer Prostate                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 80. Cancer Breast                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 81. Cancer Lung                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 82. Cancer Liver                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 83. Cancer Colon                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 84. Kaposi Sarcoma                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 85. Cancer Others                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cardiovascular diseases</b>             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 86. Stroke/Cardiovascular Accident(CVA)    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 87. Hypertension                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Heart failure                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 89. Ischemic Heart Diseases                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Rheumatic Heart Diseases               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 90. Chronic Heart Diseases                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 91. Other Cardiovascular Diseases          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Endocrine and Metabolic Disorders</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 92. Diabetes mellitus                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 93. Thyroid Disease                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 94. Other Endocrine and Metabolic Diseases |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Malnutrition</b>                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 95. Severe Acute Malnutrition (SAM)        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| With oedema                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Without oedema                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 96. Mild Acute Malnutrition (MAM)          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Injuries</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 97. Jaw injuries                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 98. Injuries- Road traffic Accidents       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 99. Injuries due to motorcycle(boda-boda)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 100. Injuries due to Gender based violence |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 101. Injuries (Trauma due to other causes) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 102. Animal bites                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Domestic                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Wild                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Insects                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 103. Snake bites                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.5 Minor Operations in OPD</b>       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 104. Tooth extractions                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 105. Dental Fillings                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 106. Other Minor Operations                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 107. Leishmaniasis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 108. Lymphatic Filariasis (hydrocele)                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 109. Lymphatic Filariasis (Lymphoedema)                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 110. Urinary Schistosomiasis                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 111. Intestinal Schistosomiasis                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 112. Onchocerciasis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.7 Maternal conditions</b>                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 113. Abortions due to Gender-Based Violence (GBV)                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 114. Abortions due to other causes                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 115. Malaria in pregnancy  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 116. High blood pressure in pregnancy                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 117. Obstructed labour   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 118. Puerperal sepsis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 119. Haemorrhage related to pregnancy (APH or PPH)               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.8 Other OPD conditions</b>                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 120. Other diagnoses<br>(specify priority diseases for District) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 121. Deaths in OPD   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 122. All others  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Total Diagnoses</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

**TABLE 1c: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR CHILDREN 29 DAYS- 4YEARS (MALE/FEMALE, delete where not-applicable)**

| Category   | 1                             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|-------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 1. Acute Flaccid Paralysis   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 2. Animal Bites (suspected rabies)   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 3. Cholera   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 4. Dysentery   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 5. Guinea Worm   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 6. Malaria   | Total                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Confirmed (Microscopic & RDT) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 7. Measles   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 8. Bacterial Meningitis  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 9. Neonatal tetanus  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10. Plague   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11. Yellow Fever   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15. Typhoid Fever  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16. Presumptive MDR TB Cases   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17. Diarrhoea- Acute   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18. Diarrhoea- Persistent  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 19. Urethral discharges  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 20. Genital ulcers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 22. Other Sexually Transmitted Infections  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 23. Urinary Tract Infections (UTI)                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 24. Intestinal Worms                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 25. Hematological Meningitis                        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 26. Other types of meningitis                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 27. No pneumonia - Cough or cold                    |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 28. Pneumonia                                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 29. Skin Diseases                                   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 30. New TB cases diagnosed                          | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 31. Leprosy   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 32. Tuberculosis MDR/XDR cases started on treatment |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 33. Tetanus (over 28 days )                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 34. Sleeping sickness                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 35. Pelvic Inflammatory Disease (PID)               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 36. Brucellosis                                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.3 Neonatal Diseases</b>                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 37. Neonatal Sepsis (0-7days)                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 38. Neonatal Sepsis (8-28days)                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 39. Neonatal Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 40. Neonatal Meningitis                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 41. Neonatal Jaundice                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 42. Premature baby (as a condition for management)  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 43. Other Neonatal Conditions                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 44. Sickle Cell Anaemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 45. Other types of Anaemia                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 46. Gastro-Intestinal Disorders (non-Infective)     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 47. Pain Requiring Palliative Care                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |



## Technical Module 2: Outpatient Services

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Oral diseases</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 48. Dental Caries                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 49. Gingivitis                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 50. HIV-Oral lesions                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 51. Oral Cancers                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 52. Other Oral Conditions                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>ENT conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 53. Otitis media                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 54. Hearing loss                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 55. Other ENT conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Eye conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 56. Ophthalmia neonatorum                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 57. Cataracts                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 58. Refractive errors                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 59. Glaucoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 60. Trachoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 61. Tumors                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 62. Blindness                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 63. Diabetic Retinopathy                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 64. Other eye conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Mental Health</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 65. Bipolar disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 66. Depression                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 67. Epilepsy                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 68. Dementia                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 69. Childhood Mental Disorders                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 70. Schizophrenia                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 71. HIV related psychosis                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 72. Anxiety disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 73. Alcohol abuse                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 74. Drug abuse                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 75. Other Mental Health Conditions               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Chronic respiratory diseases</b>              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 76. Asthma                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 77. Chronic Obstructive Pulmonary Disease (COPD) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cancers</b>                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78. Cancer Cervix                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79. Cancer Prostate                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category                                   | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |  |
|--|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|--|
| 80. Cancer Breast                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 81. Cancer Lung                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 82. Cancer Liver                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 83. Cancer Colon                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 84. Kaposi Sarcoma                         |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 85. Cancer Others                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Cardiovascular diseases</b>             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 86. Stroke/Cardiovascular Accident(CVA)    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 87. Hypertension                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 88. Heart failure                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 89. Ischemic Heart Diseases                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 88. Rheumatic Heart Diseases               |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 90. Chronic Heart Diseases                 |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 91. Other Cardiovascular Diseases          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Endocrine and Metabolic Disorders</b>   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 92. Diabetes mellitus                      |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 93. Thyroid Disease                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 94. Other Endocrine and Metabolic Diseases |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Malnutrition</b>                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 95. Severe Acute Malnutrition (SAM)        | With oedema    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | Without oedema |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 96. Mild Acute Malnutrition (MAM)          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Injuries</b>                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 97. Jaw injuries                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 98. Injuries- Road traffic Accidents       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 99. Injuries due to motorcycle(boda-boda)  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 100. Injuries due to Gender based violence |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 101. Injuries (Trauma due to other causes) |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 102. Animal bites                          | Domestic       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | Wild           |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | Insects        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 103. Snake bites                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>1.3.5 Minor Operations in OPD</b>       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 104. Tooth extractions                     |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 105. Dental Fillings                       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 106. Other Minor Operations                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |

## Technical Module 2: Outpatient Services

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 107. Leishmaniasis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 108. Lymphatic Filariasis (hydrocele)                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 109. Lymphatic Filariasis (Lymphoedema)                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 110. Urinary Schistosomiasis                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 111. Intestinal Schistosomiasis                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 112. Onchocerciasis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>1.3.7 Maternal conditions</b>                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 113. Abortions due to Gender-Based Violence (GBV)                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 114. Abortions due to other causes                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 115. Malaria in pregnancy  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 116. High blood pressure in pregnancy                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 117. Obstructed labour   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 118. Puerperal sepsis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 119. Haemorrhage related to pregnancy (APH or PPH)               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>1.3.8 Other OPD conditions</b>                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 120. Other diagnoses<br>(specify priority diseases for District) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 121. Deaths in OPD   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 122. All others  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Total Diagnoses</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

**TABLE 1d: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR PERSONS AGED 5 - 59YEARS (MALE/FEMALE, delete where not-applicable)**

| Category   | 1                             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|-------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 1. Acute Flaccid Paralysis   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 2. Animal Bites (suspected rabies)   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 3. Cholera   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 4. Dysentery   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 5. Guinea Worm   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 6. Malaria   | Total                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Confirmed (Microscopic & RDT) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 7. Measles   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 8. Bacterial Meningitis  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 9. Neonatal tetanus  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10. Plague   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11. Yellow Fever   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15. Typhoid Fever  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16. Presumptive MDR TB Cases   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17. Diarrhoea- Acute   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18. Diarrhoea- Persistent  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 19. Urethral discharges  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 20. Genital ulcers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 22. Other Sexually Transmitted Infections           |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 23. Urinary Tract Infections (UTI)                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 24. Intestinal Worms                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 25. Hematological Meningitis                        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 26. Other types of meningitis                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 27. No pneumonia - Cough or cold                    |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 28. Pneumonia                                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 29. Skin Diseases                                   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 30. New TB cases diagnosed                          | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 31. Leprosy   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 32. Tuberculosis MDR/XDR cases started on treatment |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 33. Tetanus (over 28 days )                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 34. Sleeping sickness                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 35. Pelvic Inflammatory Disease (PID)               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 36. Brucellosis                                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.3 Neonatal Diseases</b>                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 37. Neonatal Sepsis (0-7days)                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 38. Neonatal Sepsis (8-28days)                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 39. Neonatal Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 40. Neonatal Meningitis                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 41. Neonatal Jaundice                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 42. Premature baby (as a condition for management)  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 43. Other Neonatal Conditions                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 44. Sickle Cell Anaemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 45. Other types of Anaemia                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 46. Gastro-Intestinal Disorders (non-Infective)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 47. Pain Requiring Palliative Care               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Oral diseases</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 48. Dental Caries                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 49. Gingivitis                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 50. HIV-Oral lesions                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 51. Oral Cancers                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 52. Other Oral Conditions                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>ENT conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 53. Otitis media                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 54. Hearing loss                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 55. Other ENT conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Eye conditions</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 56. Ophthalmia neonatorum                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 57. Cataracts                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 58. Refractive errors                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 59. Glaucoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 60. Trachoma                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 61. Tumors                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 62. Blindness                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 63. Diabetic Retinopathy                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 64. Other eye conditions                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Mental Health</b>                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 65. Bipolar disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 66. Depression                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 67. Epilepsy                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 68. Dementia                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 69. Childhood Mental Disorders                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 70. Schizophrenia                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 71. HIV related psychosis                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 72. Anxiety disorders                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 73. Alcohol abuse                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 74. Drug abuse                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 75. Other Mental Health Conditions               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Chronic respiratory diseases</b>              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 76. Asthma                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 77. Chronic Obstructive Pulmonary Disease (COPD) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

## Technical Module 2: Outpatient Services

| Category                                   | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Cancers</b>                             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78. Cancer Cervix                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79. Cancer Prostate                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 80. Cancer Breast                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 81. Cancer Lung                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 82. Cancer Liver                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 83. Cancer Colon                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 84. Kaposi Sarcoma                         |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 85. Cancer Others                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cardiovascular diseases</b>             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 86. Stroke/Cardiovascular Accident(CVA)    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 87. Hypertension                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Heart failure                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 89. Ischemic Heart Diseases                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Rheumatic Heart Diseases               |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 90. Chronic Heart Diseases                 |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 91. Other Cardiovascular Diseases          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Endocrine and Metabolic Disorders</b>   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 92. Diabetes mellitus                      |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 93. Thyroid Disease                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 94. Other Endocrine and Metabolic Diseases |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Malnutrition</b>                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 95. Severe Acute Malnutrition (SAM)        | With oedema    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Without oedema |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 96. Mild Acute Malnutrition (MAM)          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Injuries</b>                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 97. Jaw injuries                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 98. Injuries- Road traffic Accidents       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 99. Injuries due to motorcycle(boda-boda)  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 100. Injuries due to Gender based violence |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 101. Injuries (Trauma due to other causes) |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 102. Animal bites                          | Domestic       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Wild           |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Insects        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category  | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 103. Snake bites  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.5 Minor Operations in OPD</b>                          |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 104. Tooth extractions  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 105. Dental Fillings  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 106. Other Minor Operations                                   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>               |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 107. Leishmaniasis  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 108. Lymphatic Filariasis (hydrocele)                         |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 109. Lymphatic Filariasis (Lymphoedema)                       |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 110. Urinary Schistosomiasis                                  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 111. Intestinal Schistosomiasis                               |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 112. Onchocerciasis   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.7 Maternal conditions</b>                              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 113. Abortions due to Gender-Based Violence (GBV)             |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 114. Abortions due to other causes                            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 115. Malaria in pregnancy                                     |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 116. High blood pressure in pregnancy                         |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 117. Obstructed labour  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 118. Puerperal sepsis   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 119. Haemorrhage related to pregnancy (APH or PPH)            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.8 Other OPD conditions</b>                             |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 120. Other diagnoses (specify priority diseases for District) |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 121. Deaths in OPD  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 122. All others   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Total Diagnoses</b>  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Risk Behavior</b>  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R1-Alcohol use  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R2-Tobacco use  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |



## Technical Module 2: Outpatient Services

| Category                             | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |
|--------------------------------------|------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
| <b>Body Mass Index (BMI) Outcome</b> |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| B1-Severely Underweight (BMI<16)     | 5 – 10yrs  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| B2-Underweight (16<=BMI <18.5)       | 5 – 10yrs  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| B3-Normal (18.5<= BMI <=25)          | 5 – 10yrs  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| B4-Over weight (25< BMI <=30)        | 5 – 10yrs  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| B5-Obese ( BMI>30)                   | 5 – 10yrs  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |

**TABLE 1e: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR PERSONS AGED 60YEARS AND ABOVE (MALE/FEMALE, delete where not-applicable)**

| Category   | 1                             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|-------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 1. Acute Flaccid Paralysis   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 2. Animal Bites (suspected rabies)   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 3. Cholera   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 4. Dysentery   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 5. Guinea Worm   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 6. Malaria   | Total                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Confirmed (Microscopic & RDT) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 7. Measles   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 8. Bacterial Meningitis  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 9. Neonatal tetanus  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10. Plague   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11. Yellow Fever   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15. Typhoid Fever  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16. Presumptive MDR TB Cases   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17. Diarrhoea- Acute   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18. Diarrhoea- Persistent  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 19. Urethral discharges  |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 20. Genital ulcers   |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based                     |                               |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| Violence)   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 22. Other Sexually Transmitted Infections           |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 23. Urinary Tract Infections (UTI)                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 24. Intestinal Worms                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 25. Hematological Meningitis                        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 26. Other types of meningitis                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 27. No pneumonia - Cough or cold                    |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 28. Pneumonia                                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 29. Skin Diseases                                   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 30. New TB cases diagnosed                          | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 31. Leprosy   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 32. Tuberculosis MDR/XDR cases started on treatment |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 33. Tetanus (over 28 days )                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 34. Sleeping sickness                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 35. Pelvic Inflammatory Disease (PID)               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 36. Brucellosis                                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>1.3.3 Neonatal Diseases</b>                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 37. Neonatal Sepsis (0-7days)                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 38. Neonatal Sepsis (8-28days)                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 39. Neonatal Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 40. Neonatal Meningitis                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 41. Neonatal Jaundice                               |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 42. Premature baby (as a condition for management)  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 43. Other Neonatal Conditions                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 44. Sickle Cell Anaemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

## Technical Module 2: Outpatient Services

| Category  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 45. Other types of Anaemia                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 46. Gastro-Intestinal Disorders (non-Infective) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 47. Pain Requiring Palliative Care              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Oral diseases</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 48. Dental Caries                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 49. Gingivitis                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 50. HIV-Oral lesions                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 51. Oral Cancers                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 52. Other Oral Conditions                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>ENT conditions</b>                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 53. Otitis media                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 54. Hearing loss                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 55. Other ENT conditions                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Eye conditions</b>                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 56. Ophthalmia neonatorum                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 57. Cataracts                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 58. Refractive errors                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 59. Glaucoma                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 60. Trachoma                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 61. Tumors                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 62. Blindness                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 63. Diabetic Retinopathy                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 64. Other eye conditions                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Mental Health</b>                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 65. Bipolar disorders                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 66. Depression                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 67. Epilepsy                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 68. Dementia                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 69. Childhood Mental Disorders                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 70. Schizophrenia                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 71. HIV related psychosis                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 72. Anxiety disorders                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 73. Alcohol abuse                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 74. Drug abuse                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 75. Other Mental Health Conditions              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Chronic respiratory diseases</b>             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 76. Asthma                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 77. Chronic Obstructive Pulmonary               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

## Technical Module 2: Outpatient Services

| Category                                   | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| Disease (COPD)                             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cancers</b>                             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78. Cancer Cervix                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79. Cancer Prostate                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 80. Cancer Breast                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 81. Cancer Lung                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 82. Cancer Liver                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 83. Cancer Colon                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 84. Kaposi Sarcoma                         |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 85. Cancer Others                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cardiovascular diseases</b>             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 86. Stroke/Cardiovascular Accident(CVA)    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 87. Hypertension                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Heart failure                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 89. Ischemic Heart Diseases                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Rheumatic Heart Diseases               |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 90. Chronic Heart Diseases                 |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 91. Other Cardiovascular Diseases          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Endocrine and Metabolic Disorders</b>   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 92. Diabetes mellitus                      |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 93. Thyroid Disease                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 94. Other Endocrine and Metabolic Diseases |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Malnutrition</b>                        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 95. Severe Acute Malnutrition (SAM)        |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | With oedema    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Without oedema |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 96. Mild Acute Malnutrition (MAM)          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Injuries</b>                            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 97. Jaw injuries                           |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 98. Injuries- Road traffic Accidents       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 99. Injuries due to motorcycle(boda-boda)  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 100. Injuries due to Gender based violence |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 101. Injuries (Trauma due to other causes) |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 102. Animal bites                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Domestic       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | Wild           |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

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| Category  | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| Insects   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 103. Snake bites  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.5 Minor Operations in OPD</b>                          |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 104. Tooth extractions  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 105. Dental Fillings  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 106. Other Minor Operations                                   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>               |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 107. Leishmaniasis  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 108. Lymphatic Filariasis (hydrocele)                         |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 109. Lymphatic Filariasis (Lymphoedema)                       |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 110. Urinary Schistosomiasis                                  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 111. Intestinal Schistosomiasis                               |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 112. Onchocerciasis   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.7 Maternal conditions</b>                              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 113. Abortions due to Gender-Based Violence (GBV)             |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 114. Abortions due to other causes                            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 115. Malaria in pregnancy                                     |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 116. High blood pressure in pregnancy                         |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 117. Obstructed labour  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 118. Puerperal sepsis   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 119. Haemorrhage related to pregnancy (APH or PPH)            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>1.3.8 Other OPD conditions</b>                             |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 120. Other diagnoses (specify priority diseases for District) |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 121. Deaths in OPD  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 122. All others   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Total Diagnoses</b>  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Risk Behavior</b>  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R1-Alcohol use  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R2-Tobacco use  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

## Technical Module 2: Outpatient Services

| Category                             |            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--------------------------------------|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
|                                      | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Body Mass Index (BMI) Outcome</b> |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B1-Severely Underweight (BMI<16)     | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B2-Underweight (16<=BMI <18.5)       | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B3-Normal (18.5<= BMI <=25)          | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B4-Over weight (25< BMI <=30)        | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B5-Obese ( BMI>30)                   | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|                                      | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

**TABLE 1f: HEALTH UNIT MONTHLY OUTPATIENT ATTENDANCE AND REFERRALS  
(MALE/FEMALE, delete where not-applicable)**

| Category            | Age group     | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | Total |
|---------------------|---------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| New attendance      | 0-28days      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 29days-4 yrs  |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 5 -59yrs      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 60yrs & above |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Re-attendance       | 0-28days      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 29days-4 yrs  |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 5 -59yrs      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 60yrs & above |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Referrals to unit   | 0-28days      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 29days-4 yrs  |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 5 -59yrs      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 60yrs & above |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Referrals from unit | 0-28days      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 29days-4 yrs  |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 5 -59yrs      |     |     |      |     |     |     |     |     |     |     |     |      |       |
|                     | 60yrs & above |     |     |      |     |     |     |     |     |     |     |     |      |       |



**TABLE 1g: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR CHILDREN 0-28 DAYS (MALE/FEMALE, Delete where non-applicable)**

| Category   |                               | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-------------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 1. Acute Flaccid Paralysis   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 2. Animal Bites (suspected rabies)   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 3. Cholera   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 4. Dysentery   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 5. Guinea Worm   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 6. Malaria   | Total                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Confirmed (Microscopic & RDT) |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 7. Measles   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 8. Bacterial Meningitis  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 9. Neonatal tetanus  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 10. Plague   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 11. Yellow Fever   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 15. Typhoid Fever  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 16. Presumptive MDR TB Cases   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 17. Diarrhoea- Acute   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 18. Diarrhoea- Persistent  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 19. Urethral discharges  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 20. Genital ulcers   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 22. Other Sexually Transmitted Infections  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 23. Urinary Tract Infections (UTI)   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 24. Intestinal Worms   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 25. Hematological Meningitis   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 26. Other types of meningitis  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 27. No pneumonia - Cough or cold   |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 28. Pneumonia  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 29. Skin Diseases  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 30. New TB cases diagnosed   | Bacteriologically confirmed   |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Clinically Diagnosed          |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | EPTB                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 31. Leprosy  |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 32. Tuberculosis MDR/XDR cases started on treatment                                |                               |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 2: Outpatient Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 33. Tetanus (over 28 days )                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34. Sleeping sickness                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35. Pelvic Inflammatory Disease (PID)              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36. Brucellosis                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.3 Neonatal Diseases</b>                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37. Neonatal Sepsis (0-7days)                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38. Neonatal Sepsis (8-28days)                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39. Neonatal Pneumonia                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40. Neonatal Meningitis                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41. Neonatal Jaundice                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42. Premature baby (as a condition for management) |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43. Other Neonatal Conditions                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44. Sickle Cell Anaemia                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45. Other types of Anaemia                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46. Gastro-Intestinal Disorders (non-Infective)    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47. Pain Requiring Palliative Care                 |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral diseases</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48. Dental Caries                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49. Gingivitis                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50. HIV-Oral lesions                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51. Oral Cancers                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52. Other Oral Conditions                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>ENT conditions</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53. Otitis media                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54. Hearing loss                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55. Other ENT conditions                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Eye conditions</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56. Ophthalmia neonatorum                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57. Cataracts                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58. Refractive errors                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59. Glaucoma                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60. Trachoma                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61. Tumors   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62. Blindness                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63. Diabetic Retinopathy                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64. Other eye conditions                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65. Bipolar disorders                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66. Depression                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67. Epilepsy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 68. Dementia                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 69. Childhood Mental Disorders                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 70. Schizophrenia                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 71. HIV related psychosis                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 72. Anxiety disorders                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 73. Alcohol abuse                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 74. Drug abuse                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 75. Other Mental Health Conditions                 |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 76. Asthma   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 77. Chronic Obstructive Pulmonary Disease (COPD)   |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 2: Outpatient Services

| Category   | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Cancers</b>                                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78. Cancer Cervix                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79. Cancer Prostate                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80. Cancer Breast                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81. Cancer Lung                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82. Cancer Liver                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83. Cancer Colon                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84. Kaposi Sarcoma                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85. Cancer Others                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cardiovascular diseases</b>                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86. Stroke/Cardiovascular Accident(CVA)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87. Hypertension                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88. Heart failure                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89. Ischemic Heart Diseases                        |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88. Rheumatic Heart Diseases                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 90. Chronic Heart Diseases                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91. Other Cardiovascular Diseases                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Endocrine and Metabolic Disorders</b>           |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92. Diabetes mellitus                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93. Thyroid Disease                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94. Other Endocrine and Metabolic Diseases         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Malnutrition</b>                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 95. Severe Acute Malnutrition (SAM)                | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 96. Mild Acute Malnutrition (MAM)                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Injuries</b>                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97. Jaw injuries                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98. Injuries- Road traffic Accidents               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99. Injuries due to motorcycle(boda-boda)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100. Injuries due to Gender based violence         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101. Injuries (Trauma due to other causes)         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102. Animal bites                                  | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 103. Snake bites                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.5 Minor Operations in OPD</b>               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 104. Tooth extractions                             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 105. Dental Fillings                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 106. Other Minor Operations                        |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 107. Leishmaniasis                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 108. Lymphatic Filariasis (hydrocele)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 109. Lymphatic Filariasis (Lympoedema)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 110. Urinary Schistosomiasis                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 111. Intestinal Schistosomiasis                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 112. Onchocerciasis                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.7 Maternal conditions</b>                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 113. Abortions due to Gender-Based Violence (GBV)  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 114. Abortions due to other causes                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 115. Malaria in pregnancy                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 116. High blood pressure in pregnancy              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 117. Obstructed labour                             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 118. Puerperal sepsis                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 119. Haemorrhage related to pregnancy (APH or PPH) |                |     |      |     |     |     |     |     |     |     |     |     |       |

### Technical Module 2: Outpatient Services

| Category  | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>1.3.8Other OPD conditions</b>                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 120. Other diagnoses<br>(specify priority<br>diseases for District) |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 121. Deaths in OPD  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 122. All others   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Total Diagnoses</b>  |     |     |      |     |     |     |     |     |     |     |     |     |       |

**TABLE 1h: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR CHILDREN 29 DAYS - 4 YEARS (MALE/FEMALE, Delete where non-applicable)**

| Category   | Jul                           | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 1. Acute Flaccid Paralysis   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 2. Animal Bites (suspected rabies)   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 3. Cholera   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 4. Dysentery   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 5. Guinea Worm   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 6. Malaria   | Total                         |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Confirmed (Microscopic & RDT) |     |      |     |     |     |     |     |     |     |     |     |       |
| 7. Measles   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 8. Bacterial Meningitis  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 9. Neonatal tetanus  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 10. Plague   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 11. Yellow Fever   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 15. Typhoid Fever  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 16. Presumptive MDR TB Cases   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |     |      |     |     |     |     |     |     |     |     |     |       |
|  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 17. Diarrhoea- Acute   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 18. Diarrhoea- Persistent  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 19. Urethral discharges  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 20. Genital ulcers   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 22. Other Sexually Transmitted Infections  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 23. Urinary Tract Infections (UTI)   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 24. Intestinal Worms   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 25. Hematological Meningitis   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 26. Other types of meningitis  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 27. No pneumonia - Cough or cold   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 28. Pneumonia  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 29. Skin Diseases  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 30. New TB cases diagnosed   | Bacteriologically confirmed   |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Clinically Diagnosed          |     |      |     |     |     |     |     |     |     |     |     |       |
|  | EPTB                          |     |      |     |     |     |     |     |     |     |     |     |       |
| 31. Leprosy  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 32. Tuberculosis MDR/XDR cases started on treatment                                |                               |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 2: Outpatient Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 33. Tetanus (over 28 days )                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34. Sleeping sickness                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35. Pelvic Inflammatory Disease (PID)              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36. Brucellosis                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.3 Neonatal Diseases</b>                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37. Neonatal Sepsis (0-7days)                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38. Neonatal Sepsis (8-28days)                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39. Neonatal Pneumonia                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40. Neonatal Meningitis                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41. Neonatal Jaundice                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42. Premature baby (as a condition for management) |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43. Other Neonatal Conditions                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44. Sickle Cell Anaemia                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45. Other types of Anaemia                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46. Gastro-Intestinal Disorders (non-Infective)    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47. Pain Requiring Palliative Care                 |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral diseases</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48. Dental Caries                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49. Gingivitis                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50. HIV-Oral lesions                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51. Oral Cancers                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52. Other Oral Conditions                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>ENT conditions</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53. Otitis media                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54. Hearing loss                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55. Other ENT conditions                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Eye conditions</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56. Ophthalmia neonatorum                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57. Cataracts                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58. Refractive errors                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59. Glaucoma                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60. Trachoma                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61. Tumors   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62. Blindness                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63. Diabetic Retinopathy                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64. Other eye conditions                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65. Bipolar disorders                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66. Depression                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67. Epilepsy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 68. Dementia                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 69. Childhood Mental Disorders                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 70. Schizophrenia                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 71. HIV related psychosis                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 72. Anxiety disorders                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 73. Alcohol abuse                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 74. Drug abuse                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 75. Other Mental Health Conditions                 |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 76. Asthma   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 77. Chronic Obstructive Pulmonary Disease (COPD)   |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 2: Outpatient Services

| Category   | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Cancers</b>                                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78. Cancer Cervix                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79. Cancer Prostate                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80. Cancer Breast                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81. Cancer Lung                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82. Cancer Liver                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83. Cancer Colon                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84. Kaposi Sarcoma                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85. Cancer Others                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cardiovascular diseases</b>                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86. Stroke/Cardiovascular Accident(CVA)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87. Hypertension                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88. Heart failure                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89. Ischemic Heart Diseases                        |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88. Rheumatic Heart Diseases                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 90. Chronic Heart Diseases                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91. Other Cardiovascular Diseases                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Endocrine and Metabolic Disorders</b>           |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92. Diabetes mellitus                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93. Thyroid Disease                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94. Other Endocrine and Metabolic Diseases         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Malnutrition</b>                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 95. Severe Acute Malnutrition (SAM)                | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 96. Mild Acute Malnutrition (MAM)                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Injuries</b>                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97. Jaw injuries                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98. Injuries- Road traffic Accidents               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99. Injuries due to motorcycle(boda-boda)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100. Injuries due to Gender based violence         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101. Injuries (Trauma due to other causes)         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102. Animal bites                                  | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 103. Snake bites                                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.5 Minor Operations in OPD</b>               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 104. Tooth extractions                             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 105. Dental Fillings                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 106. Other Minor Operations                        |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 107. Leishmaniasis                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 108. Lymphatic Filariasis (hydrocele)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 109. Lymphatic Filariasis (Lympoedema)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 110. Urinary Schistosomiasis                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 111. Intestinal Schistosomiasis                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 112. Onchocerciasis                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>1.3.7 Maternal conditions</b>                   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 113. Abortions due to Gender-Based Violence (GBV)  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 114. Abortions due to other causes                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 115. Malaria in pregnancy                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 116. High blood pressure in pregnancy              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 117. Obstructed labour                             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 118. Puerperal sepsis                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 119. Haemorrhage related to pregnancy (APH or PPH) |                |     |      |     |     |     |     |     |     |     |     |     |       |

### Technical Module 2: Outpatient Services

| Category  | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>1.3.8Other OPD conditions</b>                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 120. Other diagnoses<br>(specify priority<br>diseases for District) |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 121. Deaths in OPD  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 122. All others   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Total Diagnoses</b>  |     |     |      |     |     |     |     |     |     |     |     |     |       |



**TABLE 1i: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR PERSONS 5 -59YEARS (MALE/FEMALE, Delete where non-applicable)**

| Category   | Jul                           | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--|-------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 1. Acute Flaccid Paralysis   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 2. Animal Bites (suspected rabies)   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 3. Cholera   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 4. Dysentery   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 5. Guinea Worm   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 6. Malaria   | Total                         |     |      |     |     |     |     |     |     |     |     |      |       |
|  | Confirmed (Microscopic & RDT) |     |      |     |     |     |     |     |     |     |     |      |       |
| 7. Measles   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 8. Bacterial Meningitis  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 9. Neonatal tetanus  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 10. Plague   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 11. Yellow Fever   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 15. Typhoid Fever  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 16. Presumptive MDR TB Cases   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |     |      |     |     |     |     |     |     |     |     |      |       |
|  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 17. Diarrhoea- Acute   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 18. Diarrhoea- Persistent  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 19. Urethral discharges  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 20. Genital ulcers   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 22. Other Sexually Transmitted Infections  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 23. Urinary Tract Infections (UTI)   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 24. Intestinal Worms   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 25. Hematological Meningitis   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 26. Other types of meningitis  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 27. No pneumonia - Cough or cold   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 28. Pneumonia  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 29. Skin Diseases  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 30. New TB cases diagnosed   | Bacteriologically confirmed   |     |      |     |     |     |     |     |     |     |     |      |       |
|  | Clinically Diagnosed          |     |      |     |     |     |     |     |     |     |     |      |       |
|  | EPTB                          |     |      |     |     |     |     |     |     |     |     |      |       |
| 31. Leprosy  |                               |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category  | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 32. Tuberculosis MDR/XDR cases started on treatment |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 33. Tetanus (over 28 days )                         |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 34. Sleeping sickness                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 35. Pelvic Inflammatory Disease (PID)               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 36. Brucellosis                                     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.3 Neonatal Diseases</b>                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 37. Neonatal Sepsis (0-7days)                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 38. Neonatal Sepsis (8-28days)                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 39. Neonatal Pneumonia                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 40. Neonatal Meningitis                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 41. Neonatal Jaundice                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 42. Premature baby (as a condition for management)  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 43. Other Neonatal Conditions                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 44. Sickle Cell Anaemia                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 45. Other types of Anaemia                          |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 46. Gastro-Intestinal Disorders (non-Infective)     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 47. Pain Requiring Palliative Care                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Oral diseases</b>                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 48. Dental Caries                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 49. Gingivitis                                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 50. HIV-Oral lesions                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 51. Oral Cancers                                    |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 52. Other Oral Conditions                           |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>ENT conditions</b>                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 53. Otitis media                                    |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 54. Hearing loss                                    |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 55. Other ENT conditions                            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Eye conditions</b>                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 56. Ophthalmia neonatorum                           |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 57. Cataracts                                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 58. Refractive errors                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 59. Glaucoma  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 60. Trachoma  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 61. Tumors  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 62. Blindness                                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 63. Diabetic Retinopathy                            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 64. Other eye conditions                            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Mental Health</b>                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 65. Bipolar disorders                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 66. Depression                                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 67. Epilepsy  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 68. Dementia  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 69. Childhood Mental Disorders                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 70. Schizophrenia                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 71. HIV related psychosis                           |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 72. Anxiety disorders                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 73. Alcohol abuse                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 74. Drug abuse                                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 75. Other Mental Health Conditions                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Chronic respiratory diseases</b>                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 76. Asthma  |     |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 77. Chronic Obstructive Pulmonary Disease (COPD) |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Cancers</b>                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 78. Cancer Cervix                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 79. Cancer Prostate                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 80. Cancer Breast                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 81. Cancer Lung                                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 82. Cancer Liver                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 83. Cancer Colon                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 84. Kaposi Sarcoma                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 85. Cancer Others                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Cardiovascular diseases</b>                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 86. Stroke/Cardiovascular Accident(CVA)          |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 87. Hypertension                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 88. Heart failure                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 89. Ischemic Heart Diseases                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 88. Rheumatic Heart Diseases                     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 90. Chronic Heart Diseases                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 91. Other Cardiovascular Diseases                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Endocrine and Metabolic Disorders</b>         |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 92. Diabetes mellitus                            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 93. Thyroid Disease                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 94. Other Endocrine and Metabolic Diseases       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Malnutrition</b>                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 95. Severe Acute Malnutrition (SAM)              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| With oedema                                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Without oedema                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 96. Mild Acute Malnutrition (MAM)                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Injuries</b>                                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 97. Jaw injuries                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 98. Injuries- Road traffic Accidents             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 99. Injuries due to motorcycle(boda-boda)        |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 100. Injuries due to Gender based violence       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 101. Injuries (Trauma due to other causes)       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 102. Animal bites                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Domestic   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Wild   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Insects  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 103. Snake bites                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.5 Minor Operations in OPD</b>             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 104. Tooth extractions                           |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 105. Dental Fillings                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 106. Other Minor Operations                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 107. Leishmaniasis                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 108. Lymphatic Filariasis (hydrocele)            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 109. Lymphatic Filariasis (Lymphoedema)          |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 110. Urinary Schistosomiasis                     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 111. Intestinal Schistosomiasis                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 112. Onchocerciasis                              |     |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category  | Jul        | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|---|------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| <b>1.3.7 Maternal conditions</b>                              |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 113. Abortions due to Gender-Based Violence (GBV)             |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 114. Abortions due to other causes                            |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 115. Malaria in pregnancy                                     |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 116. High blood pressure in pregnancy                         |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 117. Obstructed labour  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 118. Puerperal sepsis   |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 119. Haemorrhage related to pregnancy (APH or PPH)            |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.8 Other OPD conditions</b>                             |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 120. Other diagnoses (specify priority diseases for District) |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 121. Deaths in OPD  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 122. All others   |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Total Diagnoses</b>  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Risk Behavior</b>  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| R1- Alcohol use   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=25yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| R2- Tobacco use   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=25yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Body Mass Index (BMI) Outcome</b>                          |            |     |      |     |     |     |     |     |     |     |     |      |       |
| B1- Severely Underweight (BMI<16)                             | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B2- Underweight (16<=BMI<18.5)                                | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B3- Normal (18.5<=BMI <=25)                                   | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B4- Overweight (25< BMI <=30)                                 | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B5- Obese (BMI>30)  | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |

**TABLE 1j: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR PERSONS 60 YEARS AND ABOVE (MALE/FEMALE, Delete where non-applicable)**

| Category   | Jul                           | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--|-------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 1. Acute Flaccid Paralysis   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 2. Animal Bites (suspected rabies)   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 3. Cholera   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 4. Dysentery   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 5. Guinea Worm   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 6. Malaria   | Total                         |     |      |     |     |     |     |     |     |     |     |      |       |
|  | Confirmed (Microscopic & RDT) |     |      |     |     |     |     |     |     |     |     |      |       |
| 7. Measles   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 8. Bacterial Meningitis  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 9. Neonatal tetanus  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 10. Plague   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 11. Yellow Fever   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 12. Other Viral Hemorrhagic Fevers   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 15. Typhoid Fever  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 16. Presumptive MDR TB Cases   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |     |      |     |     |     |     |     |     |     |     |      |       |
|  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 17. Diarrhoea- Acute   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 18. Diarrhoea- Persistent  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 19. Urethral discharges  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 20. Genital ulcers   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 22. Other Sexually Transmitted Infections  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 23. Urinary Tract Infections (UTI)   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 24. Intestinal Worms   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 25. Hematological Meningitis   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 26. Other types of meningitis  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 27. No pneumonia - Cough or cold   |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 28. Pneumonia  |                               |     |      |     |     |     |     |     |     |     |     |      |       |
| 29. Skin Diseases  |                               |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category  |                             | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|---|-----------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 30. New TB cases diagnosed                          | Bacteriologically confirmed |     |     |      |     |     |     |     |     |     |     |     |      |       |
|   | Clinically Diagnosed        |     |     |      |     |     |     |     |     |     |     |     |      |       |
|   | EPTB                        |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 31. Leprosy   |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 32. Tuberculosis MDR/XDR cases started on treatment |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 33. Tetanus (over 28 days )                         |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 34. Sleeping sickness                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 35. Pelvic Inflammatory Disease (PID)               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 36. Brucellosis                                     |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.3 Neonatal Diseases</b>                      |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 37. Neonatal Sepsis (0-7days)                       |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 38. Neonatal Sepsis (8-28days)                      |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 39. Neonatal Pneumonia                              |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 40. Neonatal Meningitis                             |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 41. Neonatal Jaundice                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 42. Premature baby (as a condition for management)  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 43. Other Neonatal Conditions                       |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>   |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 44. Sickle Cell Anaemia                             |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 45. Other types of Anaemia                          |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 46. Gastro-Intestinal Disorders (non-Infective)     |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 47. Pain Requiring Palliative Care                  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Oral diseases</b>                                |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 48. Dental Caries                                   |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 49. Gingivitis                                      |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 50. HIV-Oral lesions                                |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 51. Oral Cancers                                    |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 52. Other Oral Conditions                           |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>ENT conditions</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 53. Otitis media                                    |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 54. Hearing loss                                    |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 55. Other ENT conditions                            |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Eye conditions</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 56. Ophthalmia neonatorum                           |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 57. Cataracts                                       |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 58. Refractive errors                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 59. Glaucoma  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 60. Trachoma  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 61. Tumors  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 62. Blindness                                       |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 63. Diabetic Retinopathy                            |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 64. Other eye conditions                            |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Mental Health</b>                                |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 65. Bipolar disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 66. Depression                                      |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 67. Epilepsy  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 68. Dementia  |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 69. Childhood Mental Disorders                      |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 70. Schizophrenia                                   |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 71. HIV related psychosis                           |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 72. Anxiety disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 73. Alcohol abuse                                   |                             |     |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 74. Drug abuse                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 75. Other Mental Health Conditions               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Chronic respiratory diseases</b>              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 76. Asthma                                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 77. Chronic Obstructive Pulmonary Disease (COPD) |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Cancers</b>                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 78. Cancer Cervix                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 79. Cancer Prostate                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 80. Cancer Breast                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 81. Cancer Lung                                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 82. Cancer Liver                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 83. Cancer Colon                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 84. Kaposi Sarcoma                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 85. Cancer Others                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Cardiovascular diseases</b>                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 86. Stroke/Cardiovascular Accident(CVA)          |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 87. Hypertension                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 88. Heart failure                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 89. Ischemic Heart Diseases                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 88. Rheumatic Heart Diseases                     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 90. Chronic Heart Diseases                       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 91. Other Cardiovascular Diseases                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Endocrine and Metabolic Disorders</b>         |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 92. Diabetes mellitus                            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 93. Thyroid Disease                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 94. Other Endocrine and Metabolic Diseases       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Malnutrition</b>                              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 95. Severe Acute Malnutrition (SAM)              |     |     |      |     |     |     |     |     |     |     |     |      |       |
| With oedema                                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Without oedema                                   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 96. Mild Acute Malnutrition (MAM)                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Injuries</b>                                  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 97. Jaw injuries                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 98. Injuries- Road traffic Accidents             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 99. Injuries due to motorcycle(boda-boda)        |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 100. Injuries due to Gender based violence       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 101. Injuries (Trauma due to other causes)       |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 102. Animal bites                                |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Domestic   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Wild   |     |     |      |     |     |     |     |     |     |     |     |      |       |
| Insects  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 103. Snake bites                                 |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.5 Minor Operations in OPD</b>             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 104. Tooth extractions                           |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 105. Dental Fillings                             |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 106. Other Minor Operations                      |     |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>  |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 107. Leishmaniasis                               |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 108. Lymphatic Filariasis (hydrocele)            |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 109. Lymphatic Filariasis (Lymphoedema)          |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 110. Urinary Schistosomiasis                     |     |     |      |     |     |     |     |     |     |     |     |      |       |
| 111. Intestinal Schistosomiasis                  |     |     |      |     |     |     |     |     |     |     |     |      |       |

## Technical Module 2: Outpatient Services

| Category  | Jul        | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|---|------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 112. Onchocerciasis   |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.7 Maternal conditions</b>                              |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 113. Abortions due to Gender-Based Violence (GBV)             |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 114. Abortions due to other causes                            |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 115. Malaria in pregnancy                                     |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 116. High blood pressure in pregnancy                         |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 117. Obstructed labour  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 118. Puerperal sepsis   |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 119. Haemorrhage related to pregnancy (APH or PPH)            |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>1.3.8 Other OPD conditions</b>                             |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 120. Other diagnoses (specify priority diseases for District) |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 121. Deaths in OPD  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| 122. All others   |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Total Diagnoses</b>  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Risk Behavior</b>  |            |     |      |     |     |     |     |     |     |     |     |      |       |
| R1-Alcohol use  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=25yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| R2-Tobacco use  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=25yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| <b>Body Mass Index (BMI) Outcome</b>                          |            |     |      |     |     |     |     |     |     |     |     |      |       |
| B1-Severely Underweight (BMI<16)                              | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B2-Underweight (16<=BMI <18.5)                                | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B3-Normal (18.5<= BMI <=25)                                   | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B4-Over weight (25< BMI <=30)                                 | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |
| B5-Obese ( BMI>30)  | 5 – 10yrs  |     |      |     |     |     |     |     |     |     |     |      |       |
|   | 11 – 18yrs |     |      |     |     |     |     |     |     |     |     |      |       |
|   | >=18yrs    |     |      |     |     |     |     |     |     |     |     |      |       |



## PART 4: REFERRAL NOTE

# HMIS FORM 032: REFERRAL NOTE

### DESCRIPTION AND INSTRUCTIONS

**Objective:** Used when a patient or client is being referred for further management to a higher-level health Centre.

**Timing:** Every moment there is need to refer a patient from one health unit to another, for further treatment

**Copies:** Two or Three - The original must go with the patient/client and should be returned by the accompanying health worker/patient to the health unit after treatment at the referred unit. If the hospital wants to keep a copy, a second copy is sent with the patient. If the health unit wants to keep a copy, a third copy is made.

**Responsibility:** Clinician/nurse at health unit of first contact and at referral point

**Note:** In hospitals and facilities that still charge user fees, referred patients should be treated at reduced rates. The reduced rates should be well publicized in order to give patients an incentive to utilize first line health units first, and to produce the necessary information at the referred site and upon return.

### PROCEDURE:

1. The **REFERRAL NOTE** is used for Outpatient, Inpatient, Family Planning, ANC, and Maternity patients /clients.
2. The health unit of first contact fills the top section.
3. The referral site fills the bottom section.
4. Under Remarks, the clinician at the referral site can indicate such things as how accurate the original diagnosis was, whether referral was justified, whether the emergency treatment strategy could be improved.
5. All returned **REFERRAL** Notes are kept in a special file in the department. The information from the higher-level health unit should be discussed at staff meetings and supervision.

## Technical Module 2: Outpatient Services

6. In order to monitor the referrals made, preferably a separate file of the copies of the **REFERRAL NOTE** is kept. Alternatively a simple list (see example below using the **GENERAL SUMMARY FORM**) of the issued **REFERRAL NOTES** is kept. Using the copies or the list, the health unit should monitor the rate of return of referred patients.

### **GENERAL SUMMARY FORM**

Description: Referrals from (enter name of Department or health unit)

7. The easiest way to return the REFERRAL NOTE to the health unit, especially if the patient has to return to the health unit for continued treatment, is to give it to the patient asking him to return it to the health unit. If this system doesn't work, the **DHT** can decide alternative solutions, e.g. during supervision visits to collect and return the **REFERRAL NOTES**.

| REF(1) | No.(2) | DATE<br>(3) | PATIENT/<br>CLIENT No<br>(4) | REASON<br>FOR<br>REFERRAL<br>(5) | REFERRED<br>TO (6) | DATE<br>RETURNED<br>(7) | REMARKS |
|--------|--------|-------------|------------------------------|----------------------------------|--------------------|-------------------------|---------|
|        |        |             |                              |                                  |                    |                         |         |
|        |        |             |                              |                                  |                    |                         |         |
|        |        |             |                              |                                  |                    |                         |         |
|        |        |             |                              |                                  |                    |                         |         |

8. Clinicians at the referral level should be convinced of the importance of this feed back for both the health units and the supervisors. Knowing that the initial diagnosis and treatment were correct is confidence building for the clinicians working often in isolation in the rural lower level health units. Knowing the deficiencies in initial diagnosis or treatment are important for the supervisor who can use the information for on the job training, for selection of issues where staff need additional training, to decide changes in guidelines, etc.

# HMIS FORM 032: REFERRAL NOTE

Date of Referral: \_\_\_\_\_

TO \_\_\_\_\_

FROM: Health Unit \_\_\_\_\_ Referral number \_\_\_\_\_

REFERENCE: Patient name \_\_\_\_\_ Patient number \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of first visit \_\_\_\_\_

*Please attend to the above person who we are referring to your health unit for further action.*

## History and Symptoms:

Investigations done:

Diagnosis:

Treatment given:

Reason for referral:

*Please complete this note on discharge and send it back to our unit*

Name of clinician \_\_\_\_\_ Telephone contact \_\_\_\_\_

Signature \_\_\_\_\_

-----*To be completed at the referral site*-----

Date of arrival \_\_\_\_\_ Date of discharge \_\_\_\_\_

**Further investigations done**

**Diagnosis:**

**Treatment given:**

**Treatment or surveillance to be continued:**

**Remarks:**

Name of clinician \_\_\_\_\_ Telephone contact: \_\_\_\_\_ Signature \_\_\_\_\_

# THE HEALTH MANAGEMENT INFORMATION SYSTEM

## HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL

### TECHNICAL MODULE 3: PREVENTIVE AND CURATIVE ACTIVITIES

**PART 1: MATERNAL HEALTH**

- INTEGRATED ANTENATAL REGISTER
- ANTENATAL TALLY SHEET
- INTEGRATED MATERNITY REGISTER
- MATERNITY TALLY SHEET
- INTEGRATED POST NATAL REGISTER
- POST NATAL TALLY SHEET
- HEALTH UNIT MATERNAL HEALTH DAILY ATTENDANCE SUMMARY
- HEALTH UNIT MATERNAL HEALTH MONTHLY ATTENDANCE SUMMARY

**PART 2: CHILD HEALTH**

- CHILD REGISTER
- CHILD TALLY SHEET
- HPV / TT REGISTER
- HPV VACCINATION TALLY SHEET
- TT TALLY SHEET
- DEWORMING REGISTER
- SCHOOL HEALTH REGISTER
- HEALTH UNIT EPI ATTENDANCE SUMMARY

**PART 3: FAMILY PLANNING**

- INTERGRATED FAMILY PLANNING REGISTER
- FAMILY PLANNING TALLY SHEET
- HEALTH UNIT FAMILY PLANNING SUMMARY

**PART 4: NUTRITION SERVICES**

- INTERGRATED NUTRITION REGISTER
- NUTRITION TALLY SHEET
- HEALTH UNIT NUTRITION SUMMARY

**PART 5: HIV/AIDS SERVICES**

- HCT REGISTER
- HCT MONTHLY SUMMARY
- SAFE MALE CIRCUMCISION REGISTER
- SAFE MALE CIRCUMCISION SUMMARY
- POST EXPOSURE PROPHYLAXIS REGISTER
- PEP QUARTERLY SUMMARY
- FAMILY SUPPORT GROUP REGISTER
- PATIENT APPOINTMENT BOOK
- HIV-EXPOSED INFANT REGISTER
- HIV-EXPOSED INFANT MONTHLY SUMMARY
- PRE-ART REGISTER
- ART REGISTER
- HEALTH UNIT HIV CARE/ART SUMMARY

## PART 1: MATERNAL HEALTH

### HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To record the antenatal clients attending the clinic
- Copies:** One Copy which stays at health unit in the ANC clinic
- Responsibility:** Person in-charge of the ANC clinic

#### PROCEDURE:

1. Write the name of the health unit, health sub district and district, the date the register is opened, and the date the register is closed on the front cover.
2. On the 1<sup>st</sup> clinic day of every month a new serial numbering is started e.g. 001,002, 003, 004 etc...
3. On the first clinic day of the financial year, a new client numbering is started e.g. 001/2014, 002/2014 etc...
4. For the first visit of the pregnancy, the client is registered as first visit (1) and given an ANTENATAL CARD and a **Client number**. On subsequent visits, each visit (e.g. 2) is recorded in the register with other relevant information, including current client number, diagnosis and treatment. This register is the only record of antenatal clients kept at the health unit.
5. Pregnant mothers who are visitors, i.e. those coming once without the intention of continuing at your clinic, should be given the respective ANC services and their ANC card - an old one or one that you issue updated. Please enter these pregnant women in the ANC REGISTER as visitors but don't give them client number. In case the pregnant mother expresses the intention to continue to attend the clinic, whether living in the service area or not, the pregnant mother should be registered in the ANC register and given a client number. If such a pregnant mother comes with their own ANC CARD, use the old card but issue a new ANC number. If many pregnant women are coming from outside your service area, discuss this with the health facility in-charge.
6. If the client has risk factors/complications, they are written down in column 28. If two different people do consultations and registration, then the consultants will need to keep notes on all complications and referrals. The notes are then used to update the register at the end of each clinic day.
7. The morbidity of antenatal clients is recorded in the same register, and their monthly totals are included in the HEALTH UNIT MONTHLY REPORT of OPD diagnoses under **Complications of pregnancy** or by specific diagnosis.

### **Technical Module 3: Preventive and Curative activities**

8. During the antenatal period, columns 1-12 are completed on every visit, plus other columns where services are given
9. At the beginning of each year, a target attendance for ANC new clients is determined by the health unit (see HMIS 109: HEALTH UNIT POPULATION REPORT). The achievement towards this goal is monitored throughout the year using graphs. It's also monitored in the HMIS 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT.
10. The information in the ANTENATAL REGISTER is used to review the program in such areas like: disease protection in pregnant clients, attendance by village or parish, numbers and reasons for referrals, and the average visits per ANC client.
11. The ANC clients receiving doses 1-5 of tetanus is counted and reported monthly.

# HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

## COLUMN HEADINGS:

| (1)        | (2)        | (3)            | (4)              | (5)       | (6)         |            |          | (7)       | (8)     |        | (9a)            | (9b)        | (10)                            | (11)        |                |  | (12) |
|------------|------------|----------------|------------------|-----------|-------------|------------|----------|-----------|---------|--------|-----------------|-------------|---------------------------------|-------------|----------------|--|------|
| Serial No. | Client No. | Name of Client | Village + Parish | Phone No. | Age         |            |          | ANC Visit | Gravida | Parity | Gestational Age | ANC1 Timing | Expected Date of Delivery (EDD) | Weight (kg) | Blood Pressure |  |      |
|            |            |                |                  |           | Height (cm) | MUAC (cm)  | INR no.  |           |         |        |                 |             |                                 |             |                |  |      |
|            |            |                |                  |           | 10 – 19yrs  | 20 – 24yrs | >= 25yrs |           |         |        |                 |             |                                 |             |                |  |      |
|            |            | Surname        | Village          |           |             |            |          |           |         |        |                 |             |                                 | Weight(kg)  |                |  |      |
|            |            | First Name     | Parish           |           |             |            |          |           |         |        |                 |             |                                 | Height (cm) |                |  |      |
|            |            |                |                  |           |             |            |          |           |         |        |                 |             |                                 | MUAC(cm)    |                |  |      |
|            |            |                |                  |           |             |            |          |           |         |        |                 |             |                                 | INR no      |                |  |      |

| (13)        |   | (14a)     | (14b)                  | (15)        | (16)   | (17)      | (18)        | (19)                  |   | (20)                       | (21) | (22)    | (23)      | (24)        |
|-------------|---|-----------|------------------------|-------------|--|-----------|-------------|-----------------------|---|----------------------------|------|---------|-----------|-------------|
| EMTCT codes |   | Diagnosis | WHO Clinical           | ARVs drugs  | Infant & Young Child feeding Counseling (IYCF) | TB Status | Haemoglobin | Syphilis Test Results |   | Family Planning Counseling | TT   | IPT/CTX | Free LLIN | Mebendazole |
| w           | p |           | Stage /CD4/ Viral Load | Pre-ART No. | Maternal Nutrition Counseling                  |           |             | w                     | P |                            |      |         |           |             |
|             |   |           | WHO STAGE              | ARVs        | IYCF   |           |             |                       |   |                            |      |         |           |             |
|             |   |           | CD 4 #                 | Pre-ART No. | Maternal Nutrition Counseling                  |           |             |                       |   |                            |      |         |           |             |
|             |   |           | VIRAL LOAD             |             |  |           |             |                       |   |                            |      |         |           |             |
|             |   |           | WHO STAGE              | ARVs        | IYCF   |           |             |                       |   |                            |      |         |           |             |
|             |   |           | CD 4 #                 | Pre-ART No. | Maternal Nutrition Counseling                  |           |             |                       |   |                            |      |         |           |             |
|             |   |           | VIRAL LOAD             |             |  |           |             |                       |   |                            |      |         |           |             |

| (25)            |       | (26)             | (27)            | (28)                       |
|-----------------|-------|------------------|-----------------|----------------------------|
| Iron/Folic Acid |       | Other Treatments | Referral In/Out | Risk Factors/Complications |
| Fe              | Folic |                  |                 |                            |
|                 |       |                  |                 |                            |
|                 |       |                  |                 |                            |



**DESCRIPTION OF COLUMNS:**

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

On every visit, recording should indicate the the visit, checkwhether dose of TT has been given according to schedule, diagnosis, services given, complications encountered and referrals.

Fill in all relevant columns on the first and subsequent visits of the clients:

**(1) SERIAL NO:**

Start a new serial number on the first clinic day of every month e.g.001, 002etc... for each visit the mother should be given a serial number. Start with number “001” on the first of every month.

**(2) CLIENT NO:**

Start with the number “001/YEAR” on the first clinic day in July each year. On the day of the first visit give a client number which is indicated on the ANC Card. If a client is referred from another clinic then use the ANC number on the card given to the mother by the other health facility and add R at the beginning to show referral and to differentiate her from another client in your health facility who may have the same number e.g R002/YEAR

**(3) NAME OF CLIENT:**

Write the client’s surname and first name in full.

**(4) VILLAGE AND PARISH:**

Write the village and parish where the client resides

**(5) PHONE NUMBER:**

Write the phone the client

**(6) AGE:**

Write the Age of client in complete years in the respective age group.

**(7) ANC VISIT:**

Write the the visit e.g. 1, 2, 3, 4, 5 etc...

**(8) GRAVIDA/PARA:**

**GRAVIDA:** This is the this pregnancy in sequence

**PARA:** This is the pregnancies carried beyond 7 months that the client has had before (exclude the current pregnancy).

**9(a) GESTATIONAL AGE:**

Use the Last Normal Menstrual Period and the Date of the current ANC visit to come up with the Gestation age. Then calculate the weeks that the mother has gone through since the Last Normal Menstrual Period. **Enter the gestational age in weeks.**

**9(b) ANC 1 TIMING**

For all ANC 1 that are attended during the first trimester (before 14 weeks of gestational age), enter “√”

For all ANC 1 that are attended after the first trimester (After 14 weeks of gestational age) enter “x” For 2nd and subsequent visits put Not Applicable (NA).

**(10) EXPECTED DATE OF DELIVERY:**

This is approximated using the first day on which last normal menstrual period began, adding 9 months and 7days to arrive at the estimated date of delivery.

**(11) WEIGHT, MUAC, HEIGHT AND INR NO:**

**WEIGHT**

Take the weight and record it in kilograms (kg),

**HEIGHT**

Take the height and record it in cms.

**MUAC**

Write the MUAC colour code and the measurement in cm. The MUAC Colour Red is an indication of Severe Acute Malnutrition, Yellow indicates Moderate Acute Malnutrition and Green is Normal nutritional status. Write “R” for Red, “Y” for Yellow and “G” for Green.

**INR NO.**

Integrated Nutrition Register Number (INR No.) is given to a client who has been confirmed with malnutrition (If MUAC is Red or Yellow) in the Nutrition unit/Program at the Health Facility.

**(12) BLOOD PRESSURE:**

Take the patient blood pressure and record

**(13) eMTCT CODES:**

Enter the eMTCT code for the woman (W) and her partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client are listed below.

**Codes for clients who are newly tested in ANC**

C       Counseled but declined HIV testing  
T       Counseled and tested but didn't receive results  
TR      Counseled tested and results given - Client tested HIV Negative  
TRR     Counseled tested and results given - client tested HIV Positive

**Codes for revisit clients who come to ANC with known status**

TR√     Revisit ANC clients, who were tested for HIV on a previous ANC visit with known HIV Negative status  
TRR√    Revisit ANC clients who were tested for HIV on a previous ANC visit with known HIV Positive status

**Codes for new clients who come to ANC with documented evidence of test results**

TRK     \*Clients who tested HIV Negative within 4 weeks prior to arrival in ANC

TRRK    Clients who tested HIV Positive prior to arrival in ANC

\* Clients who tested HIV Negative within 4 weeks prior to arrival in ANC: If the test is negative and was done 4 weeks prior to the visit then a re-test is recommended. ANC retesting should be done in 2<sup>nd</sup> /3<sup>rd</sup> trimester

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#### Codes for clients who are re-tested later in pregnancy

TR+ Clients who tested HIV Negative on a re-test  
TRR+ Clients who tested HIV Positive on a re-test

If the initial HIV test is negative a re-test is recommended later during the pregnancy

#### (14a) DIAGNOSIS:

These are findings after clinical assessment e.g. normal pregnancy (NP), malaria, High blood pressure etc...

#### (14b) WHO CLINICAL STAGE/ CD4/ VIRAL LOAD

If the pregnant mother is HIV positive, enter the WHO stage and/or the CD4 and/or Viral Load test results and the date the test was done e.g. CD4 350 12/03/2013, Stage 1. If this is a revisit and the CD4 was done on an earlier visit put a tick mark. e.g. CD4 350√ 12/03/2013, Stage 1√

#### (15) ARV DRUGS

If a HIV positive pregnant mother is started on ARVs on that visit, use the following codes to indicate which drug is prescribed. If the pregnant mother is HIV negative, write NA.

ART Initiated ART for eMTCT on that visit  
ARTK Client already on HAART for their own health prior to the first ANC visit or before this pregnancy

If this is a revisit and the HIV positive pregnant mother is already on ARVs, write the code with a tick "√"

ART√ Client is a revisit and was prescribed on an earlier visit  
ARTK√ Client is a revisit and was prescribed on an earlier visit even for those who were on ART before the pregnancy

Write the Pre ART the client

#### (16) INFANT FEEDING COUNSELING and MATERNAL NUTRITION COUNSELING:

Write "Y" for YES if pregnant woman is provided with infant feeding counseling (IYCF)

Write "N" NO if pregnant woman is not provided with infant feeding counseling (NIYCF)

Write "Y" YES if maternal nutrition counseling was provided (MNC)

Write "N" NO if maternal nutrition counseling was not provided (MNC)

#### (17) TB STATUS:

All clients should be screened for TB using ICF (Intensified Case Finding) forms, and enter as follows;

For any mother regardless of the sero status with no signs and symptoms of TB

HIV positive client suspected to be having TB (Has any of the following; Cough for 2 weeks or more, weight loss more than 10% of body weight and on and off fevers for at least one month

TB status, enter the respective code:

- 1: No signs = no signs or symptoms of TB
- 2: Suspect = TB refer or sputum sent
- 3: TB Diagnosed = Diagnosed with TB
- 4: TB Rx = currently on TB treatment

**(18) HAEMOGLOBIN:**

Record the HB level e.g. (10.4g/dl)

**(19) SYPHILIS TEST RESULTS: (Syp W/P)**

Write the syphilis test results using the following codes:

|     |   |
|-----|---|
| Rx  | Client tested and results given - client reactive and given treatment |
| +ve | Client tested positive but not yet given treatment                    |
| NR  | Client tested results given- client non-reactive                      |
| NT  | Client not tested for syphilis  |

**(20) FAMILY PLANNING COUNSELING:**

Counsel the mother on family planning options that are available for use after the pregnancy. Write **C** if counseled only. For HIV positive mothers, those in discordant relationships and those whose partners have not tested for HIV remember to counsel on Dual protection method and provide condoms and record **C/D** if provided with condoms after counseling

**(21) TETANUS DOSE:**

Tetanus dose given (this information must be taken from the client's Tetanus Card, not from her memory). Indicate the dose as 1st, 2nd, 3rd, 4th and 5th as appropriate or C if completed all her doses

**(22) IPT DOSE:**

This refers to IPT1 or IPT2 given as first dose or second dose (respectively) of Intermittent Preventive Treatment (IPT) of malaria by directly observed therapy (DOT) during the 2nd or 3rd trimester of the pregnancy. Enter 1 if first dose is given and 2 if second dose is given, and ND if not due for the dose at that visit, and C if completed  
Mothers on Septrin do not need Fansidar. If the mother is on Septrin use the following codes:

|             |  |
|-------------|--|
| <b>CTX</b>  | Initial Septrin prescription                                   |
| <b>CTX√</b> | Septrin was prescribed on a previous visit and giving a refill |

**(23) FREE LLIN:**

Has the mother received a free LLIN from the health facility? Enter Y, if mother has received a free LLIN or N if she has not received a free LLIN.

**(24) MEBENDAZOLE DOSE:**

Enter a tick (√) if a woman has received a DOSE of Mebendazole on that visit and an X if she has not received the dose yet considered due. Put NA if she is not due for the dose, and C if completed

**(25) IRON/FOLIC ACID:**

**IRON:** Enter a tick (√) if a woman has received iron and record the number given on that visit after the tick. For routine supplementation everyday a woman should receive 200mg (1tablet) once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month

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**FOLIC ACID:** Enter a tick (√) if a woman has received folic acid and record the number given on that visit after the tick. The dose is one tablet once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month on each visit

**(26) OTHER TREATMENTS:**

This refers to treatment given other than TT, IPT, Iron, Folic acid, Mebendazole and ARVs.

**(27) REF IN / OUT:**

Using the criteria on the Mother's Child's Health Passport, the pregnant woman may be referred out of the facility. If she is referred out, complete a REFERRAL NOTE and write REF OUT and the referral number in this column. If the pregnant mother was referred into this health unit from another site, write REF IN, in this column. For pregnant mothers referred in from the community, write C/REF IN, for HIV positive women referred to family support groups write FSG in this column.

**(28) COMPLICATIONS/ RISK FACTORS:**

Write the complications and risk factors found, but remember to fill the same information on the Antenatal Card.

**Note:** ANC card should be filled first for the patient's own carried notes.

**INSTRUCTIONS FOR SUMMARIZING:**

At the end of each month, COUNT

- ANC 1 visits for women 10-19 years
- ANC 1 visits for women 20-24 years
- ANC 1 visits for women 25years & above
- ANC 1 visits in 1<sup>st</sup> Trimester
- ANC 4 visits for women 10-19 years in the month for which you are reporting
- ANC 4 visits for women 20-24 years
- ANC 4 visits for women 25years & above
- ANC 4+ visits for women
- ANC Total visits (New clients + Re-attendances) for women 10-19 years
- ANC Total visits(New clients + Re-attendances)for women 20-24 years
- ANC Total visits (New clients + Re-attendances)for women 25years & above
- Total ANC Referrals to the unit
- ANC Referrals to the unit from communityservices
- Total ANC Referral from the unit
- ANC Referralsfrom the unit to Family Support Groups (FSG)
- Pregnant women 10-19 years receiving IPT1
- Pregnant women 20-25 years receiving IPT1
- Pregnant women 25years & above receiving IPT1
- Pregnant women 10-19 years receiving IPT2

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- Pregnant women 20-25 years receiving IPT2
- Pregnant women 25years & above receiving IPT2
- Pregnant women receiving Iron/Folic Acid on ANC 1<sup>st</sup> visit
- Pregnant womenreceiving free LLINs during ANC
- Pregnant women tested for syphilis
- Pregnant women tested positive for syphilis
- Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 10-19 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Pregnant women 20-24 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Pregnant women 25years & above tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- HIV+ pregnant women assessed by CD4 for the 1<sup>st</sup> time
- HIV+ pregnant women assessed by WHO clinical stage for the 1<sup>st</sup> time
- HIV+ Pregnant Women initiated on ART for eMTCT (ART)
- Total pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit(TRK + TRRK)
- HIV+ pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRRK)
- HIV+ Pregnant women already on ART before 1<sup>st</sup> ANC (ART-K)
- Total Pregnant Women re-tested later in pregnancy (TR+ & TRR+)
- Pregnant Women testing HIV+ on a retest (TRR+)
- HIV+ pregnant women initiated on Cotrimoxazole
- Total Male partners who received HIV test results in eMTCT
- Male partners who received HIV+ test results in eMTCT

#### REPORTED MONTHLY ON HMIS 105:

- Number of ANC 1 visits for women 10-19 years
- Number of ANC 1 visits for women 20-24 years
- Number of ANC 1 visits for women 25years & above
- Number of ANC 1 visits in 1<sup>st</sup> Trimester
- Number of ANC 4 visits for women 10-19 years in the month for which you `are reporting
- Number of ANC 4 visits for women 20-24 years
- Number of ANC 4 visits for women 25years & above
- Number of ANC 4+ visits for women
- Number of ANC Total visits (New clients + Re-attendances) for women 10-19 years

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- Number of ANC Total visits (New clients + Re-attendances) for women 20-24 years
- Number of ANC Total visits (New clients + Re-attendances)for women 25years & above
- Total number of ANC Referrals to the unit
- Number of ANC Referrals to the unit from communityservices
- Total number of ANC Referral from the unit
- Number of ANC Referralsfrom the unit to Family Support Groups (FSG)
- Number of Pregnant women 10-19 years receiving IPT1
- Number of Pregnant women 20-25 years receiving IPT1
- Number of Pregnant women 25years & above receiving IPT1
- Number of Pregnant women 10-19 years receiving IPT2
- Number of Pregnant women 20-25 years receiving IPT2
- Number of Pregnant women 25years & above receiving IPT2
- Number of Pregnant women receiving Iron/Folic Acid on ANC 1<sup>st</sup> visit
- Number of Pregnant womenreceiving free LLINs during ANC
- Number of Pregnant women tested for syphilis
- Number of Pregnant women tested positive for syphilis
- Number of Number of Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 10-19 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of Pregnant women 20-24 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of Pregnant women 25years & above tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of HIV+ pregnant women assessed by CD4 for the 1<sup>st</sup> time
- Number of HIV+ pregnant women assessed by WHO clinical stage for the 1<sup>st</sup> time
- Number of HIV+ Pregnant Women initiated on ART for eMTCT (ART)
- Total Number of pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRK + TRRK)
- Number of HIV+ pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRRK)
- Number of HIV+ Pregnant women already on ART before 1<sup>st</sup> ANC (ART-K)
- Total number of Pregnant Women re-tested later in pregnancy (TR+ & TRR+)
- Number of Pregnant Women testing HIV+ on a retest (TRR+)
- Number of HIV+ pregnant women initiated on Cotrimoxazole
- Total number of Male partners who received HIV test results in eMTCT
- Number of Male partners who received HIV+ test results in eMTCT

## HMIS FORM 071a: ANTENATAL TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To record the tetanus immunizations, Vitamin A Doses, eMTCT, HCT, ART services provided to pregnant mothers

**Copies:** **One** copy and it stays in at the health unit in the ANC Clinic

**Responsibility:** Person in-charge of the ANC clinic

### PROCEDURE:

At least one copy of this tally sheet should be located near the injection room where the immunizations are given. The Tetanus Card should be updated at the same time. Other copies should be left in the examination rooms where the antenatal and the postnatal visits are conducted.

The general tally / summation sheet can also be used to tally the ANC variables required for reporting.



# HMIS FORM 071a: ANTENATAL TALLY SHEET

Health Unit: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

| ANTENATAL VISIT   |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ANC 1 VISITS FOR WOMEN 10-19 YEARS  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 1 VISITS FOR WOMEN 20-24 YEARS  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 1 VISITS FOR WOMEN 25YEARS & ABOVE                                    | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 1 VISITS IN 1 <sup>ST</sup> TRIMESTER                                 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 4 VISITS FOR WOMEN 10-19 YEARS  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 4 VISITS FOR WOMEN 20-24 YEARS  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 4 VISITS FOR WOMEN 25YEARS & ABOVE                                    | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC 4+ VISITS FOR WOMEN   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC TOTAL VISITS (NEW CLIENTS + RE-ATTENDANCES) FOR WOMEN 10-19 YEARS     | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC TOTAL VISITS (NEW CLIENTS + RE-ATTENDANCES) FOR WOMEN 20-24 YEARS     | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC TOTAL VISITS (NEW CLIENTS + RE-ATTENDANCES) FOR WOMEN 25YEARS & ABOVE | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| TOTAL ANC REFERRALS TO THE UNIT   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| ANC REFERRALS TO THE UNIT FROM COMMUNITY SERVICES                         | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

|   |  |       |
|---|--|-------|
| TOTAL ANC REFERRAL FROM THE UNIT                                      | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| ANC REFERRALS FROM THE UNIT TO FAMILY SUPPORT GROUPS (FSG)            | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>INTERMITTENT PRESUMPTIVE TREATMENT S-P (IPT)</b>                   |  |       |
| FIRST DOSE OF S-P (IPT1) 10-19 YEARS                                  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| FIRST DOSE OF S-P (IPT1) 20-24 YEARS                                  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| FIRST DOSE OF S-P (IPT1) 25YEARS & ABOVE                              | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| SECOND DOSE OF S-P (IPT2) 10-19 YEARS                                 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| SECOND DOSE OF S-P (IPT2) 20-24 YEARS                                 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| SECOND DOSE OF S-P (IPT2) 25YEARS & ABOVE                             | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>PREGNANT WOMEN RECEIVED IRON/FOLIC ACID ON FIRST ANC VISIT</b>     |  |       |
| PREGNANT WOMEN RECEIVING IRON/FOLIC ACID ON ANC 1 <sup>ST</sup> VISIT | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>PREGNANT WOMEN WHO HAVE RECEIVED FREE LLINS</b>                    |  |       |
| PREGNANT WOMEN RECEIVING FREE LLINS DURING ANC                        | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>PREGNANT WOMEN TESTED FOR SYPHILIS</b>                             |  |       |
| PREGNANT WOMEN TESTED FOR SYPHILIS                                    | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| PREGNANT WOMEN TESTED POSITIVE FOR SYPHILIS                           | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

| <b>PREGNANT WOMEN TESTED FOR HIV</b>   |       |       |       |       |       |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| PREGNANT WOMEN 10-19 YEARS NEWLY TESTED FOR HIV THIS PREGNANCY (TR & TRR)                                  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| PREGNANT WOMEN 20-24 YEARS NEWLY TESTED FOR HIV THIS PREGNANCY (TR & TRR)                                  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| PREGNANT WOMEN 25 YEARS & ABOVE NEWLY TESTED FOR HIV THIS PREGNANCY (TR & TRR)                             | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| PREGNANT WOMEN 10-19 YEARS TESTED HIV+ FOR THE 1 <sup>ST</sup> TIME THIS PREGNANCY (TRR) AT ANY VISIT      | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| PREGNANT WOMEN 20-24 YEARS TESTED HIV+ FOR THE 1 <sup>ST</sup> TIME THIS PREGNANCY (TRR) AT ANY VISIT      | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| PREGNANT WOMEN 25 YEARS & ABOVE TESTED HIV+ FOR THE 1 <sup>ST</sup> TIME THIS PREGNANCY (TRR) AT ANY VISIT | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| <b>HIV+ PREGNANT WOMEN ASSESSED FOR ART ELIGIBILITY</b>  |       |       |       |       |       |       |       |       |       |       |
| HIV+ PREGNANT WOMEN ASSESSED BY CD4 FOR THE 1 <sup>ST</sup> TIME   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| HIV+ PREGNANT WOMEN ASSESSED BY WHO CLINICAL STAGE FOR THE 1 <sup>ST</sup> TIME                            | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| <b>HIV+ PREGNANT WOMEN INITIATED ON ART</b>  |       |       |       |       |       |       |       |       |       |       |
| HIV+ PREGNANT WOMEN INITIATED ON ART FOR EMTCT (ART)   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| <b>PREGNANT WOMEN WHO KNEW THEIR HIV STATUS BEFORE THE 1<sup>ST</sup> ANC VISIT</b>                        |       |       |       |       |       |       |       |       |       |       |
| TOTAL PREGNANT WOMEN WHO KNEW THEIR HIV STATUS BEFORE THE 1 <sup>ST</sup> ANC VISIT (TRK + TRRK)           | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

|  |  |  |  |  |
|--|--|--|--|--|
| HIV+ PREGNANT WOMEN WHO KNEW THEIR HIV STATUS BEFORE THE 1 <sup>ST</sup> ANC VISIT (TRRK)  | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| HIV+ PREGNANT WOMEN ALREADY ON ART BEFORE 1 <sup>ST</sup> ANC (ART-K)  | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000  | TOTAL  |  |  |
| <b>PREGNANT WOMEN RE-TESTED LATER IN PREGNANCY</b>   |  |  |  |  |
| TOTAL PREGNANT WOMEN RE-TESTED LATER IN PREGNANCY (TR+ & TRR+)   | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| PREGNANT WOMEN TESTING HIV+ ON A RETEST (TRR+)   | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| <b>HIV POSITIVE PREGNANT WOMEN INITIATED ON COTRIMOXAZOLE</b>  |  |  |  |  |
| HIV POSITIVE PREGNANT WOMEN INITIATED ON COTRIMOXAZOLE   | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| <b>MALE PARTNERS WHO RECEIVED HIV TEST RESULTS IN eMTCT</b>  |  |  |  |  |
| TOTAL MALE PARTNERS WHO RECEIVED HIV TEST RESULTS IN eMTCT   | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| MALE PARTNERS WHO RECEIVED HIV+ TEST RESULTS IN eMTCT  | 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL  |  |  |
| <b>TALLY TETANUS VACCINATIONS BY THE DOSE NUMBER GIVEN TO PREGNANT WOMEN</b>   |  |  |  |  |
| <b>DOSE 1</b>  | <b>DOSE 2</b>  | <b>DOSE 3</b>  | <b>DOSE 4</b>  | <b>DOSE 5</b>  |
| 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000                                 | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |
| TOTAL <input style="width: 50px;" type="text"/>  | TOTAL <input style="width: 50px;" type="text"/>  | TOTAL <input style="width: 50px;" type="text"/>  | TOTAL <input style="width: 50px;" type="text"/>  | TOTAL <input style="width: 50px;" type="text"/>  |

**Technical Module 3: Preventive and Curative activities**

| <b>TALLY TETANUS VACCINATIONS BY THE DOSE NUMBER GIVEN TO NON PREGNANT WOMEN</b> |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>DOSE 1</b>  | <b>DOSE 2</b>              | <b>DOSE 3</b>              | <b>DOSE 4</b>              | <b>DOSE 5</b>              |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| TOTAL <input type="text"/>   | TOTAL <input type="text"/> | TOTAL <input type="text"/> | TOTAL <input type="text"/> | TOTAL <input type="text"/> |
| <b>TALLY TETANUS VACCINATIONS BY THE DOSE NUMBER GIVEN IN SCHOOLS</b>            |                            |                            |                            |                            |
| <b>DOSE 1</b>  | <b>DOSE 2</b>              | <b>DOSE 3</b>              | <b>DOSE 4</b>              | <b>DOSE 5</b>              |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| 00000 00000 00000  | 00000 00000 00000          | 00000 00000                | 00000 00000                | 00000 00000                |
| TOTAL <input type="text"/>   | TOTAL <input type="text"/> | TOTAL <input type="text"/> | TOTAL <input type="text"/> | TOTAL <input type="text"/> |

# HMIS FORM 072: INTEGRATED MATERNITY REGISTER

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To record the admissions, deliveries, admissions of obstetrical complications and the management procedures carried out.
- Copies:** One copy and it stays at the health unit in the Maternity ward
- Responsibility:** Person in-charge of the Maternity Ward

## PROCEDURE:

1. Write the name of the health unit, name of health sub district and district, the date the register opened and the date the register closed on the front cover of the Maternity Register.
2. Write all admission information (dates of admission, names of the mother, Age, Parity, ANC number, In-Patient number, address, eMTCT Code, ARV Drugs and Septrine, Diagnosis) for all admissions whether the mother delivers or not and also write the management procedures carried out and treatment given.
3. If the woman delivers, all columns should be completed. A PARTOGRAM CHART is completed during delivery. The IPD Number on the MATERNITY REGISTER should be entered on the PARTOGRAM CHART.
4. Counsel and test mothers who come to deliver with unknown HIV sero status, and enter their eMTCT code in the appropriate column (column 16)
5. All maternal and newborn deaths should be discussed at senior staff meetings.
6. The MATERNITY REGISTER is reviewed to investigate such things as: comparing the techniques used with the diagnosis made; documenting the numbers of stillbirths; live births by sex and weight; prematurity; congenital anomalies, the causes of maternal deaths, the medicines used to manage the patient. Any characteristic can be examined by community.

## **MANAGEMENT QUESTIONS**

All of the management questions can be looked at by community of residence of the mother. Knowledge of the geographic distribution can reduce and focus the outreach programme, e.g. if low birth weight babies are frequently from just one community, or maternal deaths are coming from one village.

***Are women delivering in maternity ward?***

The deliveries in maternity are monitored as a national preventive target. Progress is monitored monthly at the health unit and reported. If deliveries decline while ANC new clients do not, it is necessary to find out why and correct the situation.

***Are the common problems well addressed?***

The distribution of obstetrical diagnoses and techniques used can be calculated. It is also useful for the Incharge of the maternity ward (and the health unit Incharge) to review the accuracy of the technique used for the diagnosis given.)

If it is possible to link antenatal information with delivery information (the women who attended the same health unit for ANC and Maternity Services), then such questions as the following can be answered:

***What proportion of (referred) High Risk pregnancies actually delivered in the maternity?***

***What proportions of "Problem Deliveries" were not identified as High Risk during ANC?***

***Was it possible to detect them?***

**Technical Module 3: Preventive and Curative activities**

# HMIS FORM 072: INTEGRATED MATERNITY REGISTER

## HEADINGS AND COLUMN WIDTHS:

| ADMISSION INFORMATION |        |                 |            |                  |           |            |            |          |                |                    | DELIVERY INFORMATION |                 |  |  |                  |                  |                                     |                       |
|-----------------------|--------|-----------------|------------|------------------|-----------|------------|------------|----------|----------------|--------------------|----------------------|-----------------|--|--|------------------|------------------|-------------------------------------|-----------------------|
| (1)                   | (2)    | (3)             | (4)        | (5)              | (6)       | (7)        |            |          | (8)            | (9)                |                      | (10a)           | (10b)                                      | (11)                                   | (12)             | (13)             | (14)                                | (15)                  |
| DOA                   | IPD No | ANC and Ref. No | Name       | Village & Parish | Phone No. | 10 – 19yrs | 20 – 24yrs | >= 25yrs | Gravidity/Para | Weeks of gestation | T/P                  | Final diagnosis | WHO Clinical Stage/ CD4 Count / Viral Load | Mode of Delivery/ Management procedure | Date of Delivery | Time of Delivery | Management of 3 <sup>rd</sup> Stage | Other treatment given |
|                       |        |                 |            |                  |           |            |            |          |                |                    |                      |                 |  |  |                  |                  |                                     |                       |
|                       |        |                 | Sur Name   |                  |           |            |            |          |                |                    |                      |                 | WHO STAGE                                  |  |                  |                  |                                     |                       |
|                       |        |                 | First Name |                  |           |            |            |          |                |                    |                      |                 | CD4 COUNT                                  |  |                  |                  |                                     |                       |
|                       |        |                 |            |                  |           |            |            |          |                |                    |                      |                 | VIRAL LOAD                                 |  |                  |                  |                                     |                       |

| DELIVERY INFORMATION |   |                |                 | CHILD INFORMATION |      |                        |                                 |                    |                    |       |               |                         |                   | DISCHARGE |                           |                        |                              |                                  |                                |              |           |   |                            |
|----------------------|---|----------------|-----------------|-------------------|------|------------------------|---------------------------------|--------------------|--------------------|-------|---------------|-------------------------|-------------------|-----------|---------------------------|------------------------|------------------------------|----------------------------------|--------------------------------|--------------|-----------|---|----------------------------|
| (16)                 |   | (17)           | (18)            | (19)              | (20) | (21)                   | (22)                            | (23)               | (24)               |       |               | 25(a)                   | 25(b)             | (26)      | (27)                      | (28)                   | (29)                         | (30)                             | (31)                           | (32)         | (33)      |   | (34)                       |
| eMTCT CODE           |   | ARVs to mother | Vita A Supplm . | Apgar Score       | Sex  | Not Breathing at birth | Immediate. Skin to skin contact | Breast fed ≤ 1hrs? | Routine medication |       |               | Counseling at discharge | IYCF              | WT        | ARVs administered to baby | Immunization BCG/Polio | Family Planning Method given | Condition Of Mother at Discharge | Condition of baby at discharge | Delivered by | PNC at 6H | Date of Discharge /Name of person discharging |                            |
| W                    | P | Pre-ART No.    | MUAC            |                   |      |                        |                                 |                    | TEO                | Vit K | Chlorhexidine |                         | Disch.            |           |                           |                        |                              |                                  |                                |              | IYCF      |   | mother                     |
|                      |   | ARVs           | Vita A          |                   |      |                        |                                 |                    |                    |       |               |                         |                   |           | BCG                       |                        |                              |                                  |                                |              |           |   | Date of Discharge          |
|                      |   | Pre-ART No.    | MUAC            |                   |      |                        |                                 |                    |                    |       |               | Mater.n utr. Couns.     | Infant Feeding Op |           | POLIO O                   |                        |                              |                                  |                                |              |           |   | Name of person discharging |
|                      |   |                | INR no.         |                   |      |                        |                                 |                    |                    |       |               |                         |                   |           |                           |                        |                              |                                  |                                |              |           |   |                            |



## DESCRIPTION OF COLUMNS

### ADMISSION INFORMATION:

**(1) DATE OF ADMISSION (DOA):**

The date of admission-(day and month is sufficient). It is best to use abbreviations for months (Jan, Feb. etc)

**(2) IPD No:**

This is a unique serial number given to the mother during her stay in the Maternity Ward. The IPD number is given at each admission and begins with 1 at the beginning of the financial year (July).

**(3) ANC NO & REF:**

If the woman attended any Health Unit's ANC clinic, then the client number on the ANC Card and the Health Unit's name (or abbreviation) is written. If the woman was referred (high risk delivery), write "REF" in this column. If woman did not attend ANC indicate NB for not booked anywhere.

**(4) NAME:**

Enter both surname name and first name of the woman.

**(5) VILLAGE & PARISH:**

Enter the village and parish where the client resides.

**(6) PHONE NO.:**

Enter the telephone number of the client

**(7) AGE:**

Enter the age of the woman in complete years

**(8) GRAVIDA/ PARITY:**

All the pregnancies the woman has carried should be entered in this column. For mothers admitted but did not deliver at that admission, note the gravida

**(9) WEEKS OF GESTATION:**

The age of the pregnancy in weeks is entered in this column, e.g. 34 to mean 34 completed weeks of gestation. Indicate if the delivery is term (T) or pre-term (P) i.e. less than 37 weeks of gestation

**(10a)FINAL DIAGNOSIS:**

This refers to Obstetrical diagnosis, such as "transverse position", "BBA" born before arrival, at the time of discharge or referral or death. For HIV positive mothers note the WHO clinical stage or CD4 test results. If there are obstetrical complications experienced by the time of admission, or during the course of stay at the health unit, they should be also entered and coded as follows:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| 1. Abortions                        | 7. Puerperal sepsis                  |
| 2. APH                              | 8. Sepsis related to pregnancy       |
| 3. PPH                              | 9. Anaemia in pregnancy              |
| 4. Malaria in pregnancy             | 10. Ruptured uterus                  |
| 5. High blood pressure in pregnancy | 11. Ectopic pregnancy                |
| 6. Obstructed labour                | 12. Other Complications of pregnancy |

**(10b) WHO CLINICAL STAGE/CD4 COUNTS**

If the mother is HIV positive, enter the WHO stage and/or the CD4 and /or Viral Load test results and the date the test was done e.g. CD4 350 12/03/2013, Stage 1. If this is a revisit and the CD4 was done on an earlier visit put a tick mark. e.g. CD4 350√ 12/03/2013, Stage 1√

**DELIVERY INFORMATION:****(11) MODE OF DELIVERY/MANAGEMENT PROCEDURE:**

The techniques used during delivery, such as, "Normal Vaginal delivery", "vacuum extraction", "caesarean section", etc. If other management procedures were done to manage the condition, they are entered here, such as Manual Vacuum Aspiration (MVA), Dilatation and Curettage (D & C), laparotomy, hysterectomy, etc.

**(12) DATE OF DELIVERY:**

The date when the mother delivers is recorded in this column

**(13) TIME OF DELIVERY:**

The time (in 12 hours) when the mother delivers is indicated in this column.

**(14) MANAGEMENT OF 3RD STAGE OF LABOUR:**

Note what the mother was given, codes used for description are:

1. Ergometrine
2. Pitocin
3. Misoprostol

**(15) OTHER TREATMENT GIVEN**

Medicines given are entered under this column, such as Misoprostol, Magnesium sulfate, Antibiotics, IV fluids, Blood transfusion, Injection Dexamethasone during pre-term labor etc

**(16) eMTCT CODE:**

Enter the eMTCT code for the woman (W) and partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client are listed below.

|      |  |
|------|--|
| C    | Counseled but declined HIV testing   |
| T    | Counseled and tested but didn't receive results                              |
| TR   | Counseled tested and results given - Client tested HIV Negative in maternity |
| TRR  | Counseled tested and results given - client tested HIV Positive in maternity |
| TRR+ | Client was originally negative but sero-converted at this test               |

**Codes for clients who come to Maternity with known status**

|      |   |
|------|---|
| TR√  | Clients who came for delivery with HIV Negative status done during this Pregnancy |
| TRR√ | Clients who came to HIV Positive status after testing in during this Pregnancy    |

**(17) ARVS TO MOTHERS**

Write the ART code the client is given while in maternity. If the client is HIV negative, write NA. If no drugs were given in maternity, write ND.

Write 'ART' if the client is initiated on ART for eMTCT in maternity

If the HIV positive pregnant mother is already on ARVs, write the code with a tick "√"

Record the Pre-ART if the client is already on ART

**(18) VITAMIN A SUPPLEMENTATION/MUAC/INR NO:**

**VITAMIN A SUPPLEMENTATION**

Tick (✓) if a woman has routinely been offered Vitamin A

**MUAC & INR No.**

Write the MUAC colour code and the measurement in cm. If MUAC is red or yellow, write the admission number from the Integrated Nutrition register (INR no.). The MUAC Colour code, red is an indication of severe acute malnutrition, yellow indicates moderate acute malnutrition and green is normal nutrition status. Write "R" for red, "Y" for yellow and "G" for green.

**CHILD INFORMATION:**

**(19) APGAR SCORE (A/S):**

Write the Apgar score both in the 1st and 5th minute in this column. Add A if with Asphyxia

**(20) SEX:**

Indicate the baby's sex e.g. 'M' for male and 'F' for female

**(21) NOT BREATHING AT BIRTH:**

Please enter;

SS -If baby breathes after Stimulation and or Suction procedure

BM -If baby breathes after Bag and Mask procedure

BMD -If baby dies after Bag and Mask procedure

**(22) IMMEDIATE SKIN TO SKIN CONTACT:**

**Write "Y" for Yes:** if the baby is dried thoroughly and wet cloth removed, placed skin to skin on mother's chest and then covered with dry cloth or blanket and **write "N" for No:** if not done

**(23) Breast fed ≤ 1hrs?**

Write **"Y" for Yes** if the mother has started breast feeding the baby within 1 hour after delivering and **"N" for No** if not.

**(24) ROUTINE MEDICATION:**

Enter tick (✓) in column if the appropriate routine medication is given and leave column blank if none is given. Routine medication includes: **TEO**-Tetracycline Eye Ointment, **Vit K**-Vitamin K (IM) and **Chlorhexidine** for Cord Care.

**(25a) COUNSELING AT DISCHARGE**

Enter **C** under **Disch.** if mother counseled on danger signs, home based care and when to return for PNC, enter **NC** under **Disch.** if not counseled on danger signs, home based care and when to return for PNC

Write **"Y"** under **Mater.Nutr. Couns.** if maternal nutrition counseling was provided

Write **"N"** under **Mater. Nutr. Couns.** if maternal nutrition counseling was not provide

**(25b) IYCF**

Write **"Y"** under **IYCF** if mother is counseled on infant and young child feeding

Write **"N"** under **IYCF** if mother is not counseled for infant and young feeding

### Technical Module 3: Preventive and Curative activities

Enter the infant feeding option chosen by the mother; this should be entered using the codes as follows:

**EBF** – For Exclusive breast feeding

**RF** – Replacement Feeding

**MF** – Mixed Feeding

#### (26) WEIGHT (WT):

Indicate the weight of the baby in kilograms (e.g. 3.2 kgs)

#### (27) ARVS ADMINISTERED TO BABY:

Indicate the type of ARV regimen given to the baby e.g. NVP syrup.

#### (28) IMMUNISATION (BCG/POLIO 0):

Write **Y** if baby received BCG and Polio or **N** if the baby did not receive the respective immunization antigen(s).

### DISCHARGE INFORMATION:

#### (29) FAMILY PLANNING METHOD GIVEN:

Some of the women will be counseled and given Family Planning methods before discharge. The methods may include Post-Partum IUD (PPIUD), or a method of Family Planning as part of Post-Abortion Care (e.g. IUD, Implant, oral pills, Depo, etc). The method is entered using the codes as follows:

1 – Post Partum Female Sterilization (Bilateral Tubal Ligation) (PP - BTL)

2 - Post Partum IUD (PP - IUD)

3 – IUD as part of Post-Abortion Care (PAC - IUD)

4– Implant as part of Post-Abortion Care

5 – Oral pills as part of Post-Abortion Care

6 - Depo as part of Post-Abortion Care

7- Other Family Planning Methods specify

8- No Family Planning Method Given

#### (30) CONDITION OF MOTHER ON DISCHARGE:

Enter the condition of the mother on discharge using the following codes;

D - Woman discharged is alive

DD - Woman died

R - If the woman run away or left before being discharged

T-Woman transferred to another facility

DF-Woman discharged alive with Fistula

DDF-Woman died with Fistula

RF-Woman ran away with Fistula

TF-Woman transferred with Fistula

#### (31) CONDITION OF BABY ON DISCHARGE:

Enter the condition of the baby at discharge as follows;

**MSB** - Macerated still birth

**FSB** - Fresh still birth

**NND** - Immediate Neonatal Death (death within 24hrs)

**AL** - Live Baby

**BDF** - Baby born with defect

*(Please note that babies older than 1day are captured in postnatal register)*

**(32) DELIVERED BY:**

Record the name of the midwife or doctor who assisted the delivery or conducted the management procedure in this column.

**(33) PNC AT 6H:**

Record the date when the mother/baby attended postnatal care (PNC) if the attendance was within six hours after delivery.

**(34) DATE OF DISCHARGE/NAME OF THE PERSON WHO DISCHARGING:**

Record the date when the mother was discharged and the names of the midwife or health worker who discharged the mother in this column.

**REPORTED DAILY TO THE INCHARGE OF THE MATERNITY WARD:**

The number of admissions, discharges, deliveries, women that had a caesarean section, deaths and count of mothers, abortions, ectopic pregnancies, on the ward.

**INSTRUCTIONS FOR SUMMARIZING:**

At the end of each month, COUNT;

- Admissions
- Referrals to the maternity unit
- Referrals out from the maternity unit
- Deliveries in unit among the women aged 10-19 years
- Deliveries in unit among the women aged 20-24 years
- Deliveries in unit among the women aged  $\geq 25$  years
- Total number of fresh still birth
- Total number of macerated still birth
- Total number of Birth asphyxia
- Total number of live births
- Total number of Pre-Term births
- Women tested for HIV in labour for the 1st time pregnancy
- Women tested for HIV in labour during a retest this pregnancy
- Women testing HIV+ in labour for the 1st time pregnancy
- Women testing HIV+ in labour during a retest this pregnancy
- Total HIV+ women initiating ART in maternity
- Total deliveries to HIV+ women in unit
- Total live births to HIV+ women in unit
- HIV-exposed babies given ARVS
- Total Number of mothers who initiated breastfeeding within the first hour after delivery
- Number of HIV + mothers who initiated breastfeeding within the first hour after delivery
- Babies born with low birth weight ( $< 2.5$ kg)
- Number of Live babies
- Babies born with defect
- Mothers given Vitamin A supplementation

- Newborn deaths (0-7 days)
- Maternal deaths in women 10-19 years
- Maternal deaths in women 20-24years
- Maternal deaths in women  $\geq 25$  years
- Total Number born before arrival (BBA)
- Total Number of Babies who received PNC at 6hours

### REPORTED MONTHLY ON HMIS 105:

- Total number of Admissions
- Number of referrals to the maternity unit
- Number of referrals out from the maternity unit
- Number of Deliveries in unit among the women aged 10-19 years
- Number of Deliveries in unit among the women aged 20-24 years
- Number of Deliveries in unit among the women aged  $\geq 25$  years
- Total number of fresh still birth
- Total number of macerated still birth
- Total number of Birth asphyxia
- Total number of Live births
- Total number of Pre-Term births
- Number of women tested for HIV in labour for the 1st time pregnancy
- Number of women tested for HIV in labour during a retest this pregnancy
- Number of women testing HIV+ in labour for the 1st time pregnancy
- Number of women testing HIV+ in labour during a retest this pregnancy
- Total number of HIV+ women initiating ART in maternity
- Total number of deliveries to HIV+ women in unit
- Total number of live births to HIV+ women in unit
- Number of HIV-exposed babies given ARVs
- Total Number of mothers who initiated breastfeeding within the first hour after delivery
- Number of HIV + mothers who initiated breastfeeding within the first hour after delivery
- Number of babies born with low birth weight ( $< 2.5\text{kg}$ )
- Number of Live babies
- Number of Babies born with defect
- Number of mothers given Vitamin A supplementation
- Number of newborn deaths (0-7 days)
- Maternal deaths in women 10-19 years
- Maternal deaths in women 20-24years
- Maternal deaths in women  $\geq 25$  years
- Total Number born before arrival (BBA)
- Total Number of Babies who received PNC at 6 hours

## HMIS FORM 072a: MATERNITY TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To tally the number of admissions, deliveries, eMTCT, HCT, ART and other maternity services provided.

**Copies:** **One** copy which stays in at the health unit in the Maternity Ward

**Responsibility:** Person in-charge of the Maternity Clinic

### PROCEDURE:

A copy of this tally sheet should be kept in the maternity ward where maternity services are provided. The Maternity Inpatient Treatment Sheet, ANC Card and other relevant medical forms are also used to update both the maternity register and maternal health tally sheet. Other copies the maternal health tally sheet should be left in units where other maternity services are being provided at the health unit.

# HMIS FORM 072a: MATERNITY TALLY SHEET

Health Unit \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| <b>ADMISSIONS</b>   |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ADMISSIONS  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| <b>REFERRALS</b>  |       |       |       |       |       |       |       |       |       |       |
| REFERRALS TO MATERNITY UNIT                                   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| REFERRALS OUT FROM THE MATERNITY UNIT                         | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| <b>DELIVERIES IN UNIT</b>                                     |       |       |       |       |       |       |       |       |       |       |
| DELIVERIES IN UNIT AMONG THE WOMEN AGED 10-19 YEARS           | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| DELIVERIES IN UNIT AMONG THE WOMEN AGED 20-24 YEARS           | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| DELIVERIES IN UNIT AMONG THE WOMEN AGED >=25 YEARS            | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| FRESH STILL BIRTH   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| MACERATED STILL BIRTH   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| LIVE BIRTHS   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| PRE-TERM BIRTHS   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| <b>WOMEN TESTED FOR HIV IN LABOUR</b>                         |       |       |       |       |       |       |       |       |       |       |
| WOMEN TESTED FOR HIV IN LABOUR FOR THE 1ST TIME PREGNANCY     | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| WOMEN TESTED FOR HIV IN LABOUR DURING A RETEST THIS PREGNANCY | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
| WOMEN TESTING HIV+ IN LABOUR FOR THE 1ST TIME PREGNANCY       | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |
|   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |       |



### Technical Module 3: Preventive and Curative activities

|   |   |       |
|---|---|-------|
| WOMEN TESTING HIV+ IN LABOUR DURING A RETEST THIS PREGNANCY                           | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>HIV+ WOMEN INITIATING ART IN MATERNITY</b>   |   |       |
| HIV+ WOMEN INITIATING ART IN MATERNITY  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000   | TOTAL |
| <b>DELIVERIES TO HIV+ WOMEN IN UNIT</b>   |   |       |
| DELIVERIES TO HIV+ WOMEN IN UNIT  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| LIVE BIRTHS TO HIV+ WOMEN IN UNIT   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>HIV-EXPOSED BABIES GIVEN ARVS</b>  |   |       |
| HIV-EXPOSED BABIES GIVEN ARVS   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>MOTHERS WHO INITIATED BREASTFEEDING WITHIN THE FIRST HOUR AFTER DELIVERY</b>       |   |       |
| TOTAL NO. OF MOTHERS WHO INITIATED BREASTFEEDING WITHIN THE FIRST HOUR AFTER DELIVERY | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| NO. OF HIV+ MOTHERS WHO INITIATED BREASTFEEDING WITHIN THE FIRST HOUR AFTER DELIVERY  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>BABIES BORN WITH LOW BIRTH WEIGHT (&lt;2.5KG)</b>                                  |   |       |
| BABIES BORN WITH LOW BIRTH WEIGHT (<2.5KG)  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>LIVE BABIES</b>  |   |       |
| LIVE BABIES   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>BABIES BORN WITH DEFECT</b>  |   |       |
| BABIES BORN WITH DEFECT   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>MOTHERS GIVEN VITAMIN A SUPPLEMENTATION</b>  |   |       |
| MOTHERS GIVEN VITAMIN A SUPPLEMENTATION   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>NEWBORN DEATHS (0-7 DAYS)</b>  |   |       |
| NEWBORN DEATHS (0-7 DAYS)   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000   | TOTAL |



## HMIS FORM 078: INTEGRATED POSTNATAL REGISTER

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To record the postnatal clients attending the clinic
- Copies:** One copy which stays at health unit in the Post Natal Clinic
- Responsibility:** Person in-charge of Maternity / Child Health clinic

### PROCEDURE:

1. Postnatal visits are recorded in the postnatal register, and all columns are filled. The postnatal visits each month is recorded and reported in the HEALTH UNIT MONTHLY REPORT. Whether a postnatal client received Vitamin A Supplementation, this is recorded in the same register. The monthly count of this is also recorded and reported on the HEALTH UNIT MONTHLY REPORT.
2. Write the name of the health unit, the date the register opened, and the date the register closed on the front cover.
3. Write all Post natal mothers information (Serial Number, PNC date, PNC Client number, names of the mother, Age, Parity, Village and parish, Family Planning Method, EMTCT Code, Status of the mothers Breast and Cervix, ARV Drugs and Septrine administered, Diagnosis) for all mothers who come for PNC services.
4. Write baby's information (status, age, weight, diagnosis, infant feeding options, immunization status, DBS sample taken for HIV exposed babies, Test result if returned, septrine given, referral status).
5. Counsel and test mothers who come for PNC services with unknown sero status, and enter the EMTCT code in the appropriate column.

# HMIS FORM 078: INTEGRATED POSTNATAL REGISTER

## COLUMN HEADINGS:

| DEMOGRAPHIC INFORMATION |            |                        |               |                   |           |            |            | MOTHER'S INFORMATION |                      |                              |                  |                  |             |             |       |      |                        |         |      |   |
|-------------------------|------------|------------------------|---------------|-------------------|-----------|------------|------------|----------------------|----------------------|------------------------------|------------------|------------------|-------------|-------------|-------|------|------------------------|---------|------|---|
| (1)                     | (2)        | (3)                    | (4)           | (5)               | (6)       | (7)        |            |                      | (8)                  | (9)                          | (10)             | (11)             | (12)        | (13)        | 14    | (15) |                        |         |      |   |
| Serial No.              | Client No. | Mother's Name          | Father's Name | Village & Parish  | Phone No. | Age        |            |                      | Timing for PNC visit | Family Planning method given | Status of Breast | Status of Cervix | Weight (kg) | eMTCT codes |       | ARVs | Routine Administration |         |      |   |
|                         |            |                        |               |                   |           | 10 - 19yrs | 20 - 24yrs | >=25yrs              |                      |                              |                  |                  |             | 6Hours      | 6Days |      | 6Weeks                 | 6Months | MUAC | W |
|                         |            | Surname<br>Other names |               | Village<br>Parish |           |            |            |                      |                      |                              |                  |                  |             |             |       |      |                        |         |      |   |
|                         |            | Surname<br>Other names |               | Village<br>Parish |           |            |            |                      |                      |                              |                  |                  |             |             |       |      |                        |         |      |   |

|           |   |                     | INFANT INFORMATION    |              |      |           |  |              |     |     |       |     |                    |  |
|-----------|---|---------------------|-----------------------|--------------|------|-----------|--|--------------|-----|-----|-------|-----|--------------------|--|
| (16a)     | (16b)   | (17)                | (18)                  | (19)         | (20) | (21)      | (22)                                       | (23)         |     |     |       |     | (24)               | (25)   |
| Diagnosis | WHO/<br>CLINICAL<br>STAGE/<br>CD4/<br>VIRAL<br>LOAD | Other<br>treatments | Status of<br>the baby | Age<br>(Wks) | WT   | Diagnosis | Infant Feeding<br>Options                  | Immunization |     |     |       |     | Other<br>treatment | Referred<br>to where<br>/Referred<br>from<br>where |
|           |   |                     |                       |              |      |           | IYCF                                       | BCG          | OPV | DPT | Vit A | PCV |                    |  |
|           | WHO STAGE<br>CD4 COUNT<br>VIRAL LOAD                |                     |                       |              |      |           | Infant Feeding<br>IYCF<br>Mat. Nutr. Couns |              |     |     |       |     |                    |  |
|           | WHO STAGE<br>CD4 COUNT<br>VIRAL LOAD                |                     |                       |              |      |           | Infant Feeding<br>IYCF<br>Mat. Nutr. Couns |              |     |     |       |     |                    |  |

## DESCRIPTION OF COLUMNS:

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

### (1) SERIAL NO:

Start a new serial number on the first clinic day of every month e.g. 001, 002 etc... for each visit the mother should be given a serial number. Start with number "001" on the first of every month.

### Technical Module 3: Preventive and Curative activities

**(2) CLIENT NO:**

Start with the number "001/YEAR" on the first clinic day in July each year. On the day of the first visit give a client number which is indicated on the PNC Card. If a client is referred from another clinic then use the PNC number on the card given to the mother by the other health facility and add R at the beginning to show referral and to differentiate her from another client in your health facility who may have the same number e.g R002/YEAR

**(3) MOTHER'S NAMES:**

Write the surname name and first name of the mother in this column.

**(4) FATHER'S NAME:**

Write the father's names of the child in full

**(5) VILLAGE & PARISH:**

Write the village and parish where the client stays

**(6) PHONE NO.:**

Write the phone number of the client

**(7) AGE:**

Enter the age of the client in complete years

**(8) TIMING OF PNC VISIT:**

Enter visit with a tick (√) indicating:

- 6Hours – If the postnatal visit was at 6hours
- 6Days – If the postnatal visit was at 6days
- 6Weeks – If the postnatal visit was at 6weeks
- 6Months – If the postnatal visit was at 6months

**(9) FAMILY PLANNING METHOD GIVEN:**

Enter the family planning method client selects to use. Enter only the code (1-14). The respective codes are as follows:

- |                                 |   |
|---------------------------------|---|
| 1. Oral: Lo-Femenal             | 9. Natural                                |
| 2. Oral: Microgynon             | 10. Female Sterilization (Tubal Ligation) |
| 3. Oral: Ovrette or another POP | 11. Male Sterilization (Vasectomy)        |
| 4. Oral: Others                 | 12. Implants                              |
| 5. Female Condoms               | 13. Others FP method given specify        |
| 6. Male Condoms                 | 14. No FP method given                    |
| 7. IUDs                         |   |
| 8. Injectable                   |   |

**(10) STATUS OF THE BREAST:**

Codes used for Description of status of breast are;

- FOM - Woman's breast has no swellings, pain, abnormal discharge (pus or blood)
- SS - If the woman's breasts have abnormal discharge, pus or blood

**(11) STATUS OF THE CERVIX:**

Codes used for Description of status of cervix are;

- FOM - If the woman's Cervix is free of malignancy.
- SS - If the woman's Cervix is suspicious of malignancy

### Technical Module 3: Preventive and Curative activities

**(12) WEIGHT AND MUAC:**

Take the weight and the mid upper arm circumference and record

**(13) eMTCT CODE:**

Enter the eMTCT code for the woman (W) and her partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client are listed below.

**Codes for clients who are newly tested in Post-natal Care:**

|     |  |
|-----|--|
| C   | Counseled but declined HIV testing                                     |
| T   | Counseled and tested but didn't receive results                        |
| TR  | Counseled tested and results given - Client tested HIV Negative in PNC |
| TRR | Counseled tested and results given - client tested HIV Positive in PNC |

**Codes for revisit clients who come to PNC with known status**

|      |  |
|------|--|
| TR√  | Clients, who were tested for HIV on a previous visit with known HIV Negative status (e.g. during ANC or labour)            |
| TRR√ | Revisit ANC clients who were tested for HIV on a previous visit with known HIV Positive status (e.g. during ANC or labour) |

**Codes for clients who are re-tested in postpartum**

|      |  |
|------|--|
| TR+  | Clients who tested HIV Negative on a re-test |
| TRR+ | Clients who tested HIV Positive on a re-test |

\*If the initial HIV test is negative a re-test is recommended during early postpartum

Enter the eMTCT code for the woman (W) and her partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client are listed below.

Codes for clients who are newly tested in Post-natal Care:

|     |  |
|-----|--|
| C   | Counseled but declined HIV testing                                     |
| T   | Counseled and tested but didn't receive results                        |
| TR  | Counseled tested and results given - Client tested HIV Negative in PNC |
| TRR | Counseled tested and results given - client tested HIV Positive in PNC |

**Codes for revisit clients who come to PNC with known status**

|      |  |
|------|--|
| TR√  | Clients, who were tested for HIV on a previous visit with known HIV Negative status (e.g. during ANC or labour)            |
| TRR√ | Revisit ANC clients who were tested for HIV on a previous visit with known HIV Positive status (e.g. during ANC or labour) |

**Codes for clients who are re-tested in postpartum**

|      |  |
|------|--|
| TR+  | Clients who tested HIV Negative on a re-test |
| TRR+ | Clients who tested HIV Positive on a re-test |

\*If the initial HIV test is negative a re-test is recommended during early postpartum

### Technical Module 3: Preventive and Curative activities

**(14) ARVs/ Pre-ART No**

If a HIV positive pregnant mother is started on an ARV regimen on that visit, use the following codes to indicate which drug is prescribed. If the pregnant mother is HIV negative, write NA.

ART Initiated ART eMTCT during breastfeeding

ART-K Client already on HAART before this pregnancy and did not attend ANC

If this is a revisit and the HIV positive breastfeeding/postnatal mother is already on ARVs, write the code with a tick “√”

ART√ Client is a revisit and was prescribed the regimen on an earlier visit or during pregnancy or labour

**Note:** The Pre-ART number of the woman

**(15) ROUTINE ADMINISTRATION:**

Tick (√) if a woman has routinely been offered Iron, Folic Acid, Vitamin A and Septrin for the HIV positive.

**(16a) DIAGNOSIS:**

Indicate diagnosis such as pneumonia, malaria if the mother has any, or normal if the mother has no infection.

**(16b) WHO CLINICAL STAGE/ CD4/VIRAL LOAD**

If the woman is HIV positive, enter the WHO stage and/or the CD4 test results and/or Viral Load and the date the test was done e.g. CD4 350 12/03/2013, Stage 1. If this is a revisit and the CD4 was done on an earlier visit put a tick mark. e.g. CD4 350√ 12/03/2013, Stage 1

**(17) OTHER TREATMENTS:**

Specify other treatments offered to the mother other than those specified under columns 9, 14 and 15.

**(18) STATUS OF BABY:**

Enter AL if baby is alive.

Enter NND7 If dead within the first seven (7) days

Enter NND28 If dead between eight (8) and twenty eight (28) days

**(19) AGE:**

Indicate the age of the baby in weeks.

**(20) WEIGHT, MUAC & INR no.:**

Take the weight (kg) and record.

Write the MUAC color code and the measurement in cm

Write the admission number from the Integrated Nutrition Register

**(21) DIAGNOSIS:**

Indicate diagnosis such as pneumonia, malaria if the child has any, or normal if the child has no infection.

### Technical Module 3: Preventive and Curative activities

**(22) INFANT FEEDING COUNSELING, IYCF AND MATERNAL NUTRITION COUNSELING:**

Infant method chosen should be entered using the codes as follows:

EBF – For Exclusive breast feeding

RF – Replacement Feeding

MF – Mixed Feeding

Write “Y” if pregnant woman is provided with infant feeding counseling (IYCF)

Write “N” if pregnant woman is not provided with infant feeding counseling (NIYCF)

Write “Y” if maternal nutrition counseling was provided (MNC)

Write “N” if maternal nutrition counseling was not provided (MNC)

**(23) IMMUNIZATION STATUS:**

Tick (√) as appropriate if baby is on BCG, OPV, DPT-HepB + Hi, Vitamin A or PCV.  
Put a dash if baby is not received any immunization.

**(24) OTHER TREATMENTS:**

Specify other treatments offered to the baby other than those specified under column 23.

**(25) REFERED TO WHERE/ REFERED FROM WHERE:**

Indicate the name of the clinic or facility if the mother or baby has been referred for further management. In case the baby has been referred, use the following numeric codes to indicate where the baby has been referred to or from:

1-Young child clinic, 2-HIV chronic care 3-Others

**INSTRUCTIONS FOR SUMMARIZING:**

At the end of each month, COUNT;

- Post Natal Attendances of women aged 10-19 years
- Post Natal Attendances of women aged 20-24 years
- Post Natal Attendances of women aged >=25 years
- Post Natal Attendances 6 Hours after deliveries
- Post Natal Attendances 6 Days after delivery
- Post Natal Attendances 6 Weeks after delivery
- breastfeeding mothers tested for HIV for the 1st test this pregnancy
- breastfeeding mothers tested for HIV in a Retest this pregnancy
- breastfeeding mothers newly testing HIV+ in a 1st test this pregnancy
- breastfeeding mothers newly testing HIV+ in a Retest this pregnancy



### **Technical Module 3: Preventive and Curative activities**

- Total HIV+ mothers attending postnatal
- Total HIV+ women initiating ART in postnatal
- mother-baby pairs enrolled at EID care point
- Vitamin A supplementation given to mothers
- clients with pre-malignant conditions of breast
- clients with pre-malignant conditions of cervix

#### **REPORTED MONTHLY ON HMIS 105:**

- Number of Post Natal Attendances of women aged 10-19 years
- Number of Post Natal Attendances of women aged 20-24 years
- Number of Post Natal Attendances of women aged  $\geq 25$  years
- Number of Post Natal Attendances 6 Hours after deliveries
- Number of Post Natal Attendances 6 Days after delivery
- Number of Post Natal Attendances 6 Weeks after delivery
- Number of breastfeeding mothers tested for HIV for the 1st test this pregnancy
- Number of breastfeeding mothers tested for HIV in a Retest this pregnancy
- Number of breastfeeding mothers newly testing HIV+ in a 1st test this pregnancy
- Number of breastfeeding mothers newly testing HIV+ in a Retest this pregnancy
- Total Number of HIV+ mothers attending postnatal
- Total number of HIV+ women initiating ART in postnatal
- Number of mother-baby pairs enrolled at EID care point
- Vitamin A supplementation given to mothers
- Number of clients with pre-malignant conditions of breast
- Number of clients with pre-malignant conditions of cervix

## HMIS FORM 078a: POSTNATAL TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To tally the number of postnatal visits, eMTCT, HCT, ART and other postnatal services provided.

**Copies:** **One** copy which stays in at the health unit in the postnatal clinic

**Responsibility:** Person in-charge of the postnatal clinic

### PROCEDURE:

A copy of this tally sheet should be kept in the postnatal clinic where postnatal services are provided. The ANC Card and other relevant medical forms are also used to update both the postnatal register and postnatal tally sheet. Other copies the postnatal tally sheet should be left in units where other postnatal services are being provided at the health unit.

# HMIS FORM 078a: POSTNATAL TALLY SHEET

Health Unit \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| POST NATAL ATTENDANCES  |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| POST NATAL ATTENDANCES OF WOMEN AGED 10-19 YEARS                                  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| POST NATAL ATTENDANCES OF WOMEN AGED 20-24 YEARS                                  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| POST NATAL ATTENDANCES OF WOMEN AGED >=25 YEARS                                   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| POST NATAL ATTENDANCES6 HOURS AFTER DELIVERIES                                    | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| POST NATAL ATTENDANCES6 DAYS AFTER DELIVERY                                       | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| POST NATAL ATTENDANCES6 WEEKS AFTER DELIVERY                                      | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| BREASTFEEDING MOTHERS TESTED FOR HIV  |       |       |       |       |       |       |       |       |       |       |
| BREASTFEEDING MOTHERS TESTED FOR HIV FOR THE 1 <sup>ST</sup> TEST THIS PREGNANCY  | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| BREASTFEEDING MOTHERS TESTED FOR HIV IN A RETEST THIS PREGNANCY                   | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| BREASTFEEDING MOTHERS NEWLY TESTING HIV+ IN A 1 <sup>ST</sup> TEST THIS PREGNANCY | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |
| BREASTFEEDING MOTHERS NEWLY TESTING HIV+ IN A RETEST THIS PREGNANCY               | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

| <b>HIV+ MOTHERS ATTENDING POSTNATAL</b>             |  |       |
|---|--|-------|
| HIV+ MOTHERS ATTENDING POSTNATAL                    | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>HIV+ WOMEN INITIATING ART IN POSTNATAL</b>       |  |       |
| HIV+ WOMEN INITIATING ART IN POSTNATAL              | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>MOTHER-BABY PAIRS ENROLLED AT EID CARE POINT</b> |  |       |
| MOTHER-BABY PAIRS ENROLLED AT EID CARE POINT        | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| <b>VITAMIN A SUPPLEMENTATION GIVEN TO MOTHERS</b>   |  |       |
| VITAMIN A SUPPLEMENTATION GIVEN TO MOTHERS          | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| <b>CLIENTS WITH PRE-MALIGNANT CONDITIONS</b>        |  |       |
| CLIENTS WITH PRE-MALIGNANT CONDITIONS OF BREAST     | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000  | TOTAL |
| CLIENTS WITH PRE-MALIGNANT CONDITIONS OF CERVIX     | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |

## TABLE 2: HEALTH UNIT MATERNAL HEALTH ATTENDANCE SUMMARY

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To obtain total figures for maternal health services
- Copies:** One copy which stays at the health unit in the MCH clinic
- Responsibility:** In-Charge of MCH Unit

#### Daily Procedure:

Summarise on a daily basis the number of maternal health attendances by category as indicated in Table 2a (Health Unit Daily Maternal Health Attendance Summary) and write the value for each day in the respective column.

#### Monthly Procedure:

##### **FROM TABLE 2A**

- Add up the totals of the different categories of maternal health attendances in table 2a to get the monthly totals.
- Write the value for each of the maternal health attendances in Table 2b (Health Unit Monthly Maternal Health Attendance Summary) under the correct month.
- Use the Maternal Health Tally Sheet to help you summarise the data above where applicable.

##### **ON THE HEALTH UNIT MONTHLY REPORT (HMIS 105)**

- Fill Item 2 "MATERNAL AND CHILD HEALTH (MCH)"

#### Annual Procedure:

##### **On TABLE 2b**

Sum up monthly values in Table 2b (Health Unit Monthly Maternal Health Attendance Summary) for all rows to get the Year totals

**TABLE 2a: HEALTH UNIT DAILY MATERNAL HEALTH ATTENDANCE SUMMARY**

Name of Health Unit \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| <b>ANTENATAL</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 1. ANC 1 visits for women 10-19 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 2. ANC 1 visits for women 20-24 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 3. ANC 1 visits for women 25years & above                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 4. ANC 1 visits in 1 <sup>st</sup> Trimester                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 5. ANC 4 visits for women 10-19 years in the month for which you are reporting |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 6. ANC 4 visits for women 20-24 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 7. ANC 4 visits for women 25years & above                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 8. ANC 4+ visits for women   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 9. ANC Total visits (New clients + Re-attendances) for women 10-19 years       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 10. ANC Total visits (New clients + Re-attendances) for women 20-24 years      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 11. ANC Total visits (New clients + Re-attendances) for women 25years & above  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 12. Total ANC Referrals to the unit  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 13. ANC Referrals to the unit from community services                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 14. Total ANC Referral from the unit   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 15. ANC Referrals from the unit to Family Support Groups (FSG)                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 16. Pregnant women 10-19 years receiving IPT1                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 17. Pregnant women 20-25 years receiving IPT1                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 18. Pregnant women 25years & above receiving IPT1                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 19. Pregnant women 10-19 years receiving IPT2                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 20. Pregnant women 20-25 years receiving IPT2                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 21. Pregnant women 25years & above receiving IPT2                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 22. Pregnant women receiving Iron/Folic Acid on ANC 1st visit                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 23. Pregnant women receiving free LLINs during ANC  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 24. Pregnant women tested for syphilis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 25. Pregnant women tested positive for syphilis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 26. Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 27. Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 28. Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 29. Pregnant women 10-19 years tested HIV+ for the 1st time this pregnancy (TRR) at any visit     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 30. Pregnant women 20-24 years tested HIV+ for the 1st time this pregnancy (TRR) at any visit     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 31. Pregnant women 25years & above tested HIV+ for the 1st time this pregnancy (TRR) at any visit |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 32. HIV+ pregnant women assessed by CD4 for the 1st time  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 33. HIV+ pregnant women assessed by WHO clinical stage for the 1st time                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 34. HIV+ Pregnant Women initiated on ART for eMTCT (ART)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 35. Total pregnant women who knew their HIV status before the 1st ANC visit(TRK + TRRK)           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 36. HIV+ pregnant women who knew their HIV status before the 1st ANC visit (TRRK)                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 37. HIV+ Pregnant women already on ART before 1st ANC (ART-K)                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 38. Total Pregnant Women re-tested later in pregnancy (TR+ & TRR+)                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 39. Pregnant Women testing HIV+ on a retest (TRR+)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 40. HIV+ pregnant women initiated on Cotrimoxazole  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 41. Total Male partners who received HIV test results in eMTCT                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 42. Male partners who received HIV+ test results in eMTCT                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>MATERNITY</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 43. Admissions  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 44. Referrals to the maternity unit   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 45. Referrals out from the maternity unit   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 46. Deliveries in unit among the women aged 10-19 years                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 47. Deliveries in unit among the women aged 20-24 years                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 48. Deliveries in unit among the women aged >=25 years                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 49. Total number of fresh still birth   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 50. Total number of macerated still birth   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 51. Total number of live births   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 52. Total number of Pre-Term births   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 53. Women tested for HIV in labour for the 1st time pregnancy                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 54. Women tested for HIV in labour during a retest this pregnancy                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 55. Women testing HIV+ in labour for the 1st time pregnancy                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 56. Women testing HIV+ in labour during a retest this pregnancy                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 57. Total HIV+ women initiating ART in maternity  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 58. Total deliveries to HIV+ women in unit  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 59. Total live births to HIV+ women in unit   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 60. HIV-exposed babies given ARVS   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 61. Total No. of mothers who initiated breastfeeding within the first hour after delivery |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 62. No. of HIV+ mothers who initiated breastfeeding within the first hour after delivery  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |



### Technical Module 3: Preventive and Curative activities

| CATEGORY  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 63. Babies born with low birth weight (<2.5kg)                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 64. Number of Live babies   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 65. Babies born with defect   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 66. Mothers given Vitamin A supplementation                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 67. Newborn deaths (0-7 days)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 68. Maternal deaths in women 10-19 years                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 69. Maternal deaths in women 20-24years                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 70. Maternal deaths in women >=25 years                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 71. Total Number born before arrival (BBA) ALIVE                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 72. Total Number born before arrival (BBA) DIED                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 73. Total number of Birth asphyxia  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 74. No. of babies who received PNC at 6 hours                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>POSTNATAL</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 75. Post Natal Attendances of women aged 10-19 years                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 76. Post Natal Attendances of women aged 20-24 years                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 77. Post Natal Attendances of women aged >=25 years                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78. Post Natal Attendances 6 Hours after deliveries                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79. Post Natal Attendances 6 Days after delivery                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 80. Post Natal Attendances 6 Weeks after delivery                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 81. Breastfeeding mothers tested for HIV for the 1st test this pregnancy  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 82. Breastfeeding mothers tested for HIV in a Retest this pregnancy       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 83. Breastfeeding mothers newly testing HIV+ in a 1st test this pregnancy |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 84. Breastfeeding mothers newly testing HIV+ in a Retest this pregnancy |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 85. Total HIV+ mothers attending postnatal                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 86. Total HIV+ women initiating ART in postnatal                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 87. Mother-baby pairs enrolled at Mother-baby care point                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88. Vitamin A supplementation given to mothers                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 89. Clients with pre-malignant conditions of breast                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 90. Clients with pre-malignant conditions of cervix                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 91. Post Natal Attendances of women aged 10-19 years                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 92. Post Natal Attendances of women aged 20-24 years                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 93. Post Natal Attendances of women aged >=25 years                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 94. Post Natal Attendances 6 Hours after deliveries                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 95. Post Natal Attendances 6 Days after delivery                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 96. Post Natal Attendances 6 Weeks after delivery                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

**TABLE 2b: HEALTH UNIT MONTHLY MATERNAL HEALTH ATTENDANCE SUMMARY**

Name of Health Unit \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY   | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| <b>ANTENATAL</b>   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 1. ANC 1 visits for women 10-19 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 2. ANC 1 visits for women 20-24 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 3. ANC 1 visits for women 25years & above                                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 4. ANC 1 visits in 1 <sup>st</sup> Trimester                                   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 5. ANC 4 visits for women 10-19 years in the month for which you are reporting |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 6. ANC 4 visits for women 20-24 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 7. ANC 4 visits for women 25years & above                                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 8. ANC 4+ visits for women   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 9. ANC Total visits (New clients + Re-attendances) for women 10-19 years       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 10. ANC Total visits (New clients + Re-attendances) for women 20-24 years      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 11. ANC Total visits (New clients + Re-attendances) for women 25years & above  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 12. Total ANC Referrals to the unit  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 13. ANC Referrals to the unit from community services                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 14. Total ANC Referral from the unit   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 15. ANC Referrals from the unit to Family Support Groups (FSG)                 |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 16. Pregnant women 10-19 years receiving IPT1                                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 17. Pregnant women 20-25 years receiving IPT1                                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 18. Pregnant women 25years & above receiving IPT1                              |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 19. Pregnant women 10-19 years receiving IPT2                                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 20. Pregnant women 20-25 years receiving IPT2                                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 21. Pregnant women 25years & above receiving IPT2                              |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 22. Pregnant women receiving Iron/Folic Acid on ANC 1st visit                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 23. Pregnant women receiving free LLINs during ANC                             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 24. Pregnant women tested for syphilis   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 25. Pregnant women tested positive for syphilis                                |     |     |     |     |     |     |     |     |     |     |     |     |              |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| 26. Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 27. Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 28. Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)                 |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 29. Pregnant women 10-19 years tested HIV+ for the 1st time this pregnancy (TRR) at any visit     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 30. Pregnant women 20-24 years tested HIV+ for the 1st time this pregnancy (TRR) at any visit     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 31. Pregnant women 25years & above tested HIV+ for the 1st time this pregnancy (TRR) at any visit |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 32. HIV+ pregnant women assessed by CD4 for the 1st time  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 33. HIV+ pregnant women assessed by WHO clinical stage for the 1st time                           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 34. HIV+ Pregnant Women initiated on ART for eMTCT (ART)  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 35. Total pregnant women who knew their HIV status before the 1st ANC visit(TRK + TRRK)           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 36. HIV+ pregnant women who knew their HIV status before the 1st ANC visit (TRRK)                 |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 37. HIV+ Pregnant women already on ART before 1st ANC (ART-K)                                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 38. Total Pregnant Women re-tested later in pregnancy (TR+ & TRR+)                                |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 39. Pregnant Women testing HIV+ on a retest (TRR+)  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 40. HIV+ pregnant women initiated on Cotrimoxazole  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 41. Total Male partners who received HIV test results in eMTCT                                    |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 42. Male partners who received HIV+ test results in eMTCT   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>MATERNITY</b>  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 43. Admissions  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 44. Referrals to the maternity unit   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 45. Referrals out from the maternity unit   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 46. Deliveries in unit among the women aged 10-19 years   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 47. Deliveries in unit among the women aged 20-24 years   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 48. Deliveries in unit among the women aged >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 49. Total number of fresh still birth   |     |     |     |     |     |     |     |     |     |     |     |     |              |

### Technical Module 3: Preventive and Curative activities

| CATEGORY   | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| 50. Total number of macerated still birth  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 51. Total number of live births  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 52. Total number of Pre-Term births  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 53. Women tested for HIV in labour for the 1st time pregnancy                            |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 54. Women tested for HIV in labour during a retest this pregnancy                        |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 55. Women testing HIV+ in labour for the 1st time pregnancy                              |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 56. Women testing HIV+ in labour during a retest this pregnancy                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 57. Total HIV+ women initiating ART in maternity   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 58. Total deliveries to HIV+ women in unit   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 59. Total live births to HIV+ women in unit  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 60. HIV-exposed babies given ARVS  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 61. Total No.of mothers who initiated breastfeeding within the first hour after delivery |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 62. No.of HIV+ mothers who initiated breastfeeding within the first hour after delivery  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 63. Babies born with low birth weight (<2.5kg)   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 64. Number of Live babies  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 65. Babies born with defect  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 66. Mothers given Vitamin A supplementation  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 67. Newborn deaths (0-7 days)  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 68. Maternal deaths in women 10-19 years   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 69. Maternal deaths in women 20-24years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 70. Maternal deaths in women >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 71. Total Number born before arrival (BBA) ALIVE   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 72. Total Number born before arrival (BBA) DEAD  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 73. Total number of Birth asphyxia   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 74. No. of babies who received PNC at 6 hours  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>POST NATAL</b>  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 75. Post Natal Attendances of women aged 10-19 years                                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 76. Post Natal Attendances of women aged 20-24 years                                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 77. Post Natal Attendances of women aged >=25 years                                      |     |     |     |     |     |     |     |     |     |     |     |     |              |

**Technical Module 3: Preventive and Curative activities**

| CATEGORY  | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| 78. Post Natal Attendances 6 Hours after deliveries                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 79. Post Natal Attendances 6 Days after delivery                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 80. Post Natal Attendances 6 Weeks after delivery                         |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 81. Breastfeeding mothers tested for HIV for the 1st test this pregnancy  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 82. Breastfeeding mothers tested for HIV in a Retest this pregnancy       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 83. Breastfeeding mothers newly testing HIV+ in a 1st test this pregnancy |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 84. Breastfeeding mothers newly testing HIV+ in a Retest this pregnancy   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 85. Total HIV+ mothers attending postnatal                                |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 86. Total HIV+ women initiating ART in postnatal                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 87. Mother-baby pairs enrolled at Mother-baby care point                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 88. Vitamin A supplementation given to mothers                            |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 89. Clients with pre-malignant conditions of breast                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 90. Clients with pre-malignant conditions of cervix                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 91. Post Natal Attendances of women aged 10-19 years                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 92. Post Natal Attendances of women aged 20-24 years                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 93. Post Natal Attendances of women aged >=25 years                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 94. Post Natal Attendances 6 Hours after deliveries                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 95. Post Natal Attendances 6 Days after delivery                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 96. Post Natal Attendances 6 Weeks after delivery                         |     |     |     |     |     |     |     |     |     |     |     |     |              |

## PART 2: CHILD HEALTH

### HMIS FORM 073: CHILD REGISTER

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To register at the first visit and then monitor immunizations, vitamin A and Deworming for all children from the health unit's service area
- Copies:** Two Copies, One for static and one for outreach sessions but both kept at the health unit
- Responsibility:** Person In-charge of Maternal and Child Health (MCH) in the Health Unit

#### PROCEDURE:

1. The name of the health unit, and the date started are written on the front cover.
2. The children visitors, i.e. those coming once without the intention of continuing at your clinic, should be immunized and their card - an old one or one that you issue - updated. It is not necessary to enter these children in the **CHILD REGISTER**. But if the child's parent expresses the intention to continue to attend the clinic, whether living in the service area or not, the child should be registered. If such a child comes with their own **CHILD HEALTH CARD**, use the old card but issue a new Child No. Start a new line for the child, allocate a new number, and enter all past information on immunizations in the **CHILD REGISTER**. The health unit's new child number should be written on the old **CHILD HEALTH CARD**. If many children are coming from outside your service area, discuss this with the health facility in-charge.
3. Information is recorded in the register on every visit when immunizations are given. If a previously registered child received a vaccination at another health unit, then the child's record is updated accordingly in the register.
4. At measles vaccination, the child's weight is taken and recorded in the weight column.
5. Registers from previous years can be reviewed for estimating the drop out rates, the percent of children fully immunized and the coverage rate (how many children complete compared to the target population for that year). Estimates can be done with the community.
6. The **CHILD TALLY SHEET** is used to record all information for summarising at the end of the month.

### Technical Module 3: Preventive and Curative activities

7. **PROTECTION AT BIRTH (PAB) FOR TT:** TT coverage can be assessed by proxy using the PAB Method that avoids the major problems associated with some of the TT2+ coverage estimation methods. The PAB method entails assessing the TT status of the mother when she brings her child for BCG to find out if she has received the appropriate doses of TT before the last delivery for which she is bringing the child for BCG. This can be simplified for the health workers in the field as having received 2 doses of TT in the last pregnancy, or 3 properly spaced doses of TT at any time. If the mother is found to be protected she is tallied in the revised tally sheet, but if she is found not to be protected then she is given the appropriate dose of TT and advised on when to come back for the next dose.
8. **STUNTING:** This is an indicator obtained from height/length for age Z score (less than - 2 SD) and it is used to indicate chronic malnutrition.



# HMIS FORM 073: CHILD REGISTER

## COLUMN HEADINGS:

| (1)       | (2)   | (3)                | (4) | (5)                            | (6)  | (7)           | (8) | (9)                  | (10)     | (11)        |      |      |      | 12   | (13)                 |      |      |      | (14)      |      |      | (15)             |      |      |
|-----------|---|--------------------|-----|--------------------------------|--|---------------|-----|----------------------|----------|-------------|------|------|------|------|----------------------|------|------|------|-----------|------|------|------------------|------|------|
| Child No. | Child's Name:<br>Mother's Name:<br>Father's Name: | Village and Parish | Sex | AGE                            | MUAC   | Date of Birth | PAB | Received LLIN & date | Date BCG | Dates Polio |      |      |      | IPV  | Dates DPT-HepB - Hib |      |      |      | Dates PCV |      |      | Dates Rota Virus |      |      |
|           |   |                    |     | HEIGHT/LENGTH                  | Weight for Age Z Score   |               |     |                      |          | 0           | 1    | 2    | 3    |      | 1                    | 1    | 2    | 3    | 1         | 2    | 3    | 1                | 2    | 3    |
|           |   |                    |     | WEIGHT                         | Height/Length for Age Z Score  |               |     |                      |          |             |      |      |      |      |                      |      |      |      |           |      |      |                  |      |      |
| Child No. | Child's Name<br>Mother's Name<br>Father's Name    | Village<br>Parish  |     | AGE<br>HEIGHT/LENGTH<br>WEIGHT | MUAC<br>Weight for Age Z Score<br>Height/Length for Age Z Score<br>INR no. | Date          | PAB | Date                 | Date     | Date        | Date | Date | Date | Date | Date                 | Date | Date | Date | Date      | Date | Date | Date             | Date | Date |

| (16)                        | (17)                          | (18)                             | (19)                          | (20)                      | (21)                      | (22)            | (23)                                   |                          |  |                          | (24)                                   |  | (25)    |
|-----------------------------|-------------------------------|----------------------------------|-------------------------------|---------------------------|---------------------------|-----------------|--|--------------------------|--|--------------------------|--|--|---------|
| MEASLES VACCINATION         |                               |                                  |                               | WEIGHT                    | Fully Immunized by 1 Year | IYCF counseling | Vitamin A Administration               |                          |  |                          | Deworming                              |  | Remarks |
| Date Of Measles Vaccination | Weight at Measles Vaccination | Under Weight (Below --2SD Line ) | Over Weight (Above +3SD Line) | MUAC                      |                           |                 | 1st Dose administered within this year |                          | 2nd dose administered within this year |                          | 1st dose administered within this year | 2nd dose administered within this year |         |
|                             |                               |                                  |                               | INR no.                   |                           |                 | Children 6 to 11 months                | Children 12 to 59 months | Children 6 to 11 months                | Children 12 to 59 months |  |  |         |
| Date                        | Weight at Measles Vaccination | Under Weight (Below --2SD Line ) | Over Weight (Above +3SD Line) | WEIGHT<br>MUAC<br>INR no. | Fully Immunized by 1 Year | IYCF counseling | Children 6 to 11 months                | Children 12 to 59 months | Children 6 to 11 months                | Children 12 to 59 months | 1st dose administered within this year | 2nd dose administered within this year | Remarks |

At the first visit to the health unit, a child is given a Child Health Card which goes up to 5 years. **Visitors (children who are not residents of the catchment area for the health unit) are not registered.**

## **DESCRIPTION OF COLUMNS:**

The date is written at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

**1. CHILD No.:**

Start with the number “1” on the first of July for each financial year. This number also goes on the Child Health Card.

**2. NAME of child, mother and father:**

Write the names of the Child, Childs’ mother and father.

**3. VILLAGE & PARISH:**

Write the village and parish of residence of the mother and father.

**4. SEX:**

Write the gender of the child, indicating, M (male) or F (female).

**5. AGE, HEIGHT/LENGTH AND WEIGHT:**

**AGE:**

Write the age of the child in months at 1st visit, E.g 2mths, 3mths.

**HEIGHT/LENGTH:**

Write the Height of the patient in meters (m). Indicate as well, his/her height on CHILD REGISTER.

**WEIGHT:**

Write the weight of the patient in Kilograms (Kg) on CHILD REGISTER. The measured weight should also be used to estimate the drug dosages to be administered. This will be the weight of the child at his/her 1st visit.

**6. MUAC, WEIGHT FOR AGE Z SCORE AND HEIGHT/LENGTH FOR AGE Z SCORES:**

**MUAC**

Write the MUAC colour code and the measurement in cm. If MUAC is Red or Yellow, the admission number from the Integrated Nutrition Register (INR No.) should be recorded. The MUAC colour code (for clients above 6 months of age). Red is an indication of severe acute malnutrition, Yellow indicates moderate acute malnutrition and Green is normal nutrition status. Write “R” for Red, “Y” for Yellow and “G” for Green.

**WEIGHT FOR AGE Z SCORE**

Write “N” for Normal nutritional status if client’s Z-score ranges between -2SD and +2SD, “MAM” for Moderate Acute Malnutrition if client’s Z- score ranges between -3SD and -2SD, “SAM” for Severe Acute Malnutrition if client’s Z- score is <-3SD.

**HEIGHT/LENGTH FOR AGE Z SCORES**

This measures stunting, write “N” for Normal nutritional status if client’s Z-score are equal or above (>)-2SD and S for Stunting if the client’s Z score is less than (<)-2 SD.

**INR NO:**

Integrated Nutrition Register Number (INR No.) is given to a client who has been confirmed with malnutrition (If MUAC is Red or Yellow) in the nutrition unit/program at the health facility.

**7. DATE OF BIRTH:**

Write the date of birth of the child.

**8. PROTECTION AT BIRTH (PAB) FOR TT:**

The PAB method entails assessing the TT status of the mother when she brings her child for BCG to find out if she has received the appropriate doses of TT before the last delivery for which she is bringing the child for BCG. This can be simplified for the health workers in the field as having received 2 doses of TT in the last pregnancy, or 3 properly spaced doses of TT at any time. If the child is found to be protected he/she is tallied in the tally sheet

**9. RECEIVED LLIN (Long Lasting Insecticide Treated Net):**

Enter: BD if received net in maternity before discharge  
PNC if received net anytime in postnatal clinic

**Note:** Please include date the net is/was received.

**10. DATE BCG WAS GIVEN:**

Write the date that BCG was given. It is best to use numbers for months (e.g. 14th June 2010 is written as 14/6/2010, and 12th December 2011 is written as 12/12/2011, etc.)

**11. DATES POLIO:**

Write the date each polio dose was administered.

**12. IPV**

Write the date the IPV dose was administered.

**13. DATES DPT-HepB-Hib.:**

Write the date each DPT-HepB-Hib dose was administered.

**14. DATES – PCV Vaccines:**

Write the date each PCV dose was administered.

**15. DATES – Rota Virus:**

The date each Rota virus dose was administered

**16. DATE AT MEASLES VACCINATION:**

The date measles vaccination was administered

**17. WEIGHT AT MEASLES VACCINATION:**

Record the weight of the child during measles vaccination

**18. UNDER WEIGHT (BELOW -2SD LINE) ON THE CHILD HEALTH CARD:**

Plot the weight of the child on the Child Health Card and indicate with a tick (✓) if the child's weight for age was below the lower line on the child health card during the visit when he or she received measles vaccine.

**19. OVER WEIGHT (ABOVE +3SD LINE) ON THE CHILD HEALTH CARD:**

Plot the weight of the child on the Child Health Card and indicate with a tick (✓) if the child's weight for age was above the uppermost line on the child health card during the visit when he or she received measles vaccine.

**20. WEIGHT, MUAC and INR no.:**

Weight of the child at the last visit

Write the MUAC color code and the measurement in cm

Write the admission number from the Integrated Nutrition Register

**21. FULLY IMMUNISED BY 1YEAR:**

Enter a tick (√) if the child has received all the vaccinations in the schedule before 1year (1st birthday). The vaccinations referred to here are: BCG, DPT1-3, PCV1-3, Polio1-3 and Measles

**22. IYCF**

Write yes if mother received infant and Young child feeding counseling

Write No if mother did not receive infant and Young child feeding counseling

**23. VITAMIN A ADMINISTRATION DATES:**

Enter a tick (√) if the child received his/her 1st and 2nd supplement of Vitamin A during the year when you are registering the child. 1st dose and 2nd dose referring to the 6 months interval.

**Note:** Vitamin A administration should continue up to 59 months of age. The subsequent doses should be recorded on the Child Health Card.

**24. DEWORMING:**

Enter a tick (√) if the child received his/her 1st and 2nd doses of Mebendazole (or any other de-worming agent) during the year when you are registering the child. 1st dose and 2nd dose referring to the 6 months interval.

**Note:** De-worming is done in children from 1 - 14 years of age. The subsequent doses should be recorded on the Child Health Card.

**REMARKS:**

Important information about the child can be recorded: Diseases, (e.g. sickle cell disease, blindness and death).Familial information (e.g. TB case in the household, orphan), and administrative information (e.g. if the family has migrated). The need for and results of home visits (for children with faltering growth) can also be recorded here. The results of the weighing could also be recorded here. Children for defaulter tracking/follow up (done by VHTs through home visits)

If necessary, e.g. if you record systematically birth weight, make a separate column for it.

**REPORTED MONTHLY TO THE INCHARGE FROM THE CHILD TALLY SHEET**

- Number of vaccinations by antigen and dose and gender, site (static or outreach)
- Number of children weighed category of weight – under weight (below -2SD line) bottom line, over weight (above +3SD line) and total weighed and by gender
- Number of Vitamin A supplements given to children by dose, gender and age category
- Number of children 1-14 years of age de-wormed during the year by dose and gender
- Fully immunized by one year
- Protection at Birth (PAB) with TT
- Number of children that received LLIN

## HMIS FORM 073a: CHILD TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To record all child immunizations, weight for age at measles, vaccination, Vitamin A supplementation and de-worming for children

**Copies:** One Copy which stays at health unit

**Responsibility:** In-charge child health and immunization

### PROCEDURE:

1. For immunizations, weight for age, Vitamin A administration and de-worming, tally the information at the moment you give the service to the child. Do not wait until the end of the month as it will be difficult to tally the information from the register. The register can be used to double-check the tally sheet totals.
2. When you weigh the child, tally either “above the bottom line” or “below the bottom line” on the tally sheet. Adding these two figures together should tell you the number of children weighed in the month.
3. For Vitamin A administration, only tally doses given for routine supplementation. Do not tally Vitamin A doses given for treatment of severe malnutrition, measles, or other conditions.

# HMIS FORM 073a: CHILD TALLY SHEET

Health Facility Name \_\_\_\_\_ Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Static/Outreach site/School \_\_\_\_\_

**Use a separate tally sheet each day of vaccination**

| ANTIGEN                    | UNDER ONE YEAR OF AGE                              |            |  |              | ONE TO 4 YEARS OF AGE                              |            |  |              |
|----------------------------|--|------------|--|--------------|--|------------|--|--------------|
|                            | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL |
| BCG                        | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| Protection at Birth for TT | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |  |            |  |              |
| POLIO 0                    | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |  |            |  |              |
| POLIO 1                    | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |  |            |  |              |
| POLIO 2                    | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| POLIO 3                    | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| IPV                        | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| DPT-HepB-Hib 1             | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| DPT-HepB-Hib 2             | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| DPT-HepB-Hib 3             | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| PCV 1                      | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| PCV 2                      | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| PCV 3                      | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| Rotavirus 1                | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| Rotavirus 2                | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| Rotavirus 3                | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| MEASLES                    | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |

### Technical Module 3: Preventive and Curative activities

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| FULLY IMMUNIZED | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |  |  |  |  |
| RECEIVED LLIN   | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |

#### CHILDREN WEIGHED AT MEASLES VACCINATION

| TARGET                         | UNDER ONE YEAR OF AGE  |            |  |              | ONE TO 4 YEARS OF AGE  |            |  |              |
|--------------------------------|--|------------|--|--------------|--|------------|--|--------------|
|                                | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL |
| NORMAL WEIGHT                  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000                   |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000                   |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000                   |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000                   |              |
| UNDER WEIGHT (BELOW -2SD LINE) | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| OVER WEIGHT (ABOVE +3SD LINE)  | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |
| <b>TOTAL</b>                   |  |            |  |              |  |            |  |              |
| STUNTING (BELOW -2SD )         | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |            | 0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000<br>0000 0000 0000 |              |

#### VITAMIN A SUPPLEMENTATION

| TARGET   | UNDER ONE YEAR OF AGE                            |            |  |              | ONE TO 4 YEARS OF AGE                            |            |  |              |
|--|--|------------|--|--------------|--|------------|--|--------------|
|  | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL |
| CHILDREN 6 TO 11 MONTHS THAT HAVE RECEIVED 1 <sup>ST</sup> DOSE IN THE YEAR  | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |  |            |  |              |
| CHILDREN 6 TO 11 MONTHS THAT HAVE RECEIVED 2 <sup>ND</sup> DOSE IN THE YEAR  | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |  |            |  |              |
| CHILDREN 12 TO 59 MONTHS THAT HAVE RECEIVED 1 <sup>ST</sup> DOSE IN THE YEAR |  |            |  |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |
| CHILDREN 12 TO 59 MONTHS THAT HAVE RECEIVED 2 <sup>ND</sup> DOSE IN THE YEAR |  |            |  |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |

#### DEWORMING

| TARGET   | ONE TO 4 YEARS OF AGE                            |            |  |              | 5 TO 14 YEARS OF AGE                             |            |  |              | School children (5 TO 14 YEARS)                  |            |  |              |
|--|--|------------|--|--------------|--|------------|--|--------------|--|------------|--|--------------|
|  | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL | MALE   | MALE TOTAL | FEMALE   | FEMALE TOTAL |
| CHILDREN THAT HAVE RECEIVED 1 <sup>ST</sup> DOSE IN THE YEAR | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |
| CHILDREN THAT HAVE RECEIVED 2 <sup>ND</sup> DOSE IN THE YEAR | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |            | 0000 0000<br>0000 0000<br>0000 0000<br>0000 0000 |              |

Name of the vaccinator..... Signature.....

**Monthly Procedure:**

**FROM CHILD TALLY SHEETS**

Gather ALL Tally sheets together both for static and outreach

Count the number of vaccinations given for BCG, Polio, DPT-HepB-Hib, PCV, Rota and Measles by age and dose, and write the value for each in Table 3 under the correct month

**FROM MATERNAL HEALTH TALLY SHEETS**

Gather ALL Tally Sheets together both for static and outreach

Count the number of vaccinations given by dose for pregnant women and record the values in Table 3 under the correct month.

Count the total number of tetanus toxoid vaccinations given to school girls and non-pregnant women and record the value in Table 3 under the correct month.

**FROM TT TALLY SHEETS**

Count the total number of tetanus toxoid vaccinations given to school girls and record the value in Table 3 under the correct month

Count the total number of girls who received HPV vaccination

**ON HEALTH UNIT MONTHLY REPORT**

Fill Item 2.8 & 2.11

**Annual Procedure:**

**On TABLE 3**

Sum up monthly values for all rows to get the Year totals

Total TT Doses 2 to 5 given to pregnant women and write it in the square given.

Total TT Doses 2 to 5 given to non -pregnant women and write it in the square given

Total TT Doses 2 to 5 given to school girls and write it in the square given

Total HPV Doses 1 to 3 given to young girls and write it in the square given

It is not necessary to total this figure on a monthly basis.



# HMIS FORM 076: HPV/TT REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To monitor immunizations of HPV/TT in the health unit's service area

**Copies:** **Two Copies.** One for static and one for outreach sessions but both kept at the health unit

**Responsibility:** Person In-charge of Maternal and Child Health Unit

## PROCEDURE

The health worker will register each girl receiving the HPV/TT vaccine. The register will be kept at the health facility. The register needs to be brought to each vaccination session; one register per immunisation post. At the time of the second dose, bring the original register to the vaccination session to verify girls that need their second dose. Any new girls beginning the three doses at this time will need to be added to the bottom of the register for that vaccination post, but clearly mark the date of vaccination for dose one.

# HMIS FORM 076: HPV / TT REGISTER

Name of Facility \_\_\_\_\_ Village \_\_\_\_\_ Parish \_\_\_\_\_

Sub-county \_\_\_\_\_ HSD \_\_\_\_\_ District \_\_\_\_\_

Name of health facility, school or Outreach (POC) \_\_\_\_\_

| (1)                        | (2)           | (3)           | (4)                    | (5)              | (6)             | (7)                         | (8)       | (9)       | (10)      | (11)     | (12)     | (13)     | (14)     | (15)     |
|----------------------------|---------------|---------------|------------------------|------------------|-----------------|-----------------------------|-----------|-----------|-----------|----------|----------|----------|----------|----------|
| Serial no. /Identification | Client's name | Date of Birth | Mother/Guardian's name | Village & Parish | Class in school | Age at 1 <sup>st</sup> dose | HPV1 Date | HPV2 Date | HPV3 Date | TT1 Date | TT2 Date | TT3 Date | TT4 Date | TT5 Date |
|                            |               |               |                        |                  |                 |                             | POC       | POC       | POC       | POC      | POC      | POC      | POC      | POC      |
|                            |               |               |                        | Village          |                 |                             | Date      | Date      | Date      | Date     | Date     | Date     | Date     | Date     |
|                            |               |               |                        | Parish           |                 |                             | POC       | POC       | POC       | POC      | POC      | POC      | POC      | POC      |
|                            |               |               |                        | Village          |                 |                             | Date      | Date      | Date      | Date     | Date     | Date     | Date     | Date     |
|                            |               |               |                        | Parish           |                 |                             | POC       | POC       | POC       | POC      | POC      | POC      | POC      | POC      |
|                            |               |               |                        | Village          |                 |                             | Date      | Date      | Date      | Date     | Date     | Date     | Date     | Date     |
|                            |               |               |                        | Parish           |                 |                             | POC       | POC       | POC       | POC      | POC      | POC      | POC      | POC      |

## **DESCRIPTION OF COLUMNS**

The date is written under the first column, and nothing else is written on that line.

**1. SERIAL NO. /IDENTIFICATION:**

Write the serial number of client in order of attendance in that financial year

**2. CLIENT'S NAME:**

Write the names of the client in full.

**3. DATE OF BIRTH:**

Write the date of birth of the client receiving the dose

**4. MOTHER/GUARDIAN'S NAME:**

Write the full name of the mother or Guardian.

**5. VILLAGE & PARISH:**

Write the parish and village of the client

**6. CLASS IN SCHOOL:**

Write the class in school of the client

**7. AGE AT 1ST DOSE:**

Write the age in complete years at which the first dose was given

**8-10. DATE of HPV, POINT of CONTACT**

**Date:** Write the date each client is given HPV/TT. It is best to use numbers for months (e.g. 14th June 2010 is written as 14/6/2010, and 12th December 2011 is written as 12/12/2011, etc.)

**Point of Contact:** Write (F) if HPV given at facility, (O/R) if given in Community/Outreach, and (Sch) if given in school.

**11-15. DATE of TT, POINT of CONTACT:**

**Date:** Write the date each client is given TT. It is best to use numbers for months (e.g. 14th June 2010 is written as 14/6/2010, and 12th December 2011 is written as 12/12/2011, etc.)

**Point of Contact:** Write (F) if TT is given at facility, (O/R) if given in Community/Outreach, and (Sch) if given in school.

### **REPORTED MONTHLY TO THE INCHARGE FROM HPV AND TT TALLY SHEET**

Number of HPV vaccinations by dose, age and site (static, community/outreach or school)

Number of TT vaccinations by dose.

## HMIS FORM 076a: HPV VACCINATION TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To record all child immunizations, of HPV vaccination of all girls in the Health Unit's service area.

**Copies:** One copy which stays at the health unit

**Responsibility:** In-charge child health and immunization

### PROCEDURE:

This form is filled at the vaccination post by the health workers who will be administering the vaccine.

Each girl who receives the vaccine is represented by striking one zero on the tally sheet at the time of vaccination. Do not merely mark the vaccine doses used, as this would include any wasted doses and result in an inaccurate tally.

At the end of the day, the number of girls vaccinated are added up and recorded in the total column according to their appropriate age.

This tally sheet is the source of the primary data that will later be used to calculate final coverage at district levels. The tally sheet must be completed for each day of the vaccination and stored until completion of the 3 doses.

# HMIS FORM 076a: HPV VACCINATION TALLY SHEET

District \_\_\_\_\_ Health Unit Name \_\_\_\_\_

Static/Outreach/ School \_\_\_\_\_ Date of Vaccination \_\_\_\_\_

Use a separate tally sheet each day of vaccination

| Age (years)                               | No. of HPV1 doses given  | No. of HPV2 doses given   | No. of HPV3 doses given  |
|---|--|---|--|
| 9   | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>Subtotal 9yrHPV1=</i>   | <i>9yrHPV2=</i>   | <i>9yrHPV3=</i>  |
| 10  | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>10yrHPV1=</i>   | <i>10yrHPV2=</i>  | <i>10yrHPV3=</i>   |
| 11  | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>11yrHPV1=</i>   | <i>11yrHPV2=</i>  | <i>11yrHPV3=</i>   |
| 12  | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>12yrHPV1=</i>   | <i>12yrHPV2=</i>  | <i>12yrHPV3=</i>   |
| 13  | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>13yrHPV1=</i>   | <i>13yrHPV2=</i>  | <i>13yrHPV3=</i>   |
| 14  | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>14yrHPV1=</i>   | <i>14yrHPV2=</i>  | <i>14yrHPV3=</i>   |
| ≥15                                       | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>15yrHPV1=</i>   | <i>15yrHPV2=</i>  | <i>1 yrHPV3=</i>   |
| Unknown                                   | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 | 0000 0000 0000 0000<br>0000 0000 0000 0000<br>0000 0000 0000 0000 | 0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000<br>0000 0000 0000 0000 0000 |
|   | <i>UknHPV1=</i>  | <i>UknHPV2=</i>   | <i>UknHPV3=</i>  |
| <i>OPTIONAL CHECK ROW(sum up columns)</i> | =  | =   | =  |

Tally Sheet to record the number (No.) of HPV doses given on a single vaccination and ages of the girls

Name of vaccinator ..... Signature .....

## **HMIS FORM 076B: TT TALLY SHEET**

### **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To record all child immunizations, of TT vaccination of all women of Child bearing age in the Health Unit's service area.

**Copies:** One stays at health unit

**Responsibility:** In-charge child health and immunization

### **PROCEDURE:**

This form is filled at the vaccination post by the health workers who will be administering the vaccine.

Each woman who receives the vaccine is represented by striking one zero on the tally sheet at the time of vaccination. Do not merely mark the vaccine doses used, as this would include any wasted doses and result in an inaccurate tally.

The tally sheet must be complete for each day of vaccination and stored until completion at the end of the month.

# HMIS FORM 076b: TT TALLY SHEET

District \_\_\_\_\_ Health Unit Name \_\_\_\_\_

Static/Outreach/ School \_\_\_\_\_ Date of Vaccination \_\_\_\_\_

*Use a separate tally sheet each day of vaccination*

|                  |  |       |
|------------------|--|-------|
| No. of TT1 Doses | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| No. of TT2 Doses | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| No. of TT3 Doses | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| No. of TT4 Doses | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| No. of TT5 Doses | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |

Tally Sheet to record the number (No.) of TT doses given on a single vaccination

**Wastage:**

(i) Contamination ----- (ii) Breakage ----- (iii) Other -----

Name of vaccinator: ..... Signature.....

## HMIS FORM 075: DEWORMING REGISTER

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To register at the first visit and then monitor Deworming for all children in the health unit's service area

**Copies:** Two Copies, One copy for static and one for outreach but both kept at the health unit.

**Responsibility:** Person In-charge Maternal and Child Health Services

### PROCEDURE

The health worker will register all children receiving deworming tables. The register will be kept at the health unit. The register needs to be brought to each vaccination session; one register per health unit and outreach. At the time of the second dose, bring the original register to the vaccination session to verify children that need their second dose. Any new child beginning the first dose at this time will need to be added to the bottom of the register for that health unit or outreach but clearly mark the date of registration.

### HMIS FORM 075: DEWORMING REGISTER

| (1)                        | (2)         | (3)           | (4)          | (5)                   | (6)     | (7)             | (8) | (9)           | (10)          | (11)     |
|----------------------------|-------------|---------------|--------------|-----------------------|---------|-----------------|-----|---------------|---------------|----------|
| Serial no. /Identification | Client name | Date of Birth | Age of Child | Mother/ Guardian name | Village | Class in school | Sex | 1st Dose Date | 2nd Dose Date | Comments |
|                            |             |               |              |                       |         |                 |     |               |               |          |

### DESCRIPTION OF COLUMNS

- SERIAL NO. /IDENTIFICATION:**  
Write the serial number of client in order of attendance
- CLIENT'S NAME:**  
Write the names of the client in full.
- DATE OF BIRTH:**  
Write the date of birth of the client receiving the dose



### Technical Module 3: Preventive and Curative activities

**4. AGE OF CHILD:**

Write the age of the child in months at the first visit e.g. 2mths, 3mths.

**5. MOTHER/GUARDIAN'S NAME:**

Write the full name of the mother or Guardian.

**6. VILLAGE:**

Write the village of the client.

**7. CLASS IN SCHOOL**

Write the class in school of the client

**8. SEX**

Write the sex of the child as M for male and F for female

**9. 1<sup>st</sup> Dose date**

Write the date the child has received the 1<sup>st</sup> dose of deworming

**10. 2<sup>nd</sup> Dose date**

Write the date the child has received the 1<sup>st</sup> dose of deworming

**11. COMMENTS:**

Write comments such as; - reasons why the child missed the 1<sup>st</sup> dose of deworming.

#### **REPORTED MONTHLY TO THE INCHARGE FROM CHILD TALLY SHEET**

Number of Children who received the first and second dose of deworming by age and site (static or outreach)

Number of children who received their first or second dose at school is summarized from the school health register and reported through HMIS 105.

# HMIS FORM 079: SCHOOL HEALTH REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** Record all pupils / students in school accessing health care in school

**Copies** **One Copy:** which is kept at the school health clinic

**Responsibility:** School health Nurse/ health service provider

## PROCEDURE:

This register captures information about pupils / students' health status and any medical interventions administered at school. It is to be compiled by the In-charge school health clinic in collaboration with the In-charge of the health facility where the school is part of the catchment area and the district health team.

1. Record all pupils / students in the school.
2. The **DATE** the register was started; **NAME** of school and the date the register was closed are written on the front cover.
3. Pre-printed formats are available for this register, but in cases where they are not, counter books may be used for this register. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 079 below.

Each pupil / student is entered once in the register using the pupil / students' school number and followed up through the rest of his/her stay at the school.

The in-charge and DHO can determine additional data of local interest to monitor



**DESCRIPTION OF COLUMNS:**

**1. NUMBER (NO.):**

Write the pupil / student school number.

**2. NAME**

Write the name of the pupil / student.

**3. SEX:**

Write the sex of the pupil / student e.g. "M" for male or "F" for female.

**4. DATE OF BIRTH:**

Write the pupil / students' date of birth using the format of dd/mm/yyyy. This information is got from the Child Health Card.

**5. FATHER'S NAME:**

Write the father's name.

**6. MOTHER'S NAME:**

Write the mother's name.

**7. FATHER ALIVE /DEAD:**

Write "Y" for yes if Father is alive and "N" for No if dead.

**8. MOTHER ALIVE OR DEAD:**

Write "Y" for yes if Mother is alive and "N" for No if dead.

**9. IMMUNISATION STATUS:**

Write the code to indicate whether the child was Not Immunized (N), Partially Immunized (P), Fully Immunized (F) based on card, or history from the parent/ guardian

**10. DISABILITY IF ANY:**

State whether the pupil/student has any of the following conditions; Deafness, Blindness, Lameness

**11. ANY MEDICAL CONDITION/ALLERGIES:**

Write if pupil/student has chronic illnesses such as Asthma, Sickle cell diseases, TB, Cancer, Epilepsy, Chronic / congenital heart disease, Mental disorder, Diabetes, HVI/AIDS.

List any medicines/ food the pupil/student is contraindicated to.

**12. EXAMINATION FINDINGS**

**DATE**

Write the date the examination and findings are carried out.

**CLASS**

Write the class of the pupil / student at the time the examination and findings are carried out.

**13. WEIGHT (KG) AND HEIGHT (CM)**

Write the weight in Kilograms (kg) and Height in centimeters (cm)

**14. TETANUS TOXOID GIVEN**

Write the dates when the different doses of TT are given.

**15. DEWORMING**

Write the dates when the different doses of dewormers are given.

**16. SUMMARY**

Write any comments relevant to the examination and the findings which are carried to the pupil/students' health e.g. Chronic drugs, defaulting scheduled medication, nutrition status etc.

**TABLE 3a: HEALTH UNIT EPI DAILY ATTENDANCE SUMMARY (STATIC/COMMUNITY, DELETE WHERE NOT-APPLICABLE)**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | TOTAL |   |  |
|---------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|---|--|
|                                       | M | F | M | F | M | F | M | F | M | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M  | F  | M     | F |  |
| BCG - Under 1 year                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| - 1 to 4 years                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| <b>Protection at Birth for TT</b>     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 0 – Under 1 year                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 1 – Under 1 year                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 1 – 1 to 4 years                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 2 – Under 1 year                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 2 – 1 to 4 years                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 3 – Under 1 year                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| Polio 3 – 1 to 4 years                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| IPV – Under 1 year                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| <b>DPT-HepB-Hib</b>                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 1 – Under 1 year         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 1 1 to 4 years           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 2 Under 1 year           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 2 1 to 4 years           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 3 Under 1 year           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| DPT-HepB-Hib 3 1 to 4 years           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| <b>Pneumococcal Conjugate Vaccine</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 1 Under 1 year                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 1 1 to 4 years                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 2 Under 1 year                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 2 1 to 4 years                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 3 Under 1 year                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |
| PCV 3 1 to 4 years                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |   |  |



|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| <b>Pregnant Women<br/>Tetanus Vaccinations</b>     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 1   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 2   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 3   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 4   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 5   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TOTAL doses 2-5                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Non-pregnant women<br/>Tetanus Vaccinations</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 1   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 2   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 3   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 4   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 5   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TOTAL doses 2-5                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Immunization in Schools</b>                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 1   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 2   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 3   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 4   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TT 5   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| TOTAL doses 2-5                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| HPV Vaccination for<br>Girls.                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| HPV 1  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| HPV 2  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| HPV 3  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Total Doses</b>                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |



**TABLE 3b: HEALTH UNIT EPI MONTHLY ATTENDANCE SUMMARY (STATIC/COMMUNITY, DELETE WHERE NOT-APPLICABLE)**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY                                | JUL |   | AUG |   | SEP |   | OCT |   | NOV |   | DEC |   | JAN |   | FEB |   | MAR |   | APR |   | MAY |   | JUN |   | TOTAL |        |  |
|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|--------|--|
|   | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | MALE  | FEMALE |  |
| <b>BCG - Under 1 year</b>               |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| - 1 to 4 years                          |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>Protection at Birth for TT</b>       |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>Polio 0 – Under 1 year</b>           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>IPV – Under 1 year</b>               |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>DPT-HepB+Hib</b>                     |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>PCV</b>                              |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>ROTA VACCINE</b>                     |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 1 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 2 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – Under 1 year                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| 3 – 1 to 4 years                        |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>Measles – Under 1 year</b>           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| - 1 to 4 years                          |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| Fully Immunized – Under 1 yr            |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| Received LLIN                           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| <b>Children weighed</b>                 |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| Children under weight (below line -2SD) |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |
| Normal weight                           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |

| CATEGORY   | JUL |   | AUG |   | SEP |   | OCT |   | NOV |   | DEC |   | JAN |   | FEB |   | MAR |   | APR |   | MAY |   | JUN |   | TOTAL |        |  |  |
|--|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|--------|--|--|
|  | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | MALE  | FEMALE |  |  |
| Children over weight (above line +3SD)             |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| Total number of children weighed                   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>Vitamin A given to children</b>                 |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 1 <sup>st</sup> Dose in year- Under 1 yr           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 1 <sup>st</sup> Dose in year- 1 -4 yrs             |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 2 <sup>nd</sup> Dose in year- Under 1 yr           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 2 <sup>nd</sup> Dose in year- 1 -4 yrs             |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>Deworming</b>                                   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 1 <sup>st</sup> Dose in year – 1 - 4 yrs           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 1 <sup>st</sup> Dose in year- 5 - 14 yrs           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 1 <sup>st</sup> Dose in year- 5 - 14 yrs in school |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 2 <sup>nd</sup> Dose in year- 1 - 4 yrs            |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 2 <sup>nd</sup> Dose in year- 5 - 14 yrs           |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| 2 <sup>nd</sup> Dose in year- 5 - 14 yrs in school |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>Pregnant Women Tetanus Vaccinations</b>         |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 1   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 2   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 3   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 4   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 5   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| TOTAL doses 2-5                                    |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>Non-pregnant women Tetanus Vaccinations</b>     |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 1   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 2   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 3   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 4   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 5   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| TOTAL doses 2-5                                    |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>Tetanus Vaccinations in Schools</b>             |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 1   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 2   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 3   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 4   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 5   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| TOTAL doses 2-5                                    |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| <b>HPV Vaccination for Girls</b>                   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 1   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 2   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |
| - Dose 3   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |       |        |  |  |

## PART 3: FAMILY PLANNING

# HMIS FORM 074: INTEGRATED FAMILY PLANNING REGISTER

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To register family planning clients and monitor the dispensing of Contraceptives

**Copies:** One Copy, which stays at the health unit in the family planning clinic

**Responsibility:** In-charge Maternal and Child Health

### PROCEDURE:

1. The date the register was started, the name of health unit and the date the register was closed are written on the front cover of the register.
2. New Users are those that have never accepted a modern contraceptive before at any health unit at any time. Modern contraceptives exclude natural methods.
3. If a person is a visitor, and does not intend to continue at the Health Unit, then the visit is recorded in the Family Planning Register BUT only the Serial Number (SERIAL NUM) is completed under Client Information.
4. The total client visits, both new users and revisits are counted from entries in Column 3 & 4. The client visits by method accepted is obtained by counting the entries for each method in column 7 -15. These are all reported monthly. The health unit will determine a target attendance for new acceptors and total clients each year. The new acceptors will be monitored monthly and graphed.
5. It is probably useful to have an exercise book where more information about new clients to the health unit is recorded during registration. In this book, write (new) client number, date of registration, name, and address.

# HMIS FORM 074: INTEGRATED FAMILY PLANNING REGISTER

| (1)                | (2)           | (3)      | (4)           | (5)                     | (6)        |            |         |
|--------------------|---------------|----------|---------------|-------------------------|------------|------------|---------|
| CLIENT INFORMATION |               |          |               |                         |            |            |         |
| Serial Number      | Client Number | New User | Re-Attendance | First visit of the year | Age        |            |         |
|                    |               |          |               |                         | 10 – 19yrs | 20 – 24yrs | >=25yrs |
|                    |               |          |               |                         |            |            |         |
|                    |               |          |               |                         |            |            |         |

| (7)                               | (8)     | (9)        | (10)       | (11)        | (12)          | (13) | (14)       | (15)                    |
|-----------------------------------|---------|------------|------------|-------------|---------------|------|------------|-------------------------|
| AMOUNT OF CONTRACEPTIVE DISPENSED |         |            |            |             |               |      |            |                         |
| Lo-feminal                        | Ovrette | Microgynon | Other Oral | Male Condom | Female Condom | IUD  | INJECTABLE | Emergency contraception |
|                                   |         |            |            |             |               |      |            |                         |
|                                   |         |            |            |             |               |      |            |                         |

| (16)                          | (17)           | (18)      | (19)              | (20)             | (21)             | 22           | (23)     | (24)   | (25) | (26)                    | (27)                    | (28)                                      | (29)                   | (30)     |
|-------------------------------|----------------|-----------|-------------------|------------------|------------------|--------------|----------|--|------|-------------------------|-------------------------|---|------------------------|----------|
| OTHER FAMILY PLANNING METHODS |                |           |                   |                  |                  | IUD Removals | HCT CODE | OTHER SERVICES                                 |      |                         |                         |   |                        | Referral |
| Natural                       | Tubal Ligation | Vasectomy | Implant New users | Implant revisits | Implant removals |              |          | HIV+ Using FP for the First Time (Y=Yes/ N=No) | ARVs | Cancer cervix screening | Cancer Breast Screening | Counseled for Gender Based Violence (GBV) | Other services offered |          |
|                               |                |           |                   |                  |                  |              |          |  |      |                         |                         |   |                        |          |
|                               |                |           |                   |                  |                  |              |          |  |      |                         |                         |   |                        |          |

## DESCRIPTION OF COLUMNS:

The date is written under the first column, and nothing else is written on that line.

## CLIENT INFORMATION:

### (1) SERIAL NUM:

Each visit is given a number starting with “1” on the first of each month. ALL visits are recorded and given a serial number, including counseling only and visitors.

### (2) CLIENT NUM:

When a client first visits the health unit, s/he is given a unique client number and a new Family Planning Card is filled. The client number is given consecutively within the financial year. Visitors are NOT given Client Numbers nor issued cards. All clients except visitors are given client numbers.

**(3) NEW USER:**

Enter a tick (√) if the client has never received a MODERN contraceptive before (from any health unit or pharmacy or any other source). Modern excludes abstinence, withdrawal and natural planning methods.

**(4) RE-ATTENDANCE:**

Enter a tick (√) if the client has used a modern method before and is returning either to reinitiate use of a method or obtain a re-supply of a method.

**(5) FIRST VISIT OF THE YEAR:**

Enter a tick (√) if this visit is the first visit of the financial year for this client. This can be determined by looking at the client card to see the date of last attendance. Persons who do not have a client card at your health unit are obviously having their first visit of the year.

**(6) AGE:**

Enter the age of the client in complete years

**(7-15) AMOUNT OF CONTRACEPTIVE DISPENSED:**

Write the amount of contraceptive dispensed to the client under the correct sub-column. For oral pills, enter the cycles. For male and female condoms enter the exact number of pieces dispensed. For IUD, write PAC (when inserted post-abortion), PPIUD (when inserted within 48hrs of delivery), INTERVAL (when inserted routinely) and write "REM" when removed. For injection, write the injections given, which should be "1".

Codes:

X= Current user visiting for check up and/or treatment only.

REM = Contraceptive removed (use only for IUD). Implants are counted from the surgical register, not in this register.

○ = back-up contraceptive (example, condoms with first cycles of oral pill)

EC = Emergency contraceptive (this refers to the methods of contraception used by women and girls to prevent unintended pregnancy following unprotected sexual intercourse e.g. vikela (postinor) and normal birth control pills).

**(16). NATURAL METHODS:**

For natural methods, enter tick (√) when chosen.

**(18) TUBAL LIGATION:**

Enter a tick (√) if client is done Tubal Ligation

**(19) VASECTOMY:**

Enter a tick (√) if client is done vasectomy

**(20) IMPLANT NEW USERS:**

Enter the relevant code of the Implant inserted in this column, the implant codes are as follows;

**I** = Implanon (Inserted for a period of 3years)

**Z** = Zarin/Sino (Inserted for a period of 4years)

**J** = Jadelle (Inserted for a period of 5years)

**O** = Other Implant inserted

### Technical Module 3: Preventive and Curative activities

**(21) IMPLANT REVISIT:**

In case of an implant revisit, enter the name of Implant in this column

**(22) IMPLANT REMOVALS:**

Enter the name of Implant removed in this column

**(23) IUD Removals**

Enter a tick (✓) if IUD is removed.

**(24) HCT CODE:**

Enter the code;

- C - If client is Counseled or given information but declined HIV testing
- TR - If client is Tested results given, client tested HIV Negative
- TRR - If client is Tested results given, client tested HIV Positive

\* If the client has ever tested before and results are known, enter the code of results and a tick (✓).

**(25) HIV+ Using FP for the First Time**

Write: Y for **Yes** if HIV+ client is using family planning for the first time and N for **No** if HIV+ client has used a modern family planning method before

**(26) ARVs:**

If client is on ARVs, write the ARV regimes that the client is using.

**(27) CANCER OF CERVIX SCREENING:**

**Enter the following codes to describe the status of cervix;**

FOM - If the woman's Cervix is free of malignancy.

SS - If the woman's Cervix is suspicious of malignancy

**(28) CANCER OF THE BREAST SCREENING:**

**Enter the following codes to describe the status of the breast;**

FOM - Woman's breast has no swellings, pain, abnormal discharge (pus or blood)

SS - If the woman's breasts have either abnormal discharge (pus or blood)

**(29) COUNSELED FOR GENDER BASED VIOLENCE (GBV):**

Write "Y" if client has been counseled for gender based violence and "N" if client has not been counseled for gender based violence.

**(30) OTHER SERVICES:**

You can use abbreviations for the service provided: write "PREG" for pregnancy testing, "INFER" for infertility assistance, "PEP" for Post Exposure Prophylaxis and "EC" for Emergency Contraceptives

**(31) REFERRAL:**

If a client is referred, then a REFERRAL NOTE is completed. In this column, the referral number and a brief reason for the referral is written.

### TALLYING INSTRUCTIONS

From the Family Planning register, the Integrated Maternity register, and the Postnatal register, tally using the FAMILY PLANNING TALLY SHEET. Tally the new users and re-attendance by method and the number of contraceptives dispensed at the health unit and those dispensed by CORPs for each of the family planning methods.

### INSTRUCTIONS FOR SUMMARIZING:

At the end of each month, COUNT;

- Count the total number of family planning new users and revisits for each of the following methods;
- Number aged 10-19years that used Oral : Lo-Femenal
- Number aged 20-24years that used Oral : Lo-Femenal
- Number aged  $\geq 25$ years that used Oral : Lo-Femenal
- Number aged 10-19years that used Oral: Microgynon
- Number aged 20-24years that used Oral: Microgynon
- Number aged  $\geq 25$ years that used Oral: Microgynon
- Number aged 10-19years that used Oral: Ovrette or another POP
- Number aged 20-24years that used Oral: Ovrette or another POP
- Number aged  $\geq 25$ years that used Oral: Ovrette or another POP
- Number aged 10-19years that used Oral: Others
- Number aged 20-24years that used Oral: Others
- Number aged  $\geq 25$ years that used Oral: Others
- Number aged 10-19years that used Female condoms
- Number aged 20-24years that used Female condoms
- Number aged  $\geq 25$ years that used Female condoms
- Number aged 10-19years that used Male condoms
- Number aged 20-24years that used Male condoms
- Number aged  $\geq 25$ years that used Male condoms
- Number aged 10-19years that used IUDs
- Number aged 20-24years that used IUDs
- Number aged  $\geq 25$ years that used IUDs
- Number aged 10-19years that used Injectable
- Number aged 20-24years that used Injectable
- Number aged  $\geq 25$ years that used Injectable
- Number aged 10-19years that used Natural method
- Number aged 20-24years that used INatural method
- Number aged  $\geq 25$ years that used Natural method
- Number aged 10-19years that used other methods of family planning
- Number aged 20-24years that used other methods of family planning
- Number aged  $\geq 25$ years that used other methods of family planning
- Total family planning users aged 10-19years
- Total family planning users aged 20-24years
- Total family planning users aged  $\geq 25$ years
- Total Number HIV+ Family Planning New Users
- Total Number HIV+ Family Planning Revisits

### Technical Module 3: Preventive and Curative activities

- Total Number of 1st visit Family Planning clients
- Count the total number of contraceptives dispensed at the health unit and those dispensed by CORPs for each of the following methods;
- Number of Oral: Lo-Femenal (cycles) Dispensed
- Number of Oral: Microgynthat used (cycles) Dispensed
- Number of Oral: Ovrette or other POP (cycles) dispensed
- Number of Oral: Others (cycles) Dispensed
- Number of Female condoms (pieces) Dispensed
- Number of Male condoms (pieces) dispensed
- Number of IUDs (pieces) dispensed
- Number of injectable (doses) dispensed
- Number of emergency contraceptives dispensed
- Number of Female sterilizations (tubal ligation) done
- Number of Male sterilizations (vasectomy) done
- Number of Implant new users aged 10-19 years by implant type
- Number of Implant new users aged 20-24 years by implant type
- Number of Implant new users aged  $\geq$  25 years by implant type
- Total number of implant revisits
- Total number of Implant removals

#### REPORTED MONTHLY ON HMIS 105:

- Total number of family planning new users and revisits for each of the following methods;
- Number aged 10-19years that used Oral : Lo-Femenal
- Number aged 20-24years that used Oral : Lo-Femenal
- Number aged  $\geq$ 25years that used Oral : Lo-Femenal
- Number aged 10-19years that used Oral: Microgynon
- Number aged 20-24years that used Oral: Microgynon
- Number aged  $\geq$ 25years that used Oral: Microgynon
- Number aged 10-19years that used Oral: Ovrette or another POP
- Number aged 20-24years that used Oral: Ovrette or another POP
- Number aged  $\geq$ 25years that used Oral: Ovrette or another POP
- Number aged 10-19years that used Oral: Others
- Number aged 20-24years that used Oral: Others
- Number aged  $\geq$ 25years that used Oral: Others
- Number aged 10-19years that used Female condoms
- Number aged 20-24years that used Female condoms
- Number aged  $\geq$ 25years that used Female condoms
- Number aged 10-19years that used Male condoms
- Number aged 20-24years that used Male condoms
- Number aged  $\geq$ 25years that used Male condoms
- Number aged 10-19years that used IUDs
- Number aged 20-24years that used IUDs
- Number aged  $\geq$ 25years that used IUDs
- Number aged 10-19years that used Injectable
- Number aged 20-24years that used Injectable



### Technical Module 3: Preventive and Curative activities

- Number aged  $\geq 25$  years that used Injectable
- Number aged 10-19 years that used Natural method
- Number aged 20-24 years that used Natural method
- Number aged  $\geq 25$  years that used Natural method
- Number aged 10-19 years that used other methods of family planning
- Number aged 20-24 years that used other methods of family planning
- Number aged  $\geq 25$  years that used other methods of family planning
- Total family planning users aged 10-19 years
- Total family planning users aged 20-24 years
- Total family planning users aged  $\geq 25$  years
- Total Number HIV+ Family Planning New Users
- Total Number HIV+ Family Planning Revisits
- Total Number of 1st visit Family Planning clients
- Total number of contraceptives dispensed at the health unit and those dispensed by CORPs for each of the following methods;
- Number of Oral: Lo-Femeral (cycles) Dispensed
- Number of Oral: Microgynon that used (cycles) Dispensed
- Number of Oral: Ovrette or other POP (cycles) dispensed
- Number of Oral: Others (cycles) Dispensed
- Number of Female condoms (pieces) Dispensed
- Number of Male condoms (pieces) dispensed
- Number of IUDs (pieces) dispensed
- Number of injectable (doses) dispensed
- Number of emergency contraceptives dispensed
- Number of Female sterilizations (tubal ligation) done
- Number of Male sterilizations (vasectomy) done
- Number of Implant new users aged 10-19 years by implant type
- Number of Implant new users aged 20-24 years by implant type
- Number of Implant new users aged  $\geq 25$  years by implant type
- Total number of implant revisits
- Total number of Implant removals

## HMIS FORM 074a: FAMILY PLANNING HEALTH TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To tally family planning clients and monitor the dispensing of Contraceptives
- Copies:** One Copy, which stays at the health unit in the Family Planning clinic
- Responsibility:** In-charge Maternal and Child Health

### PROCEDURE:

This form is filled at the family planning clinic by the health workers who are attending to the family planning clients.

Each client who receives family planning services is represented by striking one zero on the tally sheet at the time of receiving the service.

The tally sheet must be complete for each day the family planning services are offered and stored until completion at the end of the month.

# HMIS FORM 074a: FAMILY PLANNING HEALTH TALLY SHEET

Health Unit \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| CATEGORY  | NEW USERS  | TOTAL | REVISITS   | TOTAL |
|---|--|-------|--|-------|
| <b>FAMILY PLANNING ATTENDANCES BY METHOD</b>                        |  |       |  |       |
| NUMBER AGED 10-19YEARS<br>THAT USED ORAL : LO-<br>FEMENAL           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED ORAL : LO-<br>FEMENAL           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED ORAL : LO-<br>FEMENAL            | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED ORAL:<br>MICROGYNON             | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED ORAL:<br>MICROGYNON             | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED ORAL:<br>MICROGYNON              | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED ORAL: OVRETTE<br>OR ANOTHER POP | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED ORAL: OVRETTE<br>OR ANOTHER POP | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED ORAL: OVRETTE<br>OR ANOTHER POP  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED ORAL: OTHERS                    | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED ORAL: OTHERS                    | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED ORAL: OTHERS                     | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | NEW USERS  | TOTAL | REVISITS   | TOTAL |
|---|--|-------|--|-------|
| NUMBER AGED 10-19YEARS<br>THAT USED FEMALE<br>CONDOMS | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED FEMALE<br>CONDOMS | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED FEMALE<br>CONDOMS  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED MALE CONDOMS      | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED MALE CONDOMS      | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED MALE CONDOMS       | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED IUDS              | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED IUDS              | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED IUDS               | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED INJECTABLE        | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED INJECTABLE        | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS<br>THAT USED INJECTABLE         | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS<br>THAT USED NATURAL METHOD    | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS<br>THAT USED NATURAL METHOD    | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

| CATEGORY  | NEW USERS  | TOTAL  | REVISITS   | TOTAL |
|---|--|--|--|-------|
| NUMBER AGED >=25YEARS THAT USED NATURAL METHOD                    | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 10-19YEARS THAT USED OTHER METHODS OF FAMILY PLANNING | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED 20-24YEARS THAT USED OTHER METHODS OF FAMILY PLANNING | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER AGED >=25YEARS THAT USED OTHER METHODS OF FAMILY PLANNING  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| <b>TOTAL NUMBER OF FAMILY PLANNING ATTENDANCES</b>                |  |  |  |       |
| TOTAL FAMILY PLANNING USERS AGED 10-19YEARS                       | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| TOTAL FAMILY PLANNING USERS AGED 20-24YEARS                       | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| TOTAL FAMILY PLANNING USERS AGED >=25YEARS                        | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| <b>TOTAL NUMBER HIV+ FAMILY PLANNING USERS</b>                    |  |  |  |       |
| TOTAL NUMBER HIV+ FAMILY PLANNING USERS                           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000  | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                            | TOTAL |
| <b>TOTAL NUMBER OF 1ST VISIT FAMILY PLANNING CLIENTS</b>          |  |  |  |       |
| TOTAL NUMBER OF 1ST VISIT FAMILY PLANNING CLIENTS                 | 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 | 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 | TOTAL  | TOTAL |
| <b>CONTRACEPTIVES DISPENSED BY METHOD</b>                         |  |  |  |       |
| CATEGORY  | NO. DISPENSED AT UNIT  | TOTAL  | NO. DISPENSED BY CORPs   | TOTAL |
| NUMBER OF ORAL: LO-FEMENAL (CYCLES) DISPENSED                     | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF ORAL: MICROGYNON THAT USED (CYCLES) DISPENSED           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF ORAL: OVRETTE OR OTHER POP (CYCLES) DISPENSED           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000                         | TOTAL  | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |

### Technical Module 3: Preventive and Curative activities

|   |  |   |  |       |
|---|--|---|--|-------|
| NUMBER OF ORAL: OTHERS (CYCLES) DISPENSED             | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF FEMALE CONDOMS (PIECES) DISPENSED           | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF MALE CONDOMS (PIECES) DISPENSED             | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF IUDS (PIECES) DISPENSED                     | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF INJECTABLE (DOSES) DISPENSED                | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| NUMBER OF EMERGENCY CONTRACEPTIVES DISPENSED          | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000   | TOTAL   | 00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000<br>00000 00000 00000 00000 | TOTAL |
| <b>MINOR OPERATIONS IN FAMILY PLANNING</b>            |  |   |  |       |
| NUMBER OF FEMALE STERILIZATIONS (TUBAL LIGATION) DONE | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |   |  | TOTAL |
| NUMBER OF MALE STERILIZATIONS (VASECTOMY) DONE        | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |   |  | TOTAL |
| NUMBER OF IMPLANT NEW USERS AGED 10-19 YEARS          | Implanon   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Zarin/Sino   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Jadelle  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Other  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
| NUMBER OF IMPLANT NEW USERS AGED 20-24 YEARS          | Implanon   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Zarin/Sino   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Jadelle  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Other  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
| NUMBER OF IMPLANT NEW USERS AGED >= 25 YEARS          | Implanon   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Zarin/Sino   | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Jadelle  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
|   | Other  | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |  | TOTAL |
| TOTAL NUMBER OF IMPLANT REVISITS                      | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |   |  | TOTAL |
| TOTAL NUMBER OF IMPLANT REMOVALS                      | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 |   |  | TOTAL |

**TABLE 4a: HEALTH UNIT DAILY FAMILY PLANNING SUMMARY**

Name of Health Unit \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY                           |                     | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 31 | TOTAL |  |
|------------------------------------|---------------------|-------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| FP Clients (Total)                 | 10-19 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | 20-24 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | >=25 years          |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| New User (all methods)             | 10-19 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | 20-24 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | >=25 years          |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Revisits (all methods)             | 10-19 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | 20-24 years         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | >=25 years          |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| No. of HIV + family planning users | New Users           |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | Revisits            |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>FP Clients by method</b>        |                     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Oral : Lo-Femenal                  | New Users           | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | Revisits            | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | Cycles disp at Unit |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp by CBD                 |                     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp at Outreach            |                     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Oral: Microgynon                   | New Users           | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    | Revisits            | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                    |                     | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

### Technical Module 3: Preventive and Curative activities

| CATEGORY                |                         | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 31 | TOTAL |  |
|-------------------------|-------------------------|-------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
|                         | >=25 years              |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Cycles disp at Unit     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Cycles disp by CBD      |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Cycles disp at Outreach |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Ovrette or another POP  | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Cycles disp at Unit     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp by CBD      |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp at Outreach |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Oral: Others            | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Cycles disp at Unit     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp by CBD      |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Cycles disp at Outreach |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Female condoms          | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Pieces disp at Unit     |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Pieces disp by CBD      |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |



### Technical Module 3: Preventive and Curative activities

| CATEGORY                |                         | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 31 | TOTAL |  |  |
|-------------------------|-------------------------|-------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
|                         | Pieces disp at Outreach |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Male condoms            | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Pieces disp at Unit     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Pieces disp by CBD      |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Pieces disp at Outreach |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| IUDs                    | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Pieces disp at Unit     |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Pieces disp by CBD      |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Pieces disp at Outreach |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Injectable              | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Revisits                | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | >=25 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         | Doses disp at Unit      |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Doses disp by CBD       |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Doses disp at Outreach  |                         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| Natural                 | New Users               | 10-19 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
|                         |                         | 20-24 years |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |

### Technical Module 3: Preventive and Curative activities

| CATEGORY   |                    |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 31 | TOTAL |  |  |  |  |
|--|--------------------|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|--|--|
|  | Revisits           | >=25 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | 10-19 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | 20-24 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | >=25 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Other Methods  | New Users          | 10-19 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | 20-24 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | >=25 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  | Revisits           | 10-19 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | 20-24 years |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | >=25 years  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Emergency contraceptives                                       | Doses disp at Unit |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| <b>From the Operating Theatre Register (Minor operations):</b> |                    |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Female sterilization (tubal ligation)                          |                    |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Male sterilization (vasectomy)                                 |                    |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Implant new users  | 10-19 years        | Implanon    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Zarin/Sino  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Jadelle     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Other       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  | 20-24 years        | Implanon    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Zarin/Sino  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Jadelle     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Other       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  | >=25 years         | Implanon    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Zarin/Sino  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Jadelle     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
|  |                    | Other       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Implant revisits   |                    |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |
| Implant removals   |                    |             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |

**TABLE 4b: HEALTH UNIT MONTHLY FAMILY PLANNING SUMMARY**

Name of Health Unit \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| CATEGORY                          |                         | JUL         | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |  |
|-----------------------------------|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|--|
| FP Clients (Total)                | 10-19 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | 20-24 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | >=25 years              |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| New User (all methods)            | 10-19 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | 20-24 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | >=25 years              |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Revisits (all methods)            | 10-19 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | 20-24 years             |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | >=25 years              |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| No. of HIV+ family planning users | New User                |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Revisits                |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| <b>FP Clients by method</b>       |                         |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Oral : Lo-Femenal                 | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Cycles disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Cycles disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Cycles disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Oral: Microgynon                  | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                                   |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |

### Technical Module 3: Preventive and Curative activities

| CATEGORY               |                         | JUL         | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |  |
|------------------------|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|--|
|                        | Cycles disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Ovrette or another POP | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Oral: Others           | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Cycles disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Female condoms         | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Pieces disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Pieces disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |              |  |
|                        | Pieces disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |              |  |

### Technical Module 3: Preventive and Curative activities

| CATEGORY     |                         |             | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|--------------|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| Male condoms | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| IUDs         | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp at Unit     |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp by CBD      |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Pieces disp at Outreach |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| Injectable   | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Revisits                | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Doses disp at Unit      |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Doses disp by CBD       |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              | Doses disp at Outreach  |             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| Natural      | New Users               | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |
|              |                         | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |

### Technical Module 3: Preventive and Curative activities

| CATEGORY   |                    |             | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |  |
|--|--------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|--|
|  | Revisits           | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Other Methods  | New Users          | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  | Revisits           | 10-19 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | 20-24 years |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | >=25 years  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Emergency contraceptives                                       | Doses disp at Unit |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| <b>From the Operating Theatre Register (Minor operations):</b> |                    |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Female sterilization (tubal ligation)                          |                    |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Male sterilization (vasectomy)                                 |                    |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Implant new users  | 10-19 years        | Implanon    |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Zarin/Sino  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Jadelle     |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Other       |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  | 20-24 years        | Implanon    |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Zarin/Sino  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Jadelle     |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Other       |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  | >=25 years         | Implanon    |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Zarin/Sino  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Jadelle     |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|  |                    | Other       |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Implant revisits   |                    |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Implant removals   |                    |             |     |     |     |     |     |     |     |     |     |     |     |     |              |  |

## PART 4: NUTRITION SERVICES

### HMIS FORM 077: INTEGRATED NUTRITION REGISTER

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** Used to record detailed information about each client enrolled in any feeding program for example Outpatient Therapeutic Care (OTC), and Supplementary Feeding program (SFP) at each visit and Inpatient Therapeutic Care

**Copies:** One Copy, which stays at the Health Unit and preferably in the Nutrition Unit or nutrition corner.

**Responsibility:** Health Unit In-charge

#### PROCEDURE:

1. The **DATE** the register was started; **NAME** of Health Unit and the date the register was finished are written on the front cover.
2. Pre-printed formats should be available for this register. However, in the event that they are not available, Counter books can be used. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 077
3. The nutrition status of clients under any feeding program and their response to management of malnutrition is monitored at each visit and reported monthly/quarterly. Classification of nutrition status is found in the Integrated Management of Acute Malnutrition guidelines. The exact age of the client should be reported in the register.
4. For the first visit, clearly indicate whether it is new enrolment or re-admission.
5. Height should be taken once for the adults and at each of the visits for children.
6. All clients on any feeding program should be discharged through the Integrated Nutrition Register.
7. Clients accessing health services at different clinics within the health facility will be assessed for malnutrition using the MUAC tape. Those found to be malnourished will be referred to the Nutrition unit/corner.

# HMIS FORM 077: INTEGRATED NUTRITION REGISTER

| (1)        | (2)  | (3)                          | (4)             | (5)  | (6)  | (7)   | (8)                         | (9)               | (10)                         | (11)             | (12)                          |
|------------|------|------------------------------|-----------------|------|------|---|-----------------------------|-------------------|------------------------------|------------------|-------------------------------|
| Client No. | Date | Name Of Client               | Clients Address | Sex  | Age  | Infant Feeding Practice(for children less than 2 yrs) | Pregnancy/ Lactating Status | Type of Admission | Type of Nutrition management | Entry Care Point | Nutrition Status at Enrolment |
| 1 cm       | 1 cm | 5 cm                         | 5 cm            | 1 cm | 1 cm | 5 cm  | 5 cm                        | 5 cm              | 5 cm                         | 2cm              | 5cm                           |
|            |      | Surname                      | Parish          |      |      |   |                             |                   | ITC                          |                  | MAM                           |
|            |      | First Name                   | Village         |      |      |   |                             |                   | OTC                          |                  | SAM without oedema            |
|            |      | Name of next of Kin Contact: | Telephone No.   |      |      |   |                             |                   | SFP                          |                  | SAM with oedema (+, ++, +++)  |

| (13)                     | (14)                       | (15)  |   |   |   |   |   |   |   |   | (16)  | (17)                 | (18)  |
|--------------------------|----------------------------|---|---|---|---|---|---|---|---|---|---|----------------------|---|
| HIV Status at enrollment | ART Services at enrollment | ENROLLMENT AND RE-VISITS                        |   |   |   |   |   |   |   |   | Assessment at exit                              | Target exit criteria | EXIT OUTCOME (Put The Appropriate Code For The Outcome and Insert Date) |
|                          |                            | On Admission to a feeding program               | Visit 1   | Visit 2   | Visit 3   | Visit 4   | Visit 5   | Visit 6   | Visit 7   | Visit 8   |   |                      |   |
|                          |                            | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                | Appointment date                                |   |                      |   |
|                          |                            | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      | Visit date                                      |   |                      |   |
|                          |                            | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  | Oedema  |                      |   |
|                          |                            | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      | Weight(kg)                                      |                      |   |
|                          |                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            | Height / Length (cm)                            |                      |   |
|                          |                            | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score | MUAC Color (cm)/Weight for height/lengthZ score |                      |   |
|                          |                            | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              | Therapeutic/ supplementary - feeds              |                      |   |
|                          |                            | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 | Counseling code                                 |                      |   |
| 1 cm                     | 1 cm                       | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1 cm  | 1cm   | 1cm                  | 1cm   |



**DESCRIPTION OF COLUMNS:**

1. **CLIENT NUMBER:** This starts at the beginning of the financial year (1st July) and is assigned at the nutrition unit/corner. E.g. 0001. This number does not change for the subsequent visits at any feeding program. **Add 'R'** to the number if its a referral from another facility with a feeding program **e.g. 0001R**
2. **DATE:** Fill in the date of Registration/ enrolment
3. **CLIENT NAME:** Write the client names; Surname, given name and other name. In addition fill in the names and telephone number of the next of kin
4. **CLIENT ADDRESS:** Record the address of the client by District, Sub-county, parish/Village and the Contact telephone number
5. **SEX:** Write M for Male or F for Female
6. **AGE:** Write the age in complete years for adults and in months for children under 5 years
7. **INFANT FEEDING PRACTICE:** (For Children less than Two (2) years of age). Indicate the infant feeding practice with codes as follows: Exclusive Breastfeeding (EB); Replacement feeding (RF); Mixed feeding (MF); Complementary feeding (CF); No longer Breast feeding (NLB)
8. **PREGNANCY/ LACTATING STATUS:** Write 'Preg' for pregnancy, 'Lact' for lactating and 'NLact' for **non** lactating but with child < 6 months 'Other' for other status
9. **TYPE OF ADMISSION**

**New Admission:** If client is newly enrolled in the current financial year, write New admission.

**Re-admission:** If the client has been enrolled more than once in the same financial year write 'Re-admission'. This might be because of the relapse or default. If the client is re-admitted in a different financial year, register as new client.
10. **TYPE OF MANAGEMENT:** Indicate the type of nutrition management the client is being offered. Tick "ITC" (Inpatient Therapeutic Care) for clients with SAM with medical complications, admitted in the health facility and treated for acute malnutrition and other medical conditions on inpatient basis. Tick "OTC" (Outpatient Therapeutic Care) for clients with MAM or SAM with no medical complications treated with therapeutic feeds on outpatient basis. Tick "SFP" for clients with MAM treated with supplementary feeds on outpatient basis.
11. **ENTRY CARE POINT:** : Indicate the clinic from where the client has been referred from with codes as follows: YCC = Young Child Clinic, ANC = Antenatal Clinic, MC = Maternity Clinic, PNC = Postnatal Clinic, ART = Antiretroviral Treatment Clinic, Pre\_ART = Pre Antiretroviral Treatment Clinic, OPD = Out Patient department, TB = TB clinic, CHW = Referral by community health worker

## **12. NUTRITION STATUS AT ENROLMENT**

**MAM:** Tick MAM for Moderate Acute Malnutrition.

**SAM without Oedema:** Tick SAM without oedema for Severe Acute Malnutrition with no oedema.

**SAM with oedema:** For clients with Severe Acute Malnutrition with oedema, write '+' for grade one Oedema (below the ankles); '++' for grade two Oedema (below the knees) and '+++ for grade three Oedema (observed on feet, legs, arms and face).

**13. HIV STATUS AT ENROLMENT:** Write 'Pos' for HIV positive, 'Neg' for HIV Negative, 'Unknown' for those whose status is not known and "exposed" for HIV exposed children.

**14. ART SERVICES AT ENROLMENT:** Write 'ART' if client is on ART treatment (This includes Option B+ for HIV pregnant mothers) and 'Pre-ART' if client is enrolled in HIV clinic but not yet on ART. Write 'NA' for those not yet enrolled and the HIV negative clients.

## **15. ENROLLMENT AND RE-VISITS**

Indicate the enrollment date, check for oedema and record +, ++, +++, take and record the weight in Kg on enrollment and at each visit, take and record the height in centimetres (Measure once for adults and older children on enrollment and at each visit for the children less than 5 years) and record the date of next appointment.

In this column, under the MUAC Colour indicate the MUAC Colour code (for clients above 6 months of age) and the measurement in cm. Red is an indication of severe acute malnutrition, yellow indicates moderate acute malnutrition and green is normal nutrition status. Write "R" for red, "Y" for yellow and "G" for green.

In this column, under Weight for Height/Length Z-score indicate the Z-score (for clients less than 6 months) write "N" for normal nutritional status if client's Z-score ranges between  $\geq -2SD$  to  $< 2SD$ , "MAM" for moderate acute malnutrition if client's Z-score ranges between  $> -3SD$  to  $< -2SD$ , "SAM" for severe acute malnutrition if client's Z-score is  $< -3SD$ . This also measures stunting, write "N" for Normal nutritional status if client's Z-score are equal or above ( $>$ )-2SD and S for Stunting if the client's Z score is less than ( $<$ )-2 SD.

In this column, under type of the therapeutic/supplementary feeds given. Indicate therapeutic feeds (Ready to Use Therapeutic Food (RUTF), F75, F100 and ReSoMal) or supplementary food e.g Fortified Blended Foods (FBF)..

Counselling code : Write "1" for Optimal dietary practices for adults, including pregnant and lactating women ; " 2" for Use of Therapeutic foods; "3" for Infant and Young Child Feeding (IYCF); "4" for Water, Hygiene and Sanitation (WASH); "5" for ARV adherence; and "6" for Others.

## **16. ASSESMENT AT EXIT:**

At the point of exit, check for oedema, take and record the weight in Kg and height/Length in centimetres.

### 17. TARGET EXIT CRITERIA

In this column, indicate the target MUAC cut-off or weight for height/length Z-Scores at enrollment, depending on enrollment criteria (target exit criteria for MUAC is  $\geq 12.5$ cm and for weight for height/length Z – scores is  $\geq -2SD$ ).

### 18. EXIT OUTCOME AND DATE:

**Write the code to indicate how the client left the feeding program.** Write C if client was cured (attained the target weight within the target date), NR for non-response client, DF if the client defaulted, IPD if the client was transferred to in-patient ward e.g. medical ward, T.B. etc, D if the client died, TO if the client was transferred to another OTC/ITC facility.

**Exit date:** Fill-in the date when the client's exit outcome occurred.

### INSTRUCTIONS FOR SUMMARIZING AT THE END OF EACH QUARTER

#### At the end of each quarter count

- Number of clients who received nutrition assessment on each clinic visit using color coded MUAC tapes/Z score chart
- Total No. of clients who received nutrition assessment using Height/Length for Age Z-scores
- No. of clients who received nutrition assessment using Height/Length for Age Z-scores who were found to be stunted
- Number of clients who received nutritional assessment and had Moderate Acute Malnutrition (MAM)
- Number of clients who received nutritional assessment and had Severe Acute Malnutrition (SAM) without oedema
- Number of clients who received nutritional assessment and had Severe Acute Malnutrition (SAM) with oedema
- Number of newly identified malnourished cases
- Number of total clients who received nutrition supplementary/therapeutic feeds
- Number of HIV positive clients who received nutrition supplementary/therapeutic feeds
- Number of total pregnant women who received maternal nutrition counseling
- Number of HIV positive pregnant women who received maternal nutrition counseling
- Number of total pregnant women who received infant feeding counseling
- Number of HIV positive pregnant women who received infant feeding counseling
- Number of total mothers who initiate breastfeeding within the first hour after delivery
- Number of total mothers who initiate breastfeeding within the first hour after delivery
- Number of HIV exposed infants who reported to be exclusively breastfed for the first 6 completed months during the reporting period
- Number of HIV exposed infants who reported to be breastfed up-to 1 year
- Number of treated malnourished clients who attained target weight
- Total No. of treated malnourished clients who attained target exit criteria at the end of the quarter
- Number of treated malnourished HIV+ clients who attained target exit criteria at the end of the quarter

### REPORTED QUARTERLY IN THE HMIS FORM 106a

- Number of clients who received nutrition assessment on each clinic visit using color coded MUAC tapes/Z score chart
- Total No. of clients who received nutrition assessment using Height/Length for Age Z-scores
- No. of clients who received nutrition assessment using Height/Length for Age Z-scores who were found to be stunted
- Number of clients who received nutritional assessment and had Moderate Acute Malnutrition (MAM)
- Number of clients who received nutritional assessment and had Severe Acute Malnutrition (SAM) without oedema
- Number of clients who received nutritional assessment and had Severe Acute Malnutrition (SAM) with oedema
- Number of newly identified malnourished cases
- Number of total clients who received nutrition supplementary/therapeutic feeds
- Number of HIV positive clients who received nutrition supplementary/therapeutic feeds
- Number of total pregnant women who received maternal nutrition counseling
- Number of HIV positive pregnant women who received maternal nutrition counseling
- Number of total pregnant women who received infant feeding counseling
- Number of HIV positive pregnant women who received infant feeding counseling
- Number of total mothers who initiate breastfeeding within the first hour after delivery
- Number of total mothers who initiate breastfeeding within the first hour after delivery
- Number of HIV exposed infants who reported to be exclusively breastfed for the first 6 completed months during the reporting period
- Number of HIV exposed infants who reported to be breastfed up-to 1 year
- Total No. of treated malnourished clients who attained target exit criteria at the end of the quarter
- Number of treated malnourished HIV+ clients who attained target exit criteria at the end of the quarter

## HMIS FORM 077a: NUTRITION TALLY SHEET

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To record the number of clients who have been provided with nutrition services.

**Copies:** **One** copy which stays at the health unit in the nutrition unit/corner

**Responsibility:** Person in-charge of the nutrition unit/corner

### PROCEDURE:

At least one copy of this tally sheet should be available in the nutrition unit/corner where the nutrition services are given.

The Summation Sheet is used to summarise information on indicators to be reported on, on quarterly basis.

## HMIS FORM 077a: HEALTH UNIT NUTRITION TALLY SHEET

| CATEGORY   |                    | LESS THAN 6 MONTHS  | 6-59 MONTHS   | 5-18 YEARS  | 118+ YEARS  | TOTALS | PREGNANT/LACTATING WOMEN  |
|--|--------------------|---|---|---|---|--------|---|
| Clients who received nutrition assessment in this quarter using color coded MUAC tapes/Z score chart |                    | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |
| Clients who received nutrition assessment using Height/Length for Age Z-scores                       | Total              | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |
|  | Stunted            | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |
| Clients who received nutritional assessment and had malnutrition                                     | Total              | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |
|  | MAM                | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |
|  | SAM without oedema | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> <input type="text"/> |

### Technical Module 3: Preventive and Curative activities

| CATEGORY   |                 | LESS THAN 6 MONTHS   | 6-59 MONTHS  | 5-18 YEARS   | 118+ YEARS   | TOTALS | PREGNANT/LACTATING WOMEN   |
|--|-----------------|--|--|--|--|--------|--|
|  | SAM with oedema | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |
| Newly identified malnourished cases in this quarter              | Total           | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |
|  | HIV positive    | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |
| clients who received nutrition supplementary / therapeutic feeds | Total           | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |
|  | HIV positive    | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |
| Pregnant women who received maternal nutrition                   | Total           | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |        | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br><b>Total</b> |

### Technical Module 3: Preventive and Curative activities

| CATEGORY   |              | LESS THAN 6 MONTHS | 6-59 MONTHS       | 5-18 YEARS        | 118+ YEARS        | TOTALS | PREGNANT/LACTATING WOMEN |
|--|--------------|--------------------|-------------------|-------------------|-------------------|--------|--------------------------|
| counseling   | HIV positive | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
| Pegnant women who received infant feeding counseling   | Total        | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
|  | HIV positive | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
| HIV exposed infants who were reported to be exclusively breastfed for the first 6 completed months during the reporting period |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
| HIV exposed infants who were reported to be breastfed up-to 1 year   |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
| No. of treated malnourished clients who attained target exit criteria at the end of the quarter                                | Total        | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |
|  | HIV positive | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | 00000 00000 00000  | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |        | 00000 00000 00000        |
|  |              | <b>Total</b>       | <b>Total</b>      | <b>Total</b>      | <b>Total</b>      |        | <b>Total</b>             |



**TABLE 20: HEALTH UNIT NUTRITION QUARTERLY SUMMARY**

| No. | Data element   | JUL – SEPT         |             |          |         |        |                          | OCT - DEC          |             |          |         |        |                          | JAN - MAR          |             |          |         |        |                          | APR - JUN          |             |          |         |        |                          |  |
|-----|--|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|--|
|     |  | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women |  |
| 1   | N1-No. of clients who received nutrition assessment in this quarter using color coded MUAC tapes/Z score chart                           |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 2   | N2. Clients who received nutrition assessment using Height/Length for Age Z-scores   | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | Stunted            |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 3   | N3-No. of clients who received nutritional assessment and had malnutrition   | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | MAM                |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | SAM without oedema |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | SAM with oedema    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 4   | N4-No. of newly identified malnourished cases in this quarter  | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | HIV positive       |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 5   | N5-No. of clients who received nutrition supplementary / therapeutic feeds   | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | HIV positive       |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 6   | N6-No. of pregnant and lactating women who received maternal nutrition counseling  | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | HIV positive       |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 7   | N7-No. of pregnant and lactating women who received infant feeding counseling  | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
|     |  | HIV positive       |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |
| 8   | N8-No. of HIV exposed infants who were reported to be exclusively breastfed for the first 6 completed months during the reporting period |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |  |

### Technical Module 3: Preventive and Curative activities

| No. | Data element   | JUL – SEPT         |             |          |         |        |                          | OCT - DEC          |             |          |         |        |                          | JAN - MAR          |             |          |         |        |                          | APR - JUN          |             |          |         |        |                          |
|-----|--|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|--------------------|-------------|----------|---------|--------|--------------------------|
|     |  | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women | Less than 6 months | 6-59 months | 5-18 yrs | 18+ yrs | Totals | Pregnant/Lactating Women |
| 9   | N9-No. of HIV exposed infants who were reported to be breastfed up-to 1 year                         |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |
| 10  | N10- No. of treated malnourished clients who attained target exit criteria at the end of the quarter | Total              |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |
|     |  | HIV positive       |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |                    |             |          |         |        |                          |

## PART 5: HIV/AIDS SERVICES

### HMIS FORM 055: HIV COUNSELING & TESTING (HCT) REGISTER

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** Record all clients accessing HIV counseling and testing services
- Copies** One copy which stays at the health unit in the HCT Clinic
- Responsibility:** In charge of the HIV/AIDS Clinic or HCT focal person.

#### PROCEDURE:

1. Record all clients that have been tested from the Health facility and those that have been tested from outreach within the health facility catchment area.

The **DATE** the register was started; **NAME** of health unit and the date the register was closed are written on the front cover.

The register should be completed using data from the HCT client card.

2. Pre-printed formats are available for this register, but in cases where they are not, counter books may be used for this register. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 055 below.
3. For reporting, age is classified into six age groups: 18 months - <5 years, 5 years - <10, 10 - < 15 years, 15 - <19 years, 19 - < 49, >=49 years and older. However, the exact age should be recorded in the respective column of the register.

For each new visit and each re-attendance visit, a serial number is given, the serial start from the first day of each month. However, a client number is issued only to new clients who have not tested in that financial year.

The in-charge and DHO can determine additional data of local interest to monitor

### Technical Module 3: Preventive and Curative activities

## HMIS FORM 055: HIV COUNSELING & TESTING (HCT) REGISTER

| (1)  | (2)         | (3)     | (4)             |                |                 |                 |              | (5) | (6)            | (7)                   |  | (8)                                       | (9)  |
|------|-------------|---------|-----------------|----------------|-----------------|-----------------|--------------|-----|----------------|-----------------------|--|---|--|
| DATE | Client Name | REG. No | Age (in years)  |                |                 |                 |              | Sex | Marital status | Address               |  | Client Tested for the first time<br>(Y/N) | Has Client been tested more than twice in the last 12months<br><br>Y/N |
|      |             |         | 18 mth - < 5yrs | 5 - < 10 years | 10 - < 15 years | 15 - < 19 years | 19-<49 years |     |                | ≥49 years             | DISTRICT<br>SUB-COUNTY / PARISH<br>VILLAGE / ZONE / CELL |   |  |
|      | Sur name    |         |                 |                |                 |                 |              |     |                | District              |  |   |  |
|      | Given name  |         |                 |                |                 |                 |              |     |                | sub-county / parish   |  |   |  |
|      |             |         |                 |                |                 |                 |              |     |                | village / zone / cell |  |   |  |

| (10)  | (11)   | (12)                 | (13)                           | (14)                             | (15)                         | (16)               | (17)   | (18)                 | (19)  | (20)                                     |
|---|--------|----------------------|--------------------------------|----------------------------------|------------------------------|--------------------|--|----------------------|---|--|
| Pre test counseling done/ Information given | Tested | Received HIV results | HIV Test Results (+ve/-ve/Ind) | Counseled and Tested as a couple | Received results as a couple | Discordant Results | HCT Entry (Facility,work place, MARPs, Comm. Outreach/ HBHCT/SMC/ PEP/PMTCT,T B) | Presumptive TB Cases | CD4 Count indicate early dx-E,if=>=500 & late dx-L if <500mls | Linked to Care or any service And where? |
| Y/N   | Y/N    | Y/N                  |                                | Y/N                              | Y/N                          | Y/N                |  | Y/N                  |   | Y/N                                      |
|   |        |                      |                                |                                  |                              |                    |  |                      |   | Y/N<br>Place                             |

| (6)Codes for Marital status |                       |
|-----------------------------|-----------------------|
| Never Married - <b>NM</b>   | Cohabiting - <b>C</b> |
| Married – <b>M</b>          | Separated – <b>S</b>  |
| Divoced - <b>D</b>          | Widow - <b>W</b>      |

| (13) Codes                 |
|----------------------------|
| Indeterminate – <b>Ind</b> |
| Positive - <b>+ve</b>      |
| Negative - <b>-ve</b>      |

| (19) codes for CD4 Count Indicator |
|------------------------------------|
| Early dx >500 - <b>E</b>           |
| Late dx <500ml3 - <b>L</b>         |

| (16) Codes for Entry Point                          |   |
|---|---|
| Work Place – <b>WP</b>                              | Safe Male Circumcision - <b>SMC</b>                       |
| Community Out Reach – <b>Comm/Out reach</b>         | Post Exposure Prophylaxis - <b>PEP</b>                    |
| Home based HIV Counselling & Testing – <b>HBHCT</b> | Prevention of Mother to Child Transmission - <b>PMTCT</b> |
| Facility - <b>F</b>                                 |   |

**DESCRIPTION OF COLUMNS:**

This register **should be confidential** and thus the reason why it is not kept in the OPD. Fill columns on the first visit of the client:

**1. DATE:**

Write the date in first column.

**2. CLIENT NAME**

Write the name of the client, both the surmane and first name should be written under this column.

**3. REGISTRATION NUMBER**

Start with the number “1”on the first of July each year.

**4. AGE IN YEARS:**

Write the exact age of the client in years in the respective age group

**5. SEX:**

Write the sex of the client e.g “M” for male or “F” for female

**6. MARITAL STATUS:**

Write the marital status of the client using the codes as indicated: “Never Married (NM)”, “Married (M)”, “Cohabiting (C)”, “Separated (S)”, “Divorced (D)”, “Widowed (W)”.

**7. ADDRESS**

Write the name of the District, Sub-county/Parish, Village/Zone/Cell, and client’s telephone number

**8. CLIENT TESTED FOR THE FIRST TIME**

Write “Y” for Yes if the client has tested for the first time and “N” for No if it is not for the first time

**9. HAS CLIENT BEEN TESTED MORE THAN TWICE IN THE LAST 12MONTHS?**

Write “Y” for Yes if client has been tested more than twice for HIV in the last 12 months and “N” for “No.

**10. PRE -TEST COUNSELING DONE/INFORMATION GIVEN:**

Write “Y” for “Yes” if the client has been counseled or given information on HIV/AIDS on this visit or “N” for “No” if not.

**11. TESTED FOR HIV:**

Write “Y” for “Yes” if client has been tested for HIV during the current visit or “N” for No if not tested.

**12. RECEIVED HIV TEST RESULTS:**

All clients tested should receive their results. Write “Y” for “yes” for those who receive their HIV test results and “N” for “No” for those that do not receive the results

**13. HIV TEST RESULT:**

Write the code for the HIV test result using the codes provided below: (+ve) for tests that are HIV positive or” (-ve) for tests that are HIV negative and (Ind) for indeterminate.

## Technical Module 3: Preventive and Curative activities

### 14. COUNSELED AND TESTED AS A COUPLE:

Write “Y” for “Yes” if the client comes in with a partner and they are counseled and tested together as a couple or “N” for No if not. The couple should be registered in the rows immediately following each other.

### 15. RECEIVED RESULTS AS A COUPLE:

Write “Y” for “Yes” for a client who comes in with a partner and they are tested and receive results together as a couple, or “N” for “No” if not.

### 16. DISCORDANT RESULTS:

Write “Y” for “Yes” for HIV positive client whose HIV test results are not the same as that of the partner (discordant) and “N” for “No” if the HIV tests results are the same (concordant).

### 17. HCT ENTRY POINT

Write the code for the entry point/approach under which the client was tested. The following are the codes;

Facility – **F**

Work Place - **WP**

Community Out Reach – **Comm/Out reach**

Home based HIV Counselling & Testing - **HBHCT**

Safe Male Circumcision - **SMC**

Post Exposure Prophylaxis – **PEP**

Prevention of Mother to Child Transmission - **PMTCT**

### 18. PRESUMPTIVE TB CASE:

Write “Y” for “Yes” if the HIV positive client is suspected to have TB and “N” for “No” if client is not suspected.

### 19. CD4 Count:

Record the CD4 count results of the client if they are available; Indicate “L” for *late diagnosis* for patients with CD4 count below 500cells/μl or “E” for *early diagnosis* for patients with CD4 count equal or greater than 500cells/μl.

### 20. LINKED TO CARE:

Write “Y” for “Yes” if the client has been linked to care and the place where client has been linked to care i.e. name of health unit or “N” for “No” if not.

**FROM HCT REGISTER** count and enter into **TABLE 11 (HEALTH UNIT HCT SERVICES SUMMARY)** No. counseled for HIV/AIDS, No. tested for HIV/AIDS, No. who received HIV results, Individuals who received HIV results in the last 12 years, No. HIV positive, No. HIV positive suspected to have TB, No. started on CTX prophylaxis, Individuals tested more than twice in the last 12 months, No. of individuals who were Counseled and Tested together as a Couple, No. of individuals who were Tested and Received results together as a Couple, No. of individuals with Concordant positive results, No. of individuals with Discordant results, Individuals counseled and tested for PEP, Individuals tested as MARPS, HIV Positive individuals who tested at an early stage (CD4>500μ) and Clients who have been linked to care.

**TABLE 11: HEALTH UNIT HIV/AIDS COUNSELING AND TESTING (HCT) SUMMARY BY MONTH FOR ALL YEARS (MALE/FEMALE)**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages

| Category   |              | Jul |   | Aug |   | Sept |   | Oct |   | Nov |   | Dec |   | Jan |   | Feb |   | Mar |   | Apr |   | May |   | Jun |   | Year Total |   |
|--|--------------|-----|---|-----|---|------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|------------|---|
|  |              | M   | F | M   | F | M    | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M   | F | M          | F |
| H1- Individuals counseled                                      | 18months < 5 |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 5<10         |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 10<15        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 15<19        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 19-49        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | >49          |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
| H2-Individuals tested  | 18months < 5 |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 5<10         |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 10<15        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 15<19        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 19-49        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | >49          |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
| H3-Individuals who received HIV test results                   | 18months < 5 |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 5<10         |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 10<15        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 15<19        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 19-49        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | >49          |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
| H4- Individuals who received HIV results in the last 12 months | 18months < 5 |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 5<10         |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 10<15        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 15<19        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | 19-49        |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |
|  | >49          |     |   |     |   |      |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |     |   |            |   |

## Technical Module 3: Preventive and Curative activities

|   |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| H5–Individuals tested for the first time                                  | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H6-Individuals who tested HIV positive                                    | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H7-HIV positive individuals with presumptive TB                           | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H8-Individuals tested more than twice in the last 12 months               | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H9-Individuals who were Counseled and Tested together as a Couple         | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H10-Individuals who were Tested and Received results together as a Couple | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H11-Couples with Concordant positive results                              | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



Technical Module 3: Preventive and Curative activities

|  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| H12-Couples with Discordant results                                  | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H13-Individuals counseled and tested for PEP                         | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H14-Individuals tested as MARPS                                      | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H15-HIV Positive individuals who tested at an early stage (CD4>500µ) | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H16-Clients who have been linked to care                             | 18months < 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5<10         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10<15        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 15<19        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 19-49        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | >49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## HMIS FORM 035: SAFE MALE CIRCUMCISION REGISTER

### DESCRIPTION AND INSTRUCTIONS

**Objective:** Record the intervention (Operations) done.

**Copies** One for each theatre

**Responsibility:** In charge of the theatre

### PROCEDURE:

The **DATE** the register was started; **NAME** of health unit and the date the register was closed are written on the front cover.

The register should be completed using data from the client card and SMC Client forms.

| PERSONAL INFORMATION                |            |  |                |  |                       |   | PRE-OPERATION AND PROCEDURE |               |   | FOLLOW - UP |               |   | ADVERSE EVENTS         |                          |   |                         |                     | REMARK   |                 |            |   |                            |  |   |                                       |     |   |  |
|-------------------------------------|------------|--|----------------|--|-----------------------|---|-----------------------------|---------------|---|-------------|---------------|---|------------------------|--------------------------|---|-------------------------|---------------------|--|-----------------|------------|---|----------------------------|--|---|---------------------------------------|-----|---|--|
| 1                                   | 2          | 3  | 4              | 5  | 6                     | 7   | 8                           |               |   | 9           |               |   | 10                     |                          |   |                         |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
| DATE DD/MM/YY                       | SERIAL No. | SURNAME GIVEN NAME   | AGE (IN YEARS) |  | ADDRESS               | FACILITY (F) OUTREACH (OR)  | PRE-OPERATION               |               |   | 7.2 HCT     | 8.1 PROCEDURE | 8.2 TYPE OF ANAESTHESIA   | 8.3 CIRCUMCISER'S NAME | 9.1 48 Hour (Y, N, Date) | 9.2 7 DAY (Y, N, Date)  | 9.3 >7 DAY (Y, N, Date) | 10.1 DURING SURGERY | 10.2 Date of AE  | 10.3 Type of AE | 10.4 of AE |   | 10.5 (Locally or Referred) |  |   |                                       |     |   |  |
|                                     |            |  | 0 < 2 years    | 2 < 5 years  |                       |   | 5 < 15 years                | 15 < 49 years | >= 49 years   |             |               |   |                        |                          |   |                         |                     |  |                 | 7.1 STI    | M |                            |  | P | C                                     | (M) | (S)   |  |
|                                     |            | Surname  |                |  | District              |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | District              |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | District              |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | District              |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | District              |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | District              |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | District              |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | District              |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Surname  |                |  | Sub-County            |   |                             |               |   |             |               |   |                        | Y/N                      | Y/N   | Y/N                     |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
|                                     |            | Given name   |                |  | Village / Zone / Cell |   |                             |               |   |             |               |   |                        | Date                     | Date  | Date                    |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
| 6.                                  |            | 7.1 STI SCREENING  |                | 7.2 HCT  |                       | 8.1 PROCEDURE PERFORMED   |                             |               | 8.2 TYPE OF ANAESTHESIA USED  |             |               | 9. FOLLOW UP  |                        |                          | 10. ADVERSE EVENTS  |                         |                     |  |                 |            |   |                            |  |   |                                       |     |   |  |
| 1. Facility - F<br>2. Outreach - OR |            | 1. Urethral Discharge<br>2. Pain on Urination<br>3. Frequent Urination<br>4. Difficulty Passing Urine<br>5. Genital Ulcers<br>6. Genital warts |                | 7. Swelling or redness of foreskin<br>8. None<br>9. Other(Specify) |                       | 1. Negative - -ve<br>2. Positive - +ve<br>Male - M<br>Partner - P<br>Tested as couple - C |                             |               | 1. Dorsal slit<br>2. Sleeve<br>3. Forceps Guided<br>4. Device (Specify)<br>5. Other (Specify) |             |               | 1. Local (Recommended)<br>2. Regional (spinal)<br>3. General<br>4. Other(Specify) |                        |                          | 1. 1st follow up - 48 hours<br>2. 2nd follow up - 7 days<br>3. 3rd follow up - > 7 days |                         |                     | DURING SURGERY<br>1. Pain<br>2. Excessive Bleeding<br>3. Anaesthetic Related<br>4. Excessive Skin Removal<br>5. Damage to Penis<br>6. Other(specify) |                 |            |   |                            | TYPE of Adverse Event<br>1. Pain<br>2. Excessive Bleeding<br>3. Excessive Swelling /Haematoma<br>4. Infection/Pus Discharge<br>5. Other(specify) |   | GRADE<br>M - Moderate<br>S - Severity |     | ACTION TAKEN<br>1. Managed Locally<br>2. Referral |  |

**DESCRIPTION OF COLUMNS:**

**1) DATE:**

Write the day and month of the operation; (use the abbreviation for the month) to show exactly when the client was circumcised in case of follow ups or adverse events

**2) SERIAL NO:**

Each operation is given a unique number starting with number “1” on of first day of January each year. This works as unique identification number in cases where names may be the same and it is cumulative.

**3) CLIENT NAMES:**

Write both names of the client, surname in the upper space and given name in the lower space. Each participant’s names are recorded for identification

**4) AGE:**

Ask for the age of the client and fill it in years and if it is an infant write months. Fill in age as per the categories indicated in the register. The categorization of age is similar to that on the reporting form. Therefore this is done to easy reporting at the end of the reporting period.

**5) ADDRESS:**

You want to know the District, Sub-county, Village or zone /cell of the client because you want know the number of people circumcised from each area and also for contact tracing

**6) FACILITY AND OUTREACH**

Write F for FACILITY and write OR for OUTREACH or CAMP. This will help you differentiate on the number of SMC done at the facility and those done during an outreach or a camp when reporting.

**7) PRE-OPERATIVE ASSESMENT**

**7.1 STI:**

STI stands for sexually transmitted infections. This part looks at the sexually transmitted infections. If any STI is found, write the appropriate code for the STI infection. The code to be filled in the STI column are indicated in lower section of the register under STI screening.

**7.2 HCT:**

HIV Counselling and Testing is done as part of SMC package to establish the HIV status of the client and his partner. Indicate the appropriate code in the HCT Colum. Write clients’ HIV result in column M. Write HIV results for the clients’ partner in column P. If the client is counselled and tested together with his partner Tick (√) column C. Ticking C indicates that client and partner where counselled, tested and received results as a couple.

**8) PROCEDURE:**

**8.1 Procedure.**

This looks at the circumcision procedure that was performed on client. Write code in the appropriate column using the codes indicated below in the register labelled procedure.

**8.2 Type of Anaesthesia.**

This looks at type of anaesthesia that was used on client during circumcision procedure. Write coded in the appropriate column of type of anaesthesia used. The codes are indicated below in the register as type of anaesthesia used.

**8.3 Circumcision's Name.**

It's important to know who did the procedure, it is required that name of to be filled in this column. This will easy follow up on who performed the operation

**9) FOLLOW UP:**

**9.1 48 hours**

Yes/No (Y/N) and Date shall be filled in if client returns in 48 hours after SMC procedure was performed. Where by "Yes" means the client has come back for follow up within 48 hours and "No" means the client did not come back in 48 hours. Also record the date the client came back in the same column.

**9.2 7 days**

Yes/No (Y/N) and Date shall be filled in if client returns within (7) seven days after SMC procedure was performed. Whereby "Yes" means the client has come back for follow up within 7 days and "No" means the client did not come back in 7 days.

**9.3 > 7 days**

Yes /No (Y/N) and Date shall be filled in if client returns beyond 7 days after SMC procedure was performed. Whereby "Yes" means the client has come back for follow up after 7 days and "No" means the client did not come back in even after 7 days.

**10. ADVERSE EVENTS:**

The type of adverse event shall be coded in the appropriate column using the key below and should correspond with the timing of the event.

**10.1 During surgery:**

Record adverse events that occur during the procedure. The types are coded below in the register; write the code of adverse event in this column.

## Technical Module 3: Preventive and Curative activities

### 10.2 Date of Adverse Events:

Record the date of the day client has come with an adverse event or events in this column.

### 10.3 Type of Adverse Events:

Record the type of Adverse Event in this column, the different types is coded in the register below.

### 10.4 Grade of Adverse Events:

Used the adverse events job aid to identify severity of adverse events which range between mild, moderate and severe only record when moderate and severe where by 1 stands for moderate and 2 stands for severe

1 - Moderate

2 - Severe

### 10.5 Actions Taken:

Record managed locally as 1 if the client was given treatment at the facility and Record 2 if client was referred to another facility for treatment when he came back.

1- Managed locally

2. Referred

## FROM SMC REGISTER

Count and enter into **TABLE 9 (HEALTH UNIT SAFE MALE CIRCUMCISION SUMMARY BY MONTH FOR ALL YEARS)** Males Circumcised (by Age Group-Years), SMC Clients Counseled, Tested and Circumcised for HIV at SMC site (HIV Negative), SMC Clients Counseled, Tested and Circumcised for HIV at SMC site (HIV Positive), Clients Circumcised who Returned for Follow Up Visit within 6 weeks of SMC Procedure, Clients Circumcised who Experienced one or more Adverse Events (Report only Moderate or Severe AEs), Circumcision Technique, and action taken.

**TABLE 9: HEALTH UNIT SAFE MALE CIRCUMCISION (SMC) SUMMARY BY MONTH FOR ALL YEARS**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | Age Group                             | Jul          |    | Aug |    | Sept |    | Oct |    | Nov |    | Dec |    | Jan |    | Feb |    | Mar |    | Apr |    | May |    | Jun |    | Year Total |    |
|---|---------------------------------------|--------------|----|-----|----|------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|------------|----|
|   |                                       | SC           | DC | SC  | DC | SC   | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC  | DC | SC         | DC |
| S1. Expected Number of SMCs Performed (Monthly Target)  |                                       |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S2. Males Circumcised by Age Group and Technique (SC - Surgical SMC, DC - Device-Based SMC)             | Facility                              | 18months < 5 |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 5<10         |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 10<15        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 15<19        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 19-49        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | >=49         |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Outreach                              | 18months < 5 |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 5<10         |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 10<15        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 15<19        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | 19-49        |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   |                                       | >=49         |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| <b>TOTAL SMC</b>  |                                       |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S3. SMC Clients Counseled, Tested and Circumcised for HIV at SMC site                                   | HIV Negative                          |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | HIV Positive                          |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| <b>TOTAL CLIENTS TESTED</b>   |                                       |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S4. Number of Clients Circumcised who Returned for Follow Up Visit within 6 weeks of SMC Procedure      | First Follow Up Visit within 48 Hours |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Second Follow Up Visit within 7 Days  |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Further Follow Up Visit Beyond 7 Days |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S5. Clients Circumcised who Experienced one or more Adverse Events (Report only Moderate or Severe AEs) | Moderate                              |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Severe                                |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | <b>TOTAL</b>                          |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S6. Clients circumcised used circumcision Technique   | Surgical SMC (SC)                     |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Device-Based SMC (DC)                 |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Other VMMC Techniques                 |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | <b>TOTAL</b>                          |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
| S7. Action taken  | Managed Locally                       |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |
|   | Referred                              |              |    |     |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |            |    |

# HMIS FORM 036: POST EXPOSURE PROPHYLAXIS REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** Record all clients accessing post exposure prophylaxis services

**Copies** One copy which stays at the health unit

**Responsibility:** In charge of the HIV/AIDS Clinic

## PROCEDURE:

The PEP register contains sensitive personal information and it should be treated with highest level of confidentiality. It should be kept under key and lock and protected from non-authorized persons. The PEP register will be kept in the PEP service delivery point. It should be filled in on the first day of the visit and during the subsequent follow up visits.



## HMIS FORM 036: POST EXPOSURE PROPHYLAXIS REGISTER

| (1)<br>Date | (2)<br>Client's name | (3)<br>Serial no | (4)<br>Age (years) |         |          |        | (5)<br>Sex (M/F) | (6)<br>Occupation | (7)<br>Address | (8)<br>Exposure               |                                |                                       |                        |                  | (9)<br>Reporting   |      |      |              |                |                |
|-------------|----------------------|------------------|--------------------|---------|----------|--------|------------------|-------------------|----------------|-------------------------------|--------------------------------|---------------------------------------|------------------------|------------------|--------------------|------|------|--------------|----------------|----------------|
|             |                      |                  | <5yrs              | 5-15yrs | 15-49yrs | >49yrs |                  |                   |                | Type of exposure              |                                |                                       |                        |                  | Period of Exposure |      | Date | Time (Hours) |                |                |
|             |                      |                  |                    |         |          |        |                  |                   |                | Occupational (O)-<br>(N-S/SP) | Sexual Exposure (SE)-<br>(R/D) | Road Traffic Accident<br>(RTA)- (Y/N) | Human bite (HB)- (Y/N) | Others (specify) | Date               | Time |      | <24<br>(Y/N) | 24-48<br>(Y/N) | 48-72<br>(Y/N) |
|             |                      |                  |                    |         |          |        |                  |                   | Village        |                               |                                |                                       |                        |                  |                    |      |      |              |                |                |
|             |                      |                  |                    |         |          |        |                  |                   | Parish         |                               |                                |                                       |                        |                  |                    |      |      |              |                |                |
|             |                      |                  |                    |         |          |        |                  |                   | Sub County     |                               |                                |                                       |                        |                  |                    |      |      |              |                |                |

| (10) HCT for recipient   |                       |                        | (11)<br>Recipient HIV test results<br>(+ve/-ve) | (12)<br>HCT for source where possible |              |                       | (13)<br>Source HIV test results<br>(+ve/-ve) | (14)<br>Eligible for ARVs | (15) Initiation of ARVs for PEP |                 |                 |  |  |  |
|--------------------------|-----------------------|------------------------|---|---------------------------------------|--------------|-----------------------|--|---------------------------|---------------------------------|-----------------|-----------------|--|--|--|
| Pre-test Counseling Done | (Y/N)<br>Tested (Y/N) | Received Results (Y/N) |   | Pre-test Counseling Done (Y/N)        | Tested (Y/N) | Received Results(Y/N) |  |                           | Date                            | Time            |                 |  |  |  |
|                          | <24hrs (Y/N)          | 24-36 hrs (Y/N)        |   |                                       |              |                       |  |                           |                                 | 36-48 hrs (Y/N) | 48-72 hrs (Y/N) |  |  |  |
|                          |                       |                        |   |                                       |              |                       |  |                           |                                 |                 |                 |  |  |  |

| (16)<br>Supportive Management |                      |          |                      |                        |                              |   | (17)<br>Link to other services (Y/N) | (18)<br>Follow up              |          |                   |                    |                      |                    | (19)<br>Remarks |
|-------------------------------|----------------------|----------|----------------------|------------------------|------------------------------|---|--------------------------------------|--------------------------------|----------|-------------------|--------------------|----------------------|--------------------|-----------------|
| TT (Y/N)                      | Pregnancy test (Y/N) | EC (Y/N) | STI Medication (Y/N) | Condoms Provided (Y/N) | Counseled on safer sex (Y/N) | Corrective measures for Health Work (Y/N) |                                      | 4 weeks                        |          | 3 months          |                    | 6 month              |                    |                 |
|                               |                      |          |                      |                        |                              |   |                                      | Completion of PEP course (Y/N) | AR (Y/N) | HIV test(+ve/-ve) | HIV test (+ve/-ve) | Psych symptoms (Y/N) | HIV test (+ve/-ve) |                 |
|                               |                      |          |                      |                        |                              |   |                                      |                                |          |                   |                    |                      |                    |                 |

**DESCRIPTION OF COLUMNS**

**1. THE DATE:**

The date is written every time a client comes to the PEP site for PEP services.

**2. CLIENT NAME:**

Write the name of the client including the first name

**3. SERIAL NUMBER:**

This number is given serially beginning with “1” every month.

**4. AGE IN YEARS:**

Write the exact age of the client in the respective age group indicated in the register

**5. SEX :**

Write the sex of the client; M for male and F for female

**6. OCCUPATION:**

Write the work of the client; whether nurse, doctor, traffic officer, student, house wife etc

**7. ADDRESS:**

Write the village, parish and sub county where the client comes from

**8. EXPOSURE:**

Describe the exposure in terms of type and time of exposure; occupational exposure are needle stick injury (N-S), splashes (SP) on non-intact skin or mucus Membranes, sexual exposure are rape (R) and defilement (D); record date and time of exposure as reported by the client

**9. TIME OF REPORTING FOR PEP:**

Record the date on which the client reports for PEP and the time in the respective time frames provided in the register. For example, if the client reports within 26 Hours of exposure, write “Y” in the 24-36 hr time frame.

**10. HCT FOR RECIPIENT:**

Record “Y” for yes or “N” for no if the exposed person was given pre-test counseling, tested for HIV and results given to him/her

**11. RECIPIENT HIV TEST RESULT:**

Write +ve for positive and –ve for negative results of the exposed person

### Technical Module 3: Preventive and Curative activities

**12. HCT FOR SOURCE WHERE POSSIBLE:**

Record “Y” for yes and “N” for no if the source of exposure has been given pre-test counseling, tested and given HIV results

**13. SOURCE HIV TEST RESULTS:**

Write +ve for positive or –ve for negative results of the source of exposure

**14. ELIGIBLE FOR ARVS:**

Write “Y” for yes and “N” for no if the client is or is not eligible for ARVs respectively.

**15. INITIATION OF ARVS FOR PEP:**

Write the date of starting ARVs for PEP and write the duration from time of exposure to initiation of ARVs in terms of hours. Write time in hours in the provided time frame; if a client receives ARVs within 8 hours of exposure, 8 hours is written in the <24 hours.

**16. SUPPORTIVE MANAGEMENT:**

Write ‘y’ for yes or ‘n’ for no for the supportive management provided to the client.

**17. LINK TO OTHER SERVICES:**

Write ‘Y’ for yes or ‘N’ for no; indicate services the client is linked to

**18. FOLLOW UP:**

At 4 weeks, write ‘Y’ for yes or ‘N’ for no for the options of completion of PEP and side effects; write +ve or –ve for the HIV results

At 3 and 6 months, write +ve or –ve for the HIV test results and ‘Y’ for yes or ‘N’ for no for the option of psychological symptoms.

**19. REMARKS:**

Write any information or emphasis in the remarks column as need arises

#### FROM PEP REGISTER

Count and enter **into TABLE 16 (HEALTH UNIT PEP QUARTERLY SUMMARY)** Exposures Reported at the health facility at the end of the quarter, Number of Clients provided with PEP, Clients that completed full course of PEP, Clients that completed the first 3 follow up visits (1wk, 4wks, 3 months), Individuals that Sero converted following PEP (after 3 months) and Individuals who experienced serious side effects.

**TABLE 16: HEALTH UNIT POST EXPOSURE PROPHYLAXIS  
QUARTERLY SUMMARY**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of Pages \_\_\_\_\_

| Category   |                                   | Age Group  | Sex | JUL - SEPT | OCT - DEC | JAN - MAR | APR - JUN | Total |
|--|-----------------------------------|------------|-----|------------|-----------|-----------|-----------|-------|
| Q1-Exposures Reported at this facility at the end of the quarter | Occupational Exposure             | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  | Rape/Sexual Assault or Defilement | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  | Non Occupational Causes           | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
| Others Causes  | 0-4 yrs                           | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 5 – 14yrs                         | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 15 – 49yrs                        | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 50+                               | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |

### Technical Module 3: Preventive and Curative activities

| Category                                     |                                   | Age Group  | Sex | JUL - SEPT | OCT - DEC | JAN - MAR | APR - JUN | Total |
|--|-----------------------------------|------------|-----|------------|-----------|-----------|-----------|-------|
| Q2-Number provided with PEP following;       | Occupational Exposure             | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  | Rape/Sexual Assault or Defilement | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  | Non Occupational Causes           | 0-4 yrs    | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 5 – 14yrs  | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 15 – 49yrs | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
|  |                                   | 50+        | M   |            |           |           |           |       |
|  |                                   |            | F   |            |           |           |           |       |
| Others Causes                                | 0-4 yrs                           | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 5 – 14yrs                         | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 15 – 49yrs                        | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 50+                               | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
| Q3-Clients that completed full course of PEP | 0-4 yrs                           | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 5 – 14yrs                         | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 15 – 49yrs                        | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |
|  | 50+                               | M          |     |            |           |           |           |       |
|  |                                   | F          |     |            |           |           |           |       |

### Technical Module 3: Preventive and Curative activities

| Category   | Age Group  | Sex | JUL - SEPT | OCT - DEC | JAN - MAR | APR - JUN | Total |
|--|------------|-----|------------|-----------|-----------|-----------|-------|
| Q4-Clients that completed the first 3 follow up visits (1wk, 4wks, 3 months) | 0-4 yrs    | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 5 – 14yrs  | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 15 – 49yrs | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
| 50+  | M          |     |            |           |           |           |       |
|  | F          |     |            |           |           |           |       |
| Q5-Individuals that Sero converted following PEP (after 3 months)            | 0-4 yrs    | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 5 – 14yrs  | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 15 – 49yrs | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
| 50+  | M          |     |            |           |           |           |       |
|  | F          |     |            |           |           |           |       |
| Q6-Individuals who experienced serious side effects                          | 0-4 yrs    | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 5 – 14yrs  | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
|  | 15 – 49yrs | M   |            |           |           |           |       |
|  |            | F   |            |           |           |           |       |
| 50+  | M          |     |            |           |           |           |       |
|  | F          |     |            |           |           |           |       |

## HMIS FORM 052: FAMILY SUPPORT GROUP REGISTER

### DESCRIPTION AND INSTRUCTIONS

**Objective:** Record all clients accessing HIV care services

**Copies** One copy which stays at the health unit

**Responsibility:** In charge of the HIV/AIDS Clinic

### PROCEDURE:

The FSG register should be used to document all mothers, partners and exposed infants being reached with psychosocial support services

Members should be graduated from the group at 18 months after final HIV test has been done

This register is longitudinal and clients are entered only once and they are index clients to be a link to the family

Enter every member of the Family Support Group into this register at his/her 1st visit. Each member of a family (including children and infants) should be entered on separate lines.

Update the register at each subsequent visit in the "Follow-Up Section".

Data compilation of key indicators from the FSG registers to the HMIS 105

Number of new pregnant and lactating mothers newly enrolled into psychosocial support groups. (Former Addendum indicator)

# HMIS FORM 052: FAMILY SUPPORT GROUP REGISTER

| A. Participant Information |                    |      |     |                   |              |  |  |   |  | B. Family Planning                                      |               | C. Maternal Care           |       | D. HIV Care |   | E. If client is HIV-Exposed Infant |                    | F. HIV Status of Children (if client is adult) |               |               |               | G. Other Services Accessed |   | H. FOLLOW-UP SECTION   |                |                 |             |                             |                               |                        |                |                 |             |                            |                               |                        |                |                 |              |                            | Comments                      |                        |
|----------------------------|--------------------|------|-----|-------------------|--------------|--|--|---|--|---|---------------|----------------------------|-------|-------------|---|------------------------------------|--------------------|--|---------------|---------------|---------------|----------------------------|---|--|----------------|-----------------|-------------|-----------------------------|-------------------------------|------------------------|----------------|-----------------|-------------|----------------------------|-------------------------------|------------------------|----------------|-----------------|--------------|----------------------------|-------------------------------|------------------------|
| Serial No                  | Date of Enrollment | Name | Sex | Age at enrollment | Client Phone | Relationship to Index Client                             | First-time attendance or re-enrollment?  | HIV Status at enrollment  | Disclosure Status (if HIV+)                                | Entry Point (ANC, PNC, EID Care Point, Community, etc.) | Condoms used? | Method of FP               | ANC # | Pre-ART #   | ART Regimen at enrollment (if applicable) | Most recent CD4 Count and Date     | Tested by DNA PCR? | Date of DNA PCR Test                           | Child #1 Name | Child #2 Name | Child #3 Name | Child #4 Name              | Medical Services Accessed (list all that apply) | Community / Non-health Services Accessed (list all that apply) | VISIT DETAILS  | FSG Visit 1     | FSG Visit 2 | FSG Visit 3                 | FSG Visit 4                   | FSG Visit 5            | FSG Visit 6    | FSG Visit 7     | FSG Visit 8 | FSG Visit 9                | FSG Visit 10                  | FSG Visit 11           | FSG Visit 12   | FSG Visit 13    | FSG Visit 14 | FSG Visit 15               |                               | FSG Visit 16           |
|                            |                    |      |     |                   | Phone        | 1. Self<br>2. Partner<br>3. Child,<br>4. Other (specify) | 1. First-time<br>2. Previously enrolled at this facility<br>3. Previously enrolled at different facility | 1. HIV-Positive<br>2. HIV-Negative<br>3. HIV-Exposed<br>4. Unknown Status | 1. Yes, to partner<br>2. Yes, to other<br>3. Not disclosed |   | Yes or No     | Use Code at bottom of page | ANC # | Pre-ART #   | ART Regimen                               | CD4 Count and Date                 | Yes / No / NA      | Date of DBS Test                               | Name          | Name          | Name          | Name                       | Use Codes at bottom of page                     | Use Codes at bottom of page                                    | FSG Appt Date: | FSG Visit Date: | HIV Status: | Medical Services accessed : | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status: | Health Services accessed : | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status:  | Health Services accessed : | Community services accessed : | Family Planning Method |
|                            |                    |      |     |                   | Phone        | 1. Self<br>2. Partner<br>3. Child,<br>4. Other (specify) | 1. First-time<br>2. Previously enrolled at this facility<br>3. Previously enrolled at different facility | 1. HIV-Positive<br>2. HIV-Negative<br>3. HIV-Exposed<br>4. Unknown Status | 1. Yes, to partner<br>2. Yes, to other<br>3. Not disclosed |   | Yes or No     | Use Code at bottom of page | ANC # | Pre-ART #   | ART Regimen                               | CD4 Count and Date                 | Yes / No / NA      | Date of DBS Test                               | Name          | Name          | Name          | Name                       | Use Codes at bottom of page                     | Use Codes at bottom of page                                    | FSG Appt Date: | FSG Visit Date: | HIV Status: | Health Services accessed :  | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status: | Health Services accessed : | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status:  | Health Services accessed : | Community services accessed : | Family Planning Method |
|                            |                    |      |     |                   | Phone        | 1. Self<br>2. Partner<br>3. Child,<br>4. Other (specify) | 1. First-time<br>2. Previously enrolled at this facility<br>3. Previously enrolled at different facility | 1. HIV-Positive<br>2. HIV-Negative<br>3. HIV-Exposed<br>4. Unknown Status | 1. Yes, to partner<br>2. Yes, to other<br>3. Not disclosed |   | Yes or No     | Use Code at bottom of page | ANC # | Pre-ART #   | ART Regimen                               | CD4 Count and Date                 | Yes / No / NA      | Date of DBS Test                               | Name          | Name          | Name          | Name                       | Use Codes at bottom of page                     | Use Codes at bottom of page                                    | FSG Appt Date: | FSG Visit Date: | HIV Status: | Health Services accessed :  | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status: | Health Services accessed : | Community services accessed : | Family Planning Method | FSG Appt Date: | FSG Visit Date: | HIV Status:  | Health Services accessed : | Community services accessed : | Family Planning Method |

FP Method Codes: 1) Oral Contraceptables, 2) Injectables, 3) Implants, 4) BTL, 5) IUD, 6) Other-SPECIFY, 7) None

Medical Services Accessed: 1) Delivery and DoD, 2) PNC, 3) Family Planning, 4) ARVs, 5) CD4 test, 6) Adherence Count, 7) Nutrition Support, 8) TB Screening, 9) HCT, 10) Other-SPECIFY, 11) None

Community / Non-Medical Services Accessed: 1) Material Support, 2) IGA, 3) Spiritual Care, 4) Food Supplements, 5) Legal Services, 6) Other-SPECIFY, 7) None



## **DESCRIPTION OF COLUMNS**

### **A. PARTICIPANT INFORMATION**

#### **1. SERIAL No**

This is a unique serial number given to pregnant women, lactating women or Exposed infant on every FSG visit. If the facility has 3 different Family Support Groups, each group should start new serial numbers. Only the index client enrolled in the group is given a serial number. Other family members who come to the support group such as the Partner, older children will be linked to the index client. However for lactating mothers, both the mother and exposed child are considered as index client

#### **2. DATE OF ENROLMENT**

Note the date the client is being enrolled into the family support group

#### **3. NAME OF CLIENT**

Write the full name of the client.

#### **4. SEX**

Write the sex of the Client.

#### **5. AGE AT ENROLMENT**

Write the age at enrolment into the FSG E.g 6 months if it's a child or 23 years if it's a mother

#### **6. CLIENT PHONE NO AND ADDRESS**

Note the phone number if the client has a phone, or an alternative phone number on which she can be reached.

Note the address (Village) of the client

#### **7. RELATIONSHIP TO INDEX CLIENT**

Write the relationship to the index client. If it's the mother herself or the exposed infant then its self, if it's the partner write partner to 001 (Serial no of the mother or exposed baby) Use the codes

#### **8. FIRST TIME ATTENDANCE OR RE-ENROLMENT**

Note whether it's the 1<sup>st</sup> time the client is being enrolled in the FSG or it's a client who had dropped out who is now rejoining the group. Use the codes indicated with the water mark in the cell.

#### **9. HIV STATUS AT ENROLMENT**

Note the HIV status of the client at enrolment. IT may be an exposed infant who may turn HIV positive at a later date, or the partner may not yet be tested at first attendance but later agrees to test and is found HIV positive

#### **10. DISCLOSURE STATUS**

Note the disclosure status and to whom disclosure has been done and document this using the codes in the water marks.

### 11. ENTRY POINT

Note the entry point/clinic that has referred client to the FSG e.g ANC, EID care point, YCC, ART etc

### B. FAMILY PLANNING

Note the family planning method provided to the patient.

All HIV positive women and their partners should be counseled about dual protection and condom use and provided with condoms during the FSG. Some patients may choose to have dual method and so will have an added Family Planning method which is documented using the codes in the water mark

### C. MATERNAL CARE

The mother should receive services on the day of enrolment. These may include ANC, PNC and the mother's ANC number or PNC number should be entered in the FSG register for easy linkage.

The exposed infants will receive EID care

### D. HIV CARE

All HIV positive patients in FSG should be linked and receive HIC care.

Note the patient Pre-ART Number

Note the ART regimen they are getting (All pregnant and lactating women should be on ART for life)

Note the prophylaxis treatment that the clients are getting. This may include Cotrimoxazole or Dapsone, INH, or Fluconazole

### E. EXPOSED INFANT CARE

For exposed infants, Note whether the infant has had a DNA/PCR test done and the date it was done. The DNA/PCR results and the Exposed infant. This is the 1st PCR, subsequent DNA/PCR tests will be recorded in the longitudinal section

### F. HIV STATUS OF OTHER CHILDREN IN THE FAMILY

Ask about the HIV status of the 4 youngest children and note their names and their HIV status. The children may not be tested on the 1st visit for the FSG but the mothers should be encouraged to bring them for subsequent visits and have them tested. If a child tests positive, they should be linked to children psychosocial support groups and enrolled into care and treatment

### G. OTHER SERVICES ACCESSED

Note other services the client receives on the visit using the codes at the bottom of the page. These may include medical services such as adherence counseling, ART refill, CD4 testing. If the client receives more than one service, all the codes should be included.

The client may also receive other non medical services depending on the people invited to facilitate the FSG, these may include income generating activities (IGA), spiritual care and support, Food etc

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#### H. FOLLOW UP SECTION:

After every FSG meeting, the members will be given the date of the subsequent meeting. This will be noted in the upper row of the subsequent visit. E.g, on the day of enrollment the group may be told the next meeting will be on 01/12/2014; this date is then input in the upper row of FSG 2. All members of one group should have the same subsequent visit day. During that visit, services that are provided to each client are recorded in the rows under that visit using the codes at the bottom of the page for example if a client gets CD4 taken off put code and refilled ARVs then put 4, 5 in the medical services accesses row

**Comments:** Document key observations relating to the client's exit status and concerns that can have significant impact on a client's health.

# HMIS FORM 053: PATIENT APPOINTMENT BOOK

## DESCRIPTION AND INSTRUCTIONS

|                        |   |
|------------------------|---|
| <b>Objective:</b>      | Record appointments for all HIV positive clients on HIV care services |
| <b>Copies</b>          | One copy which stays at the health unit                               |
| <b>Responsibility:</b> | In charge of the HIV/AIDS Clinic                                      |

## PROCEDURE:

**The purpose** of the Appointment book is to make easier the follow-up of clients in chronic HIV care that miss appointments. If used properly client appointment books can increase client retention and give facilities the ability to conduct follow-up calls and home visits to clients who miss appointment

This appointment book contains client's information namely the name, file number, phone number, type of care, number of visits after enrolment and follow up details.

It is very important to fill in every single box/field in the appointment book.

The data that goes into the appointment book does not only keep a record of when a client is coming back, but will provide information to national data analysis that assess how well your facility is performing.

Some clients will be scared to give you their phone numbers. It is important that you tell the client why we are asking for their phone number. Assure the client that the phone number will be kept confidential and will only be used by a HCW who wants to call to remind the client of appointments day, month and year. Each page in the appointment book corresponds to one date and shows the different clients who are scheduled to come to the clinic on that very day.

**Technical Module 3: Preventive and Curative activities**



# HMIS FORM 053: PATIENT APPOINTMENT BOOK

| (1)<br>PATIENT NAME | (2)<br>PATIENT FILE NUMBER | (3)<br>PATIENT PHONE NUMBER | (4)<br>TYPE OF CARE (please tick)  | (5)<br>NUMBER OF VISITS AFTER ENROLLMENT (please tick)                             | (6)<br>PATIENT ATTENDED?                                    | (7)<br>IF NO, PATIENT FOLLOWED UP?                          | (8)<br>REASON/ NOTES FROM FOLLOW UP (why patient missed appointment?) |
|---------------------|----------------------------|-----------------------------|--|--|---|---|---|
| 1                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 2                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 3                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 4                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 5                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 6                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 7                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 8                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 9                   |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 10                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 11                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 12                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 13                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 14                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 15                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |
| 16                  |                            |                             | <input type="checkbox"/> Pre-ART<br><input type="checkbox"/> ART<br><input type="checkbox"/> ANC<br><input type="checkbox"/> EID | <input type="checkbox"/> 1 - 3 VISITS<br><input type="checkbox"/> 4 or MORE VISITS | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | METHOD OF FOLLOW UP:<br>RE-SCHEDULED DATE:                            |

1 - 3 VISITS For newly enrolled clients on their 1st, 2nd or 3rd visit to the Health centre  
 4 or MORE VISITS For newly enrolled clients on their 4th or more visit to the Health Centre

## **DESCRIPTION OF COLUMNS**

**1. PATIENT NAME.**

Write the full name of the patient. Record both the surname and given name.

**2. PATIENT FILE NUMBER.**

Copy the patient file number from the HIV/ART card. On the HIV/ART card, this number is referred to as the “HIV Care or ART unique number.” This is not the patient clinic number.

**3. PATIENT PHONE NUMBER.**

Record the patient’s phone number/contact number. Explain to the patient that this number will be kept confidential, and will only be used by HCWs at the facility to call the patient directly and provide important updates about their health care. If the patient does not have a phone number, ask for the phone number of their treatment supporters or a trusted person that the patient has disclosed to.

**4. TYPE OF CARE.**

Indicate where in the clinic the patient will be coming for an appointment. You can mark either Pre-ART clinic, ART clinic, ANC clinic (PMTCT), or EID care point.

**5. NUMBER OF VISITS AFTER ENROLMENT.**

Indicate how many visits the patient has had after they were enrolled in HIV chronic care (i.e. opened an HIV/ART card), not including this current visit.

**6. PATIENT ATTENDED.**

Indicate whether the patient attended the visit for this day (indicated at the top left corner of the appointment book page).

**7. IF NO, PATIENT FOLLOWED UP.**

If the patient came to this visit, you can leave this box blank. If the patient did not attend the visit for this day, then you are required to indicate in this box whether or not a HCW followed up with the patient (e.g. phone call, text message, home visit, etc.).

Tick “YES” if you have reached the patient and spoken with them.

Tick “NO” if you have tried to reach the patient, but the patient was unresponsive.

**8. REASON/NOTES FROM FOLLOW-UP.**

If the patient came to this visit, you can leave this box blank. If the patient did not come to this visit, make a short note about why the patient did not come in the upper box (e.g. suffering from depression). In the middle box (“method of follow up”), indicate the method a HCW used when they conducted a follow-up With the patient (e.g.phone call, text message,home visit,etc).In the lower box(“reschedule date”) mark the rescheduled date of the appointment that the patient has agreed to.

# HMIS FORM 082: HIV-EXPOSED INFANT REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** Document and track HIV-exposed infants (0-18 months old) through the Early Infant Diagnosis process

**Copies:** **One** copy which stays at the Mother-Baby Care Point, located within ART clinic or MCH clinic at a given facility

**Responsibility:** In-charge of the HIV/AIDS Clinic

## PROCEDURE:

HIV-exposed infants are entered into the Register as soon as identified, even when less than 6 weeks old. Each exposed infant is only entered into the Register once.

### Monthly procedure

Fill item 2.4 of the health unit monthly Report

- Exposed infants tested for HIV below 18 months (1st PCR)
- Exposed infants tested for HIV below 18 months (2nd PCR)
- Exposed infants tested for HIV below 18 months (<2months old)
- Total number of 1st DNA PCR result returned.
- Total number of HIV positive 1st DNA PCR result returned.
- Total number of 2nd DNA PCR results returned from the lab.
- Total number of HIV positive 2nd DNA PCR results returned from the lab.
- Total number of DNA PCR results returned from the lab.
- Total number of DNA PCR results returned from the lab within 2 weeks.
- Total number of DNA PCR results returned from the lab and given to caregiver.
- Total number of HIV-exposed infants tested by serology/rapid HIV test at  $\geq 18$  months
- Total number of HIV-exposed infants tested by serology/rapid HIV test at  $\geq 18$  months with positive results
- Number of HIV infants from EID enrolled in care
- Number of infants born to HIV-positive pregnant women that were started on CPT within 2 months of birth.

### HMIS FORM 082: HIV-EXPOSED INFANT REGISTER

| (1)<br>Exposed Infant<br>Number | (2)<br>Date of<br>Registration | (3)<br>Infant's Surname |  | (4)<br>Sex | (5)<br>Date of<br>Birth/Age | (6)<br>Clinic<br>Referred<br>From | (7)<br>Date & Age<br>at<br>NVP<br>Initiation<br>(months) | (8)<br>Date &<br>Age at<br>Cotrim<br>Initiation<br>(months) | (9)<br>Mother's Surname |               | (10)<br>Mother's<br>ANC<br>No | (11)<br>Mother's<br>newly<br>tested<br>during<br>Breast<br>feeding<br>(Y, N, RT) | (12)<br>Mother's newly<br>enrolled on ART<br>during Breast<br>feeding<br>(Y,N,No ART) | (13)<br>Mother's ARVs<br>for EMTCT |                               |                                       | (14)<br>Infant's<br>ARVs for<br>EMTCT<br>(use<br>codes) | 1st PCR Test                        |                |                                    |                                       |  |  |
|---------------------------------|--------------------------------|-------------------------|--|------------|-----------------------------|-----------------------------------|--|---|-------------------------|---------------|-------------------------------|--|---|------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------------|----------------|------------------------------------|---------------------------------------|--|--|
|                                 |                                | Mother's First Name     |  |            |                             |                                   |  |   | Ante-<br>natal          | Deli-<br>very |                               |  |   | Post-<br>natal                     | (15)<br>Date DBS<br>Collected | (16)<br>Age at<br>1st DBS<br>(months) |   | (17)<br>Infant<br>Feeding<br>Status | (18)<br>Result | (19)<br>Date<br>result<br>received | (20)<br>Date<br>given to<br>caregiver |  |  |
|                                 |                                | Surname                 |  |            |                             |                                   | If given at<br>birth, write<br>"0"                       |   | Surname                 | ANC No        |                               |  |   | Code                               | Code                          | Code                                  | Code  |                                     |                |                                    |                                       |  |  |
|                                 |                                | First Name              |  |            |                             |                                   |  |   | First Name              | ART No        |                               |  |   |                                    |                               |                                       |   |                                     |                |                                    |                                       |  |  |
|                                 |                                | Surname                 |  |            |                             |                                   | If given at<br>birth, write<br>"0"                       |   | Surname                 | ANC No        |                               |  |   | Code                               | Code                          | Code                                  | Code  |                                     |                |                                    |                                       |  |  |
|                                 |                                | First Name              |  |            |                             |                                   |  |   | First Name              | ART No        |                               |  |   |                                    |                               |                                       |   |                                     |                |                                    |                                       |  |  |
|                                 |                                | Surname                 |  |            |                             |                                   | If given at<br>birth, write<br>"0"                       |   | Surname                 | ANC No        |                               |  |   | Code                               | Code                          | Code                                  | Code  |                                     |                |                                    |                                       |  |  |
|                                 |                                | First Name              |  |            |                             |                                   |  |   | First Name              | ART No        |                               |  |   |                                    |                               |                                       |   |                                     |                |                                    |                                       |  |  |
|                                 |                                | Surname                 |  |            |                             |                                   | If given at<br>birth, write<br>"0"                       |   | Surname                 | ANC No        |                               |  |   | Code                               | Code                          | Code                                  | Code  |                                     |                |                                    |                                       |  |  |
|                                 |                                | First Name              |  |            |                             |                                   |  |   | First Name              | ART No        |                               |  |   |                                    |                               |                                       |   |                                     |                |                                    |                                       |  |  |

Codes for Infant EMTCT ARVs: 1) Received NVP within 72 hours of birth until 6 weeks. 2) NVP taken after 72 hours of birth. 3) No ARVs taken at birth 4) Unknown



| 2nd PCR Test                  |                                       |                                     |                |                                    |                                       | (27)<br>Rapid Test<br>Date & Age |                      |                       |         |         |         |         |         |         |         |         | (29)<br>Final Outcome |          |  |   |                                      |
|-------------------------------|---------------------------------------|-------------------------------------|----------------|------------------------------------|---------------------------------------|----------------------------------|----------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----------------------|----------|--|---|--------------------------------------|
| (21)<br>Date DBS<br>collected | (22)<br>Age at<br>2nd DBS<br>(months) | (23)<br>Infant<br>Feeding<br>Status | (24)<br>Result | (25)<br>Date<br>result<br>received | (26)<br>Date<br>given to<br>caregiver |                                  | Rapid Test<br>Result | (28)<br>Visit Details | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Visit 5 | Visit 6 | Visit 7 | Visit 8 | Visit 9               | Visit 10 | Check one box only; if referred for ART,<br>indicate clinic and enrolment status |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Age of Infant                    | Appt Date:           |                       |         |         |         |         |         |         |         |         |                       |          |  | Discharged Neg; <input type="checkbox"/>  | Lost: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       |                                  | Date of Visit:       |                       |         |         |         |         |         |         |         |         |                       |          |  | Referred for ART <input type="checkbox"/> | Died: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       | Result                           | Age (mo):            |                       |         |         |         |         |         |         |         |         |                       |          |  | Clinic: _____                             | Transferred <input type="checkbox"/> |
|                               |                                       |                                     |                |                                    |                                       |                                  | CTX/NVP: (y/n)       | C/N                   | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N                   | C/N      | Enrolled? Y <input type="radio"/> N <input type="radio"/>                        |   |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Infant Feeding       |                       |         |         |         |         |         |         |         |         |                       |          | Pre-ART No: _____  | Clinic: _____                             |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Z-Scores/ MUAC       |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Mother ARVs: (y/n)               |                      |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Age of Infant                    | Appt Date:           |                       |         |         |         |         |         |         |         |         |                       |          |  | Discharged Neg; <input type="checkbox"/>  | Lost: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       |                                  | Date of Visit:       |                       |         |         |         |         |         |         |         |         |                       |          |  | Referred for ART <input type="checkbox"/> | Died: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       | Result                           | Age (mo):            |                       |         |         |         |         |         |         |         |         |                       |          |  | Clinic: _____                             | Transferred <input type="checkbox"/> |
|                               |                                       |                                     |                |                                    |                                       |                                  | CTX/NVP: (y/n)       | C/N                   | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N                   | C/N      | Enrolled? Y <input type="radio"/> N <input type="radio"/>                        |   |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Infant Feeding       |                       |         |         |         |         |         |         |         |         |                       |          | Pre-ART No: _____  | Clinic: _____                             |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Z-Scores/ MUAC       |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Mother ARVs: (y/n)               |                      |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Age of Infant                    | Appt Date:           |                       |         |         |         |         |         |         |         |         |                       |          |  | Discharged Neg; <input type="checkbox"/>  | Lost: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       |                                  | Date of Visit:       |                       |         |         |         |         |         |         |         |         |                       |          |  | Referred for ART <input type="checkbox"/> | Died: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       | Result                           | Age (mo):            |                       |         |         |         |         |         |         |         |         |                       |          |  | Clinic: _____                             | Transferred <input type="checkbox"/> |
|                               |                                       |                                     |                |                                    |                                       |                                  | CTX/NVP: (y/n)       | C/N                   | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N                   | C/N      | Enrolled? Y <input type="radio"/> N <input type="radio"/>                        |   |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Infant Feeding       |                       |         |         |         |         |         |         |         |         |                       |          | Pre-ART No: _____  | Clinic: _____                             |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Z-Scores/ MUAC       |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Mother ARVs: (y/n)               |                      |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Age of Infant                    | Appt Date:           |                       |         |         |         |         |         |         |         |         |                       |          |  | Discharged Neg; <input type="checkbox"/>  | Lost: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       |                                  | Date of Visit:       |                       |         |         |         |         |         |         |         |         |                       |          |  | Referred for ART <input type="checkbox"/> | Died: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       | Result                           | Age (mo):            |                       |         |         |         |         |         |         |         |         |                       |          |  | Clinic: _____                             | Transferred <input type="checkbox"/> |
|                               |                                       |                                     |                |                                    |                                       |                                  | CTX/NVP: (y/n)       | C/N                   | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N                   | C/N      | Enrolled? Y <input type="radio"/> N <input type="radio"/>                        |   |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Infant Feeding       |                       |         |         |         |         |         |         |         |         |                       |          | Pre-ART No: _____  | Clinic: _____                             |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Z-Scores/ MUAC       |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Mother ARVs: (y/n)               |                      |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Age of Infant                    | Appt Date:           |                       |         |         |         |         |         |         |         |         |                       |          |  | Discharged Neg; <input type="checkbox"/>  | Lost: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       |                                  | Date of Visit:       |                       |         |         |         |         |         |         |         |         |                       |          |  | Referred for ART <input type="checkbox"/> | Died: <input type="checkbox"/>       |
|                               |                                       |                                     |                |                                    |                                       | Result                           | Age (mo):            |                       |         |         |         |         |         |         |         |         |                       |          |  | Clinic: _____                             | Transferred <input type="checkbox"/> |
|                               |                                       |                                     |                |                                    |                                       |                                  | CTX/NVP: (y/n)       | C/N                   | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N     | C/N                   | C/N      | Enrolled? Y <input type="radio"/> N <input type="radio"/>                        |   |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Infant Feeding       |                       |         |         |         |         |         |         |         |         |                       |          | Pre-ART No: _____  | Clinic: _____                             |                                      |
|                               |                                       |                                     |                |                                    |                                       |                                  | Z-Scores/ MUAC       |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |
|                               |                                       |                                     |                |                                    |                                       | Mother ARVs: (y/n)               |                      |                       |         |         |         |         |         |         |         |         |                       |          |  |   |                                      |

Codes for Infant Feeding: 1) EBF—Exclusive Breastfeeding 2) RF—Replacement Feeding (never Breastfed) 3) MF—Mixed Feeding (< 6 months) 4) CF—Complementary Feeding (> 6 months) 5) W—Weaning 6) NLB—No Longer Breastfeeding

Codes for MUAC: G -Green ; Y -Yellow R - Red

## **DESCRIPTION OF COLUMNS**

**1. EXPOSED INFANT NUMBER:**

This is a serial number assigned to each exposed infant when enrolled in care (“registered”). The EXP number is 4 digits and carries the prefix “EXP”. Start with EXP 0001. Each exposed infant has only one number which is given when entered into the Register (at date of registration). The same EXP number is used for the infant in all other tracking tools (DBS dispatch book, clinical chart, appointment book etc).

**2. DATE OF REGISTRATION:**

Date when exposed infant is entered into the Exposed Infant Register, which is as soon as it is identified

**3. INFANT’S SURNAME:**

Entered into the upper box

**INFANT’S FIRST NAME:**

Entered into the lower box

**4. SEX:**

Write “M” for male and “F” for female.

**5. DATE OF BIRTH/ AGE:**

Date when exposed infant was born. This can be obtained from child health card or by asking the mother. If mother doesn’t know, estimate based on age. However try to get an accurate date. Write the age of the child in months.

**6. CLINIC REFERRED FROM:**

Clinic that identified and referred the HIV-exposed infant to the Mother-Baby Care point.

**7. AGE AND DATE AT NVP INITIATION:**

This is the age and date at which the infant was first given NVP

**8. AGE AND DATE AT COTRIM INITIATION:**

This is the age and date at which the infant was first given cotrimoxazole

**9. MOTHER’S NAME**

Mother’s Surname: Entered in the upper box.

Mother’s First Name: Entered into the lower box

**10. MOTHER’S ANC NO:**

Entered into the upper box

**MOTHER'S PRE-ART NO:**

Entered into the lower box

**11. MOTHER'S NEWLY TESTED DURING BREAST FEEDING:**

Indicate Y if the mother is being tested for HIV for the first time during breastfeeding; N if the mother was tested during pregnancy or labour or knew her positive HIV status before current pregnancy; RT if the mother turned positive on retest.

**12. MOTHER'S NEWLY ENROLLED ON ART DURING BREAST FEEDING:**

Indicate Y if the mother is newly enrolled on ART during Breastfeeding; N if the mother was initiated on ART during Pregnancy or labour or on ART before current pregnancy; No ART if the mother is tested HIV Positive and is not initiated on ART

**13. MOTHER'S ARVS FOR EMTCT**

Indicate which ARVs the mother received during antenatal (pregnancy), delivery, and postnatal.

Using the codes:

1. Life long ART
2. No ART
3. Unknown: If Mother's eMTCT regimen is not known

**14. INFANT'S ARVS FOR eMTCT**

Use the following codes for infant's ARVs for eMTCT;

Code 1: Received NVP within 72 hours of birth until 6 weeks.

Code 2: NVP taken after 72 hours of birth.

Code 3: No ARVs taken at birth: Infant did not receive any ARVs at birth or immediately postpartum

Code 4: Unknown: Infant eMTCT regimen is not known

\*\*\* If infant has been started on NVP later than birth (e.g. at 10 weeks old when enrolled at EID care point), you must indicate code 5 "No ARVs taken at birth" \*\*\*

**1ST PCR TEST**

**15. DATE DBS COLLECTED:**

Date that 1st DBS was collected. This should only be filled in on the date that the DBS was collected, not before.

**16. AGE AT 1ST DBS:**

Infant's age when the 1st DBS was taken. Indicate in months.

**17. INFANT FEEDING STATUS:**

Infant's feeding practice when 1 st DBS taken. This should be filled in on the date that the DBS was collected, not before. Indicate using one of the codes listed below or at the bottom of the page

EBF – Exclusive Breastfeeding

RF – Replacement Feeding (never breastfed)

MF – Mixed Feeding (<6months)

CF – Complementary Feeding (>6months)

W – Weaning

NLB – No Longer Breastfeeding

**Note** that the code for a mother who is not breastfeeding is either NLB (if she was breastfeeding before and has stopped) or RF (if she has been using replaced feeding since birth).

**18. RESULT:**

Result of the 1st DBS test. Indicate “negative” or “positive”.

**19. DATE RESULT RECEIVED:**

Date that 1st DBS result arrived at the facility from the reference testing laboratory. Be sure to include the complete date (dd-mm-yyyy).

**20. DATE GIVEN TO CAREGIVER:**

Date that 1st DBS result given to caregiver. Be sure to include the complete date (dd-mm-yyyy).

**2nd PCR TEST**

**21. DATE THAT 2ND DBS WAS COLLECTED.**

Write date when 2<sup>nd</sup> DBS was collected.

**22. AGE AT 2ND DBS:**

Infant's age when the 2nd DBS was taken. Indicate in months.

**23. INFANT FEEDING STATUS:**

Feeding practice when 2nd DBS was taken (use one of the codes)

**24. RESULT:**

Result of the 2nd DBS test. Indicate “negative” or “positive”.

**25. DATE RESULT RECEIVED:**

Date that 2nd DBS result arrived from the reference testing lab.

**26. DATE GIVEN TO CAREGIVER:**

Date that 2nd DBS result given to caregiver.

**27. RAPID TEST DATE AND AGE:**

Age of infant when confirmatory rapid test done (indicate in months) . This applies to all infants who have had a prior PCR. The confirmatory rapid test should be done starting at 18 months. If the mother is still breastfeeding, a second rapid test should be done 3 months after stopping.

Rapid Test Result: Write result of confirmatory rapid test— “positive” or “negative”

**28. VISIT DETAILS:**

**Appt Date:** Write Date of next appointment

**Date of visit:** Write Date of the visit

**Age:** Age in months

**CTX/NVP:** In the left side of the box on the watermark “C”, write Y or N to indicate whether the infant was given Cotrimoxazole. In the right side of the box on the watermark “N”, write Y or N to indicate whether the infant was given Nevirapine prophylaxis.

**Infant feeding:** Write feeding practice using the codes e.g.

- 1) EBF—Exclusive Breastfeeding
- 2) RF—Replacement Feeding (never Breastfed)
- 3) MF -Mixed Feeding (< 6 months)
- 4) CF-Complementary Feeding (> 6 months)
- 5) W—Weaning
- 6) NLB—No Longer Breastfeeding

**Z-Scores/MUAC:** Record the Z-Scores from the child health card as < 3, -1 < 1: (This is Normal range); -2 > -1 ( Mild Nutrition status); < -3 ( SAM); > 3 ( Obese):

MUAC: Take the mid upper circumference and record as G (Green) Y (Yellow) or R (Red)

**Mother ARVs** Record Y if mother received refills for ARTs and N if she didn't on the same Visit.

**Date of Appointment:** Write the follow-up appointment in the column for the next visit

Indicate the exposed infant's final outcome whenever it is known, ticking one of the options:

**FINAL OUTCOME**

**Discharged Negative:**

Tick if exposed infant had a negative confirmatory rapid test at 18 months or older and had stopped breastfeeding at least 3 months earlier

**Referred for ART:**

Tick if the infant is HIV-positive and being referred to the ART clinic. Indicate which clinic the infant is being referred to. After checking the pre-ART register, tick whether the positive infant has been enrolled.

**Lost:** Tick if exposed infant has not visited the clinic for 6 months since the last appointment date.

**Died:** Tick if exposed infant has died.

**Transferred:** Tick if exposed infant is being transferred to another clinic for EID services, and indicate name of the clinic.

**FROM EID REGISTER**

Count and enter into TABLE 18 (HEALTH UNIT EID MONTHLY SUMMARY) Exposed infants tested for HIV below 18 months (1st PCR), Exposed infants tested for HIV below 18 months (2nd PCR), Exposed infants tested for HIV below 18 months (<2months old), 1st DNA PCR result returned from lab., HIV positive 1st DNA PCR result returned from the Lab, 2nd DNA PCR results returned from the lab., HIV positive 2nd DNA PCR results returned from the lab., DNA PCR results returned from the lab within 2 weeks, DNA PCR results returned from the lab and given to caregiver, HIV-exposed infants tested by serology/rapid HIV test at  $\geq 18$  months, HIV-exposed infants tested by serology/rapid HIV test at  $\geq 18$  months with positive results, HIV infants from EID enrolled in care and Infants born to HIV-positive pregnant women that were started on CPT within 2 months of birth.

**TABLE 18: HEALTH UNIT EID MONTHLY SUMMARY**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  |                     | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|---------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| E1: Exposed infants tested for HIV below 18 months of age                         | 1 <sup>st</sup> PCR |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | 2 <sup>nd</sup> PCR |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | < 2 months old      |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E2: 1 <sup>st</sup> DNA PCR result returned                                       | Total               |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | HIV+                |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E3: 2 <sup>nd</sup> DNA PCR result returned                                       | Total               |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | HIV+                |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E4: Number of DNA PCR results returned from the lab                               | Total               |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | Within 2 weeks      |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | Given to caregiver  |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E5: Number of HIV Exposed infants tested by serology/rapid HIV test at ≥18 months | Total               |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | HIV+                |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E6: Number of HIV+ infants from EID enrolled in care                              |                     |     |     |      |     |     |     |     |     |     |     |     |     |            |
| E7: HIV exposed infants started on CPT  | Total               |     |     |      |     |     |     |     |     |     |     |     |     |            |
|   | Within 2 months     |     |     |      |     |     |     |     |     |     |     |     |     |            |

## HMIS FORM 080: PRE-ART REGISTER

### DESCRIPTION AND INSTRUCTIONS

- Objective:** Record all clients accessing HIV/AIDS Care services
- Copies:** One copy which stays at the health unit in the HIV Care/ART clinic
- Responsibility:** In-charge of the HIV/AIDS Clinic

### PROCEDURE:

The **DATE** the register was started; **NAME** of health unit and the date the register was closed are written on the front cover.

Pre printed formats are available for this register, but in cases where they are not, counter books may be used for this register. If counter books are used, then draw lines and write headings as shown in the HMIS Form 080 below.

Using the patient HIV care/ART card, enter the respective data into the pre-ART register.



# HMIS FORM 080: PRE-ART REGISTER

## FACILITY HIV CARE(PRE-ART) REGISTER

Health Unit \_\_\_\_\_ Name of Health Sub-District \_\_\_\_\_

| REGISTRATION                             |                      |                              |   |            |            |   |  |                    | FILL WHEN APPLICABLE       |   |  | CLINICAL STAGE (insert date)   |      |   |   | ART |                               |  |   |   |
|--|----------------------|------------------------------|---|------------|------------|---|--|--------------------|----------------------------|---|--|--|------|---|---|-----|-------------------------------|--|---|---|
| (1)<br>Date enrolled in chronic HIV care | (2)<br>Unique ID no. | (3)<br>Patient clinic ID no. | (4)<br>NAME IN FULL<br><br>Top Cell: Surname<br><br>Bottom Cell: Given name |            | (5)<br>Sex | (6)<br>Age<br><br>(Write age in months if ≤2 yrs) | (7)<br>Address<br><br><i>District, sub-county, parish, Village</i> | (8)<br>Entry Point | (9)<br>Status at Enrolment | (10)<br>CPT/ Dapsone<br><br>Start Month / year<br><br>Stop Month / year | (11)<br>INH (H)<br><br>Start Month / year<br><br>Stop Month / year | (12)<br>TB Rx district TB reg #<br><br>Start Month / year<br><br>Stop Month / year | (13) |   |   |     | (14)<br>DATE ELIGIBLE for ART | (15)<br>Why eligible<br>1 Clinical only<br>2. CD4 # /%<br>3. Pregnancy<br>4. Breast feeding mother<br>5. TB<br>6. Others (specify) | (16)<br>DATE ELIGIBLE and READY for ART | (17)<br>DATE ART started (transfer to ART register) |
|  |                      |                              | Surname   | Given name |            | District  |  |                    | Start Date                 | Start Date  | REG #  | 1  | 2    | 3 | 4 |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Sub-County, Parish                                |  |                    | Stop Date                  | Stop Date   | Start Date   |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Village/Zone/Cell                                 |  |                    |                            |   | Stop Date  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | District  |  |                    | Start Date                 | Start Date  | REG #  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Sub-County, Parish                                |  |                    | Stop Date                  | Stop Date   | Start Date   |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Village/Zone/Cell                                 |  |                    |                            |   | Stop Date  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Sub-County, Parish                                |  |                    | Start Date                 | Start Date  | Start Date   |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Village/Zone/Cell                                 |  |                    | Stop Date                  | Stop Date   | Stop Date  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | District  |  |                    | Start Date                 | Start Date  | REG #  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Sub-County, Parish                                |  |                    | Stop Date                  | Stop Date   | Start Date   |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Village/Zone/Cell                                 |  |                    |                            |   | Stop Date  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | District  |  |                    | Start Date                 | Start Date  | REG #  |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Sub-County, Parish                                |  |                    | Stop Date                  | Stop Date   | Start Date   |  |      |   |   |     |                               |  |   |   |
|  |                      |                              | Surname   | Given name |            | Village/Zone/Cell                                 |  |                    |                            |   | Stop Date  |  |      |   |   |     |                               |  |   |   |

**Status at enrolment:**  
**1** = HIV-exposed infant  
**2** = Preg                      **4** = Postpartum  
**3** = TB Rx                      **5** = TI (Transfer In)

FACILITY HIV CARE(PRE-ART) REGISTER

Health Unit \_\_\_\_\_

Name of Health Sub-District \_\_\_\_\_

| Follow up Status |             |                    |             |                    |             |                    |             |                    |             |                    |             |                    |             |                    |             |                    |
|------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|
| Year: _____      |             |                    |             | Year: _____        |             |                    |             | Year: _____        |             |                    |             | Year: _____        |             |                    |             |                    |
| Patient ID       | Qtr: 1      | Qtr: 2             | Qtr: 3      | Qtr: 4             | Qtr: 1      | Qtr: 2             | Qtr: 3      | Qtr: 4             | Qtr: 1      | Qtr: 2             | Qtr: 3      | Qtr: 4             | Qtr: 1      | Qtr: 2             | Qtr: 3      | Qtr: 4             |
|                  | Jan - March | Apr - June         | July - Sept | Oct - Dec          | Jan - March | Apr - June         | July - Sept | Oct - Dec          | Jan - March | Apr - June         | July - Sept | Oct - Dec          | Jan - March | Apr - June         | July - Sept | Oct - Dec          |
|                  | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    |
|                  | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    |
|                  | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status |
|                  | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    |
|                  | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    |
|                  | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status |
|                  | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    |
|                  | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    |
|                  | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status |
|                  | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    |
|                  | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    |
|                  | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status |
|                  | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    | Fu Status   |                    |
|                  | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    | TB Status   |                    |
|                  | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status | CPT/INH     | Nutritional Status |

**TOP CELL:**  
**Record follow-up (FU) status at end of each quarter**  
 ✓ -- seen in last quarter  
 → -- did not have visit scheduled for that quarter (not LOST)  
 LOST -- not seen in last quarter, but scheduled for a visit  
 TO -- Transferred out (Record to where)  
 DEAD -- Record date /  
 CD4 -- record CD4 if available in last month

**MIDDLE CELL:**  
**Codes for TB status as at last visit in the quarter (assess on each visit):**  
 1 No signs = no signs or symptoms of TB  
 2 Suspect = TB refer or sputum sent  
 3 TB Diagnosed = Diagnosed with TB  
 4 TB Rx = currently on TB treatment

**LOWER CELL (CPT/Nutritional Status):**  
 CPT- Received CPT at last visit in quarter (Y/N)  
**Nutritional status**  
 Codes for Nutritional status as at last visit in the quarter:  
 N = Normal  
 MAM = Moderate Acute Malnutrition  
 SAMO = Severe Acute Malnutrition with Oedema  
 SAM = Severe Acute Malnutrition  
 PWG/PA = Poor Weight Gain/ Poor Appetite

**DESCRIPTION OF COLUMNS:**

All the data elements in the Pre-ART register will be obtained from the health facility held HIV care/ ART patient card.

**Facility name:**

The facility name is written on every page of the register.

**LEFT SIDE OF THE PRE-ART REGISTER:**

**1. DATE ENROLLED IN CHRONIC HIV CARE:**

Denotes the date the patient first enrolls in HIV care at your facility. This applies to both new and transfer patients sequentially.

**2. UNIQUE ID NUMBER:**

This number is not currently available but will be assigned according to the system chosen by the National programme to allow the National HIV care and ART Programme to identify and track patients as they move through different facilities and prevent duplication of patient counts. A transferring patient will, therefore, keep this number wherever they go.

**3. PATIENT CLINIC NUMBER (PCN):**

PCN is a number issued at enrolment into care for individual patient identification at that health facility.

**4. NAME IN FULL:**

Refers to the clients' name. Record surname in the upper space and given name in the lower space

**5. SEX:**

Client' sex 'M' for male and 'F' for female

**6. AGE:**

Clients' age in years, if child < 2 years, record age in months

**7. ADDRESS:**

Clients' contact details including District, Sub-county, Parish and Village

**8. ENTRY POINT:**

Refers to the point in the health care system where the client came from. Record the appropriate care entry point that was ticked on the HIV care/ ART card

**9. STATUS AT ENROLMENT:**

Record whether at enrolment the patient is an HIV Exposed Infant, On TB treatment, Pregnant or Postpartum for females, using the codes provided at the bottom of the pre-ART register.

**10. COTRIMOXAZOLE/DAPSONE START AND STOP DATE:**

Refers to the date when the client started and completed Cotrimoxazole / Dapsone prophylaxis. Record the date (month/year) when the client started and completed Cotrimoxazole / Dapsone prophylaxis

**11. INH (H) START AND STOP DATE:**

Refers to the date when the client started and completed INH (H) prophylaxis. Record the date (month/year) the client started and completed INH (H) prophylaxis

**12. TB TREATMENT DISTRICT REGISTRATION NUMBER, START AND STOP DATES:**

This column captures information on TB treatment including the district TB registration number and the date (month/year) the client started and completed TB treatment.

**13. CLINICAL STAGE:**

Capture the date the client's WHO clinical stage at first contact and when it changes to 1, 2, 3 or 4.

**14. DATE ELIGIBLE FOR ART:**

Refers to the date when the patient becomes medically eligible for ART

**15. WHY ELIGIBLE:**

Refers to the method used to determine the patients' eligibility for ART. Record the reason code for eligibility as 1 – Clinical only, 2 – CD4# / %, 3 - Pregnancy, 4 - Breast feeding mother, 5 – TB, 6 - Others.

**16. DATE ELIGIBLE AND READY FOR ART**

Refers to the date the eligible patient is ready to start ART.

**17. DATE ART STARTED:**

Refers' to the date the patient starts ART. From this point on, the patient data will be maintained in the ART register.

## **RIGHT SIDE OF THE PRE-ART REGISTERS:**

This captures information on quarterly follow-up of clients on Pre-ART care. Each column represents one calendar quarter. At the end of each quarter for each patient who has not started ART indicate in the:

### **FOLLOW UP STATUS**

#### **Top Space: Follow-Up Status**

Using the codes at the bottom of the pre-ART register, that is

- √ -- Seen in last quarter
- -- Did not have visit scheduled for that quarter (not LOST)
- LOST -- Not seen in last quarter, but had been scheduled for a visit
- TO -- Transferred out (Record where the patient has been transferred)
- DEAD -- Record date of death.
- CD4 -- Record CD4 if available in last quarter if the client had CD4 T cell count done.

#### **Middle Space: TB Status**

For each client on Pre-ART care who was assessed for TB at the last visit indicate the TB status using the TB status codes at the bottom of the pre-ART register.

Codes for TB status as at last visit in the quarter (assess on each visit):

- 1 - No signs
- 2 - Suspect
- 3 - Diagnosed with TB
- 4 TB Rx = Currently on TB treatment

#### **Lower Space: CPT/INH and Nutritional Status**

Indicate whether the client received Cotrimoxazole preventive Therapy (CPT) / Isoniazide Prophylaxis (INH) at last visit or not using 'Y' for yes and 'N' for No

For each client on Pre-ART care whose nutritional status was assessed at the last visit indicates the Nutrition status using the codes at the bottom of the pre-ART register as;

**Codes for Nutritional status as at last visit in the quarter:**

**N** = Normal Nutritional Status

**SAM** = Severe Acute Malnutrition

**SAMO** = Severe Acute Malnutrition with Oedema

**MAM** = Moderate Acute Malnutrition

**PWG/PA** = Poor Weight Gain/ Poor Appetite

# HMIS FORM 081: ART REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** Record all clients accessing ART

**Copies** One copy which stays at the health unit in the HIV Care/ART Clinic

**Responsibility:** In-charge of the HIV/AIDS Clinic

## PROCEDURE:

The ART register is a tool used for patient and program monitoring. The ART register is also used to support cohort analysis of important variables at 6, 12 months and then yearly.

The register is used only after a patient has started ART. From this point on, no further entries should be made in the pre- ART register. The register records information by cohort.

A patient is put in a cohort based on the year and month he/she started ART. Each new cohort should be started on a new page.

NB: A cohort in this case is a group of people started on ART in the same year and month.

Where to find the information

The information required to complete this register can be found on the patient's individual HIV Care/ART card.

### HMIS FORM 081: ART REGISTER

| COHORT: Year _____ Month _____ ART register |                      |                |                       |                                   |            |         |   |   |                     |                  |                         | eMTCT                   |                         |                                  |  | Original Regimen       | (17) 1st-line regimen  | (18) 2nd-line regimen  | (19) 3rd-line regimen |               |                         |                         |  |                          |                          |                          |
|---|----------------------|----------------|-----------------------|-----------------------------------|------------|---------|---|---|---------------------|------------------|-------------------------|-------------------------|-------------------------|----------------------------------|--|------------------------|------------------------|------------------------|-----------------------|---------------|-------------------------|-------------------------|--|--------------------------|--------------------------|--------------------------|
| Registration and personal information       |                      |                |                       |                                   |            |         |   | Status at start ART   |                     |                  |                         | (13) CPT/Dapsone        | (14) INH (H)            | (15) TB Rx District TB reg #     | (16) For each pregnancy, record EDD, ANC# and HIV-exposed infant # |                        |                        |                        |                       | Substitutions | Switches, substitutions | Switches, substitutions |  |                          |                          |                          |
| (1) ART start date                          | (2) Unique ID number | (3) TI / eMTCT | (4) Patient clinic ID | (5) Name<br>Surname<br>Given name |            | (6) Sex | (7) Age (yrs)<br><small>(Write age in months if ≤2 yrs)</small> | (8) Address<br><small>(District, sub-county, parish, LC1)</small> | (9) Function status | (10) Weight/MUAC | (11) WHO clinical stage | (12) CD4 #/%            | Start Month / year      | Stop Month / year                | Start Month / year   | Stop Month / year      | Start Month / year     | Stop Month / year      | Preg1                 | Preg 2        | Preg3                   | Preg 4                  |  | 1st: Reason / Date       | 1st: Reason / Date       | 1st: Reason / Date       |
|   |                      |                |                       | Surname                           | Given name |         | District<br>Sub-County, Parish<br>Village/Cell                  |   |                     |                  | CD4 #<br>CD4 %          | Start Date<br>Stop Date | Start Date<br>Stop Date | REG #<br>Start Date<br>Stop Date | EDD<br>ANC<br>Infant #   | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # |                       |               |                         |                         |  | 1st: ..... Reason / Date | 1st: ..... Reason / Date | 1st: ..... Reason / Date |
|   |                      |                |                       |                                   |            |         |   |   |                     |                  |                         |                         |                         |                                  |  |                        |                        |                        |                       |               |                         |                         |  |                          |                          |                          |
|   |                      |                |                       | Surname                           | Given name |         | District<br>Sub-County, Parish<br>Village/Cell                  |   |                     |                  | CD4 #<br>CD4 %          | Start Date<br>Stop Date | Start Date<br>Stop Date | REG #<br>Start Date<br>Stop Date | EDD<br>ANC<br>Infant #   | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # |                       |               |                         |                         |  | 1st: ..... Reason / Date | 1st: ..... Reason / Date | 1st: ..... Reason / Date |
|   |                      |                |                       |                                   |            |         |   |   |                     |                  |                         |                         |                         |                                  |  |                        |                        |                        |                       |               |                         |                         |  |                          |                          |                          |
|   |                      |                |                       | Surname                           | Given name |         | District<br>Sub-County, Parish<br>Village/Cell                  |   |                     |                  | CD4 #<br>CD4 %          | Start Date<br>Stop Date | Start Date<br>Stop Date | REG #<br>Start Date<br>Stop Date | EDD<br>ANC<br>Infant #   | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # |                       |               |                         |                         |  | 1st: ..... Reason / Date | 1st: ..... Reason / Date | 1st: ..... Reason / Date |
|   |                      |                |                       |                                   |            |         |   |   |                     |                  |                         |                         |                         |                                  |  |                        |                        |                        |                       |               |                         |                         |  |                          |                          |                          |
|   |                      |                |                       | Surname                           | Given name |         | District<br>Sub-County, Parish<br>Village/Cell                  |   |                     |                  | CD4 #<br>CD4 %          | Start Date<br>Stop Date | Start Date<br>Stop Date | REG #<br>Start Date<br>Stop Date | EDD<br>ANC<br>Infant #   | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # | EDD<br>ANC<br>Infant # |                       |               |                         |                         |  | 1st: ..... Reason / Date | 1st: ..... Reason / Date | 1st: ..... Reason / Date |
|   |                      |                |                       |                                   |            |         |   |   |                     |                  |                         |                         |                         |                                  |  |                        |                        |                        |                       |               |                         |                         |  |                          |                          |                          |

**Technical Module 3: Preventive and Curative activities**

| Patient ID | Year _____                  |                             |                             |                             |                             |                             |                             |                |     |      |                             |                             |                             |                             |                             |                             |                             |                             |                |     |      |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                |     |      |                             |                             |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|-----|------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|-----|------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|-----|------|-----------------------------|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|            | Fill in Months              |                             |                             |                             |                             |                             |                             | Fill in Months |     |      |                             |                             |                             |                             | Fill in Months              |                             |                             |                             |                |     |      | Fill in Months              |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                |     |      |                             |                             |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | Month 0                     | Month 1                     | Month 2                     | Month 3                     | Month 4                     | Month 5                     | Month 6                     | Clinical stage | Wgt | CD4# | CD4%                        | VIRAL LOAD                  | Month 7                     | Month 8                     | Month 9                     | Month 10                    | Month 11                    | Month 12                    | Clinical stage | Wgt | CD4# | CD4%                        | VIRAL LOAD                  | Month 13                    | Month 14                    | Month 15                    | Month 16                    | Month 17                    | Month 18                    | Month 19                    | Month 20                    | Month 21                    | Month 22                    | Month 23                    | Month 24                    | Clinical stage | Wgt | CD4# | CD4%                        | VIRAL LOAD                  |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | VIRAL LOAD                  | ADH                         | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | VIRAL LOAD | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT |
|            | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | VIRAL LOAD                  | ADH                         | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | VIRAL LOAD | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT |
|            | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                |     | CD4# | CD4%                        | VIRAL LOAD                  |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |     | CD4% | TB Status /Nutrition Status | TB Status /Nutrition Status |     |     |     |     |     |     |     |     |     |     |     |            |     |     |     |     |     |     |     |     |     |     |     |     |
|            | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | ADH                         | CPT                         | ADH                         | CPT                         | VIRAL LOAD                  | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT                         | ADH                         | CPT            | ADH | CPT  | VIRAL LOAD                  | ADH                         | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | VIRAL LOAD | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT | ADH | CPT |

**Adult 1st-line regimens:**  
**1a** = Phased Out  
**1b** = Phased Out  
**1c** = AZT-3TC-NVP  
**1d** = AZT-3TC-EFV  
**1e** = TDF-3TC-NVP  
**1f** = TDF-3TC-EFV  
**1g** = Other specify

**Child 1st-line regimens:**  
**4a** = d4T-3TC-NVP      **4g** = ABC-3TC-LPV/r  
**4b** = d4T-3TC-EFV      **4h** = AZT-3TC-LPV/r  
**4c** = AZT-3TC-NVP      **4i** = TDF-3TC-EFV  
**4d** = AZT-3TC-EFV      **4j** = TDF-3TC-NVP  
**4e** = ABC-3TC-NVP      **4k** = Other specify  
**4f** = ABC-3TC-EFV

**Adult 2nd-line regimens:**  
**2a(250)** = Phased Out      **2e** = AZT-3TC-LPV/r  
**2a(400)** = Phased Out      **2f** = TDF-3TC-ATV/r  
**2b** = TDF-3TC-LPV/r      **2g** = ABC-3TC-LPV/r  
**2c** = AZT-3TC-ATV/r      **2h** = ABC-3TC-ATV/r  
**2d(250)** = Phased Out      **2i** = Other specify  
**2d(400)** = Phased Out

**Child 2nd-line regimens:**  
**5a** = Phased Out      **5h** = Phased Out  
**5b** = Phased Out      **5i** = ABC-3TC-EFV  
**5c** = Phased Out r      **5j** = ABC-3TC-NVP  
**5d** = TDF-3TC-LPV/r      **5k** = ABC-3TC-LPV/r  
**5e** = AZT-3TC-EFV      **5l** = AZT-3TC-ATV/r  
**5f** = Phased Out      **5m** = ABC-3TC-ATV/r  
**5g** = AZT-3TV-NVP      **5n** = Other specify

**Adult 3rd-line regimens:**  
**6a** = DAR/r-RAL-TDF-3TC  
**6b** = DAR/r-RAL-AZT-3TC  
**6c** = DAR/r-RAL-ABC-3TC  
**6d** = Other specify

**Child 3rd-line regimens:**  
**7a** = DAR/r-RAL-TDF-3TC  
**7b** = DAR/r-RAL-AZT-3TC  
**7c** = DAR/r-ETV-TDF-3TC  
**7d** = DAR/r-ETV-TDF-3TC  
**7e** = Other specify

**If follow-up status is "STOP", then add reasons (and weeks of interruption if later restarted):**  
**1** Toxicity/Side effects      **6** Patient lacks finances  
**2** Treatment failure      **7** Other patient decision  
**3** Poor adherence      **8** Planned Rx interruption  
**4** Illness, hospitalization      **9** Excluded HIV infection in infants

**Reasons for regimen change:**  
**1** Toxicity / side effects      **4** Drug out of stock  
**2** Due to new TB      **5** Other reasons (Specify)  
**3** New Drug available

**Reasons for SWITCH to 2nd-line regimen only**  
**6** Clinical failure  
**7** Immunological failure  
**8** Virological failure.

**Top cell: Follow-up status at end of each month:**  
**RESTART**  
**On treatment (current regimen abbreviation)**  
**DEAD**  
**STOPped ART** (continued on other care)  
**LOST** (missed drug pick-up)  
**DROP** (lost to follow-up), not seen 3 months from last missed appointment

**Middle Cell: TB status at last visit during the month:**  
**1 No signs** = no signs or symptoms of TB  
**2 Suspect** = TB refer or sputum sent  
**3 TB Diagnosed** = Diagnosed with TB  
**4 TB Rx** = currently on TB treatment

**Bottom cell: Adherence / CPT**  
**AD**Herence record **G** = Good  
**F** = Fair  
**P** = Poor  
**CPT**-(Cotrimoxazole/Dapsone)  
 Received CPT at last visit in quarter (Y/N)

**Nutritional Status**  
**N** = Normal Nutritional Status  
**MAM** = Moderate Acute Malnutrition  
**SAMO** = Severe Acute Malnutrition with Oedema  
**SAM** = Severe Acute Malnutrition  
**PWG/PA** = Poor Weight Gain/ Poor Appetite



| Patient ID | Month 25  | Month 26  | Month 27  | Month 28  | Month 29  | Month 30  | Month 31  | Month 32  | Month 33  | Month 34  | Month 35  | Month 36  | Clinical stage | Wgt | CD4#       | Month 37  | Month 38  | Month 39  | Month 40  | Month 41  | Month 42  | Month 43  | Month 44  | Month 45  | Month 46  | Month 47  | Month 48   | Clinical stage | Wgt  | CD4#       |            |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|----------------|-----|------------|---|---|---|---|---|---|---|---|---|---|---|------------|----------------|------|------------|------------|
|            | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  |                |     | CD4%       | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%  | CD4%       |                |      | CD4%       | CD4%       |
|            | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  |                |     | VIRAL LOAD | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD  | VIRAL LOAD |                |      | VIRAL LOAD | VIRAL LOAD |
|            | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T |                |     | CD4#       | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T |            |                | CD4# |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     | CD4%       | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T | ARVs/FU Status<br>TB Status /Nutrition Status<br>ADH CP T |            |                | CD4% |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     | VIRAL LOAD | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T  | ADH CP T   | ADH CP T       |      |            | VIRAL LOAD |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |
|            |   |   |   |   |   |   |   |   |   |   |   |   |                |     |            |   |   |   |   |   |   |   |   |   |   |   |            |                |      |            |            |

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 1f = TDF-3TC-EFV  
 1g = Other specify

**Child 1st-line regimens:**  
 4a = d4T-3TC-NVP  
 4b = d4T-3TC-EFV  
 4c = AZT-3TC-NVP  
 4d = AZT-3TC-EFV  
 4e = ABC-3TC-NVP  
 4f = ABC-3TC-EFV  
 4g = ABC-3TC-LPV/r  
 4h = AZT-3TC-LPV/r  
 4i = TDF-3TC-EFV  
 4j = TDF-3TC-NVP  
 4k = Other specify

**Adult 2nd-line regimens:**  
 2a(250) = Phased Out  
 2a(400) = Phased Out  
 2b = TDF-3TC-LPV/r  
 2c = AZT-3TC-ATV/r  
 2d(250) = Phased Out  
 2d(400) = Phased Out  
 2e = AZT-3TC-LPV/r  
 2f = TDF-3TC-ATV/r  
 2g = ABC-3TC-LPV/r  
 2h = ABC-3TC-ATV/r  
 2i = Other specify

**Child 2nd-line regimens:**  
 5a = Phased Out  
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 5j = ABC-3TC-NVP  
 5k = ABC-3TC-LPV/r  
 5l = AZT-3TC-ATV/r  
 5m = ABC-3TC-ATV/r  
 5n = Other specify

**Adult 3rd-line regimens:**  
 6a = DAR/r-RAL-TDF-3TC  
 6b = DAR/r-RAL-AZT-3TC  
 6c = DAR/r-RAL-ABC-3TC  
 6d = Other specify

**Child 3rd-line regimens:**  
 7a = DAR/r-RAL-TDF-3TC  
 7b = DAR/r-RAL-AZT-3TC  
 7c = DAR/r-ETV-TDF-3TC  
 7d = DAR/r-ETV-TDF-3TC  
 7e = Other specify

**Top cell: Follow-up status at end of each month:** RESTART  
**On treatment (current regimen abbreviation):** DEAD  
**STOPPED ART** (continued on other care)  
**LOST** (missed drug pick-up)  
**DROP** (lost to follow-up), not seen 3 months from last missed appointment

**Middle Cell: TB status at last visit during the month:**  
 1 No signs = no signs or symptoms of TB  
 2 Suspect = TB refer or sputum sent  
 3 TB Diagnosed = Diagnosed with TB  
 4 TB Rx = currently on TB treatment

**Bottom cell: Adherence / CPT**  
 Adherence record G = Good  
 F = Fair  
 P = Poor  
 CPT-(Cotrimoxazole/Dapsone)  
 Received CPT at last visit in quarter (Y/N)

**If follow-up status is "STOP", then add reasons (and weeks of interruption if later restarted):**  
 1 Toxicity/Side effects  
 2 Treatment failure  
 3 Poor adherence  
 4 Illness, hospitalization  
 5 Drugs out of stock  
 6 Patient lacks finances  
 7 Other patient decision  
 8 Planned Rx interruption  
 9 Excluded HIV infection in infants  
 10 Other (specify)

**Nutritional Status**  
 N = Normal Nutritional Status  
 MAM = Moderate Acute Malnutrition  
 SAMO = Severe Acute Malnutrition with Oedema  
 SAM = Severe Acute Malnutrition  
 PWG/PA = Poor Weight Gain/ Poor Appetite

| Patient ID | Month                       |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             | Clinical stage              | Wgt                         | Month                       |                             |                             |                             |                             |                             |                             |                             |                             |                             |                |                | Clinical stage | Wgt |
|------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|----------------|----------------|-----|
|            | 49                          | 50                          | 51                          | 52                          | 53                          | 54                          | 55                          | 56                          | 57                          | 58                          | 59                          | 60                          |                             |                             | 61                          | 62                          | 63                          | 64                          | 65                          | 66                          | 67                          | 68                          | 69                          | 70                          | 71             | 72             |                |     |
|            | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              |                             |                             | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status              | ARVs/FU Status | ARVs/FU Status |                |     |
|            | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status | TB Status /Nutrition Status |                |                |                |     |
|            | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          | ADH                         | CP                          |                |                |                |     |
|            | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        | CD4#                        |                |                |                |     |
|            | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  | VIRAL LOAD                  |                |                |                |     |

**Adult 1st-line regimens:**  
**1a** = Phased Out  
**1b** = Phased Out  
**1c** = AZT-3TC-NVP  
**1d** = AZT-3TC-EFV  
**1e** = TDF-3TC-NVP

**Child 1st-line regimens:**  
**4a** = d4T-3TC-NVP  
**4b** = d4T-3TC-EFV  
**4c** = AZT-3TC-NVP  
**4d** = AZT-3TC-EFV  
**4e** = ABC-3TC-NVP  
**4f** = ABC-3TC-EFV  
**4g** = ABC-3TC-LPV/r  
**4h** = AZT-3TC-LPV/r  
**4i** = TDF-3TC-EFV  
**4j** = TDF-3TC-NVP  
**4k** = Other specify

**Adult 2nd-line regimens:**  
**2a(250)** = Phased Out  
**2a(400)** = Phased Out  
**2b** = TDF-3TC-LPV/r  
**2c** = AZT-3TC-ATV/r  
**2d(250)** = Phased Out  
**2d(400)** = Phased Out  
**2e** = AZT-3TC-LPV/r  
**2f** = TDF-3TC-ATV/r  
**2g** = ABC-3TC-LPV/r  
**2h** = ABC-3TC-ATV/r  
**2i** = Other specify

**Child 2nd-line regimens:**  
**5a** = Phased Out  
**5b** = Phased Out  
**5c** = Phased Out r  
**5d** = TDF-3TC-LPV/r  
**5e** = AZT-3TC-EFV  
**5f** = Phased Out  
**5g** = AZT-3TV-NVP  
**5h** = Phased Out  
**5i** = ABC-3TC-EFV  
**5j** = ABC-3TC-NVP  
**5k** = ABC-3TC-LPV/r  
**5l** = AZT-3TC-ATV/r  
**5m** = ABC-3TC-ATV/r  
**5n** = Other specify

**Adult 3rd-line regimens:**  
**6a** = DAR/r-RAL-TDF-3TC  
**6b** = DAR/r-RAL-AZT-3TC  
**6c** = DAR/r-RAL-ABC-3TC  
**6d** = Other specify

**Child 3rd-line regimens:**  
**7a** = DAR/r-RAL-TDF-3TC  
**7b** = DAR/r-RAL-AZT-3TC  
**7c** = DAR/r-ETV-TDF-3TC  
**7d** = DAR/r-ETV-TDF-3TC  
**7e** = Other specify

**Top cell: Follow-up status at end of each month:**  
**On treatment (current regimen abbreviation)**  
**DEAD**  
**STOPPED ART** (continued on other care)  
**LOST** (missed drug pick-up)  
**DROP** (lost to follow-up), not seen 3 months from last missed appointment

**Middle Cell: TB status at last visit during the month:**  
**1 No signs** = no signs or symptoms of TB  
**2 Suspect** = TB refer or sputum sent  
**3 TB Diagnosed** = Diagnosed with TB  
**4 TB Rx** = currently on TB treatment

**Bottom cell: Adherence / CPT**  
**AD**herence record **G** = Good  
**F** = Fair  
**P** = Poor  
**CPT**-(Cotrimoxazole/Dapsone)  
 Received CPT at last visit in quarter (Y/N)

**If follow-up status is "STOP", then add reasons (and weeks of interruption if later restarted):**  
**1** Toxicity/Side effects  
**2** Treatment failure  
**3** Poor adherence  
**4** Illness, hospitalization  
**5** Drugs out of stock  
**6** Patient lacks finances  
**7** Other patient decision  
**8** Planned Rx interruption  
**9** Excluded HIV infection in infants  
**10** Other (specify)

**Nutritional Status**  
**N** = Normal Nutritional Status  
**MAM** = Moderate Acute Malnutrition  
**SAMO** = Severe Acute Malnutrition with Oedema  
**SAM** = Severe Acute Malnutrition  
**PWG/PA** = Poor Weight Gain/ Poor Appetite



### DESCRIPTION OF COLUMNS:

*All the data elements in the-ART register will be obtained from the health facility held HIV care/ ART patient card.*

**1. ART START DATE:**

Refers to the date the client first started ART 1st line regimen. That is even for patients who started ART at another facility and transferred into your facility record the date when they first started ART within their cohort.

**2. UNIQUE ID NUMBER:**

This number is not currently available but will be assigned according to the system chosen by the National programme to allow the National HIV care and ART Programme to identify and track patients as they move through different facilities and prevent duplication of patient counts. A transferring patient will, therefore, keep this number wherever they go.

**3. TI (TRANSFER IN)/EMTCT:**

Refers to patients who transferred to the facility after starting ART at another facility or referred from EMTCT clinic. These patients will be recorded according to the cohort when they started ART not according to the date they come into your facility. Indicate using a tick ✓ whether the patient was transferred in from another health facility or referred from EMTCT clinic.

**4. PATIENT CLINIC ID:**

Field is issued at enrolment into care for individual patient identification at that facility and the patient moves with this number from pre-ART care through to ART.

**5. NAME IN FULL:**

Refers to the name of the client. Record surname in the upper space and given name in the lower space

**6. SEX:**

Clients' sex 'M' for male and 'F' for female

**7. AGE:**

Clients' age in years, if child ≤2 years, record age in months

**8. ADDRESS:**

Clients' contact details including District, Sub-county, Parish and Village

**9. FUNCTIONAL STATUS:**

Captures the functional status at start of ART using the codes indicated on the HIV care/ART card that is 'W' for Working and for children playing, 'A' for Ambulatory and 'B' for Bed ridden.

**10. WEIGHT/MUAC**

Indicate the patient weight in kgs at start of ART and his /her nutrition status using the MUAC tape.

**STATUS AT START OF ART**

This column captures information on the Functional Status, Weight, WHO clinical stage, CD4 T cell count at start of ART.

**11. WHO CLINICAL STAGE:**

Record the client's WHO clinical stage at start of ART

**12. CD4 T CELL COUNT:**

Record the CD4 T cell count of the patient at the beginning of ART

**13. COTRIMOXAZOLE (CPT)/ DAPSONE START AND STOP DATE:**

Refers to the date when the client started and completed Cotrimoxazole / Dapsone prophylaxis. Record the date (month/year) when the client started and completed Cotrimoxazole / Dapsone prophylaxis

**14. INH (H) START AND STOP DATE:**

Refers to the date when the client started and completed Isoniazid (H) prophylaxis. Record the date (month/year) the client started and completed Isoniazid (H) prophylaxis

**15. TB TREATMENT DISTRICT REGISTRATION NUMBER, START AND STOP DATES:**

This column captures information on TB treatment including the district TB registration number and the date (month/year) the client started and completed TB treatment.

**16. EMTCT:**

The four columns under Elimination of Mother to Child Transmission of HIV/AIDS capture information on the estimated date of delivery (EDD), Antenatal care (ANC) number and the HIV Exposed Infant number. The ART register provides for recording of this information for 4 pregnancies while the patient is on ART.

**ORIGINAL REGIMEN**

This column captures the regimen that the patient is first given when starting ART. Write the first line regimen which is found at the bottom of the ART register

**17. 1ST LINE REGIMEN; SUBSTITUTIONS:**

The column captures information on any substitutions within 1<sup>st</sup> line regimen. For each patient the column provides for recording of 2 substitutions within first line regimen. If there is a 1<sup>st</sup> substitution within 1<sup>st</sup> line regimen, write the code for the 1<sup>st</sup> substitute regimen, the reason code and date in the top row. If there is a 2<sup>nd</sup> substitution, write in the code for the 2<sup>nd</sup> substitute regimen, the reason code and the date in the bottom row. The codes for regimens and reasons for substitution are provided at the bottom of the register page

**18. 2ND LINE REGIMEN; SWITCHES/SUBSTITUTIONS:**

This column captures information on switches from 1st to 2nd line regimen as well as substitutions within 2nd line regime.

If patient has been switched to a 2nd line regimen, write in the code for this regimen, the reason code and the date in the top row. If there is a substitution within 2<sup>nd</sup> line regimen, write the reason code and the date in the bottom row.

**19. 3RD LINE REGIMEN; SWITCHES/SUBSTITUTIONS:**

This column captures information on switches from 2nd to 3rd line regimen as well as substitutions within 3rd line regime.

If patient has been switched to a 3rd line regimen, write in the code for this regimen, the reason code and the date in the top row. If there is a substitution within 3rd line regimen, write the reason code and the date in the bottom row.

The codes for regimens and reasons for switch or substitution are provided at the bottom of the register page.

**20. MONTHLY FOLLOW-UP STATUS:**

Write in the year and month of this cohort in the upper left corner of this page of the register.

In the next pages of each cohort in the register, document at the end of each month, ARV regimens, ART treatment interruptions, and appointment keeping of clients on treatment.

**Note:** Patients started on ART in other facilities who transfer into your facility belong to the cohort defined by year and month when they started ART NOT when they came to your facility unless they transfer into your facility the same month they start ART.

**MONTH 0:**

Denotes the month when the patient starts ART. Under month 0, enter the name of the month and year in which the patients in this cohort started ART. This applies to all patients on this page since they are all in the same cohort.

At the end of this month record:

In the top row the ARV regimen or ART treatment interruptions (stopped, Lost) or Transfer Outs or Dead using the codes at the bottom of the page.

In the middle row TB status using the codes at the bottom of the page

In the lower row, record 'Y' for yes if the client kept the appointment and came on the actual appointment date or any day before the appointment date within 7 days after the appointment date and 'N' for no if the client came beyond 7 days after the appointment date

### **Technical Module 3: Preventive and Curative activities**

#### **MONTH 1:**

Denotes the next month on ART. For this and all subsequent columns enter the name of the subsequent months at the top and in the spaces provided record the follow up details as in Months 0 at the end of the month.

In addition at months, 6, 12, 24, 36 and annually thereafter, also record the clients' clinical stage, weight and CD4 T cell count or percentage for children.

## TABLE 5: HEALTH UNIT HIV CARE/ART SERVICES QUARTERLY SUMMARY

### Monthly procedure:

#### **FROM Pre-ART REGISTER**

Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** Number of new patients enrolled in HIV care at this facility during the quarter, number of HIV positive patients active on pre-ART Care in the quarter, number of HIV positive cases who received CPT at last visit in the quarter and number of eligible patients not started on ART in the quarter.

#### **FROM ART REGISTER**

Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** Number of new patients enrolled in HIV care at this facility during the quarter, Number of pregnant women enrolled into care during the quarter, Cumulative Number of individuals on ART ever enrolled in HIV care at this facility, Number of HIV positive patients active on pre-ART Care, Number of HIV positive cases who received CPT at last visit in the quarter, Number eligible patients not started on ART, Number of new patients started on ART at this facility during the quarter, Number of pregnant women started on ART at this facility during the quarter, Cumulative Number of individuals on ART, Active number of clients on 1st line ARVs by regimen, Active number of clients on 2nd line ARVs by regimen, Number of HIV positive patients assessed for TB at last visit in the quarter, Number of HIV positive patients started on TB treatment during the quarter, Net current cohort of people on ART in the cohort completing, 12 months during the quarter, Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter and Number of people accessing ARVs for PEP

#### **ON TABLE 5**

- Calculate and enter in the Annual Total attendance by age group where applicable and by category.

#### **ON HEALTH UNIT QUARTERLY REPORT HMIS 106a**

- Fill in Items 1A and 1B



**TABLE 5: HEALTH UNIT HIV CARE / ART SERVICES QUARTERLY SUMMARY**

Name of Health Unit \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category   |            | Jul – Sep |        | Oct – Dec |        | Jan – Mar |        | Apr – Jun |        | Total |        |
|--|------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-------|--------|
|  |            | Male      | Female | Male      | Female | Male      | Female | Male      | Female | Male  | Female |
| <b>Pre –ART</b>  |            |           |        |           |        |           |        |           |        |       |        |
| No. of clients ever enrolled in HIV care at this facility at the end of the previous quarter                 | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of new patients enrolled in HIV care at this facility during the reporting quarter (Exclude transfer In) | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of pregnant & lactating women enrolled into care during the reporting quarter. (Subset of row 2 above )  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of clients started on INH Prophylaxis during the reporting quarter (Subset of row 2 above )              | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |

**Technical Module 3: Preventive and Curative activities**

| Category   |            | Jul – Sep |        | Oct – Dec |        | Jan – Mar |        | Apr – Jun |        | Total |        |
|--|------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-------|--------|
|  |            | Male      | Female | Male      | Female | Male      | Female | Male      | Female | Male  | Female |
| Number of clients ever enrolled in HIV care at this facility at the end of the reporting quarter(row 1+ row 2) | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of persons already enrolled in HIV care who transferred in from another facility during the quarter.       | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of active clients on pre-ART Care in the quarter   | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART Care who received CPT/Dapsone at their last visit in the quarter                         | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART Care assessed for TB at last visit in the quarter  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART Care diagnosed with TB in the quarter  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |

### Technical Module 3: Preventive and Curative activities

| Category   |            | Jul – Sep |        | Oct – Dec |        | Jan – Mar |        | Apr – Jun |        | Total |        |
|--|------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-------|--------|
|  |            | Male      | Female | Male      | Female | Male      | Female | Male      | Female | Male  | Female |
| Care started on anti -TB treatment during the quarter                                      | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. Active on Pre-ART Care assessed for Malnutrition at their visit in quarter             | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART who are Malnourished at their last visit in the quarter              | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on pre-ART Care eligible and ready but not started on ART by end of the quarter | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| <b>ART</b>   |            |           |        |           |        |           |        |           |        |       |        |
| No. of clients ever enrolled on ART at this facility at the end of the previous quarter    | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of new clients started on ART at this facility during the quarter                      | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |

### Technical Module 3: Preventive and Curative activities

| Category  |            | Jul – Sep |        | Oct – Dec |        | Jan – Mar |        | Apr – Jun |        | Total |        |
|---|------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-------|--------|
|   |            | Male      | Female | Male      | Female | Male      | Female | Male      | Female | Male  | Female |
| No. of new clients started on ART at this facility during the quarter based on CD4 count          | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of pregnant women started on ART at this facility during the quarter (Subset of row 16 above) | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. of individuals ever started on ART (row 15 + row 16)  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART on 1st line ARV regimen   | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART on 2nd line ARV regimen   | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART on 3rd line or higher ARV regimen   | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|   | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART who received CPT/Dapsone at the last visit in the quarter                       | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|   | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|   | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |

### Technical Module 3: Preventive and Curative activities

| Category   |            | Jul – Sep |        | Oct – Dec |        | Jan – Mar |        | Apr – Jun |        | Total |        |
|--|------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-------|--------|
|  |            | Male      | Female | Male      | Female | Male      | Female | Male      | Female | Male  | Female |
| No. active on ART assessed for TB at last visit in the quarter             | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
|  | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART diagnosed with TB during the quarter                     | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART started on TB treatment during the quarter(New TB cases) | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| Total No. active on ART and on TB treatment during the quarter             | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |
| No. active on ART with Good adherence(≥95%) during the quarter             | ≤ 2yrs     |           |        |           |        |           |        |           |        |       |        |
|  | 2- <5yrs   |           |        |           |        |           |        |           |        |       |        |
|  | 5 – 14 yrs |           |        |           |        |           |        |           |        |       |        |
|  | ≥15 yrs.   |           |        |           |        |           |        |           |        |       |        |

# THE HEALTH MANAGEMENT INFORMATION SYSTEM

## HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL

### TECHNICAL MODULE 4: MANAGEMENT OF RESOURCES

#### **PART 1: BUILDINGS AND EQUIPMENT**

→PHYSICAL INVENTORY

→EQUIPMENT INVENTORY

- REGIONAL REFERAL HOSITAL EQUIPMENT INVENTORY
- GENERAL HOSPITAL EQUIPMENT INVENTORY
- HEALTH CENTRE IV EQUIPMENT INVENTORY
- HEALTH CENTRE III & II EQUIPMENT INVENTORY

→EQUIPMENT BREAKDOWN FORM

#### **PART 2: HUMAN RESOURCES FOR HEALTH**

→STAFF LISTING

→APPROVED STAFF RECOMMENDED PER LEVEL

→NURSING AND MIDWIFERY SPECIALIZED SERVICE PROVIDERS

→ DUTY ROSTER

→DAILY ATTENDANCE REGISTER

→RECORD OF STAFF NOT RECEIVING SALARY/ ALLOWANCE

→IN-SERVICE TRAINING RECORD

#### **PART 3: FINANCE AND ACCOUNTS**

→CASH ANALYSIS BOOK

→FINANCIAL SUMMARY

**PART 4: MEDICAL AND OTHER SUPPLIES**

- STOCK CARD
- STOCK BOOK
- DAILY DISPENSING LOG
- REQUISITION AND ISSUE VOUCHER
- PHARMACY CLASS A MEDICINES REQUISITION AND ISSUE VOUCHER
- QUARTERLY RETURNS FORM FOR CLASS A MEDICINES
- WARD/SERVICE DELIVERY POINT CLASS A MEDICINES REGISTER
- VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY)
- BI-MONTHLY REPORT AND ORDER CALCULATION FORM
- THE BIMONTHLY REPORT AND ORDER CALCULATION FORM FOR HIV TESTS
- ORDER FORM FOR EMHS
- ORDER FORM FOR LABORATORY REAGENTS AND CONSUMABLES
- HEALTH FACILITY PROCUREMENT PLAN
- DISCREPANCY REPORT
- HEALTH UNIT EXPIRED/SPOILED MEDICINES REGISTER

## PART 1: BUILDINGS AND EQUIPMENT

### HMIS FORM 101: HEALTH UNIT PHYSICAL INVENTORY

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** List condition of amenities and physical structure. Monitor work that can be done with local resources.
- Timing:** Due 7<sup>th</sup> August; Annually
- Copies:** **Five.** Original and working copy stays at health unit, one copy is sent to the Ministry of Health, one copy is sent to DHO, one to the HSD and one copy sent to the LC III Health Committee (Sub-county)
- Responsibility:** In-Charge

#### PROCEDURE:

All health units are to complete this inventory.

The In-Charge (with or without the HUMC) completes the inventory writing the condition of amenities and physical structures. For the tables in **Items 1, 2.1, 2.2, 3**, use the “condition key” given below the respective table to fill in the table. For the first table in **Item 4**, codes to use in filling in this table are found in the table below it labeled “Condition key for buildings”. Shaded boxes should not be filled in. The Incharge and the Chairman of the HUMC (or another authorized wLLINess for the Health Unit) sign the forms.

The HUMC reviews the completed inventory and identifies work they will do with local resources including securing land titles.

All physical structures must conform to the approved Health Infrastructure plans per level (HC II, HC III etc).



# HMIS FORM 101: HEALTH UNIT PHYSICAL INVENTORY

Date of Inventory \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_ In-Charge Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_  
 WLLINess Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

**1. GENERAL INFORMATION**

**Health Facility Inventory**

| Name of Unit/Health Unit Code                |    |     |    |                  |                            |                            |
|--|----|-----|----|------------------|----------------------------|----------------------------|
| Level (Circle appropriate)                   | II | III | IV | GENERAL HOSPITAL | REGIONAL REFFERAL HOSPITAL | NATIONAL REFERRAL HOSPITAL |
| Ownership                                    |    |     |    |                  |                            |                            |
| District                                     |    |     |    |                  |                            |                            |
| HSD  |    |     |    |                  |                            |                            |
| Sub-County                                   |    |     |    |                  |                            |                            |
| Parish                                       |    |     |    |                  |                            |                            |
| Availability of a health facility land title |    |     |    |                  |                            |                            |

**Ownership Key:** A = GoU, B = PNFP, C = Private (Health Provider)

**Availability of land title:** PUT YES/NO

**2. WATER AND SANITATION FOR THE HEALTH UNIT**

**2.1 Water Supply that the Health Unit depends on:**

| Water Source                 | Availability | Distance from unit (km) | Condition |
|------------------------------|--------------|-------------------------|-----------|
| 1. Unprotected spring        |              |                         |           |
| 2. Protected Spring          |              |                         |           |
| 3. Borehole                  |              |                         |           |
| 4. Piped                     |              |                         |           |
| 5. Rainwater harvesting tank |              |                         |           |

**Availability Key:** 1 = Available, 0 = Not Available

**2.2 Sanitation facilities**

| Facility   | Availability | Number | Condition |
|--|--------------|--------|-----------|
| 1. Pit Latrine Stances for Staff   |              |        |           |
| 2. Pit Latrine Stances for Patients  |              |        |           |
| 3. Medical waste pit   |              |        |           |
| 4. Placenta pit  |              |        |           |
| 5. Rubbish pit   |              |        |           |
| 6. Incinerator   |              |        |           |
| 7. Water borne toilets   |              |        |           |
| 8. Hand washing facilities next to the toilets/ latrines for the Health Unit |              |        |           |

**Condition Key:** A; Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

3. ENERGY

|  | Grid<br>(UEDCL/<br>UMEME)  | Generator    |      |                 |           | Gas<br>Availability | Solar/ PV system |                              |           | Kerosene | Torch | Charcoal | Firewood |
|--|----------------------------|--------------|------|-----------------|-----------|---------------------|------------------|------------------------------|-----------|----------|-------|----------|----------|
|  |                            | Availability | Fuel | Rating<br>(KVA) | Condition |                     | No. of<br>panels | Size in watts<br>for @ panel | Condition |          |       |          |          |
| Lighting   | OPD                        |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Maternity                  |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Male Ward                  |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Female Ward                |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Children's Ward            |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Theatre                    |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Laboratory                 |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Doctors House              |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Clinical Officers<br>House |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Nurses houses              |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
| Other Houses   |                            |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
| Energy for Utilities (Tick against the energy available) | Vaccine fridge             |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Blood Bank                 |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | General Purpose<br>Fridge  |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Sterilization              |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Cooking                    |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Water Provision            |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Water Heating              |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Computer (s)               |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Ultra sound                |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | X-ray                      |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | laboratory                 |              |      |                 |           |                     |                  |                              |           |          |       |          |          |
|  | Mobile phones              |              |      |                 |           |                     |                  |                              |           |          |       |          |          |

Availability Key: 1 = Available, 0 = Not available. Generator fuel: P = Petrol, D = Diesel, F – Functional, N – Not functional  
 Condition Key: A; Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

4. BUILDINGS

| Type of Building                        | Available (Tick) |    | Floor Area L x W (in M <sup>2</sup> ) | Year of construction | Year of last rehabilitation | Roof |          |       |       | Walls |        |       |       | Floor |        |         |       |
|---|------------------|----|---------------------------------------|----------------------|-----------------------------|------|----------|-------|-------|-------|--------|-------|-------|-------|--------|---------|-------|
|   |                  |    |                                       |                      |                             | Type | Leakages | Frame | Score | Type  | Cracks | Plumb | Score | Type  | Cracks | Surface | Score |
| 1. OPD                                  | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 2. Maternity                            |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 3. General wards (indicate number)      |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 4. Operating theatre                    | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| Laboratory                              | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| X-ray unit                              | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| Dental unit                             | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| Blood bank                              | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 9. Mortuary                             | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 10. Staff houses with: (specify number) |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   |                  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 11. Others (specify)                    | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|   | Yes              | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |

**Condition key for buildings:**

| Roof                              |  | Walls      |   | Floor    |  |
|-----------------------------------|--|------------|---|----------|--|
| Type                              | <b>A:</b> Galvanized Iron sheets or roofing tiles<br><b>B:</b> Grass thatched<br><b>C:</b> No roof   | Type       | <b>A:</b> Stone, concrete blocks or burnt clay bricks jointed with cement and sand ( mortar)<br><b>B:</b> soil/clay brick with mud joints or wooden walls<br><b>C:</b> Mud and wattle | Type     | <b>A:</b> Terrazzo or cement (screed) or tiles finish<br><b>B:</b> Concrete slab not finished<br><b>C:</b> others                      |
| Leakages                          | <b>A:</b> No leakages<br><b>B:</b> Leaks at few points but roof covering sound<br><b>C:</b> leaks at many point and roof covering un sound<br><b>D:</b> No roof  | Cracking   | <b>A:</b> No significant crack<br><b>B:</b> Minor cracks not going through the wall<br><b>C:</b> Major cracks and wide going through the wall   | Cracking | <b>A:</b> No significant crack<br><b>B:</b> Minor cracks visibly not deep (<50mm deep)<br><b>C:</b> Major and wide cracks visibly deep |
| Frame<br>(Timber or Steel frames) | <b>A:</b> No defect<br><b>B:</b> Weak structure needs replacement of some members (attacked by beetles, termites, warped or rotten timber)<br><b>C:</b> Very weak with most of the roof members having defects stated above in B | Plumb ness | <b>A:</b> Visibly plumb (upright)<br><b>B:</b> Visibly not plumb (leaning or bent)  |          |  |

## HMIS FORM 102: EQUIPMENT INVENTORY

### DESCRIPTION AND INSTRUCTION

**Objective:** List condition of equipment. Monitor work that can be done with local resources.

**Timing:** Due 7<sup>th</sup> August

**Copies:** **Five.** Original and working copy stays at health unit, one copy is sent to the Ministry of Health, one copy is sent to DHO, one to the HSD and one copy sent to the LC III Health Committee (Sub-county)

**Responsibility:** Health Facility In-Charge

### PROCEDURE:

All health units must complete this inventory.

“Equipment” are ALL items in a health unit that are used over and over again.

**Medical equipment** refers to apparatus that is used specifically for medical procedures, e.g. Autoclaves, Sterilizers, Delivery beds, blood pressure machines, weighing scales.

**Medical and General furniture** refers to furnishings used in the health unit like screens, desks, beds, medicine cupboards, etc.

**Medical instruments** refer to tools that are used to carry out medical procedures e.g. Evacuators set, forceps, vacuum extractor, etc. The lists will be made per “Building (which refers to a ward or department, e.g. maternity ward, male ward, laboratory, store, kitchen, etc)

**Items 1 and 2** are for listing transport and communication equipment respectively. The **type**, if not yet listed, e.g. motor boats), the **Number plate, Date of purchase, Make** (e.g. TATA Lorry, Toyota Land Cruiser, Peugeot, Toyota Corolla etc) are entered. The condition (**Good, Needs repair, Needs replacement**) should be the current condition of the vehicle and is entered using the “Condition Key” found just below the respective table. **Needs repair** means frequent breakdowns but useable now, and **Needs replacement** means not useable now. A similar procedure is used for filling **Item 2**.

For all the tables in **Items 1, 2, 3, 4, 5, 6**; list the various pieces of equipment or instruments present at the health unit, then use the “condition key” given below the respective table to fill in the condition that applies to each.

Delivery, maternity and inpatient beds should be listed separately.

The HUMC reviews the completed inventory for identification of work they will do with local resources.

Throughout the year, update the working copy, add new equipment and correct the form when equipment is repaired or replaced.

When equipment has a Serial Number on it, mention it in the “**Serial Number**” column.

The in-charge and the HUMC must ensure that essential and basic equipment recommended per level are available and in good working condition.

# HMIS FORM 102a: REGIONAL REFERRAL HOSPITAL EQUIPMENT INVENTORY

Date of Inventory \_\_\_\_\_ Page \_\_\_\_\_ of total pages \_\_\_\_\_

Health Unit Name \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_ Sub-county \_\_\_\_\_ HSD \_\_\_\_\_

In-Charge Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

WLLINess Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## 1. TRANSPORT EQUIPMENT

| Type                            | Number Plate | Date of purchase | Mileage | Make | Year of manufacture | Condition |
|---------------------------------|--------------|------------------|---------|------|---------------------|-----------|
| 1. Ambulances                   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 2. Vehicle for Administration   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 3. Vehicle for service delivery |              |                  |         |      |                     |           |
| 4. Staff van                    |              |                  |         |      |                     |           |
| 5. Motor cycles                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |

## 2. COMMUNICATION EQUIPMENT

| Type              | Date of purchase/ connection | Make/Model | Condition |
|-------------------|------------------------------|------------|-----------|
| Telephone set     | Landline                     |            |           |
|                   | Mobile                       |            |           |
| Radio-call set    |                              |            |           |
| Fax machine       |                              |            |           |
| Internet services |                              |            |           |
|                   |                              |            |           |
| Intercom          |                              |            |           |

## Technical Module 4: Management of Resources

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| 6. Bicycles            |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 7. Motor Boat          |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 8. Others<br>(specify) |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |

**CONDITION KEY:** F – Functional, N – Not functional

**CONDITION KEY:** A = Good condition, B = Needs repair,  
C = Needs replacement

## Technical Module 4: Management of Resources

### 3.1 MEDICAL EQUIPMENT & FURNITURE

| Equipment                    |                         |                  |
|------------------------------|-------------------------|------------------|
| Name                         | Quantity(As per Policy) | Quantity at Unit |
| <b>OPD GENERAL</b>           |                         |                  |
| Alcometer                    | 2                       |                  |
| B.P.Machine                  | 36                      |                  |
| Bowl Stand                   | 12                      |                  |
| Bowl, Kick                   | 12                      |                  |
| Cupboard, Instrument         | 12                      |                  |
| Cupboard, Steel, Lockabe     | 12                      |                  |
| Drip Stand                   | 12                      |                  |
| Echocardiogram machine       | 1                       |                  |
| Examination Couch            | 36                      |                  |
| Examination Light            | 36                      |                  |
| Eye Chart                    | 12                      |                  |
| Head Mirror                  | 12                      |                  |
| Height Meter                 | 12                      |                  |
| Instrument Trolley           | 12                      |                  |
| Mayo Table                   | 12                      |                  |
| Nebulizer                    | 12                      |                  |
| Ophthalmoscope               | 12                      |                  |
| Otoscope                     | 12                      |                  |
| Oxygen Therapy Apparatus     | 12                      |                  |
| Patient Screen               | 36                      |                  |
| Phychological Test Machine   | 1                       |                  |
| Stethoscope                  | 36                      |                  |
| Stool, Surgeon foot operated | 12                      |                  |
| Stop watch                   | 12                      |                  |
| Stress test Machine          | 1                       |                  |
| Suction Apparatus, Electric  | 12                      |                  |

|   |    |  |
|---|----|--|
| Torch, Examination                            | 36 |  |
| Weighing Scale, Adult                         | 12 |  |
| Weighing Scale, Infant                        | 12 |  |
| Weighing Scale, Toddler                       | 12 |  |
| X ray Film Viewer                             | 12 |  |
| <b>Other Ordinary Equipment and Furniture</b> |    |  |
| Basket Waste Paper                            | 36 |  |
| Bench   | 36 |  |
| Chair   | 48 |  |
| Desk  | 12 |  |
| Filing Cabinet                                | 12 |  |
| Kettle, Boiling                               | 12 |  |
| Medical Waste Bin                             | 36 |  |
| Shelves                                       | 12 |  |
| Wall Clock                                    | 36 |  |
| <b>Instrument Sets</b>                        |    |  |
| Diabetic set                                  | 12 |  |
| Diagnostic Equipment Set for OPD              | 12 |  |
| Endoscopy set                                 | 2  |  |
| Hollow Ware Set, Treatment                    | 12 |  |
| Instrument Set, Dressing                      | 12 |  |
| <b>Subtotal RRH OPD</b>                       |    |  |



## Technical Module 4: Management of Resources

| <b>OPD CASUALTY</b>                |   |  |
|------------------------------------|---|--|
| Alcometers                         | 2 |  |
| Anaesthesia Unit and ventilator    | 2 |  |
| Autoclave, Electric, 20L           | 1 |  |
| Autoclave, Electric, 40L           | 2 |  |
| B.P.Machine                        | 2 |  |
| Bowl Stand                         | 2 |  |
| Bowl, Kick                         | 2 |  |
| Cold Box Insulated Vaccine Storage | 2 |  |
| Cupboard, Instrument               | 2 |  |
| Cupboard, Steel, Lockabe           | 2 |  |
| Deep Freezer, Vaccine              | 2 |  |
| Drip Stand                         | 6 |  |
| ECG                                | 2 |  |
| Examination Couch                  | 6 |  |
| Operating Light, Mobile            | 2 |  |
| Operating Table, Hydraulic         | 2 |  |
| Oxygen Concentrator                | 2 |  |
| Oxygen Therapy Apparatus           | 2 |  |
| Patient Screen                     | 4 |  |
| Patient Trolley                    | 8 |  |
| Refrigerator                       | 2 |  |
| Refrigerator, Vaccine              | 2 |  |
| Resuscitator, Manual, Adult        | 2 |  |
| Resuscitator, Manual, Infant       | 2 |  |
| Stethoscope                        | 4 |  |
| Stool, Surgeon foot operated       | 2 |  |
| Suction Apparatus, Electric        | 2 |  |

|   |   |  |
|---|---|--|
| Suction Apparatus, footl                      | 2 |  |
| Torch, Examination                            | 4 |  |
| Wheel Chair                                   | 8 |  |
| X ray Film Viewer                             | 2 |  |
| <b>Other Ordinary Equipment and Furniture</b> |   |  |
| Basket Waste Paper                            | 2 |  |
| Chair   | 2 |  |
| Desk  | 2 |  |
| Filing Cabinet                                | 1 |  |
| Medical Waste Bin                             | 4 |  |
| Wall Clock                                    | 3 |  |
| Water Heater                                  | 7 |  |
| <b>Instrument Sets</b>                        |   |  |
| Diagnostic Equipment Set for OPD              | 1 |  |
| Hollow Ware Set, Treatment                    | 2 |  |
| Instrument Set, Intubation                    | 2 |  |
| Instrument Set, Dressing                      | 4 |  |
| Instrument Set, General Surgery               | 4 |  |
| Instrument Set, Suture                        | 4 |  |
| <b>Subtotal RRH OPD Casualty</b>              |   |  |

## Technical Module 4: Management of Resources

| LABORATORY                          |   |  |
|-------------------------------------|---|--|
| Autoclave, Electric, 20L            | 1 |  |
| Automatic Biochemistry Analyzer     | 1 |  |
| Automatic Haematology Analyzer      | 1 |  |
| Automatic Stainer                   | 1 |  |
| Balance, Laboratory                 | 2 |  |
| Balance, Laboratory, Precision      | 2 |  |
| CD4/CD8 Counter                     | 1 |  |
| Centrifuge, Electric                | 3 |  |
| Centrifuge, HCT                     | 1 |  |
| Centrifuge, Manual                  | 2 |  |
| Colorimeter                         | 2 |  |
| Counting Chamber, Fuchs-Rosenthal   | 3 |  |
| Counting Chamber, Neubauer-Improved | 4 |  |
| Cupboard, Steel, Lockabe            | 2 |  |
| Differential Counter, Manual        | 4 |  |
| Electrophoresis Analyzer            | 1 |  |
| ESR Stand                           | 4 |  |
| Examination Couch                   | 1 |  |
| Haemoglobin meter, sahli            | 2 |  |
| Hot Air Oven                        | 1 |  |
| Hot Plate                           | 1 |  |
| Incubator, Culture                  | 2 |  |
| Instrument Trolley                  | 1 |  |
| Microscope Binocular                | 6 |  |
| Microscope Binocular, Fluorescent   | 1 |  |
| Microtome                           | 1 |  |
| pH Meter                            | 1 |  |
| Refrigerator                        | 4 |  |
| Refrigerator, Blood Bank            | 1 |  |
| Safety Cabinet, P2                  | 1 |  |

|   |    |  |
|---|----|--|
| Spectrophotometer                             | 1  |  |
| Tissue Processor                              | 1  |  |
| VDRL Shaker                                   | 2  |  |
| Vortex Mixer                                  | 1  |  |
| Water Bath                                    | 3  |  |
| Water Distilling Apparatus                    | 1  |  |
| Refrigeretor                                  | 1  |  |
| Cystospin                                     | 1  |  |
| Fume Cupboard                                 | 1  |  |
| Balance (for Weighin Organs)                  | 1  |  |
| Slide Filing Cabinet                          | 1  |  |
| Air Sampler                                   | 1  |  |
| Gas Cylinder                                  | 1  |  |
| Anaerobic Jars                                | 1  |  |
| Biological Safety Cabinet Class II            | 1  |  |
| Vaccum Oven                                   | 1  |  |
| <b>Other Ordinary Equipment and Furniture</b> |    |  |
| Bench   | 3  |  |
| Burner, Bunsen, Gas Powered                   | 3  |  |
| Chair   | 10 |  |
| Desk  | 2  |  |
| Filing Cabinet                                | 2  |  |
| Shelves                                       | 5  |  |
| Timer   | 5  |  |
| Wall Clock                                    | 1  |  |
| <b>Instrument Sets</b>                        |    |  |
| Glassware/Instrument Set, Laboratory, Basic   | 2  |  |
| Glassware/Instrument Set, Laboratory-RH       | 5  |  |
| <b>Medical Equipment and Furniture</b>        |    |  |
| Balance, Laboratory                           | 1  |  |

## Technical Module 4: Management of Resources

|                                   |   |  |
|-----------------------------------|---|--|
| Cupboard, Steel, Lockabe          | 1 |  |
| <b>Other Recommended Ordinary</b> |   |  |
| Chair                             | 1 |  |
| Desk                              | 2 |  |
| Shelves                           | 1 |  |

|   |   |  |
|---|---|--|
| Dental                                  |   |  |
| Instrument Set,<br>Dental Laboratory    | 1 |  |
| Instrument Set,<br>Dental Surgery       | 1 |  |
| Instrument Set,<br>Dental, Oral Surgery | 1 |  |

| <b>DENTAL</b>   |   |  |
|---|---|--|
| Amalgamator   |   |  |
| Autoclave, Electric,<br>20L                           |   |  |
| B.P.Machine   |   |  |
| Cupboard,<br>Instrument                               |   |  |
| Dental Curing Light<br>Machine                        |   |  |
| Dental Unit,<br>complete ( ordinary)                  |   |  |
| Dental X ray  |   |  |
| Instrument Trolley                                    |   |  |
| Stool, Surgeon foot<br>operated                       |   |  |
| Ultrasonic Dental<br>Scaler                           |   |  |
| X ray Film Viewer                                     | 1 |  |
| <b>Other Ordinary<br/>Equipment and<br/>Furniture</b> |   |  |
| Chair   | 2 |  |
| Desk  | 2 |  |
| Medical Waste Bin                                     | 2 |  |
| <b>Instrument Sets</b>                                |   |  |
| Hollow Ware Set,<br>Treatment                         | 1 |  |
| Instrument Set,                                       | 2 |  |

## Technical Module 4: Management of Resources

| IMAGING                           |   |  |
|-----------------------------------|---|--|
| CT Scanner                        | 1 |  |
| Cupboard, Instrument              | 1 |  |
| Cupboard, Steel, Lockabe          | 4 |  |
| Examination Couch                 | 2 |  |
| Examination Couch, Gynaecology    | 1 |  |
| Examination Light                 | 2 |  |
| Instrument Trolley                | 2 |  |
| Mammography                       | 1 |  |
| Patient Screen                    | 4 |  |
| Stool, Surgeon foot operated      | 4 |  |
| Ultrasound Scanner (B/W)          | 1 |  |
| Ultrasound Scanner Colour Doppler | 1 |  |
| X ray Film Processor, Automatic   | 1 |  |
| X ray Film Viewer                 | 2 |  |
| X ray Unit, BRS                   | 1 |  |
| X ray Unit, C-Arm                 | 1 |  |
| X ray Unit, Fluoroscopy           | 1 |  |

|   |   |  |
|---|---|--|
| X ray Unit, Mobile                            | 2 |  |
| X-Ray, CR System Unit                         | 1 |  |
| Mammography                                   | 1 |  |
| Internet Broad Band Connection                | 1 |  |
| Resuscitation Infant and Crash Cart           | 1 |  |
| Resuscitation Adult and Crach Cart            | 1 |  |
| Lithotomy Bed                                 | 1 |  |
| Workstation Computer                          | 1 |  |
| Closed Circuit TV                             | 1 |  |
| Intercom                                      | 1 |  |
| Public Address System                         | 1 |  |
| Ladder  | 1 |  |
| <b>Other Ordinary Equipment and Furniture</b> |   |  |
| Bench   | 1 |  |
| Filing Cabinet                                | 3 |  |

**Condition Key:** A = Working and in use, B = In use but needs repair, C = Out of order but repairable, D = Obsolete, E = Out of order needs replacement, F = not installed

# HEALTH UNIT EQUIPMENT INVENTORY

[Please fill in for each of the items in your facility for Medical equipment & furniture, Other Ordinary Equipment and Furniture and instrument sets]

| Equipment name      | Model Name (Philips, Honda, etc) | Serial Number | Manufacturer | Date of Purchase | Date of installation | Condition | Location |
|---------------------|----------------------------------|---------------|--------------|------------------|----------------------|-----------|----------|
| <b>OPD GENERAL</b>  |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
| <b>OPD CASUALTY</b> |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
| <b>LABORATORY</b>   |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |
|                     |                                  |               |              |                  |                      |           |          |

| Equipment name | Model Name (Philips, Honda, etc) | Serial No. | Manufacturer | Date of Purchase | Date of installation | Condition | Location |
|----------------|----------------------------------|------------|--------------|------------------|----------------------|-----------|----------|
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
| <b>DENTAL</b>  |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
| <b>IMAGING</b> |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |
|                |                                  |            |              |                  |                      |           |          |

# HMIS FORM 102b: GENERAL HOSPITAL EQUIPMENT INVENTORY

Date of Inventory \_\_\_\_\_ Page \_\_\_\_\_ of total pages \_\_\_\_\_

Health Unit Name \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_ Sub-county \_\_\_\_\_ HSD \_\_\_\_\_

In-Charge Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

WLLINess Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## 1. TRANSPORT EQUIPMENT

| Type                            | Number Plate | Date of purchase | Mileage | Make | Year of manufacture | Condition |
|---------------------------------|--------------|------------------|---------|------|---------------------|-----------|
| 1. Ambulances                   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 2. Vehicle for Administration   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 3. Vehicle for service delivery |              |                  |         |      |                     |           |
| 4. Staff van                    |              |                  |         |      |                     |           |
| 5. Motor cycles                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |

## 2. COMMUNICATION EQUIPMENT

| Type              |          | Date of purchase/ connection | Make/Model | Condition |
|-------------------|----------|------------------------------|------------|-----------|
| Telephone set     | Landline |                              |            |           |
|                   | Mobile   |                              |            |           |
| Radio-call set    |          |                              |            |           |
| Fax machine       |          |                              |            |           |
| Internet services |          |                              |            |           |
| Intercom          |          |                              |            |           |

**Technical Module 4: Management of Resources**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| 6. Bicycles            |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 7. Motor Boat          |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 8. Others<br>(specify) |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |

**CONDITION KEY:** F – Functional, N – Not functional

**CONDITION KEY:** A = Good condition, B = Needs repair,  
C = Needs replacement

## Technical Module 4: Management of Resources

### Medical Equipment and Furniture

| OPD- GENERAL                  |                          |                  |
|-------------------------------|--------------------------|------------------|
| Name                          | Quantity( As per Policy) | Quantity at Unit |
| B.P machine                   | 18                       |                  |
| Bowl Stand                    | 6                        |                  |
| bowl kick                     | 6                        |                  |
| Cupboard, instrument          | 6                        |                  |
| Cupboard, steel, Lockable     | 6                        |                  |
| Drip Stand                    | 12                       |                  |
| Examination Couch             | 18                       |                  |
| Examination Light             | 16                       |                  |
| Eye Chart                     | 6                        |                  |
| Height Meter                  | 6                        |                  |
| Instrument Trolley            | 6                        |                  |
| Nebulizer                     | 6                        |                  |
| Ophthalmoscope                | 6                        |                  |
| Otoscope                      | 6                        |                  |
| Oxygen Therapy Apparatus      | 12                       |                  |
| Patient Screen                | 18                       |                  |
| Stethoscope                   | 6                        |                  |
| Stool, Surgeon, foot operated | 5                        |                  |
| Stop watch                    | 6                        |                  |
| Suction Apparatus, Electric   | 6                        |                  |
| Suction Apparatus, foot       | 18                       |                  |
| Torch, Examination            | 6                        |                  |

|  |    |  |
|--|----|--|
| Weighing Scale, Adult                  | 6  |  |
| Weighing Scale, Infant                 | 6  |  |
| Weighing Scale, Toddler                | 6  |  |
| X ray Film Viewer                      | 6  |  |
| Other Ordinary Equipment and Furniture |    |  |
| Basket Waste Paper                     | 18 |  |
| Bench                                  | 30 |  |
| Chair                                  | 30 |  |
| Desk                                   | 6  |  |
| Filing Cabinet                         | 6  |  |
| Kettle, Boiling                        | 6  |  |
| Lamp, Paraffin                         | 6  |  |
| Lamp, Solar/Rechargeable               | 12 |  |
| Medical Waste Bin                      | 18 |  |
| Shelves                                | 6  |  |
| Wall Clock                             | 18 |  |
| Instrument Sets                        |    |  |
| Diagnostic Equipment Set for MCH       | 6  |  |
| Diagnostic Equipment Set for OPD       | 6  |  |
| Hollow Ware Set, Treatment             | 6  |  |
| Instrument Set, Dressing               | 12 |  |



## Technical Module 4: Management of Resources

| OPD- CASUALTY                      |                          |                  |
|------------------------------------|--------------------------|------------------|
| Name                               | Quantity( As per Policy) | Quantity at Unit |
| Anaesthesia Unit and Ventilator    | 1                        |                  |
| Autoclave, Electric, 20L           | 2                        |                  |
| B.P.Machine                        | 2                        |                  |
| Bowl Stand                         | 1                        |                  |
| Bowl, Kick                         | 1                        |                  |
| Cold Box Insulated Vaccine Storage | 3                        |                  |
| Cupboard, Instrument               | 1                        |                  |
| Cupboard, Steel, Lockabe           | 1                        |                  |
| Deep Freezer, Vaccine              | 1                        |                  |
| Drip Stand                         | 2                        |                  |
| ECG                                | 1                        |                  |
| Examination Couch                  | 6                        |                  |
| Operating Table, Hydraulic         | 1                        |                  |
| Oxygen Therapy Apparatus           | 1                        |                  |
| Patient Monitor                    | 1                        |                  |
| Patient Screen                     | 4                        |                  |
| Patient Trolley                    | 4                        |                  |
| Refrigerator                       | 1                        |                  |
| Refrigerator, Vaccine              | 1                        |                  |
| Resuscitator, Manual, Adult        | 1                        |                  |
| Resuscitator, Manual, Infant       | 1                        |                  |
| Saw, Plaster of Paris, Electric    | 3                        |                  |
| Resuscitator, Manual, Infant       | 1                        |                  |
| Saw, Plaster of Paris, Electric    | 3                        |                  |
| Stethoscope                        | 2                        |                  |
| Stool, Surgeon, foot operated      | 2                        |                  |
| Stretcher                          | 6                        |                  |

|  |   |  |
|--|---|--|
| Suction Apparatus, Electric            | 2 |  |
| Suction Apparatus, foot                | 2 |  |
| Torch, Examination                     | 2 |  |
| Vaccine Carrier                        | 2 |  |
| Wheel Chair                            | 3 |  |
| X ray Film Viewer                      | 2 |  |
| Other ordinary Equipment and Furniture |   |  |
| Basket Waste Paper                     | 2 |  |
| Chair                                  | 2 |  |
| Desk                                   | 2 |  |
| Filing Cabinet                         | 1 |  |
| Medical Waste Bin                      | 4 |  |
| Wall Clock                             | 2 |  |
| Water Heater                           | 4 |  |
| Instrument Sets                        |   |  |
| Diagnostic Equipment Set for OPD       | 1 |  |
| Hollow Ware Set, Treatment             | 1 |  |
| Instrument Set, Intubation             | 1 |  |
| Instrument Set, Dressing               | 2 |  |
| Instrument Set, General Surgery        | 2 |  |
| Instrument Set, Suture                 | 2 |  |
| Stethoscope                            | 2 |  |
| Stool, Surgeon, foot operated          | 2 |  |
| Stretcher                              | 6 |  |
| Suction Apparatus, Electric            | 2 |  |
| Suction Apparatus, foot                | 2 |  |
| Torch, Examination                     | 2 |  |
| Vaccine Carrier                        | 2 |  |
| Wheel Chair                            | 3 |  |
| X ray Film Viewer                      | 2 |  |

## Technical Module 4: Management of Resources

| LABORATORY                          |                          |                  |
|-------------------------------------|--------------------------|------------------|
| Name                                | Quantity( As per Policy) | Quantity at Unit |
| LABORATORY                          |                          |                  |
| Anaerobic jars                      | 1                        |                  |
| Automated chemistry analyzer        | 1                        |                  |
| Automated haematology analyzer      | 1                        |                  |
| Balance, Laboratory                 | 1                        |                  |
| Balance, Laboratory, Precision      | 1                        |                  |
| Biological Safety cabin             | 1                        |                  |
| Centrifuge, Electric                | 2                        |                  |
| Centrifuge, HCT                     | 1                        |                  |
| Centrifuge, Manual                  | 2                        |                  |
| Colorimeter                         | 2                        |                  |
| Counting Chamber, Fuchs-Rosenthal   | 2                        |                  |
| Counting Chamber, Neubauer-Improved | 3                        |                  |
| Differential Counter, Manual        | 2                        |                  |
| ESR Stand                           | 3                        |                  |
| Examination Couch                   | 1                        |                  |
| Gas cylinders                       | 2                        |                  |
| Haemoglobin meter,                  | 2                        |                  |

|   |   |  |
|---|---|--|
| sahli                                       |   |  |
| Hot Air Oven                                | 1 |  |
| Hot Plate                                   | 1 |  |
| Incubator, Culture                          | 1 |  |
| Microscope Binocular                        | 5 |  |
| Refrigerator                                | 2 |  |
| Refrigerator, Blood Bank                    | 1 |  |
| Safety Cabinet, P2                          | 1 |  |
| Vortex Mixer                                | 1 |  |
| Water Bath                                  | 3 |  |
| Water Distilling Apparatus                  | 1 |  |
| Other Ordinary Equipment                    |   |  |
| Burner, Bunsen, Gas Powered                 | 2 |  |
| Chair                                       | 2 |  |
| Filing Cabinet                              | 1 |  |
| Timer                                       | 5 |  |
| Wall Clock                                  | 1 |  |
| Instrument Sets                             |   |  |
| Glassware/Instrument Set, Laboratory, Basic | 2 |  |
| Glassware/Instrument Set, Laboratory-GH     | 1 |  |

## Technical Module 4: Management of Resources

| DENTAL                                 |                          |                  |
|--|--------------------------|------------------|
| Name                                   | Quantity( As per Policy) | Quantity at Unit |
| Amalgamator                            | 1                        |                  |
| Autoclave, Electric, 20L               | 1                        |                  |
| B.P.Machine                            | 2                        |                  |
| Cupboard, Instrument                   | 1                        |                  |
| Dental Curing light Machine            | 1                        |                  |
| Dental Unit complete (ordinary)        | 1                        |                  |
| Dental X ray                           | 1                        |                  |
| Instrument Trolley                     | 1                        |                  |
| Stool, surgeon, foot operated          | 2                        |                  |
| Ultrasonic Dental Scaler               | 1                        |                  |
| X ray Film Viewer                      | 1                        |                  |
| Other Ordinary Equipment and Furniture |                          |                  |
| Chair                                  | 2                        |                  |
| Desk                                   | 2                        |                  |
| Medical Waste Bin                      | 2                        |                  |
| Instrument Sets                        |                          |                  |
| Hollow Ware Set, Treatment             | 1                        |                  |
| Dental hand instrument set             | 2                        |                  |
| Dental extraction forceps set          | 2                        |                  |
| Dental elevators                       | 2                        |                  |
| Rotary instrument and tools set        | 1                        |                  |
| Instrument Set, oral Surgery           | 1                        |                  |

## Technical Module 4: Management of Resources

| IMAGING                         |                          |                  |
|---------------------------------|--------------------------|------------------|
| Name                            | Quantity( As per Policy) | Quantity at Unit |
| Cupboard, Instrument            | 1                        |                  |
| Cupboard, Steel, Lockable       | 1                        |                  |
| Examination Couch               | 2                        |                  |
| Examination Light               | 2                        |                  |
| Instrument Trolley              | 2                        |                  |
| Patient Screen                  | 2                        |                  |
| Stool, Surgeon, foot operated   | 2                        |                  |
| Ultrasound Scanner (B/W)        | 1                        |                  |
| X ray film Processor, Automatic | 1                        |                  |
| X ray film Viewer               | 2                        |                  |
| X ray Unit, BRS                 | 1                        |                  |
| X ray Unit, Mobile              | 1                        |                  |
| X ray, CR system Unit           | 1                        |                  |
| Ultrasound Colour doppler       | 1                        |                  |
| Internet broad band connection  | 1                        |                  |

| PHARMACY                               |                          |                  |
|--|--------------------------|------------------|
| Name                                   | Quantity( As per Policy) | Quantity at Unit |
| Balance, Laboratory                    | 1                        |                  |
| Refrigerator                           | 1                        |                  |
| Other Ordinary Equipment and Furniture |                          |                  |
| Chair                                  | 3                        |                  |
| Desk                                   | 2                        |                  |
| Filing Cabinet                         | 1                        |                  |
| Shelves                                | 10                       |                  |
| Instrument Sets                        |                          |                  |

| Resuscitation infant and crach cart    | 1 |  |
|--|---|--|
| Resuscitation adult and crach cart     | 1 |  |
| Lithotomy bed                          | 1 |  |
| Hysterosalpinngogram set               | 1 |  |
| Workstation computer                   | 1 |  |
| Closed Circuit TV                      | 1 |  |
| intercom                               | 1 |  |
| Public address system                  | 1 |  |
| Other Ordinary Equipment and Furniture |   |  |
| Bench                                  | 4 |  |
| Chair                                  | 6 |  |
| Desk                                   | 3 |  |
| Filing Cabinet                         | 2 |  |
| Instrument Sets                        |   |  |
| X ray Film Processor, Manual Set       | 1 |  |
| X ray Unit, Room Accessories Set       | 2 |  |

## Technical Module 4: Management of Resources

| WARDS                                  |                          |                  |
|--|--------------------------|------------------|
| Name                                   | Quantity( As per Policy) | Quantity at Unit |
| Autoclave, Electric, 20L               | 5                        |                  |
| B.P. Machine                           | 10                       |                  |
| Bed, Adult Patient                     | 130                      |                  |
| Bed pan                                | 30                       |                  |
| Diabetic Kit                           | 5                        |                  |
| Bed, Paediatric                        | 26                       |                  |
| Bedside Locker                         | 130                      |                  |
| Bowl Stand                             | 5                        |                  |
| Bowl, Kick                             | 5                        |                  |
| Cupboard, Steel, Lockabe               | 15                       |                  |
| Drip Stand                             | 75                       |                  |
| Examination Couch                      | 5                        |                  |
| Examination Light                      | 5                        |                  |
| Instrument Trolley                     | 10                       |                  |
| Instrument Trolley, Big                | 10                       |                  |
| Nebulizer                              | 5                        |                  |
| Otoscop                                | 15                       |                  |
| Patient Screen                         | 30                       |                  |
| Patient Trolley                        | 5                        |                  |
| Stethoscope                            | 20                       |                  |
| Weighing Scale, Adult                  | 5                        |                  |
| Weighing Scale, Infant                 | 5                        |                  |
| Weighing Scale, Toddler                | 5                        |                  |
| Wheel Chair                            | 10                       |                  |
| Other Ordinary Equipment and Furniture |                          |                  |
| Chair                                  | 20                       |                  |
| Kettle, Boiling                        | 5                        |                  |
| Lamp, Paraffin                         | 10                       |                  |
| Shelves                                | 35                       |                  |
| Wall Clock                             | 10                       |                  |
| Water Heater                           | 5                        |                  |
| Instrument Sets                        |                          |                  |
| Diagnostic Equipment Set for Ward      | 5                        |                  |

|                          |    |  |
|--------------------------|----|--|
| Hollow Ware Set, Ward    | 5  |  |
| Instrument Set, Dressing | 20 |  |

### Technical Module 4: Management of Resources

| Equipment Name       | Model Name<br>(Philips, Honda, etc) | Serial Number | Manufacturer | Date of Purchase | Date of Installations | Condition | Location | Equipment Name |
|----------------------|-------------------------------------|---------------|--------------|------------------|-----------------------|-----------|----------|----------------|
| <b>OPD- GENERAL</b>  |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>OPD- CASUALTY</b> |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>LABORATORY</b>    |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>DENTAL</b>        |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>IMAGING</b>       |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>PHARMACY</b>      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
| <b>WARDS</b>         |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |
|                      |                                     |               |              |                  |                       |           |          |                |

# HMIS FORM 102c: HC IV EQUIPMENT INVENTORY

Date of Inventory \_\_\_\_\_ Page \_\_\_\_\_ of total pages \_\_\_\_\_

Health Unit Name \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_ Sub-county \_\_\_\_\_ HSD \_\_\_\_\_

In-Charge Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

WLLIness Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## 1. TRANSPORT EQUIPMENT

| Type                            | Number Plate | Date of purchase | Mileage | Make | Year of manufacture | Condition |
|---------------------------------|--------------|------------------|---------|------|---------------------|-----------|
| 1. Ambulances                   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 2. Vehicle for Administration   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 3. Vehicle for service delivery |              |                  |         |      |                     |           |
| 4. Staff van                    |              |                  |         |      |                     |           |
| 5. Motor cycles                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |

## 2. COMMUNICATION EQUIPMENT

| Type              | Date of purchase/ connection | Make/Model | Condition |
|-------------------|------------------------------|------------|-----------|
| Telephone set     | Landline                     |            |           |
|                   | Mobile                       |            |           |
| Radio-call set    |                              |            |           |
| Fax machine       |                              |            |           |
| Internet services |                              |            |           |
|                   |                              |            |           |
| Intercom          |                              |            |           |

## Technical Module 4: Management of Resources

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| 6. Bicycles            |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 7. Motor Boat          |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 8. Others<br>(specify) |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |

**CONDITION KEY:** F – Functional, N – Not functional

**CONDITION KEY:** A = Good condition, B = Needs repair,  
C = Needs replacement



## Technical Module 4: Management of Resources

### Medical equipment and Furniture

| Name                                 | Quantity (as per policy) | Quantity (at unit) |
|--------------------------------------|--------------------------|--------------------|
| <b>OPD</b>                           |                          |                    |
| Amalgamator                          | 1                        |                    |
| Ambulance                            | 2                        |                    |
| Autoclave, external heated 20 litres | 6                        |                    |
| B.P.Machine                          | 2                        |                    |
| Balance, Laboratory                  | 1                        |                    |
| Beam Balance                         | 1                        |                    |
| Bowl Stand                           | 1                        |                    |
| Bowl, Kick                           | 1                        |                    |
| Centrifuge, electric                 | 1                        |                    |
| Centrifuge, Manual                   | 2                        |                    |
| Cold Box Insulated Vaccine Storage   | 1                        |                    |
| Colorimeter                          | 2                        |                    |
| Counting Chamber, Neubauer-Improved  | 1                        |                    |
| Cupboard, Instrument                 | 3                        |                    |
| Cupboard, Steel, Lockable            | 1                        |                    |
| Deep Freezer, Vaccine                | 1                        |                    |
| Dental Unit , complete, basic        | 1                        |                    |
| Differential Counter, Manual         | 6                        |                    |
| Drip Stand                           | 2                        |                    |
| ESR Stand                            | 4                        |                    |
| Examination Couch                    | 2                        |                    |
| Examination Light                    | 2                        |                    |
| Eye Chart                            | 1                        |                    |
|                                      |                          |                    |

| <b>OPD</b>                       |                          |                    |
|----------------------------------|--------------------------|--------------------|
| Name                             | Quantity (as per policy) | Quantity (at unit) |
| Fuchs Rosenthal Counting Chamber | 1                        |                    |
| Glucometer                       | 1                        |                    |
| Grouping Tiles                   | 2                        |                    |
| Guedal Airways                   | 2                        |                    |
| Haemoglobin meter, sahli         | 2                        |                    |
| Head Mirror                      | 2                        |                    |
| Height Meter                     | 1                        |                    |
| Hot Air Oven                     | 1                        |                    |
| Length Board                     | 2                        |                    |
| Microscope Binocular             | 1                        |                    |
| Mid Upper Arm                    | 1                        |                    |
| Musc Tape                        | 3                        |                    |
| Ophthalmoscope                   | 3                        |                    |
| Otoscope                         | 4                        |                    |
| Patient Screen                   | 3                        |                    |
| Patient Trolley                  | 2                        |                    |
| Pulse Oxymeter                   | 1                        |                    |
| Refrigerator                     | 1                        |                    |
| Refrigerator, Blood Bank         | 1                        |                    |
| Refrigerator, Vaccine            | 1                        |                    |
| Saw, Plaster of Paris, Electric  | 1                        |                    |
| Screening Audiometer             | 1                        |                    |
| Skin Fold Callipers              | 1                        |                    |
| Solar lighting system            | 4                        |                    |
| Stethoscope                      | 2                        |                    |
| Stool, Surgeon                   | 2                        |                    |

## Technical Module 4: Management of Resources

| Name  | Quantity (as per policy) | Quantity (at unit) |
|---|--------------------------|--------------------|
| <b>OPD</b>                                    |                          |                    |
| Stop watch                                    | 2                        |                    |
| Stretcher                                     | 1                        |                    |
| Suction Apparatus, Electric                   | 40                       |                    |
| Tongue depressor                              | 4                        |                    |
| Torch, Examination                            | 1                        |                    |
| Ultrasound Scanner (B/W)                      | 3                        |                    |
| Vaccine Carrier                               | 1                        |                    |
| VDRL Shaker                                   | 1                        |                    |
| Vortex Mixer                                  | 1                        |                    |
| Water Bath                                    | 1                        |                    |
| Water Gravity Filter                          | 1                        |                    |
| Weighing Scale, Adult                         | 2                        |                    |
| Weighing Scale, Infant                        | 2                        |                    |
| Weighing Scale, Toddler                       | 2                        |                    |
| X ray Film Viewer                             | 1                        |                    |
| <b>Other Ordinary Equipment and Furniture</b> |                          |                    |
| Audio visual equipment                        | 1                        |                    |
| Basket Waste Paper                            | 4                        |                    |
| Bench   | 8                        |                    |
| Chair   | 21                       |                    |
| Desk  | 10                       |                    |
| Filing Cabinet                                | 5                        |                    |
| Kettle, Boiling                               | 2                        |                    |
| Lamp, Paraffin                                | 3                        |                    |
| Lamp, Solar/Rechargeable                      | 1                        |                    |
| Medical Waste Bin                             | 10                       |                    |
| Personal Computer Unit                        | 2                        |                    |
| Shelves                                       | 11                       |                    |
| Spirit Lamp                                   | 3                        |                    |
| Stove, Charcoal                               | 3                        |                    |

| <b>OPD</b>   |                          |                    |
|--|--------------------------|--------------------|
| Name   | Quantity (as per policy) | Quantity (at unit) |
| Stove, Gas   | 1                        |                    |
| Stove, Paraffin  | 3                        |                    |
| Timer  | 2                        |                    |
| Wall Clock   | 13                       |                    |
| Water Container, 20Liter   | 11                       |                    |
| Water Filter, Ceramic  | 1                        |                    |
| <b>Instrument Sets</b>   |                          |                    |
| Diagnostic Equipment Set for MCH   | 3                        |                    |
| Diagnostic Equipment Set for OPD   | 5                        |                    |
| Glassware/Instrument Set, Laboratory, Basic                                  | 2                        |                    |
| Hollow Ware Set, Treatment   | 3                        |                    |
| Instrument Set, Dental (hand instrument, Dental extraction, Elevators, etc.) | 2                        |                    |
| Instrument Set, Dressing   | 2                        |                    |
| Instrument set, ENT basic for HCIV   | 1                        |                    |
| Instrument Set, IUCD   | 5                        |                    |
| Instrument Set, Stitch Removing  | 3                        |                    |
| Instrument Set, Suture   | 2                        |                    |
| <b>Subtotal HC IV OPD</b>  |                          |                    |

## Technical Module 4: Management of Resources

| THEATRE                      |                          |                    |
|------------------------------|--------------------------|--------------------|
| Name                         | Quantity (as per policy) | Quantity (at unit) |
| Anaesthesia Unit             | 2                        |                    |
| Autoclave, 40 litres         | 1                        |                    |
| B.P.Machine                  | 2                        |                    |
| Bed, Adult Patient           | 2                        |                    |
| Bedside Locker               | 2                        |                    |
| Bowl Stand                   | 2                        |                    |
| Bowl, Kick                   | 2                        |                    |
| Crash cart and defibrillator | 1                        |                    |
| Cupboard, Instrument         | 1                        |                    |
| Cupboard, Steel, Lockable    | 1                        |                    |
| Drip Stand                   | 6                        |                    |
| Examination Light            | 2                        |                    |
| Generator, 20KVA             | 1                        |                    |
| Infant warmer                | 1                        |                    |
| Instrument Trolley           | 2                        |                    |
| Mayo Table                   | 1                        |                    |
| Operating light, Ceiling     | 1                        |                    |
| Operating Light, Mobile      | 1                        |                    |
| Operating Table, Hydraulic   | 1                        |                    |
| Ophthalmoscope               | 2                        |                    |
| Otoscope                     | 2                        |                    |
| Oxygen cylinders 6.8 m3      | 1                        |                    |
| Oxygen Concentrator          | 2                        |                    |
| Oxygen Therapy Apparatus     | 2                        |                    |
| Patient Screen               | 2                        |                    |

| THEATRE                                |                          |                    |
|--|--------------------------|--------------------|
| Name                                   | Quantity (as per policy) | Quantity (at unit) |
| Saw, Plaster of Paris, Electric        | 1                        |                    |
| Solar lighting system                  | 1                        |                    |
| Patient Trolley                        | 2                        |                    |
| Stethoscope                            | 4                        |                    |
| Stool, Surgeon                         | 1                        |                    |
| Suction Apparatus, Electric            | 3                        |                    |
| Suction Apparatus, foot                | 2                        |                    |
| Torch, Examination                     | 1                        |                    |
| Traction Bed with Apparatus            | 1                        |                    |
| Washing Machine                        | 1                        |                    |
| Other Ordinary Equipment and Furniture |                          |                    |
| 5 Compartment Locker                   | 1                        |                    |
| Basket Waste Paper                     | 1                        |                    |
| Chair                                  | 6                        |                    |
| Desk                                   | 2                        |                    |
| Filing Cabinet                         | 1                        |                    |
| Iron, charcoal                         | 1                        |                    |
| Kettle, Boiling                        | 1                        |                    |
| Lamp, Solar/ Rechargeable              | 2                        |                    |
| Medical Waste Bin                      | 4                        |                    |
| Stove, Charcoal                        | 1                        |                    |
| Stove, Paraffin                        | 1                        |                    |
| Wall Clock                             | 2                        |                    |
| Water Container, 20Liter               | 3                        |                    |
| Water Filter, Ceramic                  | 5                        |                    |

## Technical Module 4: Management of Resources

| THEATRE                           |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| Instrument Sets                   |                          |                    |
| Name                              | Quantity (as per policy) | Quantity (at unit) |
| Diagnostic Equipment Set for Ward | 2                        |                    |
| Hollow Ware Set, Ward             | 2                        |                    |
| Instrument Set, Caesarean Section | 2                        |                    |
| Instrument Set, Delivery          | 2                        |                    |
| Instrument Set, Dressing          | 2                        |                    |
| Instrument Set, General Surgery   | 3                        |                    |
| Instrument Set, IUCD              | 2                        |                    |
| Instrument Set, Laparotomy        | 2                        |                    |
| Instrument Set, Orthopaedic       | 2                        |                    |
| Instrument Set, Stitch Removing   | 1                        |                    |
| Instrument Set, Stitch Removing   | 2                        |                    |
| Instrument Set, Suture            | 2                        |                    |
| X ray Unit, Room Accessories set  | 2                        |                    |
| Subtotal HCIV Theatre             |                          |                    |

| RADIOLOGY                       |                          |                    |
|---------------------------------|--------------------------|--------------------|
| Medical equipment and Furniture |                          |                    |
| Name                            | Quantity (as per policy) | Quantity (at unit) |
| Cupboard, Instrument            | 1                        |                    |
| Cupboard, Steel, Lockable       | 1                        |                    |
| Patient Screen                  | 1                        |                    |
| Stool Surgeons                  | 1                        |                    |
| Ultrasound, Colour Doppler      | 1                        |                    |
| X ray BRS                       | 1                        |                    |
| X ray Film Viewer               | 1                        |                    |
| X ray, CR System                | 1                        |                    |

## Technical Module 4: Management of Resources

| <b>ORTHOPAEDICS</b>                       |                                 |                           |
|---|---------------------------------|---------------------------|
| <b>Medical equipment and Furniture</b>    |                                 |                           |
| <b>Name</b>                               | <b>Quantity (as per policy)</b> | <b>Quantity (at unit)</b> |
| Browns splinter                           | 4                               |                           |
| Examination Couch                         | 1                               |                           |
| Manual drill                              | 1                               |                           |
| Ortopaedics bed complete with balcon Beam | 2                               |                           |
| Plaster shear                             | 1                               |                           |
| Plaster spreader                          | 1                               |                           |
| Pulleys                                   | 10                              |                           |
| Steinmanns Pins                           | 50                              |                           |
| Thomas splints                            | 5                               |                           |
| Weights (Various)                         | 10                              |                           |
| Wheel Chair                               | 2                               |                           |
| X ray Film Viewer                         | 1                               |                           |

| <b>ORTHOPAEDICS</b>                           |                                 |                           |
|---|---------------------------------|---------------------------|
| <b>Other Ordinary Equipment and Furniture</b> |                                 |                           |
| <b>Name</b>                                   | <b>Quantity (as per policy)</b> | <b>Quantity (at unit)</b> |
| Basket Waste Paper                            | 1                               |                           |
| Chair   | 3                               |                           |
| Water Container, 20Liter                      | 1                               |                           |
| <b>Instrument Sets</b>                        |                                 |                           |
| Instrument Set, Orthopaedic                   | 1                               |                           |
| Instrument set, Amputation                    | 1                               |                           |
| Subtotal HCIV Orthopaedics                    |                                 |                           |
| <b>Other Ordinary Equipment and Furniture</b> |                                 |                           |
| Bench   | 2                               |                           |
| Chair   | 4                               |                           |
| Desk  | 2                               |                           |
| Filing Cabinet                                | 1                               |                           |

# HMIS FORM 102d: INVENTORY LIST

## 3. MEDICAL EQUIPMENT

| Equipment Name                                | Model Name (Philips, Honda, etc) | Serial Number | Manufacturer | Date of Purchase | Date of Installations | Condition | Location |
|---|----------------------------------|---------------|--------------|------------------|-----------------------|-----------|----------|
| <b>OPD</b>                                    |                                  |               |              |                  |                       |           |          |
| <b>Medical equipment and Furniture</b>        |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
| <b>Other Ordinary Equipment and Furniture</b> |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
| <b>Instrument Sets</b>                        |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
| <b>RADIOLOGY</b>                              |                                  |               |              |                  |                       |           |          |
| <b>Medical equipment and Furniture</b>        |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
| <b>Other Ordinary Equipment and Furniture</b> |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
| <b>Instrument Sets</b>                        |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |
|   |                                  |               |              |                  |                       |           |          |

## Technical Module 4: Management of Resources

| ORTHOPAEDICS                                  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>Medical equipment and Furniture</b>        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| <b>Other Ordinary Equipment and Furniture</b> |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| <b>Instrument Sets</b>                        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| GENERAL WARD                                  |  |  |  |  |  |  |  |
| <b>Medical equipment and Furniture</b>        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| <b>Other Ordinary Equipment and Furniture</b> |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| <b>Instrument Sets</b>                        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| MATERNITY WARD                                |  |  |  |  |  |  |  |
| <b>Medical equipment and Furniture</b>        |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

## Technical Module 4: Management of Resources

| Other Ordinary Equipment and Furniture |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Instrument Sets                        |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### 5. ELECTRONIC EQUIPMENT (e.g., Computers,PDA, TVs, etc)

| Department<br>(OPD, Maternity,<br>Children’s ward,<br>etc) | Location | Equipment |          | Type (e.g.<br>metallic,<br>wooden plastic,<br>etc) | Serial Number<br>(where<br>available) | Manufacturer | Date of Purchase | Date of<br>installation | Condition |
|--|----------|-----------|----------|--|---------------------------------------|--------------|------------------|-------------------------|-----------|
|  |          | Name      | Quantity |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |

**Condition Key:** A = Working and in use, B = In use but needs repair, C = Out of order but repairable, D = Obsolete, E = Out of order needs replacement, F = not installed  
 Location e.g. Lab, Consultation room, pharmacy etc



## Technical Module 4: Management of Resources

### 6 GENERAL FURNITURE (e.g., tables, chairs, etc)

| Department<br>(OPD, Maternity,<br>Children's ward,<br>etc) | Location | Furniture |          | Type (e.g.<br>metallic,<br>wooden plastic,<br>etc) | Serial Number<br>(where<br>available) | Manufacturer | Date of Purchase | Date of<br>installation | Condition |
|--|----------|-----------|----------|--|---------------------------------------|--------------|------------------|-------------------------|-----------|
|  |          | Name      | Quantity |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |
|  |          |           |          |  |                                       |              |                  |                         |           |

**Condition Key:** A = Working and in use, B = In use but needs repair, C = Out of order but repairable, D = Obsolete, E = Out of order needs replacement, F = not installed  
 Location e.g. Lab, Consultation room, pharmacy etc

### 7. PLANTS AT THE HEALTH UNIT (e.g. Generators, water pumps, laundry machines, etc

| Department<br>(OPD, Maternity,<br>Children's ward,<br>etc) | Location | Plant |          | Model Name | Serial Number | Manufacturer | Date of Purchase | Date of<br>installation | Condition |
|--|----------|-------|----------|------------|---------------|--------------|------------------|-------------------------|-----------|
|  |          | Name  | Quantity |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |
|  |          |       |          |            |               |              |                  |                         |           |

**Condition Key:** A = Working and in use, B = In use but needs repair, C = Out of order but repairable, D = Obsolete, E = Out of order needs replacement, F = not installed  
 Location e.g. Lab, Consultation room, pharmacy etc

# HMIS FORM 102e: HC III & II EQUIPMENT INVENTORY

Date of Inventory \_\_\_\_\_ Page \_\_\_\_\_ of total pages \_\_\_\_\_

Health Unit Name \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_ Sub-county \_\_\_\_\_ HSD \_\_\_\_\_

In-Charge Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

WLLINess Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## 1. TRANSPORT EQUIPMENT

| Type                            | Number Plate | Date of purchase | Mileage | Make | Year of manufacture | Condition |
|---------------------------------|--------------|------------------|---------|------|---------------------|-----------|
| 1. Ambulances                   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 2. Vehicle for Administration   |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
| 3. Vehicle for service delivery |              |                  |         |      |                     |           |
| 4. Staff van                    |              |                  |         |      |                     |           |
| 5. Motor cycles                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |
|                                 |              |                  |         |      |                     |           |

## 2. COMMUNICATION EQUIPMENT

| Type              |          | Date of purchase/ connection | Make/Model | Condition |
|-------------------|----------|------------------------------|------------|-----------|
| Telephone set     | Landline |                              |            |           |
|                   | Mobile   |                              |            |           |
| Radio-call set    |          |                              |            |           |
| Fax machine       |          |                              |            |           |
| Internet services |          |                              |            |           |
| Intercom          |          |                              |            |           |

## Technical Module 4: Management of Resources

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| 6. Bicycles            |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 7. Motor Boat          |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
| 8. Others<br>(specify) |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |

**CONDITION KEY:** F – Functional, N – Not functional

**CONDITION KEY:** A = Good condition, B = Needs repair,  
C = Needs replacement

## Technical Module 4: Management of Resources

### 3. BUILDINGS

| Type of Building                       | Available (Tick)       |    | Floor Area L x W (in M <sup>2</sup> ) | Year of construction | Year of last rehabilitation | Roof |          |       |       | Walls |        |       |       | Floor |        |         |       |
|--|------------------------|----|---------------------------------------|----------------------|-----------------------------|------|----------|-------|-------|-------|--------|-------|-------|-------|--------|---------|-------|
|  |                        |    |                                       |                      |                             | Type | Leakages | Frame | Score | Type  | Cracks | Plumb | Score | Type  | Cracks | Surface | Score |
| 1. OPD                                 | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 2. Maternity                           | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 3. General wards (indicate number)     | No. of Beds for Males  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | No. of Beds for Female |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | Child beds             |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 4. Operating theatre                   | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 5. Mortuary                            | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 6. Staff houses with: (specify number) | One roomed house       |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | Two roomed house       |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | House with 2 bedrooms  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | House with 3 bedrooms  |    |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
| 6. Others (specify)                    | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |
|  | Yes                    | No |                                       |                      |                             |      |          |       |       |       |        |       |       |       |        |         |       |

#### Condition key for buildings:

| Roof                           |   | Walls      |  | Floor    |   |
|--------------------------------|---|------------|--|----------|---|
| Type                           | A: Galvanized Iron sheets or roofing tiles<br>B: Grass thatched<br>C: No roof   | Type       | A: Stone, concrete blocks or burnt clay bricks jointed with cement and sand ( mortar)<br>B: soil/clay brick with mud joints or wooden walls<br>C: Mud and wattle | Type     | A: Terrazzo or cement (screed) or tiles finish<br>B: Concrete slab not finished<br>C: others                      |
| Leakages                       | A: No leakages<br>B: Leaks at few points but roof covering sound<br>C: leaks at many point and roof covering un sound<br>D: No roof   | Cracking   | A: No significant crack<br>B: Minor cracks not going through the wall<br>C: Major cracks and wide going through the wall   | Cracking | A: No significant crack<br>B: Minor cracks visibly not deep (<50mm deep)<br>C: Major and wide cracks visibly deep |
| Frame (Timber or Steel frames) | A: No defect<br>B: Weak structure needs replacement of some members (attacked by beetles, termites, warped or rotten timber)<br>C: Very weak with most of the roof members having defects stated above in B | Plumb ness | A: Visibly plumb (upright)<br>B: Visibly not plumb (leaning or bent)   |          |   |

## HMIS FORM 011: EQUIPMENT BREAKDOWN FORM

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To report the need for assistance from the HSD /GENERAL HOSPITAL /REFFERAL HOSPITAL /MoH to repair or replace equipment
- Timing:** Due immediately after breakdown
- Copies:** **Two.** One is kept at the health unit. One copy sent to the IN-CHARGE of the HSD.
- Responsibility:** In-Charge

### PROCEDURE:

1. The breakdown of the equipment is first discussed at the local level with the HUMC with the view to using local resources to replace or repair the equipment.
2. If HSD assistance is necessary, the form is completed in duplicate. The original should stay in the health unit for reference.

# HMIS FORM 011: EQUIPMENT BREAKDOWN FORM

Date of report \_\_\_\_\_ Health Sub District \_\_\_\_\_

Health Unit \_\_\_\_\_ Level: \_\_\_\_\_

Description of Equipment \_\_\_\_\_

Description of problem  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions taken by health unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request of HSD  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In-Charge name \_\_\_\_\_ Signature \_\_\_\_\_

----- (Health Sub District use below) -----

|                    |  |
|--------------------|--|
| Date of Receipt    |  |
| Rank of Importance |  |
| Date of Action     |  |

## PART 2: HUMAN RESOURCES FOR HEALTH

### HMIS FORM 103: STAFF LISTING

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** List details of all staff
- Timing:** To be updated every 6 months. Due 7<sup>th</sup> August 7<sup>th</sup> February
- Copies:** Four copies - The original stays at the health unit; one copy sent to MO in-charge of HSD; a copy sent to LC III Health Committee (sub-county); and the fourth copy sent to the DHO.
- Responsibility:** DHO

#### PROCEDURE

All health units must complete the Staff Listing. The In-Charge and the Chairman of the HUMC (or another authorized wLLINess for the Health Unit) sign the form.

The post refers to the title of the position held by the officer (e.g. Senior Nursing Officer, medical superintendent, etc). For all posts approved for the health unit, fill in the number approved (number that are supposed to be at the health facility by post), the number of positions for the post that have been filled, the number of vacant positions and the salary scale for each of the posts. Against each post, fill in all staff members for each post, indicating their Names, Date of Birth, Highest qualification, Computer number, Basic salary per month, Date of first appointment, Date of Present Appointment, Sex, Status of employment, Retirement date and Remarks. A Table on the recommended staffing norms has been included in the manual just below HMIS 103. In service training entails .....

All government staffs have Computer numbers. If the staff member is not paid by the government, write the agency of employment (e.g. HUMC) in this box.

The Basic salary per month should reflect the basic salary which is paid to the staff per month based either on his 1<sup>st</sup> appointment or 2<sup>nd</sup> appointment.

Under current assignment, write the title of the program that the officer is currently responsible for, e.g. District Cold Chain Assistant (DCCA), HMIS Focal Person (HMIS/FP).

Highest qualification covers the title of the highest academic attainments e.g. Diploma in Accounting, B Com (Bachelor in Commerce), etc.

Status of employment refers to the terms of employment e.g. Probation, Contract, Permanent or Voluntary.

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Retirement date refers to the date when the staff is expected to retire from service.

The listing is updated throughout the year. Members of staff that leave service are crossed out. New staff are added (a new line entered). When health unit staffs are re-allocated, the Date of Present Appointment is updated.

On the HU ANNUAL REPORT form a summary table of staff is included. This listing is used to fill in the table under item 5.1 on the HEALTH UNIT ANNUAL REPORT.

If the form is full, copy the form and continue on a second page.



# HMIS FORM 103: HEALTH UNIT STAFF LISTING

Page \_\_\_\_\_ of pages \_\_\_\_\_

Date of Inventory \_\_\_\_\_ Health Unit Name \_\_\_\_\_ Level \_\_\_\_\_ Code \_\_\_\_\_

District \_\_\_\_\_ HSD \_\_\_\_\_ Sub-county \_\_\_\_\_

Incharge - Name \_\_\_\_\_ Signature \_\_\_\_\_

| Post | Approved No. | Filled Posts | Vacant Posts | Salary Scale | Name | Date Of Birth | Highest Qualification | Computer Number | Basic Salary Per Month | Date of first appointment | Date of present appointment | Sex | Status of employment | Retirement Date | Remarks |
|------|--------------|--------------|--------------|--------------|------|---------------|-----------------------|-----------------|------------------------|---------------------------|-----------------------------|-----|----------------------|-----------------|---------|
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |
|      |              |              |              |              |      |               |                       |                 |                        |                           |                             |     |                      |                 |         |

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### APPROVED STAFF RECOMMENDED PER LEVEL

|     | CADRE   | SALARY SCALE | APPROVED POSTS         |                  |       |        |       | Municipal /Town Council |
|-----|---|--------------|------------------------|------------------|-------|--------|-------|-------------------------|
|     |   |              | District Health Office | General hospital | HC IV | HC III | HC II |                         |
| 1.  | District Health Officer                           | U1           | 1                      |                  |       |        |       |                         |
| 2.  | Medical Officer Principal                         | U2           |                        | 1                |       |        |       |                         |
| 3.  | Assistant DHO Environmental Health                | U2           | 1                      |                  |       |        |       |                         |
| 4.  | Assistant DHO Maternity/ Child Health/ Nursing    | U2           | 1                      |                  |       |        |       |                         |
| 5.  | Medical Officer Special Grade (Community)         | U2           |                        | 1                |       |        |       | 1                       |
| 6.  | Medical Officer Special Grade (Obs & Gynes)       | U2           |                        | 1                |       |        |       |                         |
| 7.  | Medical Officer Special Grade (Internal Medicine) | U2           |                        | 1                |       |        |       |                         |
| 8.  | Medical Officer Special Grade (Surgery)           | U2           |                        | 1                |       |        |       |                         |
| 9.  | Medical Officer Special Grade (Paeditrics)        | U2           |                        | 1                |       |        |       |                         |
| 10. | Medical Officer Senior                            | U3           | -                      | 1                | 1     |        |       |                         |
| 11. | Nursing Officer Principal                         | U3           |                        | 1                |       |        |       |                         |
| 12. | Environmental Health Officer Senior               | U3           | 1                      |                  |       |        |       | 1                       |
| 13. | Health Educator Senior                            | U3           | 1                      |                  |       |        |       |                         |
| 14. | Hospital Administrator Senior                     | U3           |                        | 1                |       |        |       |                         |
| 15. | Medical Officer                                   | U4           | -                      | 4                | 1     |        |       |                         |
| 16. | Dental Surgeon                                    | U4           |                        | 1                |       |        |       |                         |
| 17. | Pharmacist  | U4           |                        | 1                |       |        |       |                         |
| 18. | Senior principal Nursing officer                  |              |                        |                  |       |        |       |                         |
| 19. | Principal nursing officer                         |              |                        |                  |       |        |       |                         |
| 20. | Nursing Officer Senior                            | U4           |                        | 5                | 1     |        |       |                         |
| 21. | Clinical Officer Senior                           | U4           |                        | 1                |       | 1      |       |                         |
| 22. | Health Educator                                   | U4           |                        | 1                |       |        |       | 1                       |
| 23. | Laboratory Technologist Senior                    | U4           |                        | 1                |       |        |       |                         |
| 24. | Biostatistician                                   | U4           | 1                      |                  |       |        |       |                         |
| 25. | Hospital Administrator                            | U4           |                        | 1                |       |        |       |                         |
| 26. | Personnel Officer                                 | U4           |                        | 1                |       |        |       |                         |
| 27. | Medical Social Worker                             | U4           |                        | 1                |       |        |       |                         |
| 28. | Nutritionist                                      | U4           |                        | 1                |       |        |       |                         |
| 29. | Supplies Officer                                  | U4           |                        | 1                |       |        |       |                         |
| 30. | Registered Comprehensive Nurse                    | U5           |                        |                  | -     | -      |       |                         |

## Technical Module 4: Management of Resources

| CADRE |                                 | SALARY SCALE | APPROVED POSTS         |                  |       |        |       | Municipal /Town Council |
|-------|---------------------------------|--------------|------------------------|------------------|-------|--------|-------|-------------------------|
|       |                                 |              | District Health Office | General hospital | HC IV | HC III | HC II |                         |
| 31.   | Public Health Dental Officer    | U5           |                        | 2                | 1     |        |       |                         |
| 32.   | Dispenser                       | U5           |                        | 2                | 1     |        |       |                         |
| 33.   | nursing officer (comprehensive) |              |                        |                  |       |        |       |                         |
| 34.   | Nursing Officer (Graduate)      |              |                        |                  |       |        |       |                         |
| 35.   | Nursing Officer (pediatrics)    |              |                        |                  |       |        |       |                         |
| 36.   | Public Health Nurse             |              |                        |                  |       |        |       |                         |
| 37.   | Senior Asst. nursing officer    |              |                        |                  |       |        |       |                         |
| 38.   | Nursing Officer (Nursing)       | U5           |                        | 17               | 1     | 1      |       |                         |
| 39.   | Nursing Officer (Midwifery)     | U5           |                        | 3                | 1     |        |       |                         |
| 40.   | Public Health Nurse             | U5           |                        | 1                | 1     |        |       | 1                       |
| 41.   | Nursing Officer (Psychiatry)    | U5           |                        | 1                | 1     |        |       |                         |
| 42.   | Asst. nursing officer           |              |                        |                  |       |        |       |                         |
| 43.   | Enrolled comprehensive nurses   |              |                        |                  |       |        |       |                         |
| 44.   | Psychiatric Clinical Officer    | U5           |                        | 1                |       |        |       |                         |
| 45.   | Ophthalmic clinical officer     | U5           |                        | 1                | 1     |        |       |                         |
| 46.   | Health Inspector                | U5           |                        | 1                | 2     |        |       | 1                       |
| 47.   | Medical Entomology Officer      | U5           |                        | 1                | 1     |        |       |                         |
| 48.   | Radiographer                    | U5           |                        | 2                |       |        |       |                         |
| 49.   | Physiotherapist                 | U5           |                        | 1                |       |        |       |                         |
| 50.   | Occupational Therapist          | U5           |                        | 1                |       |        |       |                         |
| 51.   | Orthopaedic Officer             | U5           |                        | 2                |       |        |       |                         |
| 52.   | Health Educator Assistant       | U5           |                        | 1                | 1     |        |       |                         |
| 53.   | Anaesthetic Officer             | U5           |                        | 3                | 1     |        |       |                         |
| 54.   | Laboratory Technologist         | U5           |                        | 1                |       |        |       |                         |
| 55.   | Laboratory Technician           | U5           |                        | 2                | 1     | 1      |       |                         |
| 56.   | Clinical Officer                | U5           |                        | 5                | 2     | 1      |       |                         |
| 57.   | Steno-Secretary                 | U5           | 1                      | 1                |       |        |       | 1                       |
| 58.   | Accounts Assistant Senior       | U5           |                        | 1                |       |        |       |                         |
| 59.   | Theatre Assistant               | U6           |                        |                  | 2     |        |       |                         |
| 60.   | Cold Chain Technician           | U6           | 1                      |                  |       |        |       |                         |

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|              | CADRE                        | SALARY SCALE | APPROVED POSTS         |                  |           |           |          | Municipal /Town Council |
|--------------|------------------------------|--------------|------------------------|------------------|-----------|-----------|----------|-------------------------|
|              |                              |              | District Health Office | General hospital | HC IV     | HC III    | HC II    |                         |
| 61.          | Stores Assistant G1          | U6           | 1                      |                  |           |           |          |                         |
| 62.          | Enrolled Comp. Nurse         | U7           |                        |                  |           |           | -        |                         |
| 63.          | Anaesthetic Assistant        | U7           |                        |                  | 2         |           |          |                         |
| 64.          | Enrolled Nurse               | U7           |                        | 46               | 3         | 3         | 1        |                         |
| 65.          | Enrolled Nurse Psychiatry    | U7           |                        | 2                | 1         |           |          |                         |
| 66.          | Enrolled Midwife             | U7           |                        | 25               | 3         | 2         | 1        |                         |
| 67.          | Palliative care nurse        |              |                        |                  |           |           |          |                         |
| 68.          | Laboratory Assistant         | U7           |                        | 1                | 1         | 1         |          |                         |
| 69.          | Health Assistant             | U7           |                        |                  | 1         | 1         | 1        | 1                       |
| 70.          | Stores Assistant             | U7           |                        | 2                | 1         |           |          |                         |
| 71.          | Records Assistant            | U7           |                        | 2                | 1         | 1         |          |                         |
| 72.          | Accounts Assistant           | U7           |                        | 2                | 1         |           |          |                         |
| 73.          | Cold Chain Assistant         | U7           |                        |                  | 1         |           |          |                         |
| 74.          | Office Typist                | U7           |                        | 1                | 1         |           |          |                         |
| 75.          | Nursing Assistants           | U8           |                        | 15               | 5         | 3         | 2        |                         |
| 76.          | Dental Attendant             | U8           |                        | 1                |           |           |          |                         |
| 77.          | Theatre Attendant/ Assistant | U8           |                        | 2                |           |           |          |                         |
| 78.          | Office Attendant             | U8           | 1                      |                  |           |           |          | 1                       |
| 79.          | Driver                       | U8           | 1                      | 2                | 1         |           |          | 1                       |
| 80.          | Darkroom Attendant           | U8           |                        | 1                |           |           |          |                         |
| 81.          | Mortuary Attendant           | U8           |                        | 2                |           |           |          |                         |
| 82.          | Cooks                        | U8           |                        | 3                |           |           |          |                         |
| 83.          | Guards                       | U8           |                        | 2                | 3         | 2         | 2        |                         |
| 84.          | Artisan                      | U8           |                        | 3                | -         |           |          |                         |
| 85.          | Support                      | U8           |                        | -                | 3         | 2         | 2        |                         |
| <b>Total</b> |                              |              | <b>11</b>              | <b>190</b>       | <b>48</b> | <b>19</b> | <b>9</b> | <b>9</b>                |

# HMIS FORM 104: NURSING AND MIDWIFERY SPECIALIZED SERVICE PROVIDERS

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To monitor number of staff members that has specialized in different areas at the facility.
- Timing:** To be updated every 6 months. Due 7<sup>th</sup> August 7<sup>th</sup> February
- Copies:** **Two** copies: The original stays at the health unit and one copy sent to district
- Responsibility:** Health Facility In-charge

## PROCEDURE:

1. Record the number of health workers trained in a specific speciality

## HMIS FORM 104: NURSING AND MIDWIFERY SPECIALIZED SERVICE PROVIDERS

Facility Name: ..... Level: .....HF Code: .....

Sub county: ..... District.....Date filled.....

| SN  | SPECIALITY   | NUMBER |
|-----|--|--------|
|     | <b>Post -basic Diploma qualification</b>                                 |        |
| 1.  | Child Health (Paediatric) Nursing  |        |
| 2.  | Palliative Care Nursing  |        |
| 3.  | Public health  |        |
| 4.  | Reproductive health  |        |
| 5.  | Cardio-Thoracic Nursing  |        |
| 6.  | Critical Care Nursing  |        |
| 7.  | Trauma and Emergency (Ambulatory) Nursing                                |        |
| 8.  | Theatre Nursing  |        |
| 9.  | Orthopaedic Nursing  |        |
| 10. | Neurology Nursing  |        |
| 11. | Oncology Nursing   |        |
| 12. | Neonatal Nursing   |        |
| 13. | Nephrology Nursing   |        |
| 14. | Infection Control Nursing  |        |
| 15. | Geriatric Nursing  |        |
| 16. | Transfusion Nursing  |        |
|     | <b>Post graduate Level Education</b>                                     |        |
| 17. | Master of Nursing Science in a specialized field of nursing or midwifery |        |
| 18. | Adult Health Nursing   |        |
| 19. | Child Health Nursing   |        |
| 20. | Midwifery  |        |
| 21. | Mental Health Nursing  |        |
| 22. | Public/Community Health Nursing  |        |
| 23. | Palliative Care Nursing  |        |
| 24. | Geriatric Nursing  |        |
| 25. | Critical Care Nursing  |        |
| 26. | Leadership and Management  |        |
| 27. | Other relevant qualifications in Nursing                                 |        |

# HMIS FORM 110: DUTY ROSTER

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To track schedules of duties and offs for every staff in the facility on daily basis
- Timing:** To be updated daily.
- Copies:** **One** copy stays at the health unit
- Responsibility:** Health Facility In-charge

## PROCEDURE:

- 1) Fill a new sheet at the beginning of every month. These could be by department depending on the size of the facility.
- 2) The names and cadres of every staff are clearly written on the first and second columns respectively.
- 3) In the Dates columns, enter D for day shift, E for evening shift, N for night shift, O for off duty, S for sick off.
- 4) In case of maternity and study leaves, the name should be written with the kind of leave written across the specific row.
- 5) Enter the code "X" for staff absent.
- 6) At the end of the month the duty Roster should be filed at the Health facility.

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# HMIS FORM 110: DUTY ROSTER

|                |        |          |             |          |
|----------------|--------|----------|-------------|----------|
| Facility Name: | Level: | HF Code: | Sub county: | District |
|----------------|--------|----------|-------------|----------|

| Name | cadre | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |  |  |  |  |
|------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|
|      |       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
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# HMIS FORM 111: HEALTH UNIT DAILY ATTENDANCE REGISTERS

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To monitor arrival and departure time for staff.

**Timing:** To be updated daily.

**Copies:** One stays at the health unit

**Responsibility:** Health Facility In-charge

## PROCEDURE:

1. Start Date and End dates are indicated on top of the register.
2. Every staff is expected to registers on arrival and departure

**Technical Module 4: Management of Resources**

**HMIS FORM 111: HEALTH UNIT DAILY ATTENDANCE REGISTER**

Facility Name: \_\_\_\_\_ Level: \_\_\_\_\_ Code: \_\_\_\_\_ Sub county: \_\_\_\_\_

District \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| <b>SN</b> | <b>Date</b> | <b>Name</b> | <b>Cadre</b> | <b>Department</b> | <b>Time in</b> | <b>Time out</b> | <b>Sign</b> |
|-----------|-------------|-------------|--------------|-------------------|----------------|-----------------|-------------|
|           |             |             |              |                   |                |                 |             |
|           |             |             |              |                   |                |                 |             |
|           |             |             |              |                   |                |                 |             |
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## TABLE 8: HEALTH UNIT RECORD OF STAFF NOT RECEIVING SALARY/ ALLOWANCE

### ON TABLE 8

Start one GENERAL SUMMARY form for salaries and another one for Allowances

Monthly Procedures:

### ON COMMUNICATION WITH STAFF

1. Write the names of all staff members who did not receive their salary (or allowance) during the previous month on the appropriate Table 8.
2. If the staff member's name is already on the list in Table 8, do not write it again. Just enter the new information under the correct month
3. Enter an "X" or "÷" under the month for each person
4. When payment is received, the date should be written. The date should be written under the month of salary NOT under the month of payment.

### USE TABLE 8

Look at the table to determine the staff who did not receive any salary OR any allowance during the previous month.

For each person entered on the form, two things are checked. First, whether there is an "X" (or "÷") under the previous month (there should be) AND second whether there is a payment date of the previous month entered under any previous month (there should not be any).

### ON HEALTH UNIT MONTHLY REPORT

Fill in Item 8.

**TABLE 8: HEALTH UNIT RECORD OF STAFF NOT RECEIVING SALARY/ ALLOWANCE**

Health Unit Name: \_\_\_\_\_

| Name of Staff | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Comment |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
|               |     |     |     |     |     |     |     |     |     |     |     |     |         |
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# **HMIS FORM 112: HEALTH UNIT IN-SERVICE TRAINING RECORD**

## **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To record the different trainings that health workers have attended

**Copies:** One which remains at the facility

**Responsibility:** Health unit in-charge

## **PROCEDURE**

1. Start a new sheet per month
2. Enter the specific trainings that the staff underwent within each month and transfer the totals for the year to the annual report
3. Enter the names of the health worker, the department at the time of training, their designations and specific training indicating the time trained as per columns.
4. In the remarks column, indicate cases like transfer from department or unit or facility.

**Technical Module 4: Management of Resources**

**HMIS FORM 112: HEALTH UNIT IN-SERVICE TRAINING RECORD**

Facility Name: \_\_\_\_\_ Level: \_\_\_\_\_ Code: \_\_\_\_\_ Sub county: \_\_\_\_\_

District \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| NAME | DEPARTMENT | DESIGNATION | TIME TRAINED | SPECIFY TRAINING* | REMARKS |
|------|------------|-------------|--------------|-------------------|---------|
|      |            |             |              |                   |         |
|      |            |             |              |                   |         |
|      |            |             |              |                   |         |
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|      |            |             |              |                   |         |

*\*Examples of in-service training include: Inservice training in HMIS, TB, HCT, SMC, ART, PEAD. ART etc...*

## PART 3: FINANCE AND ACCOUNTS

### HMIS FORM 014: CASH AND ANALYSIS BOOK

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** To record daily income and expenditure

**Copies:** One

**Responsibility:** Health Unit In-charge

#### PROCEDURE:

1. The date the book was started, the name of health unit, and the date finished are written on the front cover.
2. The CASH ANALYSIS BOOK (HMIS 014) must be kept at the health unit by a health unit designated staff member. The Treasurer of the HUMC should have access to the book in order to check and verify it.
3. Under the column **Description of the operation** specific reference that identifies the source of income or expenditure is written. For expenditures, a serial number should be written on this source document. This makes checks on completeness much easier.
4. It is important to realise that the more complicated the Fees For Service (FFS) charges are, the more complicated the accounting will be.
5. The income categories and expenditure categories are determined by the district guidelines and the HUMC. Those given on the following pages are only examples. Further clarifications on some points are:

#### **IN:**

Recovered debts and current FFS charges are categorised separately. Recovered debts need special attention since the amounts of debts accepted and debts recovered should be nearly equal. In addition, if patients pay for drugs, a separate category is needed for drugs. Hospitals need to categorise in such a way as to keep maternity income separate from inpatient income. **Subventions** include all exterior funds: MOLG, EPI, CDD, PHC, etc.

#### **OUT:**

Functioning includes fuel, stationary and other consumables. Equipment and maintenance: repair and maintenance of buildings and equipment, purchases of equipment, etc.

**Both IN and OUT:** The **Other** category is what doesn't fit in any of the specified categories.

## Technical Module 4: Management of Resources

6. Money received for 'functional capacity' from Local Government will be an income category and is to be accounted for like any other income category.
7. At the end of each day, check if:  
**Amount of money collected** during the day = **Amount on receipts issued** during the day.
8. Spot checks should be done regularly to reconcile attendance figures and income:  
**Receipt total + Total debts of the day = Fees for Service x Attendance number.**

### Example:

If the charge for maternity services is Ush 1,000, Admissions were 5, four paid in full and one paid 500, then

**Fees for Service x attendance number = 1,000 x 5 = 5,000.**

**Receipt total + Total debts of the day = receipts** of 4,500, and a **debt registered** as 500.

Or:  $4,500 + 500 = 5,000$ .

9. After the reconciliation, the daily totals of cash collected by income category are recorded in the CASH ANALYSIS BOOK. The expenditures are also entered daily, the category indicated, all expenditure receipts numbered and filed (see Module 7 on the Filing System).
10. When the In-charge hands over the money to the treasurer of the committee rather than going to the bank, the committee functions as a "bank". The treasurer must sign a receipt for the amount received, and this receipt functions as a partial "bank statement". The original of the receipt can be given to the treasurer, the copy remains in the RECEIPT BOOK of the health unit. The operation (**Bank In**) is entered in the CASH ANALYSIS BOOK and in the **Description** a reference to the receipt number is made (e.g. Bank In 25364).

When the In-charge receives money from the treasurer, the In-charge will sign a receipt. The In-charge gets the original of the receipt, and a copy remains in the RECEIPT BOOK of the treasurer. The operation (**Bank Out** and **Cash In**) is entered in the CASH ANALYSIS BOOK and in the **Description** a reference to the receipt number is made (e.g. Bank out 14356).

11. When a staff member gets money advanced to do some purchases, he will sign a receipt for the money he got. **Keep the original of the receipt in the cash box.** Consider it just as if it was still money. Nothing is yet written in the CASH ANALYSIS BOOK. When the staff member returns the expenditure invoices and the remaining money, the invoices + remaining money must = amount on the receipt. After this reconciliation write (in the presence of the staff member) VOIDED on the receipt and its copy, and staple them together in the RECEIPT BOOK. Enter the expenses in the CASH ANALYSIS BOOK.
12. A bank cheque should always be signed by two persons e.g. the In-charge and the Treasurer. The in-charge will be the principle signatory on the cheques.



## Technical Module 4: Management of Resources

13. Whenever bank statements are received, the deposits and withdrawals on the statement must agree with all the entries for the bank in the CASH ANALYSIS BOOK. Any errors must be reported immediately to the bank, usually in writing.
14. Bank costs are entered as expenditures, bank interests as income.
15. At the end of each month, the accountability is 'closed'. The Cash Balance and the Bank Balance are reconciled. The cash on hand is counted and:

**Cash on hand = Calculated cash balance.**

The balance on the bank account statement is first adjusted by adding any deposits and subtracting any withdrawals that have occurred since the date of the statement and then:

**Balance on bank account statement = Calculated bank balance.**

16. The totals for the month of each individual category (summing cash and bank together) are calculated and entered on the TABLE 5 FINANCIAL SUMMARY in the Database. The reconciled **Cash Balance** and **Bank Balance** are also transcribed to this table.

The monthly totals from TABLE 5 are transcribed to the HEALTH UNIT QUARTERLY FINANCIAL REPORT, and the completed report is submitted quarterly to the HSD and HUMC.

*Are all accounts correct?*

### **MANAGEMENT QUESTIONS:**

The daily reconciliation described above needs to be monitored closely: compare cash with receipts, compare cash with income expected from attendance figures, and check the debtors' book.

The CASH ANALYSIS BOOK must be filled with careful attention in order to avoid transcription and calculation errors.

Fee for service (FFS) charges and PHC funds or other income in the health unit is Public Money. If irregularities are found by the HUMC or the MO IN-CHARGE or by District audit, then there will be disciplinary action.

*Is expenditure following the existing guidelines?*

The MO IN-CHARGE or HUMC will produce guidelines on how your health unit income can be spent. Ensure that you are within these guidelines every month. If you are not, this may call for disciplinary measures by the HSD.

# HMIS FORM 014: CASH ANALYSIS BOOK

## LEFT SIDE

| (1)  | (2)                          | (3)    |      |        |      |
|------|------------------------------|--------|------|--------|------|
| DATE | DESCRIPTION OF THE OPERATION | CASH   |      |        |      |
|      |                              | CAT    | IN   | CAT    | OUT  |
| 3 cm | 8 cm                         | 1.5 cm | 3 cm | 1.5 cm | 3 cm |
|      |                              |        |      |        |      |

## RIGHT SIDE

| (4)          | (5)   |      |       |      |         | (6)             |
|--------------|-------|------|-------|------|---------|-----------------|
| CASH BALANCE | BANK  |      |       |      |         | OVERALL BALANCE |
|              | CAT   | IN   | CAT   | OUT  | BALANCE |                 |
| 4 cm         | 1.5cm | 3 cm | 1.5cm | 3 cm | 3 cm    | 4 cm            |
|              |       |      |       |      |         |                 |

## DESCRIPTION OF COLUMNS:

- 1. DATE:**  
Date of the operation.
- 2. DESCRIPTION OF THE OPERATION:**  
A brief description that includes a reference to a more detailed document: "Paraffin, Shell NR 3424", or "OPD fees NR 234-287".
- 3. CASH OPERATIONS. CAT and IN:**  
The income category code and the amount of cash received.  
CAT IN and CAT OUT. The expenditure category code and the amount of cash spent. See categories below.
- 4. CASH BALANCE:**  
If cash was received, the amount received is added to the previous balance. If cash was spent, the amount spent is subtracted from the previous balance.
- 5. BANK OPERATIONS:**  
(if no bank account and money is given to HUMC, then re - label this heading as HUMC. Write all funds received and given to the HUMC as if it were the bank.)  
**CAT** and **IN**. The income category code and the amount of funds received in the bank.  
**CAT** and **OUT**. The expenditure category code and the amount of funds taken out of the bank.

### BANK BALANCE:

If funds were received, the amount received is added to the previous bank balance. If funds were withdrawn, the amount withdrawn is subtracted from the previous bank balance.

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### 6. OVERALL BALANCE:

The Cash Balance added to the Bank Balance. It can be written at each operation or only at the end of the day.

**Note:** At the beginning of a new page, the **CASH BALANCE**, the **BANK BALANCE**, and the **OVERALL BALANCE** are written on the first line. Under **Description of the operation** "BBF" is written: Balance Brought Forward.

**Note:** For exchange of money between bank and cash, no categories are entered: it is not an expense or income

### DEPOSIT TO BANK:

Write on the same line the amount cash out and bank in

### WITHDRAWAL FROM BANK:

Write on the same line the amount cash in and bank out

The following categories can be used:

#### IN

I: Inpatient User Charges

U: All other User Charges

R: Debt Recovery

S: Subvention

D: Drugs

P: PHC

O: Other

#### OUT

A: Allowances

F: Functioning

E: Equipment and maintenance

D: Drugs

O: Other

### REPORTED MONTHLY TO THE INCHARGE

1. The monthly income by income category and the monthly expenditures by expenditure category
2. The reconciled amounts.

## **TABLE 14a and 14b: FINANCIAL SUMMARY**

### **PREPARATION**

#### **On Table 14a (MONTHLY FINANCIAL SUMMARY)**

Write the months across the top row of the table. The year should be written in the last column.

#### **Monthly procedures**

##### **From the CASH ANALYSIS BOOK**

Calculate the monthly funds received and spent by category and write in the table 14a under correct month

#### **On Table 14a (MONTHLY FINANCIAL SUMMARY):**

1. Calculate and enter Total funds requested: sum of funds requested as per the health facility work plan for each budget line for the respective month
2. Calculate and enter Total funds received: sum of income values by budget line for the respective month
3. Calculate and enter the Total funds spent: sum of expenditure values for each budget line for the respective month
4. Calculate and enter overall totals for each category e.g. total amount requested/received/spent by adding funds for all the budget line items by category.

#### On health unit monthly report

Fill in the month's totals under item 8

#### Quarterly procedures

Add totals for funds requested/received/spent for each month from Table 14a and get the quarterly totals for each budget line then enter these values in Table 14b (Quarterly Financial Summary) under the respective quarter and budget line.

#### Annual procedures

Add totals for each month in Table 14a and get the cumulative total for the years

#### **On Table 14a**

Enter the results under year column

1. Calculate the year's funds requested by category: sum for all the 12 Months
2. Calculate the year's funds received by category: sum for all the 12 months
3. Calculate the year's funds spent by category: sum for all the 12 months

**Technical Module 4: Management of Resources**

**TABLE 14a: HEALTH UNIT MONTHLY FINANCIAL SUMMARY**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category                          | Budget line             | Months |     |      |     |     |     |     |     |     |       |     |      | Year |
|-----------------------------------|-------------------------|--------|-----|------|-----|-----|-----|-----|-----|-----|-------|-----|------|------|
|                                   |                         | July   | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June |      |
| <b>Date of request Submission</b> | PHC Wage:               |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Non-Wage Recurrent: |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Development:        |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Local Governments:      |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Credit Lines (Drugs):   |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Donor projects:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Others specify:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
| <b>Funds received</b>             | PHC Wage:               |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Non-Wage Recurrent: |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Development:        |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Local Governments:      |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Credit Lines (Drugs):   |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Donor projects:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Others specify:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | <b>Total received</b>   |        |     |      |     |     |     |     |     |     |       |     |      |      |
| <b>Funds spent</b>                | PHC Wage:               |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Non-Wage Recurrent: |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | PHC Development:        |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Local Governments:      |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Credit Lines (Drugs):   |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Donor projects:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | Others specify:         |        |     |      |     |     |     |     |     |     |       |     |      |      |
|                                   | <b>Total spent</b>      |        |     |      |     |     |     |     |     |     |       |     |      |      |

**TABLE 14b: HEALTH UNIT QUARTERLY FINANCIAL SUMMARY**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Budget line             | Annual budget 20-- / 20- | Quarter1                   |                |             | Quarter2                   |                |             | Quarter3                   |                |             | Quarter 4                  |                |             | Cumulative Financial Year 20 -- / 20 -- |                |             |
|-------------------------|--------------------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|---|----------------|-------------|
|                         |                          | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Date of request Submission              | Funds received | Funds spent |
| PHC Wage:               |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| PHC Non-Wage Recurrent: |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| PHC Development:        |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| Local Governments:      |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| Credit Lines (Drugs):   |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| Donor projects:         |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| Others specify:         |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |
| <b>TOTAL</b>            |                          |                            |                |             |                            |                |             |                            |                |             |                            |                |             |   |                |             |

## PART 4: MEDICAL AND OTHER SUPPLIES

### HMIS FORM 015: STOCK CARD

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To track the movements and balance of all commodities stored at any place in the health unit for more than a week
- Timing:** Whenever commodities are brought to the health facility for issue to clients, a stock card is filled.
- Copies:** One in the health facility store
- Responsibility:** The person designated to be in charge of the store (there may be more than one store in a health unit)

#### PROCEDURE:

1. Commodities are consumable items, and need to be replaced on a routine basis. This includes medicines, syringes, vaccines, contraceptives, Laboratory reagents /consumables and stationary (HMIS forms, Child Health Cards etc.)
2. All commodities that come to the facility for issue to clients must have a STOCK CARD, which is kept, next to the item on the shelves. Detailed information on distribution to patients/clients is not recorded on a STOCK CARD (see Prescription and dispensing log or the FAMILY PLANNING REGISTER).
3. Drugs of different dosages (aspirin of 300 mg and 500 mg strengths) and forms (tablets, vials, ointment) or commodities of different sizes (syringes of 2 ml, 5 ml, and 10 ml) should have different STOCK CARDS. Generic names should be used at all times when recording in the stock card.
4. Quantities should be recorded in pack units, e.g. if you count three jars of 1,000 tablets each, then you would record 3. The stock card should not be used as record of dispensed to user information.
5. A physical count of all commodities in the store should be done at the end of **every month** and when preparing to make orders. Write "Physical count" in the **To** and **From** and the actual quantities in the **Balance on Hand** column. If the physical count is different from the figure shown as the previous Balance on Hand, check the STOCK CARD for incorrect calculations and incorrect recording, as described on the next page under management question "Are the STOCK CARDS being filled properly". If, after correction of recording errors there is still a difference, write it on the STOCK CARD: if the physical count is less than the previous balance enter the difference with a minus sign in the **losses and adjustment**, write "Unexplained loss" in the **remarks** column". If the physical count quantity is more than the previous balance enter the difference with a plus sign in the **losses and adjustment**, and write "Unexplained gain" in the **remarks** column".

## Technical Module 4: Management of Resources

6. When breakage, other damage or expiry occurs, the items should be removed from the stores shelves and transferred to the damaged goods store, taken to quarantine area or taken for disposal. The transaction recorded in the stock card as follows; in the **To** or **from** column, write where the items are being taken, then the quantity affected is entered with a minus sign in the **losses and adjustment** column, and the new balance is entered under Balance on Hand. A brief description of the cause damage should be written the remarks column. Details of the spoilage or expiry should be entered in the expired and spoiled items register. The process should be wLLINessed by a second person who should also write in the initials column. Note that the final process of disposal should follow the disposal of goods guidelines and must be wLLINessed by a district or HSD supervisor.
7. Stock of the nearest expiry date should always be issued first. First expiry, First out
8. For commodities that are likely reach their expiry date before being used or commodities that are never used at the facility, the in-charge should bring this to the attention of supervisors who will arrange for the items to be taken to other facilities where they are needed. The quantities lent out or received under such a transaction should be entered in the losses and adjustment column with minus and plus signs respectively.
9. When an item is taken out e.g. for an outreach, the amount returned **should not** be re-entered in the stock card. It could be used in the next outreach or taken to other dispensing areas in the facility. In all cases the quantities received by the user department must be accompanied requisition and issue voucher which is signed by the recipient department.

## DATA QUALITY CONTROL

Checks need to be done frequently in the beginning of the HMIS and when new staff are employed. The supervisor should complete a few cards or entries together with the storekeeper, and ensure that the procedures are well understood. Routine random checks are useful to ensure that the cards are being updated quickly and accurately. The amount of errors found will determine how often checks need to be done and how many cards need to be checked.

A check of a STOCK CARD contains the following steps:

Check if the heading is correctly filled (expiry dates, each strength/size a separate card etc.)

Check for incorrect calculations of each **Balance on Hand** on the STOCK CARD. Correct the errors.

Check for incomplete recording of **Quantities-In and Quantity-Out**. To do this, check if all quantities received on all REQUISITION AND ISSUE VOUCHERS are entered correctly on the STOCK CARD. Then check the quantities issued to patients or clients are recorded in the prescription and dispensing record.

Do a physical count, and record the count as described in Item 5.



## USE OF INFORMATION

*Is current stock level of all commodities adequate?*

An adequate stock level is a level between the maximum and minimum. A stock out should not happen. It is an indication of inadequate stock management e.g. irregular ordering, or of an unplanned extremely large increase in use, or routine misuse of the commodity.

When commodities are ordered, the amount to order is calculated by

### **Maximum - Balance on Hand**

In normal circumstances, the **Balance on Hand** should not fall below the Minimum. If this does happen, then if an order has already been placed, ensure that it will arrive before a stock out occurs. If an order has not been placed, then an 'emergency' order should be made.

Note that AVERAGE MONTHLY CONSUMPTION (AMC) varies and should be re-calculated periodically and rewritten on the stock card. The AMC is used to determine **Minimum** and **Maximum**. For the majority of the Essential Medicines and Health supplies **Minimum** is 2 months of consumption, and the **Maximum** 5 months.

For detailed information on rational drug use, the patient registers (OPD, FP, and Child Register) should be consulted.

*Are drugs / commodities used properly?*

Spoilage of vaccines can occur due to expiry, cold chain failure, breakage, and damage. All of these 'losses' can be prevented with better management of the store. The total vaccine wastage and loss for the year are recorded in TABLE 10A: VACCINE UTILISATION MONITORING. This estimation can also be done for other commodities.

# HMIS FORM 015: STOCK CARD

(1) Health Unit Name: \_\_\_\_\_ (2) Health Unit Code: \_\_\_\_\_

(3) Financial Year \_\_\_\_\_

|   |                |                   |
|---|----------------|-------------------|
| (4) Item Description (Name, formulation, strength): | (5) Pack Size: | (6) Item Code No: |
|---|----------------|-------------------|

(7) Special storage conditions: \_\_\_\_\_

|                    |                         |                           |
|--------------------|-------------------------|---------------------------|
| (8) Unit of Issue: | (9)Maximum Stock Level: | (10) Minimum Stock Level: |
|--------------------|-------------------------|---------------------------|

| (11) Date | (12) To or From | (13) Voucher number | (14) Quantity In | (15) Quantity out | (16) Losses/ Adjustments | (17) Balance on Hand | (18) Expiry date | (19) Batch No. | (20) Remarks | (21) Initials |
|-----------|-----------------|---------------------|------------------|-------------------|--------------------------|----------------------|------------------|----------------|--------------|---------------|
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## DESCRIPTION OF COLUMNS

**1. HEALTH UNIT NAME:**

Indicated the name of the health unit

**2. HEALTH UNIT CODE:**

Indicated the unique code allocated to the health unit by the District Health Office

**3. FINANCIAL YEAR:**

This ranges from 1<sup>st</sup> July of current year to 30<sup>th</sup> June of the following year.

**4. ITEM DESCRIPTION:**

*(Name, formulation, strength)*

Enter the name of the item, its formulation and strength e.g. paracetamol tablet, 500 mg,

**5. PACK SIZE:**

The specific pack size in for each commodity. For example paracetamol can be packed in tins of 1000 tablets or in packages of 100 tablets. Issues from the store should be recorded in pack sizes. E.g. if 5 jars of 1000 tablets are issued out, write 5 in the **Quantity Out** column.

**6. ITEM CODE NO:**

This is the official unique number for the commodity given by MOH. Leave blank if you don't know the number.

**7. SPECIAL STORAGE CONDITIONS:**

These are specific instructions for storing a commodity. e.g., "Store in a cool dry place", "Store in temperature below 8 °C", etc.

**8. UNIT OF ISSUE:**

The smallest unit of an item e.g. 1 tablet, 1 vial, 1 cycle, 1 strip of determine.

**9. MAXIMUM STOCK LEVEL:**

This is 5 months stock based on the Average Monthly Consumption figures. For items with short shelf life Technical Programs will give guidance.

**10. MINIMUM STOCK LEVEL:**

This is a 2 months stock based on the Average Monthly Consumption figures. For items with short shelf life Technical Programs will give guidance.

## TRANSACTION INFORMATION

**11. DATE**

Enter the date when a transaction has taken place at the health facility store (MUST be indicated here).

**12. TO or FROM**

*To:* When issuing out of the store, please indicate where the stock is going. If abbreviations are used be consistent and clear.

*From:* When receiving into the store, please indicate where the stock has come from. If abbreviations are used be consistent and clear.

**Note:** Item (s) must not come into or leave the store without proper documentation i.e. requisition or issue documents that support the transaction.

**13. VOUCHER NUMBER**

The Voucher Number should be filled in whenever a transaction takes place. This is obtained from the Requisition and Issue Voucher (MH 017) and Delivery Note. This enables the tracking of movement of an item from one place to another.

**14. QUANTITY IN**

These are quantities received from a supplier e.g. National Medical Stores and should be written as number of Pack units. Usually the transaction is written in RED ink to highlight that these are items received in the Store. The items should be recorded in pack units

**15. QUANTITY OUT**

Enter the quantities in pack units issued out under this column.

**16. LOSSES/ ADJUSTMENTS**

**Losses:** This refers to any loss of commodities due to expiry, damage, pilferage, theft etc...this is usually indicated with a negative sign before the figure

**Adjustments:** Refers to increase or decrease in stock due to borrowing, lending or redistribution of an item and it is usually indicated with a positive sign for a gain into the store and a negative sign for item (s) lent out of the store.

**17. BALANCE ON HAND**

Enter the quantities of the commodity remaining in the store after issuing or adjustment.

**18. EXPIRY DATE(S)**

Enter the expiry date of the commodity received in this column. Stock of the nearest expiry date should always be used first (FEFO)

**19. BATCH NUMBER**

Enter the batch number of the commodity in this column.

**20. REMARKS**

Any remarks or comments about the items received or issued out at the health facility store are recorded here.

**21. INITIALS**

The stores person handling the transaction will be put his/her initials here for each transaction carried out.

**NOTE: Stock levels at minimum values must be reported to In-charge when they happen to avoid stock outs**

# HMIS FORM 083: STOCK BOOK

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To summarize the contents of individual stock cards into one book, making the ordering process simpler
- Timing:** Every month, after a physical count and before making an order
- Copies:** One, kept in the health unit store
- Responsibility:** Pharmacist/dispenser/stores personnel

## PROCEDURE

The stock book contains a summary of information on medicines and supplies stocked in a health facility.

## PREPARING A STOCK BOOK:

Each consumable item should have a page in the stock book. All information from the stock card of a commodity is summarized in a stock book. Update each page of the stock book once a month, after a physical count and before an order is made.

# HMIS FORM 083: STOCK BOOK

(1) Health Unit Name: \_\_\_\_\_ (2) Health Unit Code: \_\_\_\_\_

|      |                         | (3) Item description (name, formulation, strength): |                 |                      |                 |                   |                                    |                                   | (4) Pack size:                     |  | (5) Item Code No: |          |
|------|-------------------------|---|-----------------|----------------------|-----------------|-------------------|------------------------------------|-----------------------------------|------------------------------------|--|-------------------|----------|
| (6)  | (7)                     | (8)   | (9)             | (10)                 | (11)            | (12)              | (13)                               | (14)                              | (15)                               | (16)   | (17)              | (18)     |
| Date | Previous physical Count | Quantity received                                   | Quantity issued | Losses & adjustments | Balance on hand | Days out of stock | Adjusted Monthly Consumption (aMC) | Average Monthly Consumption (AMC) | Maximum stock quantities (=AMC X5) | Quantity to order (= Maximum stock quantities - Balance on hand) | Remarks           | Initials |
|      |                         |   |                 |                      |                 |                   |                                    |                                   |                                    |  |                   |          |
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**Note:** The stock book must be filled in monthly, using information from the Stock Card following a physical count

## DESCRIPTION OF COLUMNS

**1. HEALTH UNIT NAME**

Indicated the name of the health unit

**2. HEALTH UNIT CODE**

Indicated the unique code allocated to the health unit by the District Health Office

**3. ITEM DESCRIPTION**

*(Name, formulation, strength)* Enter the name of the item, its formulation and strength e.g. paracetamol tablet, 500 mg,

**4. PACK SIZE**

The specific pack size in for each commodity. For example paracetamol can be packed in tins of 1000 tablets or in packages of 100 tablets

**5. ITEM CODE NO**

This is the official unique number for the commodity given by the supplier. Leave blank if you don't know the number.

**6. DATE**

Enter the date when you update the stock book page

**7. PREVIOUS PHYSICAL COUNT**

Enter the quantity from the previous physical count

**8. QUANTITY RECEIVED**

Enter the quantity received the previous month from the stock card, since the last physical count.

**9. QUANTITY ISSUED**

Enter the quantity used since the last physical count

**10. LOSSES AND ADJUSTMENTS**

Enter the losses and adjustments for the previous months as recorded on the stock card

**11. BALANCE ON HAND**

Enter the quantities after doing your physical count or copy it from the stock card

*Note: Physical count should be done regularly at the end of each month.*

**12. DAYS OUT OF STOCK**

Enter the number of days the item was out of stock during the previous month

**13. ADJUSTED MONTHLY CONSUMPTION (aMC)**

Quantity consumed in the current month adjusted for stock out days e.g. 1000 items consumed in 10days therefore for 30days it would be **1000/10\*30days = 3000** if the item was available in stock throughout the month.

**14. AVERAGE MONTHLY CONSUMPTION (AMC)**

AMC is calculated as follows:

Adjusted consumption in the current month plus adjusted consumption for the two previous months, divide by three (3), i.e. 
$$\text{AMC} = \frac{(\text{aMC}_{\text{current}} + \text{aMC}_{2\text{previousmonths}})}{3}$$

**15. MAXIMUM STOCK QUANTITIES**

This is obtained by multiplying adjusted AMC by five months

**16. QUANTITY TO BE ORDERED**

This is obtained by subtracting balance on hand from the maximum stock quantities.

**17. REMARKS**

Enter any comments or observations that you feel are of importance

**18. INITIALS**

Enter your initials



## HMIS FORM 016: DAILY DISPENSING LOG

### DESCRIPTION AND INSTRUCTIONS

**Objective:** For recording of medicines dispensed and monitoring Rational Medicines Use by recording medicines dispensed to each individual patient.

**Copies:** One Copy which is kept as the dispensing unit within the health facility

**Responsibility:** The Pharmacist/ Dispenser

# HMIS FORM 016: DAILY DISPENSING LOG

(1) Health Facility Name \_\_\_\_\_

| (2)<br>Date      | (3)<br>OPD/IPD<br>Number | (4) Names and quantity of MEDICINES DISPENSED |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (5)<br>Dispenser<br>initials |  |  |
|------------------|--------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------|--|--|
|                  |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                              |  |  |
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| <b>(6) TOTAL</b> |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                              |  |  |

**DESCRIPTION OF COLUMNS:**

**1. HEALTH FACILITY NAME**

Enter the name of the Health Facility

**2. DATE**

Enter the date when the medicine is dispensed to a patient

**3. PATIENT NUMBER**

Enter the patient number as assigned in the OPD/IPD register. The number can also be obtained from the prescription or the patient's personal book.

**4. DISPENSED MEDICINE**

Enter the name of the medicines prescribe once on the space provided on top of every page and, enter the quantities every time the named medicine is dispensed, in the space provided at the column-row intersection box. (See example below).

**5. DISPENSER INITIALS**

Write the initials of the dispenser or the person who dispensed the medicine in the space provided

**6. TOTAL**

Sum of quantities dispensed at the end of the day. Each new day should be started on a fresh page of the dispensing log.

**Note:**

The dispenser shall sum up the totals for every page and enter on the last line on the page provided for page totals.

Daily totals shall be summed up and entered on the last page provided for the page totals of the day's work.

The dispensing log forms must be stored along with other records for at least 6 years.

A new page must be started for a new day. (Example)

**EXAMPLE: Individual dispensing record**

**Patient Number:** 01

**Rx tabs** Coartem 4 to be taken 12 hourly for 3days, Paracetamol 1 gram to be taken 8 hourly for 3 days

**Patient Number:** 02

**Rx Cap** Amoxicillin 500MG to be taken 8 hourly for 5days, Paracetamol 1 gram to be taken 8 hourly for 3 day.

**EXAMPLE:**

Health Facility Name: Lyantonde Hospital      Date: 12/05/2010

| Date         | OPD/IPD Number | Names and quantity of MEDICINES DISPENSED |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dispenser initials |
|--------------|----------------|---|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------|
|              |                | AL (24pack)                               | paracetamol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |
| 12/05        | 01             | 24  | 18          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LW                 |
| 12/05        | 02             | 6   | 9           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LW                 |
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| <b>TOTAL</b> |                | <b>30</b>                                 | <b>27</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |

# HMIS FORM 017: REQUISITION AND ISSUE VOUCHER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To make internal orders within the health unit for and issuing of commodities to be used for redistribution purposes between Health Facilities within outside the district

**Timing:** Whenever commodities are ordered, issued or redistributed.

**Copies:** Two.  
The original and duplicate move together until an issue is made. The duplicate copy remains with the store issuing and the original is sent back to the requesting department with the commodities.

**Responsibility:** In-Charge of the Health Facility and the Store

## PROCEDURE:

Use this form for ordering commodities within the health unit and for redistribution purposes.

## HMIS FORM 017: REQUISITION AND ISSUE VOUCHER

(1) Name of Health Unit \_\_\_\_\_

(2) Dept./section/ward/dispensary: \_\_\_\_\_

(3) Date: \_\_\_\_\_

| (4) Ordered by (Name and signature): |  |                      |                     |                               | (5) Authorized by (Name and Signature): |                |                 |
|--------------------------------------|--|----------------------|---------------------|-------------------------------|---|----------------|-----------------|
| (6) Item Code No.                    | (7) Item Description<br><i>(name, formulation, strength)</i> | (8) Previous Receipt | (9) Balance on Hand | (10) Quantity Required        | (11) Quantity Issued                    | (12) Unit Cost | (13) Total Cost |
|                                      |  |                      |                     |                               |   |                |                 |
|                                      |  |                      |                     |                               |   |                |                 |
|                                      |  |                      |                     |                               |   |                |                 |
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|                                      |  |                      |                     |                               |   |                |                 |
| (14) Issue date:                     |  |                      |                     | (15) Receipt date:            |   |                |                 |
| (17) Name & Signature receiver:      |  |                      |                     | (16) Name & Signature issuer: |   |                |                 |

**DESCRIPTION OF COLUMNS:**

- 1. HEALTH UNIT NAME**  
Write the name of the health unit
- 2. DEPT/SECTION/WARD/DISPENSARY**  
Enter the name of the requisitioning unit
- 3. DATE**  
Enter the date when you do the requisition
- 4. ORDERED BY**  
The person ordering should write his /her name and signature of the requisitioning person
- 5. AUTHORISED BY**  
The person authorizing the execution of the transaction should write his/her name and signature
- 6. ITEM CODE NO**  
This is the official unique number for the commodity given by the supplier. Leave blank if you don't know the number.
- 7. ITEM DESCRIPTION**  
(Name, formulation, strength)  
Enter the name of the item, its formulation and strength e.g. Paracetamol tablet, 500 mg.
- 8. PREVIOUS RECEIPT**  
Enter the quantity received from store to your unit/section/ depending on the previous order/requisition.
- 9. BALANCE ON HAND**  
Enter the quantities after doing your physical count or copy it from the stock card
- 10. QUANTITY REQUIRED**  
Enter the quantity required.
- 11. QUANTITY ISSUED**  
Enter the quantity issued
- 12. UNIT COST**  
Enter in the unit cost of the commodity

**13. TOTAL COST**

Enter in the total cost of the line item. This obtained by multiplying the unit cost by the total quantities required

**14. ISSUE DATE**

Write the date when the items were issued

**15. RECEIPT DATE**

Write the date when the items where received

**16. NAME & SIGNATURE OF ISSUER**

Write the name and signature of the issuing officer

**17. NAME &SIGNATURE OF RECEIVER**

Write the name and signature of the receiving person



# HMIS FORM 017a: PHARMACY CLASS A MEDICINES REQUISITION AND ISSUE VOUCHER

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To make internal orders within the health unit and issuing of commodities
- Timing:** Whenever commodities are ordered or issued.
- Copies:** Two (*Duplicate*) - One copy is left at the point of issue while the second goes back to the receiving unit.
- Responsibility:** In-Charge of the Pharmacy or Store

## PROCEDURE

Use this form for ordering commodities within the health unit and for dispensing medicines to Out-patients.

# HMIS FORM 017a: PHARMACY CLASS A MEDICINES REQUISITION AND ISSUE VOUCHER

(1) Medicine: .....Health unit/department: .....

(3) Health sub-district: ..... (4) District: .....

| (5)<br>Date | (6)<br>From/To:<br>Name & address of supplier, patient or ward/supplied to (or reason for destruction) | (7)<br>Invoice No./Ward Request No./ Patient No. | (8)<br>Received /Supplied/ Destroyed by | (9)<br>Checked by | (10)<br>Quantity received | (11)<br>Quantity Supplied/ Destroyed | (12)<br>Balance in stock | (13)<br>Signature of patient/person collecting |
|-------------|--|--|---|-------------------|---------------------------|--------------------------------------|--------------------------|--|
|             |  |  |   |                   |                           |                                      |                          |  |
|             |  |  |   |                   |                           |                                      |                          |  |
|             |  |  |   |                   |                           |                                      |                          |  |

## DESCRIPTION OF COLUMNS

**1. MEDICINE:**

*(Name, formulation, strength)*

Enter the name of the item, its formulation and strength e.g. Morphine oral solution 5mg.

**2. HEALTH UNIT/ DEPARTMENT:**

Write the name of the health unit or Department

**3. HEALTH SUB DISTRICT:**

Enter name of Health sub-district

**4. DISTRICT:**

Enter name of District

**5. DATE:**

Enter the date of making the requisition

**6. FROM/TO (Name & address of supplier, patient or ward/supplied to)**

The person ordering should write his /her name and signature of the requisitioning person

**7. INVOICE NO. / WARD REQUEST NO. /PATIENT NAME OR NO**

Enter reference number on the request/ invoice or patient name if being dispensed to a patient.

**8. RECEIVED/SUPPLIED/DESTROYED BY**

Enter Name of supplier, recipient or person responsible for the destruction.

**9. CHECKED BY**

Enter name of person who checked the order

**10. QUANTITY RECEIVED**

Enter the quantity received from the store.

**11. QUANTITY SUPPLIED/DESTROYED**

Enter the quantity issued to the patient or destroyed

**12. SIGNATURE OF PATIENT/PERSON RECEIVING**

Enter signature of patient or person receiving from the store as applicable

**13. BALANCE IN STOCK**

Enter the remaining after the transaction

**14. NAME &SIGNATURE OF RECEIVER**

Write the name and signature of the receiving person

# HMIS FORM 017b: QUARTERLY RETURN FORM FOR CLASS A MEDICINES / ORDER FORM BOOK

## DESCRIPTION AND INSTRUCTIONS

- Objective:** Used to report the utilization of Class A Medicines
- Timing:** Every 3 months (quarterly)
- Copies:** Five copies, one for each of the following: Health Unit, DHO/Hospital Director, Central Medical Stores, MOH
- Responsibility:** Health Facility in charge

## PROCEDURE

**Requirement:** It is a requirement of the United Nations Narcotics Control Board/WHO for Members countries to report consumptions of Class A Medicines in their countries.

Use this form to report consumption of the named Class A Medicines within the health unit to the Health Facility Administration, District Health Officer, Central Medical Stores (NMS, JMS, MAUL etc.) and Ministry of Health.

**Report period:** This is the quarterly operational period within a Financial Year gazetted and recognized by Government of Uganda. (July – September, October – December, January – March, April – June of every Financial Year).

# HMIS FORM 017b: QUARTERLY RETURN FORM FOR CLASS A MEDICINES / ORDER FORM BOOK

- (1) Date of filling the report .....
- (2) Name of Hospital / Health Unit.....
- (3) Report Period .....
- (4) Health Sub District..... (5) District.....
- (6) Medicine .....
- (7) Amount received .....

**Number of Patients/Cases in the Quarter or Report Period**

- (8) Total number of patient/Cases Seen during the Quarter or Report Period:  
.....
- (9) Number of Patients/Cases Seen by Diagnoses and Old or New Cases (**Sum should equal to total cases above**):
- |                 |                |                 |
|-----------------|----------------|-----------------|
| HIV/AIDS:       | Old cases..... | New cases.....  |
| Cancer:         | Old cases..... | New cases.....  |
| Other (Specify) | Old cases..... | New cases ..... |

- (10) Was the quantity of medicine delivered in the quarter adequate .....If not, what was the extent of deficiency.....
- (11) Estimate the requirement (Order Quantity) for the next review period  
.....
- (12) Name of Person filling form..... Title .....
- Sign/Date .....

**DHOs/Hospital Director's comments**

.....

.....Signature .....

Date .....

*Please fill in the forms, one copy is for your file/remain in the book, one for the Hospital Administration, one for the DHO and one for MoH.*

**NB.** Continued supply shall depend on correctly filling of Return Form

## DESCRIPTION OF COLUMNS

**1. DATE OF FILLING THE REPORT**

Enter the date of filling the Quarterly Return Report

**2. HEALTH UNIT NAME**

Write the name of the health unit

**3. REPORT PERIOD**

Enter the period within which the report is made

**4. HEALTH SUB DISTRICT**

Enter name of Health sub-district

**5. DISTRICT**

Enter name of District

**6. NAME OF MEDICINE** (*Name, formulation, strength*)

Enter the name of the item, its formulation and strength e.g. Morphine oral solution 5mg/5ml.

**7. AMOUNT RECEIVED**

Enter the amount received in the previous order

**8. TOTAL NUMBER OF PATIENTS SEEN**

Enter the total number of patients by seen in the report period

**9. NUMBER OF PATIENTS/CASES SEEN BY DIAGNOSES**

Enter the number of patients/Cases seen segregated by diagnosis for both Old and New Cases for (HIV/AIDS, Cancer, Others specify [Sickle cell anaemia, burns, heart diseases, diabetes mellitus etc.])

**10. ADEQUATE QUANTITY DELIVERED IN THE PREVIOUS ORDER**

Enter "YES" if all the patients received the medicine, if not, enter "NO" and estimate the quantity to cover gap

**11. ORDER QUANTITY**

Estimate the quantity to order to cover both Old and New Patients for the next review period.

**12. NAME AND TITLE OF THE PERSON FILLING THE REPORT**

Enter the name and title of the person filling the report

# HMIS FORM 017c: WARD/SERVICE DELIVERY POINT CLASS A MEDICINES REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** For recording of medicines dispensed and monitoring consumption by recording medicines dispensed to each individual patient.

**Copies:** Triplicate

**Responsibility:** Dispenser/Nurse

## PROCEDURE

Use this record when dispensing to patients in the wards.

# HMIS FORM 017c: WARD/SERVICE DELIVERY POINT CLASS A MEDICINES REGISTER

## CLASS A MEDICINES RECORD (DISPENSING LOG (CONSUMPTION RECORD))

(1) Name of Unit.....

(2) Ward/ Department .....

### For Sister's use only

(3) Name, Form and strength of Medicine.....

(4) Unit of Measure .....

(5) Quantity.....

(6) Ordered by..... Date.....

### For Pharmacy use only

(7) Supplied by..... Date.....

(8) Received by ..... Date.....

### Entry in Stock Register book for Class A Medicine

(9) Date of Entry.....Reference No.....

(10) Ledger Folio No ..... Signature.....

### (Full particulars to be recorded below)

| Date | Quantity Received | Quantity Administered | Balance | Name / Pt. No. | Bed No. | Time of Administration | Administered By | Witnessed By | Prescribed By |
|------|-------------------|-----------------------|---------|----------------|---------|------------------------|-----------------|--------------|---------------|
|      |                   |                       |         |                |         |                        |                 |              |               |
|      |                   |                       |         |                |         |                        |                 |              |               |
|      |                   |                       |         |                |         |                        |                 |              |               |

*Please fill in triplicate.*



## DESCRIPTION

**1. NAME OF UNIT**

Enter name of health facility

**2. WARD/ DEPARTMENT**

Enter name of Ward/ Department using the medicine

**3. NAME, FORM AND STRENGTH OF MEDICINE**

Enter full description of the medicine e.g. Morphine oral solution 5mg/ 5ml.

**4. UNIT OF MEASURE**

The pack size issued or dispensed e.g. ampoule, 250ml bottle, 500ml bottle

**5. QUANTITY**

Number of Units of measure issued/dispensed

**6. ORDERED BY**

Enter the name of person ordering and date order was made.

**7. SUPPLIED BY**

Enter the name of person who supplied and date item was supplied

**8. RECEIVED BY**

Enter the name of person who received the item and date the item was received

**9. DATE OF ENTRY**

Enter the date when Pharmacist made the entry into the Stock Register Book for Class A Medicines

**10. REFERENCE NO**

Enter the serial number on the page of the Dispensing Log

**11. LEDGER FOLIO NO**

Enter the international code number of the item or leave blank

## TABLE 10: VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY)

### DESCRIPTION AND INSTRUCTIONS

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | Improved practices in vaccine management |
| <b>Timing:</b>         | Every month.                             |
| <b>Copies:</b>         | One copy remains at the health unit.     |
| <b>Responsibility:</b> | In-Charge                                |

### MONTHLY PROCEDURES

All the data needed to accomplish this task is got from *THE VACCINE AND INJECTION MATERIALS CONTROL BOOK* and it should always be up to date.

Find the Start **balance (Amount of vaccines at the beginning of the month for each antigen)** in the vaccine control book. Enter the value for the **Beginning Stock Balance** (column A).

Get the doses received by summing up the start balance plus doses received during the month from the vaccine control book for each antigen for the entire month. Enter the value in (column B).

Find the **Balance on hand (Ending stock)** in the vaccine control book at or near the end of the month for each antigen. Enter the values for the **Ending Stock Balance** (column D).

Enter the doses given to other health units in (column C)

#### On TABLE 10

- Calculate the **Doses Used (accessed)** (column G) for each antigen every month by **[Beginning Stock balance + Doses received during the Month – Ending Stock Balance+ Doses given to other units]**
- Calculate the **Doses wasted** (column H) for each antigen every month by **[Doses used (accessed) – Number of children immunized]**
- Calculate the **wastage rate %** for each antigen by (column I)  
[100 – Utilizations rate %]

**Column J is for the reasons that led to the wastage of the vaccines.**

**TABLE 10: VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY)**

District: \_\_\_\_\_ Health Sub-District: \_\_\_\_\_ Health facility: \_\_\_\_\_ Month/Year: \_\_\_\_\_

| Antigen                 |  | Start Balance | Doses Received | Doses given to other health units | Balance at end of month (VIMCB) | Number of children immunized (HMIS) |               | Number of children immunized (HMIS) | Doses Used (Accessed) | Doses wasted | Vaccine wastage rate | Reasons for Vaccine wastage *see footnotes below |
|-------------------------|--|---------------|----------------|-----------------------------------|---------------------------------|-------------------------------------|---------------|-------------------------------------|-----------------------|--------------|----------------------|--|
|                         |  | A             | B              | C                                 | D                               | E                                   |               | F                                   | G                     | H            | I                    | J  |
|                         |  |               |                |                                   |                                 | Under 1year                         | 15 – 45 years | Above 1year                         | (A+B)-(C+D)           | (G – E)      | H/G X100             |  |
| BCG                     |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Polio                   |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| DPT-HepB                |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Hib                     |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Measles                 |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| TT                      |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Rota Virus              |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Pnuemococcal Vaccine    |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Human Papilloma Vaccine |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |
| Hepatitis B Vaccine     |  |               |                |                                   |                                 |                                     |               |                                     |                       |              |                      |  |

Reasons for wastage in order of highest cost-Temperature exceeding +8 degree Celcius =1, Temperature below 0 degree Celcius=2, Expired vials=3, Vials without labels=4, Vials missing diluent=5, Reconstituted vaccine remaining after g hours=6, Opened vials not used by end of session=7, Opened vials contaminated=8, Vials broken=9, others (specify) =10

Comment on the commonest causes of vaccine wastage: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HMIS FORM 017d: VACCINE AND INJECTION MATERIALS CONTROL BOOK (VIMCB)

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To improve vaccine and other EPI supplies stock management

**Timing:** Daily.

**Copies:** One copy at the health unit.

**Responsibility:** Health facility In-Charge

## PROCEDURES

All the data needed to accomplish this task is got from ***THE VACCINE AND INJECTION MATERIALS CONTROL BOOK*** and it should always be up to date.

Find the Start **balance (Amount of vaccines at the beginning of the month for each antigen)** in the vaccine and injection materials control book. Enter the value for the **Beginning Stock Balance**  
(Column 3)

Get the the total stockreceived by summing up the start balance plus doses received during the month from the vaccine control and injection materials book for each antigen for the entire month. Enter the value in  
(Column 17)

Enter the doses given to other health units/outreach in (column 10)

Calculate the **Doses Used (accessed)** (column 10) for each antigen every month by  
**[Beginning Stock balance + Doses received during the Month – Ending Stock Balance+ Doses given to other units]**

Calculate the **Doses wasted** (column 15) for each antigen every month by  
**[Doses used (accessed) – Number of children immunized]**

Calculate the **wastage rate %** for each antigen by (column 15)  
**[100 – Utilizations rate %]**

**Column (18) is for the reasons that led to the wastage of the vaccines.**

## **Technical Module 4: Management of Resources**

The VIMCB is a very important information tool. It keeps all the information on vaccines and injection materials which are received and issued out at national, district, HSD and Health Facility Storage Centre.

In order to ensure effective use of the VIMCB, the Health Worker/Storekeeper/Records Assistant should follow the under listed guidelines.

The VIMCB should have the name of the District and storage centre

Each type of vaccine and injection is recorded separately.

Information on the vaccine received/issued out is entered immediately in columns on each page as described below:

## The Uganda National Immunization Schedule

| Vaccine/<br>Antigen | Dosage  | Doses<br>Required | Minimum Interval<br>Between Doses | Minimum Age to<br>Start   | Mode of<br>Administration | Site of<br>Administration         | Storage<br>Temperature<br>at<br>CVS,DVS,HSD | Storage<br>Temperature at<br>Static Unit | Remarks  |
|---------------------|---|-------------------|-----------------------------------|---|---------------------------|-----------------------------------|---|--|--|
| BCG                 | 0-11 months – 0.05ml. Above 11 months – 0.1ml | 1                 | None                              | At birth (or first contact)   | <i>Intra-dermally</i>     | Right Upper Arm                   | +2°C to +8°C                                | +2°C to +8°C                             | <i>Use Diluents provided for BCG <b>ONLY</b> Not to be given to children with symptomatic HIV/AIDS Use sponge method</i> |
| Polio               | 2 drops                                       | 0+3               | One month (4 weeks)               | At birth or within the first 2 weeks (Polio 0) and six weeks or first contact after 6 weeks (Polio 1) | <i>Orally</i>             | <i>Mouth</i>                      | -15°C to -25°C                              | +2°C to +8°C                             | <i>Use sponge method</i>   |
| IPV                 | 0.5ml   | 1                 | None                              | 14 weeks  | <i>Intramuscularly</i>    | Outer Upper Aspect of Left Thigh  | +2°C to +8°C                                | +2°C to +8°C                             | <i>Do not freeze Do not place vials directly on icepacks Use sponge method</i>   |
| DPT-HepB-Hib        | 0.5 ml  | 3                 | One month (4 weeks)               | At 6 weeks (or first contact after that age)  | <i>Intramuscularly</i>    | Outer Upper Aspect of Left Thigh  | +2°C to +8°C                                | +2°C to +8°C                             | <i>Do not freeze Do not place vials directly on icepacks Use sponge method</i>   |
| PCV                 | 0.5 ml  | 3                 | One month (4 weeks)               | At 6 weeks (or first contact after that age)  | <i>Intramuscularly</i>    | Outer Upper Aspect of Right Thigh | +2°C to +8°C                                | +2°C to +8°C                             | <i>Do not freeze Do not place vials directly on icepacks Use sponge method</i>   |
| Rota                | drops   | 2                 | One month (4 weeks)               | At 6 weeks (or first contact after that age)  | <i>Orally</i>             | <i>Mouth</i>                      | +2°C to +8°C                                | +2°C to +8°C                             | <i>Do not freeze Do not place vials directly on</i>  |

## Technical Module 4: Management of Resources

|                |        |   |   | Weeks   |                                   |                |              |              | <i>icepacks</i><br><i>Use sponge method</i>                                    |
|----------------|--------|---|---|---|-----------------------------------|----------------|--------------|--------------|--|
| Measles        | 0.5 ml | 1 | None  | At 9 months (or first contact after that age).                                    | <i>Subcutaneousl</i><br><i>y</i>  | Left Upper Arm | +2°C to +8°C | +2°C to +8°C | <i>Use Diluents provided for Measles <b>ONLY</b> Use sponge method</i>         |
| Tetanus Toxoid | 0.5 ml | 5 | TT1&TT2: One month<br>TT2&TT3: Six months<br>TT3&TT4: One year<br>TT4&TT5: One year   | At first contact with a pregnant woman or women of childbearing age (15-45 years) | <i>Intramuscularl</i><br><i>y</i> | Upper Arm      | +2°C to +8°C | +2°C to +8°C | <i>Do not freeze Do not place vials directly on icepacks Use sponge method</i> |
| HPV            | 0.5ml  | 3 | HPV1: At first contact with a girl in Primary 4 or a girl aged 10 years for those out of school<br>HPV2: 2 months after HPV1<br>HPV3: 4 months after HPV2 | Girls in Primary 4 or 10 year old girls who are out of school                     | <i>Intramuscularly</i>            | left upper arm | +2°C to +8°C | +2°C to +8°C | <i>Do not freeze Do not place vials directly on icepacks Use sponge method</i> |

**Note: Rota vaccine schedule should be completed by 32 weeks of age**

**Polio 0** is a primer dose, which should be given within **2 weeks of life**.

Contra-indications – None. If a child is severely ill necessitating hospitalization, then admit, treat and immunize before discharge.

Do not open more than one vial/ampoule at a time. Discard open vials/ampoules at the end of the day when at the outreach site. Return the unused vials to the Static Unit.

Discard only open vials of **BCG, DPT-HepB-Hib, PCV and Measles** the end of the immunization session conducted at the Static Unit. Return unfinished open vials of OPV and TT vaccine to the refrigerator if not contaminated to be used in the next sessions.

### **Picture-Child/mother/health worker**

Do not vaccinate in direct sunlight – use a building or shade. Hold your vaccination sessions on fixed days. It will help mothers remember to return.

Do not use vaccines after **expiry, VVM color change to discard point, loss of label or contamination**.

Observe proper Cold Chain System during the vaccination session. Use sponge method. If you miss Polio Immunisation at birth, then start at 6 weeks.

**HMIS FORM 017d: VACCINE AND INJECTION MATERIALS CONTROL BOOK (VIMCB)**

|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|-----------------|----------------------------|---------------|----------------|------------|-----------|--------------|--------------|-------------|----------------------|-----------|--------------|-------------|------------|--------------|----------------|---------------|---------|
| VACCINE NAME:   |                            |               |                | MONTH..... |           |              |              |             | YEAR.....            |           |              |             |            |              |                |               |         |
| <b>Received</b> |                            |               |                |            |           |              |              |             | <b>Issued</b>        |           |              |             |            |              |                |               |         |
| (1)             | (2)                        | (3)           | (4)            | (5)        | (6)       | (7)          | (8)          | (9)         | (10)                 | (11)      | (12)         | (13)        | (14)       | (15)         | (16)           | (17)          | (18)    |
| Date            | Name of Facility/Out Reach | Stock at hand | Doses received | VVM stage  | Vial size | Manufacturer | Batch number | Expiry date | Doses /pieces issued | VVM stage | Batch number | Expiry date | Doses used | Doses wasted | Doses returned | Total balance | Remarks |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |
|                 |                            |               |                |            |           |              |              |             |                      |           |              |             |            |              |                |               |         |





## DESCRIPTION OF COLUMNS

### 1. DATE

Record the actual date of receiving OR issuing the vaccines and injection materials.

### 2. NAME OF HEALTH FACILITY

Record the name of the facility where vaccines and injection materials are received from OR being issued/delivered to.

### 3. STOCK AT HAND

Record the physical count of the vaccines and injection materials found in the refrigerator/store.

### 4. DOSES RECEIVED




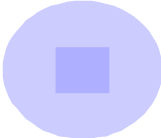
Count and record the actual doses/pieces of the new stock of vaccines OR injection materials received.

### 5. VVM STAGE

The vaccine vial monitor;

**The point to focus on is the colour of the inner square relative to the colour of the outer circle.**

### The vaccine vial monitor says...

|   |   |
|---|---|
|  | ✓<br>The inner square is lighter than the outer circle. If the expiry date has not passed, USE the vaccine.                       |
|  | ✓<br>At a later time the inner square is still lighter than the outer circle. If the expiry date has not passed, USE the vaccine. |
|  | ✗<br>Discard point: the colour of the inner square matches that of the outer circle. DO NOT use the vaccine.                      |
|  | ✗<br>Beyond the discard point: the inner square is darker than the outer circle. DO NOT use the vaccine.                          |

**Rule 1:** If the inner square is lighter than the outer circle, the vaccine should be used.

**Rule 2:** If the inner square is the same colour as, or darker than, the outer circle, the vaccine should be discarded.

**6. VIAL SIZE**

Write the Strength of the Vial size which is number of doses per vial.

**7. MANUFACTURER**

Write the source of the vaccine

**8. BATCH NUMBER**

Read and record the batch number of every vaccine and injection materials received.

**9. EXPIRY DATE**

Read from the vaccine vials/injection materials and record expiry date. If the vaccines/injection materials received expire on different dates, then record them separately.

**10. DOSES/PIECES ISSUED**

Record doses/pieces taken out of the refrigerator/store and issued out for static or outreach immunization session.

**11. VVM STAGE**

Follow as column 5 for appropriate action to be taken

**12. BATCH NUMBER**

Read and record the batch number of every vaccine and injection materials taken out of the refrigerator/store for immunization sessions or issued to another health facility

**13. EXPIRY DATE**

Read and record the expiry date of every vaccine and injection materials taken out of the fridge/store for immunization sessions or issued to another health facility.

**14. DOSES USED**

Using the tally sheet for every immunization session, count the number of children/women immunized and this will give you total number of doses used which should be recorded at the end of the immunization session

**15. DOSES WASTED**

Total doses in opened vials minus total number of the vaccinated children and women equals' doses wasted.

**16. DOSES RETURNED**

Total doses in opened vials minus total number of the vaccinated children and women equals doses wasted.

**17. BALANCE:** Enter the total balance of vaccines/pieces of injection materials in stock immediately after issuing to a health facility, receiving new stock/returned vaccines or carrying out physical count at the storage centre/static unit.

**18. REMARKS**

In this column, you may write comments on the condition of the vaccines received, issued or discarded e.g. VVM in stage three, lack of diluents, broken vials, vaccine vials without label, and transfer of vaccines due to cold chain failure or missing stock during physical count.

Record vaccines and injection materials received as soon as they are put in the fridge/store  
 At the time of issuing for the static or outreach sessions, record the amount issued without waiting for the teams to come back.  
 Balance the vaccine and injection materials control book every time you receive or issue vaccines and injection materials and on returning from the outreach or static session.  
**Remember to** record the balance of doses of the open vials of OPV and TT used at the static session using the tally sheet(s)  
**Remember to** match diluents with the vaccines (**BCG & Measles**) from the same manufacturers and should be in equal numbers well indicated in the vaccine and injection materials control book.

**Inside of back page:**

**RECOMMENDATIONS FOR USE OF THE OPENED MULTI-DOSE VIALS**

In an effort to reduce the high vaccine wastage, the Ministry of Health/UNEPI adopted the WHO recommended policy for the use of opened Multi-dose vials of vaccines (MDVP).

The table below summarizes the guidelines on the use of the MDVP.

| Vaccine Type | WHO Policy   |
|--------------|--|
| BCG          | Danger! Discard within 6 hours of reconstitution or at the end of the session, whichever comes first   |
| DPT-HeB-Hib  | Danger! Discard within 6 hours of reconstitution   |
| PCV          | Danger! Discard within 6 hours of opening  |
| Measles      | Danger! Discard within 6 hours of reconstitution or at the end of the session, whichever comes first   |
| OPV          | Save unless<br>Expired, contaminated or has no label<br>The VVM is at discard or beyond discard point<br>Vials have been opened for 4 weeks<br>Vials opened during outreach sessions |
| TT           | Expired, contaminated or has no label<br>Frozen<br>The VVM is at discard or beyond discard point<br>Vials have been opened for 4 weeks<br>Vials opened during outreach sessions      |

*For example, vials should be assumed to be contaminated if there is visible evidence of contamination such as change in appearance or floating of particles; or if the vial was pierced with a non-sterile needle and syringe; or if reconstituted vaccine has been opened for more than 6 hours; or if the vial septum has been submerged in water. A vial, which has been opened and saved at the static unit, should not be taken for outreach sessions.*

# HMIS FORM 084: BI-MONTHLY REPORT AND ORDER CALCULATION FORM

## DESCRIPTION AND INSTRUCTIONS

- Objective:**
- To report stock – on - hand balances of items at the health facility
  - To report the facility's bimonthly usage of Commodities
  - To determine quantities of commodities to re-supply the facility
- Timing:** At the end of the reporting period, every two months.
- Copies:** Two copies, one remains at the health unit and the original is sent to the Ministry of Health through the DHO.
- Responsibility:** The Stores personnel, laboratory personnel or any other authorized person(s) managing the items at the health facility in coordination with other facility departments
- Materials needed:** Stock cards, prescription and dispensing logs and previous Bimonthly Report and Order Calculation form. The stock book may be used as an already summarized source of information for the bimonthly report and order calculating form.

## PROCEDURE

At the end of each reporting cycle (every two months) the stores personnel, laboratory personnel or any other authorized person(s) managing the items at the health facility uses the records to complete the Bimonthly Report and Order Calculation Form. The report and order is sent to the central level data processing unit on a designated date at the end of the reporting period.

# HMIS FORM 084: BI-MONTHLY REPORT AND ORDER CALCULATION FORM

Facility Name: \_\_\_\_\_ Report Period: \_\_\_\_\_ District: \_\_\_\_\_  
 Month/Year \_\_\_\_\_ Health Sub District: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

| (1)        | (2)              | (3)        | (4)  | (5)                                     | (6)                                 | (7)                       | (8)                         | (9)                       | (10) | (11)            | (12)                   | (13)                  |
|------------|------------------|------------|--|---|-------------------------------------|---------------------------|-----------------------------|---------------------------|------|-----------------|------------------------|-----------------------|
| Item Code. | Item Description | Basic Unit | Physical count at beginning of review period | Quantity Received during the two months | Quantity Used during the two months | Losses/ Adjustments (+/-) | Number of days out of stock | This month physical Count | AMC  | Months of Stock | Maximum Stock Quantity | Quantity required (J) |
|            |                  |            | A  | B                                       | C                                   | D                         | E                           | F                         | G    | H               | I                      | J = I-F               |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |
|            |                  |            |  |   |                                     |                           |                             |                           |      |                 |                        |                       |

(14) Remarks: \_\_\_\_\_

(15) Prepared by: Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Date: \_\_\_\_\_

(16) Reviewed by: Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Date: \_\_\_\_\_

## DESCRIPTION OF COLUMNS:

**1. ITEM CODE:**

Check in the NMS/JMS catalogue and write the code of the item, in this column.

**2. ITEM DESCRIPTION:**

Check in the NMS/JMS catalogue and write the name of the item to be ordered.

**3. BASIC UNIT:**

Check in the NMS/JMS catalogue, identify and write the basic unit of the item to be ordered

**4. PHYSICAL COUNT AT THE BEGINNING OF THE REVIEW PERIOD:**

Enter the total number of items that were available at the beginning of the review period. The quantities can be obtained from the stock book by looking at the physical count done at the start of the review period. Alternatively the figure can be got from the last bimonthly report by looking at the physical count reports at the end of the last reporting period

**5. QUANTITY RECEIVED DURING THE TWO MONTHS:**

Enter the total quantity received by the facility during the two months report period from the official sources of supply i.e. from JMS/NMS should be totalled and recorded in this column. The quantities of each product received can be found in the Quantity Received column of the Stock Card.

**6. QUANTITY USED DURING THE TWO MONTHS:**

Enter the total quantity used during the two months reporting period. The Total Bimonthly Usage comes from the “dispensing Log” form”.

Add up the totals from all the forms for the two months of the reporting period. Repeat the process for each item.

You will need to retrieve all the forms you have completed for the two months you are reporting.

**7. LOSSES/ADJUSTMENTS:**

Calculate the total losses/adjustment for the reporting period by adding losses/ adjustments for the 2-month period from the stock card to the losses and wastage from each of the dispensing logs for the same period.

Enter the total amount of losses and adjustments that occurred during the two months of the report period. **Adjustments** are quantities of a product either issued or received, from any source other than NMS (example. You received 100 tests from a local NGO, which would be a + 100 adjustment **or** you loaned 100 tests to another facility, which would be a –100 adjustment). **Losses** are quantities removed from your stock for anything other than testing samples at your facility (e.g., expired, lost, or damaged, recorded as negative number.)

## Technical Module 4: Management of Resources

If the total amount of the adjustments for the month is positive, write a plus (+) sign next to the number. Example: +3. If the total amount of the adjustments for the month is negative, write a negative (-) sign next to the number. Example: 3.

### 8. NUMBER OF DAYS OUT OF STOCK

Enter in the number of days the item was out of stock during the previous month

### 9. THIS MONTH PHYSICAL COUNT:

This is based on the physical count that is done prior to filling of the bimonthly report / order form. Enter the amount of the physical count in column F.

### 10. MONTHS OF STOCK:

Divide this month physical count with the average monthly consumption. The number you get is the months of stock

### 11. MAXIMUM STOCK QUANTITY:

Calculate the Maximum Stock Quantity and write this number in this column. The maximum stock level for essential medicines is 5 months while for HIV Tests is 6 months.

### 12. QUANTITY REQUIRED:

Determine the number of items to be ordered i.e. the maximum stock quantity less of the closing balance/stock on hand.

### 13. REMARKS:

Use this space to provide any explanations on losses/adjustments or other information on the data being reported.

### 14. PREPARED BY:

Complete by writing in your full name, signature, designation, phone number and date.

### 15. REVIEWED BY:

The reviewer completes by writing in full name, signature, designation, phone number and date.

# HMIS FORM 084a: THE BI-MONTHLY REPORT AND ORDER CALCULATION FORM FOR HIV TESTS

## DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the total number of HIV tests used and received at the health unit, Ordering for HIV AIDS Test kits.
- Timing:** At the end of the reporting period, every two months. Follows the NMS order deadline schedule
- Copies:** 2 Copies where one remains in the health unit database and the other is sent to the National procurement agency.
- Responsibility:** The laboratory personnel responsible for the management of HIV tests at the facility, or other authorized person(s) in coordination with other facility departments e.g. maternity that perform HIV Testing
- Materials used:** Consumption Log of HIV Tests for the past two months, Previous Bimonthly Report and Order Calculation form, and Stock Cards. Equivalent records that track stock on hand and usage data of HIV tests may be used if the two preferred records are not maintained at the facility.

## PROCEDURE

1. At the end of each reporting cycle (every two months) the laboratory personnel or other authorized person(s) managing the HIV tests use the records to complete the *Bimonthly Report and Order Calculation Form, HIV Test Kits*.
2. The report and order is sent to the central level data processing unit on a designated date at the end of the reporting period.



## Technical Module 4: Management of Resources

### HMIS FORM 084a: BI-MONTHLY REPORT AND ORDER CALCULATION FORM FOR HIV TESTS

a. Facility Name: \_\_\_\_\_ b. Report Period: \_\_\_\_\_  
 Month – month/year

c. District: \_\_\_\_\_

d. Health Sub District: \_\_\_\_\_ e. Date Prepared: \_\_\_\_\_  
 Day – month – year

| Serial No. | Item Description   | Basic Unit | 2. Number of test available at the beginning of two months | 3. Total number of tests received during the two months | 4. Total number of tests used during the two months | 5. Losses/ Adjustments (+/-) | 6. Total number of tests remaining at the end of the two months (Physical count) | 7. Maximum stock quantity | 8. Quantity required | 9. Quantity to ship/Supply |
|------------|--|------------|--|---|---|------------------------------|--|---------------------------|----------------------|----------------------------|
|            |  |            | A  | B   | C   | D                            | E=A+B-C+/-D  | F=Cx3                     | H=F-E-G              | I                          |
| 1          | Determine HIV 1/2 (+1 bottle Chase Buffer per 100 tests) | 1 test     |  |   |   |                              |  |                           |                      |                            |
| 2          | Stat-Pak HIV ½   | 1 test     |  |   |   |                              |  |                           |                      |                            |
| 3          | Unigold HIV ½  | 1 test     |  |   |   |                              |  |                           |                      |                            |
| 4          | Vacutainer tubes   | 1pc        |  |   |   |                              |  |                           |                      |                            |
| 5          | Vacutainer Holders                                       | 1pc        |  |   |   |                              |  |                           |                      |                            |
| 6          | Vacutainer Needles                                       | 1pc        |  |   |   |                              |  |                           |                      |                            |
| 7          | Lancets  | 1pc        |  |   |   |                              |  |                           |                      |                            |
| 8          | Pasteur Pipette  | 1pc        |  |   |   |                              |  |                           |                      |                            |
| 9          | Alcohol Swabs  |            |  |   |   |                              |  |                           |                      |                            |
| 10         | Bio-hazardous bags                                       | 1 bag      |  |   |   |                              |  |                           |                      |                            |
| 11         | DBS collection kit                                       |            |  |   |   |                              |  |                           |                      |                            |

| 10. Bimonthly Summary of HIV test by Purpose of use |                 | HCT | PMTCT/eMTCT | Clinical Diagnosis | SMC | Quality Control |
|---|-----------------|-----|-------------|--------------------|-----|-----------------|
| 1   | Determine HIV ½ |     |             |                    |     |                 |
| 2   | Stat pack       |     |             |                    |     |                 |
| 3   | Unigold         |     |             |                    |     |                 |

11. Remarks: \_\_\_\_\_

12. Prepared by: Full Name  
 13. Reviewed by: Full Name

Signature  
 Signature

Designation  
 Designation

Phone No.  
 Phone No.

Date  
 Date:

**a. FACILITY NAME:**

Write in the name of the facility.

**b. REPORT PERIOD:**

Write in the beginning date, month and year and ending date, month and year of the specified report period following this format; dd-mm-year to dd-mm-year. **1<sup>st</sup> February 2009- 31<sup>st</sup> March 2009**

**c. HEALTH SUB-DISTRICT:**

Write in the name of the health sub-district where the facility is located.

**d. DISTRICT:**

Write in the name of the district where the facility is located.

**1. ITEM DISCRIPTION:**

If the type and brand of the HIV test/ accessory/supply is already pre-printed on the report, Skip to step # 2.

If the type and brand of the HIV test is not pre-printed, On the lines provided, write the type and brand of the HIV test, and the basic unit. The basic unit is always "1 test"

**2. NUMBER OF TESTS AVAILABLE AT THE BEGINNING OF THE TWO MONTHS:**

Enter the total number of HIV tests that were available at the facility at the beginning of the report period.

**3. TOTAL NUMBER OF TESTS RECEIVED DURING THE TWO MONTHS:**

Enter the total quantity received *by the facility* during the two months report period from the official sources of supply i.e. from JMS/NMS.

**4. TOTAL NUMBER OF TESTS USED DURING THE TWO MONTHS:**

Enter the total quantity of tests used during the two months reporting period.

**5. LOSSES/ADJUSTMENTS:**

Enter the total amount of losses and adjustments that occurred during the two months of the report period.

**6. TOTAL NO. OF TESTS REMAINING AT THE END OF THE TWO MONTHS (PHYSICAL COUNT):**

Conduct a physical count of HIV tests in the entire facility and record the result of the count in the column.

**7. MAXIMUM STOCK QUANTITY:**

Calculate the Maximum Stock Quantity and write this number in this column. The maximum stock level for HIV Tests is 6 months.

**8. QUANTITY REQUIRED:**

Determine the number of HIV tests to be ordered i.e. the maximum stock quantity less of the closing balance/stock on hand.

**9. QUANTITY TO SHIP/SUPPLY:**

Please leave this information blank. To be completed by the central ware houses.

**10. BIMONTHLY SUMMARY OF HIV TESTS BY PURPOSE OF USE:**

Write the total number of Determine, Statpak and Unigold test used for HCT, PMTCT and Clinical Diagnosis and quality control

**11. REMARKS:**

Use this space to provide any explanations on losses/adjustments or other information on the data being reported.

**12. PREPARED BY:**

Complete by writing in your full name, signature, designation, phone number and date.

**13. REVIEWED BY:**

The reviewer completes by writing in full name, signature, designation, phone number and date.

## **HMIS FORM 085: ORDER FORM FOR EMHS**

### **DESCRIPTION AND INSTRUCTION**

- Objective:** To request supplies from the National Medical Stores
- Timing:** Each time an order is made
- Copies:** Three Copies
- Responsibility:** Health facility staff responsible for ordering health commodities

### **PROCEDURE:**

- 1) The EMHS order form is a blank sheet where you fill your items to order.
- 2) Fill in the information from your requirements list. This order form is used to order for all medicines and health supplies; these include EMHS, ARVs, laboratory commodities, TB medicines, Contraceptives and condoms.
- 3) Fill in the order form by writing in your needs according to your level of care. Make sure you enter the NMS/JMS code for each item as reflected on the NMS/JMS catalogue respectively.

## HMIS FORM 085: ORDER FORM FOR EMHS

| <b>(1) Order to (NMS, JMS, Other):</b>   |                         |                  | <b>(2) Facility Name:</b>  |             |   |                             |
|--|-------------------------|------------------|--|-------------|---|-----------------------------|
| <b>(3) District</b>  |                         |                  | <b>(4) Level :</b> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> General Hospital <input type="checkbox"/> Referral Hospital <input type="checkbox"/> |             |   |                             |
| <b>HSD:</b>  |                         |                  | <b>(6) Date:</b>   |             |   |                             |
| <b>(7) Order details:</b><br>Facility Code: _____ Year: _____ Month: _____ Order no: _____ |                         |                  |  |             |   |                             |
| (7)<br>Item<br>Code  | (8)<br>Item Description | (9)<br>Pack Unit | (10)<br>Pack<br>Unit<br>Price  | (11)<br>AMC | (12)<br>Quantity<br>Ordered                   | (13)<br>Total Cost<br>(UGX) |
|  |                         |                  |  |             |   |                             |
|  |                         |                  |  |             |   |                             |
|  |                         |                  |  |             |   |                             |
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|  |                         |                  |  |             |   |                             |
|  |                         |                  |  |             |   |                             |
|  |                         |                  |  |             |   |                             |
|  |                         |                  |  |             |   |                             |
| <b>(14) Ordered by:</b><br>Signature & date:   |                         |                  |  |             | <b>(15) Approved by:</b><br>Signature & date: |                             |
| <b>(16) Confirmed by:</b>  |                         |                  | Signature & date:  |             |   |                             |

**DESCRIPTION OF COLUMNS:**

**1. ORDER TO NMS/JMS/OTHERS:**

Specify where the order is being sent.

**2. FACILITY NAME**

Fill in the name of your facility

**3. DISTRICT:**

Fill in the name of the district where the health facility belongs

**4. LEVEL:**

Tick the box that corresponds to the level of care of your facility

**5. HSD:**

Fill in the name of the Health sub-district where your facility belongs

**6. DATE:**

Fill in the day, month and year when you fill your order form

**7. ORDER DETAILS:**

**FACILITY CODE:**

Enter the HMIS facility code

**YEAR:**

Enter the calendar year when this order was prepared e.g. 2010 or 2020

**MONTH:**

Enter the month

**ORDER NO:**

Fill the figure corresponding to number of orders made by the facility in the respective year

**ITEM CODE:**

This is the code as reflected in the NMS catalogue. Fill in this code for each item you are ordering for (medicines and health supplies)

**8. ITEM DESCRIPTION:**

Fully describe the item you are ordering for, including the name, dosage form and strength

**9. PACK UNIT:**

Fill in the pack unit of the item you are ordering for as reflected in the NMS/JMS catalogue, e.g. For Cotrimoxazole 400-80mg, tin of 1000 tabs

**10. PACK UNIT PRICE:**

Fill in the price of each item as reflected in the NMS/JMS catalogue. Note that some items do not have prices because they are donated. Their cost is therefore not borne by the health facility and does not reduce on the credit line balance, e.g. contraceptives

**11. AVERAGE MONTHLY CONSUMPTION (AMC)**

Enter the quantity consumed on average per month.

**12. QUANTITY NEEDED:**

The quantity needed is obtained by subtracting your current stock balance from your maximum stock level. This depends on your Average Monthly Consumption which is filled in the stock book.

**13. TOTAL COST:**

Fill this column by multiplying the pack unit price with the quantity needed

**14. ORDERED BY:**

The person filling the order form should write his/her name. This should be the health facility in-charge

**15. APPROVED BY:**

The order form should be approved by the Health Sub-district in-charge. The HSD in-charge should confirm that the cost of the order lies within the facility budget at NMS.

**SIGNATURE AND DATE:**

Both the person ordering and the one approving should sign the order form

**16. CONFIRMED BY:**

The quantities and accuracy of the order form should be confirmed by the District Health Officer

# HMIS FORM 085a: ORDER FORM FOR LABORATORY REAGENTS AND CONSUMABLES

## DESCRIPTION AND INSTRUCTIONS

- Objective:** - To Report the total number of reagents & consumables used and received at the health unit.  
- Ordering for Laboratory Reagents & Consumables.
- Timing:** At the end of the reporting period, every two months. Follows the NMS order deadline schedule..
- Copies:** **2 Copies** where one remains in the health unit database and the other is sent to the National procurement agency.
- Responsibility:** The laboratory personnel responsible for the management of HIV tests at the facility, or other authorized person(s) in coordination with other facility departments e.g. maternity that perform HIV Testing
- Materials used:** Stock Cards/stock book, previous order & order calculation worksheet. Equivalent records that track stock on hand and usage data of reagents may be used if the two preferred records are not maintained at the facility.

## PROCEDURE:

1. Send the completed order form to the in-charge of the HSD.
2. The HSD reviews and approves orders from health units to ensure that the details of the order are correct and the total cost is within the facility credit limit. The order is then sent to the DHO.
3. The DHO reviews and approves orders and forwards the order to NMS one month before the specified NMS delivery dates
4. NMS delivers the marked consignments to district/HSD stores on the agreed route as per the national delivery schedule. The schedule is attached to this job aid.
5. Districts/HSDs deliver marked consignments to individual health units

**Important note:** *Prior to preparing an order, conduct a physical count of the quantity in the stores of each laboratory commodity to be ordered. Reconcile the Stock Cards of each laboratory supply to make sure they are updated and accurate.*



# HMIS FORM 085a: ORDER FORM FOR LABORATORY REAGENTS AND CONSUMABLES

|                                 |                              |
|---------------------------------|------------------------------|
| <b>FACILITY NAME:</b> _____     | <b>DISTRICT:</b> _____       |
| <b>HSD</b> _____                | <b>COMPLETED BY:</b> _____   |
| <b>ORDER DATE:</b> _____        | <b>DATE COMPLETED:</b> _____ |
| <b>ORDER TOTAL (USH):</b> _____ |                              |

| CO<br>DE                                  | DESCRIPTION                                  | UOM              | UNI<br>T<br>PRI<br>CE | OPENI<br>NG<br>BALA<br>NCE<br><small>at start of<br/>opening<br/>cycle</small> | QTY<br>RECEI<br>VED<br><small>during<br/>the 2<br/>months</small> | CONSUM<br>PTION<br><small>during the 2<br/>months</small> | LOSSES/<br>ADJUSTM<br>ENTS (-/+) | TOTAL<br>CLOSI<br>NG<br>BALAN<br>CE | QUANT<br>ITY TO<br>ORDER<br><small>= 3 x E -<br/>G</small> | TOTAL<br>COST<br><small>= B x H</small> | COMMENTS |
|---|--|------------------|-----------------------|--|---|---|----------------------------------|-------------------------------------|--|---|----------|
| A   | B  | C                | D                     | E  | F   | G   | H                                | I                                   |  |   |          |
| <b>CD4/CD8 REAGENTS &amp; CONSUMABLES</b> |  |                  |                       |  |   |   |                                  |                                     |  |   |          |
| <b>PARTEC CYFLOW</b>                      |  |                  |                       |  |   |   |                                  |                                     |  |   |          |
| 155<br>342                                | PARTEC-CD4 EASY COUNT KIT 100 TESTS          | 100<br>TEST<br>S |                       |  |   |   |                                  |                                     |  |   |          |
| 155<br>361                                | CD4% EASY COUNT 100 TESTS                    | 100<br>TEST<br>S |                       |  |   |   |                                  |                                     |  |   |          |
| 151<br>648                                | PARTEC-CHECK BEADS 50 TESTS                  | 50<br>TEST<br>S  |                       |  |   |   |                                  |                                     |  |   |          |
| 151<br>844                                | PARTEC-CYFLOW CLEANING SOLUTION 250ML        | 250ml            |                       |  |   |   |                                  |                                     |  |   |          |
| 151<br>846                                | PARTEC-CYFLOW DECONTAMINATION SOLUTION 250ML | 250ml            |                       |  |   |   |                                  |                                     |  |   |          |
| 151<br>847                                | PARTEC-CYFLOW HYPOCHLORITE SOLUTION 250ML    | 250ml            |                       |  |   |   |                                  |                                     |  |   |          |
| 351                                       | PARTEC-CYFLOW SAMPLE TUBES 500               | 500              |                       |  |   |   |                                  |                                     |  |   |          |

**Technical Module 4: Management of Resources**

|                    |   |          |  |  |  |  |  |  |  |  |  |
|--------------------|---|----------|--|--|--|--|--|--|--|--|--|
| 923                | TUBES   |          |  |  |  |  |  |  |  |  |  |
| 351<br>379         | PARTEC-CYFLOW THERMAL PRINTING PAPER 5 ROLLS                        | 5 Rolls  |  |  |  |  |  |  |  |  |  |
| 153<br>182         | PARTEC-SHEATH FLUID 5L  | 5L       |  |  |  |  |  |  |  |  |  |
| <b>FACSCOUNT</b>   |   |          |  |  |  |  |  |  |  |  |  |
| 155<br>344         | FACS COUNT CD4/CD3/CD8 50 TESTS                                     | 50 TESTS |  |  |  |  |  |  |  |  |  |
| 153<br>185         | FACSCOUNT CONTROL KIT 25 TESTS                                      | 25 TESTS |  |  |  |  |  |  |  |  |  |
| 155<br>362         | FACS COUNT % CD4 REAGENT 50 TESTS                                   | 50 TESTS |  |  |  |  |  |  |  |  |  |
| 151<br>642         | FACS FLOW SOLUTION, 20LITRES  | 20L      |  |  |  |  |  |  |  |  |  |
| 155<br>363         | FACS COUNT THERMAL PRINTER PAPER                                    | 1        |  |  |  |  |  |  |  |  |  |
| 151<br>640         | FACS CLEAN 5L   | 5L       |  |  |  |  |  |  |  |  |  |
| 151<br>643         | FACS RINSE 5L   | 5L       |  |  |  |  |  |  |  |  |  |
| <b>FACSCALIBUR</b> |   |          |  |  |  |  |  |  |  |  |  |
| NE<br>W            | FACSCALIBUR MultiTEST CD3/CD8/CD45/CD4 with Trucount tubes 50 tests | 50 TESTS |  |  |  |  |  |  |  |  |  |
| NE<br>W            | FACSCALIBUR MultiTEST CD3 FITC/CD8 PE/CD45 PerCP calibrate beads    | 25 TESTS |  |  |  |  |  |  |  |  |  |
| NE<br>W            | FACSCALIBUR CD4 APC calibrate beads                                 | 25 TESTS |  |  |  |  |  |  |  |  |  |
| NE<br>W            | FACSCALIBUR controls  | 1 KIT    |  |  |  |  |  |  |  |  |  |
| 151<br>642         | FACS FLOW SOLUTION,20LITRES   | 20 L     |  |  |  |  |  |  |  |  |  |
| 151<br>640         | FACS CLEAN 5L   | 5L       |  |  |  |  |  |  |  |  |  |
| 151<br>643         | FACS RINSE 5L   | 5L       |  |  |  |  |  |  |  |  |  |
| NE                 | FACSCALIBUR Falcon tubes  | 1        |  |  |  |  |  |  |  |  |  |

|   |   |           |  |  |  |  |  |  |   |   |  |
|---|---|-----------|--|--|--|--|--|--|---|---|--|
| W   |   |           |  |  |  |  |  |  |   |   |  |
| <b>PIMA</b>   |   |           |  |  |  |  |  |  |   |   |  |
| NE<br>W   | PIMA KITS (REAGENTS AND THERMAL PAPER)          | 100 TESTS |  |  |  |  |  |  |   |   |  |
| NE<br>W   | PIMA CONSUMABLES KIT                            | 100 TESTS |  |  |  |  |  |  |   |   |  |
| NE<br>W   | PIMA BEADS (NORMAL & LOW)                       | 1         |  |  |  |  |  |  |   |   |  |
| <b>RECONSTITUTED REAGENTS</b>                         |   |           |  |  |  |  |  |  |   |   |  |
| <b>HAEMOPARASITE DIAGNOSTICS</b>                      |   |           |  |  |  |  |  |  |   |   |  |
| 152<br>276  | FIELD STAIN A 1000ML SOLUTION                   | 1 L       |  |  |  |  |  |  | - | - |  |
| 152<br>281  | FIELD STAIN B 1000ML SOLUTION                   | 1 L       |  |  |  |  |  |  | - | - |  |
| 152<br>360  | LEISHMAN 1000ML SOLUTION                        | 1 L       |  |  |  |  |  |  | - | - |  |
| <b>TB MICROSCOPY</b>                                  |   |           |  |  |  |  |  |  |   |   |  |
| 152<br>397  | METHYLENE BLUE 0.5% 1000ML SOLUTION             | 1 L       |  |  |  |  |  |  | - | - |  |
| 508<br>186  | STRONG CARBOL FUCHSIN 1000ML SOLUTION           | 1 L       |  |  |  |  |  |  | - | - |  |
| 151<br>731  | SULPHURIC ACID 20% 1000ML SOLUTION              | 1 L       |  |  |  |  |  |  | - | - |  |
| <b>GRAM STAINING</b>                                  |   |           |  |  |  |  |  |  |   |   |  |
| 151<br>808  | ACETONE-ALCOHOL DECOLOURISER 50% 1 LTR SOLUTION | 1 L       |  |  |  |  |  |  | - | - |  |
| 151<br>814  | CRYSTAL VIOLET 2% 1000ML SOLUTION               | 1 L       |  |  |  |  |  |  | - | - |  |
| 151<br>815  | GRAM IODINE 1000ML SOLUTION                     | 1 L       |  |  |  |  |  |  | - | - |  |
| 151<br>805  | NEUTRAL RED 0.1% 1000ML SOLUTION                | 1 L       |  |  |  |  |  |  | - | - |  |
| <b>MANUAL HAEMOGLOBIN ESTIMATION AND WBC COUNTING</b> |   |           |  |  |  |  |  |  |   |   |  |
| NE<br>W   | CYANMETHEMOGLOBIN STANDARD 10ML                 | 10 ml     |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|   |  |           |  |  |  |  |  |  |   |   |  |
|---|--|-----------|--|--|--|--|--|--|---|---|--|
| 151<br>834                              | DRABKINS CAPSULES, 6CAPS PER VIAL                            | 1         |  |  |  |  |  |  | - | - |  |
| 151<br>802                              | HCL 0.1M 1000ML SOLUTION                                     | 1L        |  |  |  |  |  |  | - | - |  |
| 151<br>800                              | TURKS 2% 500ML SOLUTION                                      | 500ml     |  |  |  |  |  |  | - | - |  |
| <b>FIXATIVES</b>                        |  |           |  |  |  |  |  |  |   |   |  |
| 151<br>803                              | FORMAL SALINE 10%,1000ML SOLUTION                            | 1L        |  |  |  |  |  |  | - | - |  |
| <b>CSF ANALYSIS</b>                     |  |           |  |  |  |  |  |  |   |   |  |
| 151<br>073                              | INDIA INK 100ML  | 100ml     |  |  |  |  |  |  | - | - |  |
| 151<br>812                              | SULPHOSALICYLIC ACID 3%,1000ML SOLUTION                      | 1L        |  |  |  |  |  |  | - | - |  |
| 151<br>646                              | SODIUM CHLORIDE (Physiological saline) 0.85% 1000ML SOLUTION | 1000ml    |  |  |  |  |  |  | - | - |  |
| <b>TRANSPORT MEDIA</b>                  |  |           |  |  |  |  |  |  |   |   |  |
| 153<br>121                              | CARY-BLAIR TRANSPORT MEDIUM 5ML (READY TO USE)               | 1         |  |  |  |  |  |  | - | - |  |
| 153<br>181                              | STUART TRANSPORT MEDIUM 5ML (READY TO USE)                   | 1         |  |  |  |  |  |  | - | - |  |
| <b>DIAGNOSTIC KITS &amp; REAGENTS</b>   |  |           |  |  |  |  |  |  |   |   |  |
| <b>RAPID MALARIA TESTING</b>            |  |           |  |  |  |  |  |  |   |   |  |
| 155<br>360                              | MALARIA RAPID TEST KITS 25 TESTS                             | 25 TEST S |  |  |  |  |  |  | - | - |  |
| <b>BLOOD GROUPING &amp; CROSS MATCH</b> |  |           |  |  |  |  |  |  |   |   |  |
| 151<br>090                              | ANTI SERUM A 10ML  | 10 ml     |  |  |  |  |  |  | - | - |  |
| 151<br>092                              | ANTI SERUM B 10ML  | 10 ml     |  |  |  |  |  |  | - | - |  |
| 151<br>094                              | ANTI SERUM AB 10ML   | 10 ml     |  |  |  |  |  |  | - | - |  |
| 151<br>095                              | ANTI SERUM D 10ML  | 10 ml     |  |  |  |  |  |  | - | - |  |
| 151<br>819                              | ANTI HUMAN GLOBULIN SERUM 5ML                                | 5 ml      |  |  |  |  |  |  | - | - |  |

| PREGNANCY TESTS       |  |                   |  |  |  |  |  |  |          |          |  |
|-----------------------|--|-------------------|--|--|--|--|--|--|----------|----------|--|
| 151<br>537            | PREGNANCY TEST KIT 100 TESTS                       | 100<br>TEST<br>S  |  |  |  |  |  |  | 1,290.00 | 6,450.00 |  |
| 151<br>538            | PREGNANCY TEST STRIPS 50 STRIPS                    | 50<br>STRIP<br>S  |  |  |  |  |  |  | -        | -        |  |
| URINE STRIPS          |  |                   |  |  |  |  |  |  |          |          |  |
| 151<br>541            | URINE STRIPS 10 PARAMETERS 100 TESTS               | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| 301<br>182            | URINE STRIPS 3 PARAMETERS 100 TESTS                | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| SYPHILLIS TESTS       |  |                   |  |  |  |  |  |  |          |          |  |
| 151<br>824            | RPR TEST STRIPS 100 STRIPS                         | 100<br>STRIP<br>S |  |  |  |  |  |  | -        | -        |  |
| 151<br>832            | TREPONEMA (TPHA) TEST STRIPS 100 TESTS             | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| 406<br>052            | TPHA TEST KIT 100 TESTS                            | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| FEBRILE ANTIGEN TESTS |  |                   |  |  |  |  |  |  |          |          |  |
| 151<br>826            | BRUCELLA ANTIGEN 100 TESTS                         | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| AUTO-IMMUNE TESTS     |  |                   |  |  |  |  |  |  |          |          |  |
| 406<br>051            | RHEUMATOID ARTHRITIS(RA) LATEX TEST KITS 100 TESTS | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| 151<br>833            | HEPATITIS B SURFACE (HBSAG) TEST STRIPS 100 TESTS  | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |
| CRYPTOCOCCAL TESTS    |  |                   |  |  |  |  |  |  |          |          |  |
| 151<br>830            | CRYPTOCOCCAL (CRAG) LATEX ANTIGEN 100 TESTS        | 100<br>TEST<br>S  |  |  |  |  |  |  | -        | -        |  |

**CONSUMABLES FOR MICROSCOPY**

|            |  |            |  |  |  |  |  |  |   |   |  |
|------------|--|------------|--|--|--|--|--|--|---|---|--|
| 351<br>005 | APPLICATOR STICKS WOODEN                 | 100        |  |  |  |  |  |  | - | - |  |
| 351<br>124 | COVER GLASS MICROSCOPE 22 X 22MM         | 100        |  |  |  |  |  |  | - | - |  |
| 301<br>181 | MICROSCOPE CLEANING PAPER 100 SHEETS     | 100 sheets |  |  |  |  |  |  | - | - |  |
| 351<br>411 | MICROSCOPE SLIDES SINGLE FROSTED         | 100        |  |  |  |  |  |  | - | - |  |
| 152<br>341 | OIL IMMERSION FOR TROPICAL CLIMATE 100ML | 100 ml     |  |  |  |  |  |  | - | - |  |

**SAMPLE COLLECTION SUPPLIES/ACCESSORIES**

|            |  |     |  |  |  |  |  |  |   |   |  |
|------------|--|-----|--|--|--|--|--|--|---|---|--|
| 352<br>922 | BLOOD COLLECTION SETS (BUTTERFLY NEEDLES 21G)        | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>476 | CAPILLARY TUBES, EDTA 200µL                          | 100 |  |  |  |  |  |  | - | - |  |
| 451<br>403 | CRYO VIAL, FREE STANDING WITH SCREW CAP 2ML          | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>270 | BLOOD LANCET, FIXED POINT STERILE DISP               | 200 |  |  |  |  |  |  | - | - |  |
| 351<br>274 | BLOOD LANCET, SPRING LOADED                          | 200 |  |  |  |  |  |  | - | - |  |
| 351<br>006 | SPUTUM COLLECTION CONTAINER WITH LID                 | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>115 | STOOL CONTAINER PLASTIC W/SCREW CAP& SPOON           | 100 |  |  |  |  |  |  | - | - |  |
| 152<br>555 | STERILE SWABS IN PLASTIC TUBE CASING                 | 100 |  |  |  |  |  |  | - | - |  |
| 451<br>071 | URINE CONTAINERS,SCREW-CAPPED,25ML                   | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>483 | VACUTAINER NEEDLE HOLDERS                            | 250 |  |  |  |  |  |  | - | - |  |
| 352<br>921 | VACUTAINER NEEDLES 21G                               | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>478 | VACUTAINER TUBES 4ML WITH SODIUM FLUORIDE (GREY TOP) | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>918 | VACUTAINER TUBES PLAIN 4ML(REDD TOP)                 | 100 |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|   |   |      |  |  |  |  |  |  |   |   |  |
|---|---|------|--|--|--|--|--|--|---|---|--|
| 351<br>919  | VACUTAINER TUBES 4ML WITH EDTA(PURPLE TOPS) | 100  |  |  |  |  |  |  | - | - |  |
| <b>INFECTION CONTROL AND WASTE MANAGEMENT</b>                 |   |      |  |  |  |  |  |  |   |   |  |
| 351<br>442  | ALCOHOL SWABS-ISOPROPOLY CONTENTS 70%       | 100  |  |  |  |  |  |  | - | - |  |
| 380<br>002  | BENCH COAT ROLLS PLUS GUARD(490 BY600 MM)   | 100  |  |  |  |  |  |  | - | - |  |
| 153<br>122  | BIOHAZARD BAGS 21 INCH                      | 100  |  |  |  |  |  |  | - | - |  |
| 152<br>123  | BIOHAZARD BAGS 30 INCH                      | 100  |  |  |  |  |  |  | - | - |  |
| 151<br>842  | TEEPOL DISINFECTANT 5L                      | 5L   |  |  |  |  |  |  | - | - |  |
| NE<br>W   | PLASTIC APRONS                              | 1    |  |  |  |  |  |  | - | - |  |
| 370<br>731  | SHARPS CONTAINER (PLASTIC) 22.7 LITRES      | 1    |  |  |  |  |  |  | - | - |  |
| <b>DBS SUPPLIES</b>   |   |      |  |  |  |  |  |  |   |   |  |
| New   | Dried Blood Sample Collection Kit           | 50   |  |  |  |  |  |  | - | - |  |
| <b>GENERAL LABORATORY SUPPLIES</b>                            |   |      |  |  |  |  |  |  |   |   |  |
| 351<br>277  | BUFFER TABLETS PH 6.8                       | 100  |  |  |  |  |  |  | - | - |  |
| 151<br>852  | DEIONISED WATER 20L                         | 1    |  |  |  |  |  |  | - | - |  |
| 351<br>023  | PARAFILM ROLL-WAX 100MM X 75ML ROLL         | 1    |  |  |  |  |  |  | - | - |  |
| 351<br>050  | PAPER TOWELS ROLL                           | 1    |  |  |  |  |  |  | - | - |  |
| 351<br>377  | PIPETTE TIPS 5-200 µL ( YELLOW )            | 1000 |  |  |  |  |  |  | - | - |  |
| 351<br>378  | PIPETTE TIPS 100-1000 µL (BLUE)             | 1000 |  |  |  |  |  |  | - | - |  |
| <b>LABORATORY GLASS/PLASTIC WARE &amp; GENERAL EQUIPMENTS</b> |   |      |  |  |  |  |  |  |   |   |  |
| 351<br>036  | BIJOU BOTTLES,5ML SCREW-CAPPED              | 500  |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|  |   |     |  |  |  |  |  |  |   |   |  |
|--|---|-----|--|--|--|--|--|--|---|---|--|
| 451<br>402   | BOTTLE UNIVERSAL GLASS, WITH<br>SCREW CAP 28 ML   | 100 |  |  |  |  |  |  | - | - |  |
| 152<br>560   | ESR TUBES-WESTERGREN/GRASS,<br>300MM LONG         | 1   |  |  |  |  |  |  | - | - |  |
| 351<br>057   | PASTEUR PIPETTES-PADDLE 3.5ML                     | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>161   | PETRI DISHES,(GLASS) 90MM-PAIR                    | 100 |  |  |  |  |  |  | - | - |  |
| 351<br>162   | PETRI DISHES(PLASTIC),90MM-PAIR                   | 20  |  |  |  |  |  |  | - | - |  |
| NE<br>W  | AUTOMATIC PIPETTES 5-200µL                        | 1   |  |  |  |  |  |  | - | - |  |
| NE<br>W  | AUTOMATIC PIPETTES 100-1000µL                     | 1   |  |  |  |  |  |  | - | - |  |
| 151<br>825   | BLOOD GLUCOSE GLUCOMETER-<br>CONTOUR              | 1   |  |  |  |  |  |  | - | - |  |
| 151<br>828   | BLOOD GLUCOSE STRIPS(50 STRIPS)-<br>SURESTEP      | 50  |  |  |  |  |  |  | - | - |  |
| 151<br>829   | BLOOD GLUCOSE STRIPS(50 STRIPS)-<br>CONTOUR       | 50  |  |  |  |  |  |  | - | - |  |
| NE<br>W  | BLOOD GLUCOMETER (SURESTEP)                       | 1   |  |  |  |  |  |  | - | - |  |
| <b>REAGENTS &amp; CONSUMABLES FOR AUTOMATED HEMATOLOGY ANALYSERS</b> |   |     |  |  |  |  |  |  |   |   |  |
| <b>HUMACOUNT (3 &amp; 5 Part)</b>                                    |   |     |  |  |  |  |  |  |   |   |  |
| 900<br>001   | HUMACOUNT CLEANER 1L                              | 1   |  |  |  |  |  |  | - | - |  |
| 900<br>004   | HUMACOUNT CONTROL 3X2.5ML                         | 1   |  |  |  |  |  |  | - | - |  |
| 900<br>000   | HUMACOUNT DILUENT 20L                             | 1   |  |  |  |  |  |  | - | - |  |
| 900<br>003   | HUMACOUNT LYSE 1L                                 | 1   |  |  |  |  |  |  | - | - |  |
| <b>NIHON KOHDEN (3 &amp; 5 Part)</b>                                 |   |     |  |  |  |  |  |  |   |   |  |
| 406<br>046   | DILUENT, ISOTONAC 3 MEK-640, 18<br>LITRES - T436D | 1   |  |  |  |  |  |  | - | - |  |
| 406<br>049   | DETERGENT CLEANAC, MEK-520, 5<br>LITRES - T438    | 1   |  |  |  |  |  |  | - | - |  |
| 406<br>050   | DETERGENT CLEANAC 3, MEK-620, 5<br>LITRES - T438  | 1   |  |  |  |  |  |  | - | - |  |



**Technical Module 4: Management of Resources**

|   |   |             |  |  |  |  |  |  |   |   |  |
|---|---|-------------|--|--|--|--|--|--|---|---|--|
|   |   |             |  |  |  |  |  |  | - | - |  |
| 406<br>047                              | HEAMOLYSING REAGENT,<br>HEAMOLYNAC 3N MEK-680, 1 LITR | 1           |  |  |  |  |  |  | - | - |  |
| 406<br>048                              | HEAMOLYSING REAGENT,<br>HEAMOLYNAC 5, MEK-910 FOR WBC | 1           |  |  |  |  |  |  | - | - |  |
| 850<br>006                              | NIHON KOHDEN MEK CLEANAC 5L                           | 1           |  |  |  |  |  |  | - | - |  |
| 850<br>007                              | NIHON KOHDEN MEK CLEANAC-3 5L                         | 1           |  |  |  |  |  |  | - | - |  |
| 850<br>008                              | NIHON KOHDEN MEK DILUENT 20L                          | 1           |  |  |  |  |  |  | - | - |  |
| 850<br>009                              | NIHON KOHDEN MEK HEMOLYNAC 1L                         | 1           |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | NIHON KOHDEN MEK 3D CONTROLS<br>(low/normal/high)     |             |  |  |  |  |  |  | - | - |  |
| <b>BECKMAN COULTER Act diff 5&amp;3</b> |   |             |  |  |  |  |  |  |   |   |  |
| NE<br>W                                 | Coulter Diluent                                       | 20L         |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter Hgb Lyse                                      | 400mL       |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter Fix   | 1000m<br>L  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter WBC Lyse                                      | 1000m<br>L  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter Rinse   | 1000m<br>L  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter Act 5 part Diff Controls (H,N,L)              | 1           |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Coulter Act 5 part Diff calibrator                    | 1           |  |  |  |  |  |  | - | - |  |
| <b>SYSMEX</b>                           |   |             |  |  |  |  |  |  |   |   |  |
| NE<br>W                                 | Sysmex Cell Pack                                      | 20L         |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Sysmex Sulfolyser                                     | 3x500<br>ml |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Sysmex Stomatolyser - 4DL                             | 5L          |  |  |  |  |  |  | - | - |  |
| NE<br>W                                 | Sysmex Stomatolyser - 4DS                             | 3x42m<br>l  |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|   |  |             |  |  |  |  |  |  |   |   |  |
|---|--|-------------|--|--|--|--|--|--|---|---|--|
|   |  |             |  |  |  |  |  |  | - | - |  |
| NE<br>W                                   | Sysmex Cell Clean                            | 50ml        |  |  |  |  |  |  | - | - |  |
| NE<br>W                                   | Sysmex E - CHECK (XS) L(controls)            | 4x1.5<br>mL |  |  |  |  |  |  | - | - |  |
| NE<br>W                                   | Sysmex E - CHECK (XS) N(controls)            | 4x1.5<br>mL |  |  |  |  |  |  | - | - |  |
| NE<br>W                                   | Sysmex E - CHECK (XS) H(controls)            | 4x1.5<br>mL |  |  |  |  |  |  | - | - |  |
| <b>CLINICAL CHEMISTRY</b>                 |  |             |  |  |  |  |  |  |   |   |  |
| <b>HUMASTAR, HUMALYZER &amp; HUMALYTE</b> |  |             |  |  |  |  |  |  |   |   |  |
| 900<br>016                                | HUMAN ALBUMIN LIQUICOLOR<br>4X100ML          | 4           |  |  |  |  |  |  | - | - |  |
| 900<br>014                                | HUMAN ALKALINE PHOSPHATASE<br>10X10ML        | 10          |  |  |  |  |  |  | - | - |  |
| 900<br>010                                | HUMAN ALPHA AMYLASE 12X10ML                  | 12          |  |  |  |  |  |  | - | - |  |
| 900<br>011                                | HUMASTAR AUTO BILIRUBIN DIRECT<br>375ML      | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>012                                | HUMASTAR AUTO BILIRUBIN TOTAL<br>375ML       | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>021                                | HUMASTAR AUTO CREATININE<br>LIQUICOLOR 250ML | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>023                                | HUMASTAR AUTOCAL 4X5ML                       | 4           |  |  |  |  |  |  | - | - |  |
| 900<br>009                                | HUMAN GGT 10X10ML                            | 10          |  |  |  |  |  |  | - | - |  |
| NE<br>W                                   | HUMAN GLUCOSE                                | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>007                                | HUMAN GOT(ASAT) LIQUICOLOR<br>10X10ML        | 10          |  |  |  |  |  |  | - | - |  |
| 900<br>008                                | HUMAN GPT(ALAT)LIQUIUV 10X10ML               | 10          |  |  |  |  |  |  | - | - |  |
| 900<br>018                                | HUMAN HDL CHOLESTEROL 80ML                   | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>028                                | HUMALYTE REAGENT PACK                        | 1           |  |  |  |  |  |  | - | - |  |
| 900<br>024                                | HUMASTAR HUMATROL N 6X5ML                    | 6           |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|                             |  |     |  |  |  |  |  |  |   |   |  |
|-----------------------------|--|-----|--|--|--|--|--|--|---|---|--|
| 900<br>025                  | HUMASTAR HUMATROL P 6X5ML                  | 6   |  |  |  |  |  |  | - | - |  |
| 900<br>019                  | HUMAN LDL CHOLESTEROL 80ML                 | 1   |  |  |  |  |  |  | - | - |  |
| 900<br>013                  | HUMASTAR TOTAL PROTEIN 4X100ML             | 4   |  |  |  |  |  |  | - | - |  |
| 900<br>020                  | HUMAN TRIGLYCERIDES LIQUICOLOR 9X15ML      | 9   |  |  |  |  |  |  | - | - |  |
| 900<br>026                  | HUMASTAR SERODOS 6X5ML                     | 6   |  |  |  |  |  |  | - | - |  |
| 900<br>027                  | HUMASTAR SERODOS PLUS 6X5ML                | 6   |  |  |  |  |  |  | - | - |  |
| 900<br>029                  | SODIUM CONDITIONER 100ML                   | 1   |  |  |  |  |  |  | - | - |  |
| 900<br>022                  | HUMAN UREA LIQUIUV 8X50ML                  | 8   |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | HUMASTAR 80 CUVETTES, 500 WELLS            | 500 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | HUMASTAR 180 CUVETTES, 800 WELLS           | 800 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | HUMASTAR 80 SAMPLE CUPS, 500 PCS           | 500 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | HUMASTAR 180 SAMPLE CUPS, 500 PCS          | 500 |  |  |  |  |  |  | - | - |  |
| <b>COBAS c311</b>           |  |     |  |  |  |  |  |  |   |   |  |
| <b>LIVER FUNCTION TESTS</b> |  |     |  |  |  |  |  |  |   |   |  |
| NE<br>W                     | COBAS c 311 Albumin BCG 300 tests          | 300 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | COBAS c 311 ALP (ALP2L) large 400 tests    | 400 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | COBAS c 311 ALT 500 tests                  | 500 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | COBAS c 311 Amylase-T 300 tests            | 300 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | COBAS c 311 AST IFCC 500 tests             | 500 |  |  |  |  |  |  | - | - |  |
| NE<br>W                     | COBAS c 311 Bilirubin-D 350 tests          | 350 |  |  |  |  |  |  | - | - |  |
| NE                          | COBAS c 311 Bilirubin-T (liquid) 250 tests | 250 |  |  |  |  |  |  | - | - |  |

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|                                       |   |     |  |  |  |  |  |  |   |   |  |
|---------------------------------------|---|-----|--|--|--|--|--|--|---|---|--|
| W                                     |   |     |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 GGT Szasz/IFCC 400 tests      | 400 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Total Protein (S,P) 300 tests | 300 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Glucose HK Gen.3 800 tests    | 800 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Lactate 100 tests             | 100 |  |  |  |  |  |  | - | - |  |
| <b>RENAL FUNCTION TESTS</b>           |   |     |  |  |  |  |  |  |   |   |  |
| NE<br>W                               | COBAS c 311 Creatinine Jaffé 700 tests    | 700 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Urea/BUN 500 tests            | 500 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Uric Acid 400 tests           | 400 |  |  |  |  |  |  | - | - |  |
| <b>LIPID PROFILE</b>                  |   |     |  |  |  |  |  |  |   |   |  |
| NE<br>W                               | COBAS c 311 Cholesterol 400 tests         | 400 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Cholesterol HDL 3 200 tests   | 200 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Cholesterol LDL 2 175 tests   | 175 |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Triglycerides 250 tests       | 250 |  |  |  |  |  |  | - | - |  |
| <b>ISE reagents &amp; consumables</b> |   |     |  |  |  |  |  |  |   |   |  |
|                                       |   | 1   |  |  |  |  |  |  |   |   |  |
| NE<br>W                               | COBAS c 311 Na Electrode 1piece           | 1   |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 K Electrode 1piece            | 1   |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 Cl Electrode 1piece           | 1   |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311Reference Electrode 1piece     | 1   |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 ISE Standard low 10x3ml       | 10  |  |  |  |  |  |  | - | - |  |
| NE<br>W                               | COBAS c 311 ISE Standard high 10x3ml      | 10  |  |  |  |  |  |  | - | - |  |

**Technical Module 4: Management of Resources**

|   |  |    |  |  |  |  |  |  |   |   |  |
|---|--|----|--|--|--|--|--|--|---|---|--|
| NE<br>W   | COBAS c 311 ISE Compensator 10x3ml                     | 10 |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 ISE Diluent Gen.2 5x300ml                  | 5  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 ISE Internal Standard Gen.2 5x600ml        | 5  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 ISE Reference Electrolyte Solution 5x300ml | 5  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 ISE Cleaning Solution 5x100ml              | 5  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Activator 9x12ml                           | 9  |  |  |  |  |  |  | - | - |  |
| <b>COBAS c 311 System solutions and consumables</b> |  |    |  |  |  |  |  |  |   |   |  |
| NE<br>W   | COBAS c 311 NaOH-D (c-pack) 41.2ml                     | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 SMS (c-pack) 41.2ml                        | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 9 % NaCl Diluent 39.2ml                    | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Detergent 1 NaOH -D 2 X 1.8 L              | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Detergent 2 Acid Wash 2 X 2.0 l            | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Multiclean 12x59.5ml                       | 12 |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 SMS 12x70ml                                | 12 |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Hitergent for cobas c 311                  | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Halogen lamp 44ml                          | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 sample cups 5000pcs                        | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W   | COBAS c 311 Reaction cell sets (3 sets a pack)         | 1  |  |  |  |  |  |  | - | - |  |
| <b>COBAS c 311 CONTROLS</b>                         |  |    |  |  |  |  |  |  |   |   |  |
| NE<br>W   | PreciControl ClinChem Multi 1                          | 1  |  |  |  |  |  |  | - | - |  |

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|  |  |    |  |  |  |  |  |  |   |   |  |
|--|--|----|--|--|--|--|--|--|---|---|--|
| NE<br>W                                | PreciControl ClinChem Multi 2              | 1  |  |  |  |  |  |  | - | - |  |
| <b>COBAS c 311 CALIBRATORS</b>         |  |    |  |  |  |  |  |  |   |   |  |
| NE<br>W                                | Cfas 12X3ML                                | 12 |  |  |  |  |  |  | - | - |  |
| NE<br>W                                | Cfas Lipids 3X1ML                          | 3  |  |  |  |  |  |  | - | - |  |
| <b>REVERSE OSMOSIS<br/>CONSUMABLES</b> |  |    |  |  |  |  |  |  |   |   |  |
| NE<br>W                                | Pretreatment Cartridge 1piece              | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                | Conditioning Module 1piece                 | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                | RO Module Membrane 1piece                  | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                | CO2 Trap Replacement piece                 | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W                                | UV Lamp 1piece                             | 1  |  |  |  |  |  |  | - | - |  |
| <b>CHEMICALS AND STAIN POWDERS</b>     |  |    |  |  |  |  |  |  |   |   |  |
| 151<br>011                             | ACETONE AR 2.5L                            | 1  |  |  |  |  |  |  | - | - |  |
| 151<br>010                             | ACETONE SOLUTION 1L                        | 1  |  |  |  |  |  |  | - | - |  |
| 508<br>179                             | BASIC FUCHSINE 100G                        | 1  |  |  |  |  |  |  | - | - |  |
| 152<br>120                             | BRILLIANT CRESYL BLUE 25G                  | 1  |  |  |  |  |  |  | - | - |  |
| 508<br>170                             | GLACIAL ACETIC ACID 2.5L                   | 1  |  |  |  |  |  |  | - | - |  |
| 152<br>552                             | ETHANOL ABSOLUTE 2.5LTR                    | 1  |  |  |  |  |  |  | - | - |  |
| 508<br>172                             | FORMALDEHYDE SOLUTION<br>(FORMALIN) 40% 1L | 1  |  |  |  |  |  |  | - | - |  |
| 508<br>120                             | GIEMSA STAIN POWDER 25G                    | 1  |  |  |  |  |  |  | - | - |  |
| 151<br>072                             | HYDROCHLORIC ACID 1 LITRE                  | 1  |  |  |  |  |  |  | - | - |  |

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|                                 |   |   |  |  |  |  |  |  |   |   |  |
|---------------------------------|---|---|--|--|--|--|--|--|---|---|--|
| 508<br>166                      | ISOPROPYL ETHANOL STERILE SOLUTION 99.7% 1L       | 1 |  |  |  |  |  |  | - | - |  |
| NE<br>W                         | MAYGRUNWALD POWDER,25G                            | 1 |  |  |  |  |  |  | - | - |  |
| 152<br>551                      | METHANOL AR 2.5 LTR SOLUTION                      | 1 |  |  |  |  |  |  | - | - |  |
| 508<br>164                      | METHYLENE BLUE 25G                                | 1 |  |  |  |  |  |  | - | - |  |
| 508<br>156                      | PHENOL 500G                                       | 1 |  |  |  |  |  |  | - | - |  |
| 508<br>121                      | SODIUM METABISULPHATE 500G                        | 1 |  |  |  |  |  |  | - | - |  |
| 151<br>645                      | SODIUM CHLORIDE 500G GPR POWDER                   | 1 |  |  |  |  |  |  | - | - |  |
| 830<br>001                      | FLOURESCENT MICROSCOPE-ABSOLUTE ETHANOL 1L        | 1 |  |  |  |  |  |  | - | - |  |
| 830<br>002                      | FLOURESCENT MICROSCOPE-AURAMINE O REAGENT 25g     | 1 |  |  |  |  |  |  | - | - |  |
| 830<br>003                      | FLOURESCENT MICROSCOPE-HCL, 35% 1L                | 1 |  |  |  |  |  |  | - | - |  |
| 830<br>004                      | FLOURESCENT MICROSCOPE-POTASSIUM PERMANGNATE 500g | 1 |  |  |  |  |  |  | - | - |  |
| <b>CULTURE &amp; SENSTIVITY</b> |   |   |  |  |  |  |  |  |   |   |  |
| <b>CULTURE MEDIA</b>            |   |   |  |  |  |  |  |  |   |   |  |
| 406<br>069                      | ALKALINE PEPTONE WATER 500 G                      | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>053                      | BLOOD AGAR BASE NO.2 500GM                        | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>060                      | BRAIN HEART INFUSION BROTH,500GM                  | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>054                      | CLED MEDIUM(SINGLE INDICATOR) 500GM               | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>066                      | GLUCOSE AR 500GM                                  | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>067                      | LACTOSE AR 500GM                                  | 1 |  |  |  |  |  |  | - | - |  |
| 406<br>055                      | MACCONKEY AGAR(WITHOUT SALT)                      | 1 |  |  |  |  |  |  | - | - |  |

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|   |                                |    |  |  |  |  |  |  |   |   |  |
|---|--------------------------------|----|--|--|--|--|--|--|---|---|--|
| 406<br>065                                      | MULLER HILTON 2 AGAR 500GM     | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>056                                      | NUTRIENT AGAR 500 GM           | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>071                                      | PEPTONE WATER 500 GM           | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>057                                      | SABOURAUD DEXTROSE AGAR 500 GM | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>064                                      | SIM AGAR 500GM                 | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>058                                      | SIMMONS CITRATE AGAR 500GM     | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>068                                      | SUCROSE AR 500GM               | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>059                                      | TCBS CHOLERAЕ MEDIUM,500GM     | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>061                                      | TRIPLE SUGAR IRON AGAR 500GM   | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>062                                      | UREA AGAR BASE 500GM           | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>063                                      | UREA 40% 100ML                 | 1  |  |  |  |  |  |  | - | - |  |
| 406<br>070                                      | XLD-MEDIUM 500GM               | 1  |  |  |  |  |  |  | - | - |  |
| <b>ANTI-MICROBIAL DISCS (SENSITIVITY DISCS)</b> |                                |    |  |  |  |  |  |  |   |   |  |
| 406<br>002                                      | AMPICILLIN 10UG                | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>003                                      | AMPICILLIN 25UG                | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>019                                      | AUGMENTIN 30UG                 | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>001                                      | BACITRACIN DISC 10UG           | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>016                                      | CEFTAZIDIME 10UG               | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>004                                      | CHLORAMPHENICOL 30UG           | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>006                                      | CIPROFLOXACIN 5UG              | 50 |  |  |  |  |  |  | - | - |  |



**Technical Module 4: Management of Resources**

|                              |  |    |  |  |  |  |  |  |   |   |  |
|------------------------------|--|----|--|--|--|--|--|--|---|---|--|
| 406<br>021                   | CLINDAMYCIN 10UG                       | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>009                   | COTRIMOXAZOLE 25UG                     | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>008                   | ERYTHROMYCIN 15 IU                     | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>010                   | GENTAMYCIN 10UG                        | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>012                   | IMIPENEM 10UG                          | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>017                   | METHICILLIN 10UG                       | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>013                   | NITROFURANTOIN 50 UG                   | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>014                   | NALIDIXIC ACID 30 UG                   | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>007                   | OPTOCHIN 5UG                           | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>023                   | PENICILLINE 2 MCG                      | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>005                   | TEICOPLANON 30UG                       | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>020                   | TETRACYCLINE 30UG                      | 50 |  |  |  |  |  |  | - | - |  |
| 406<br>022                   | VANCOMYCIN 30 UG                       | 50 |  |  |  |  |  |  | - | - |  |
| <b>LABORATORY HMIS TOOLS</b> |  |    |  |  |  |  |  |  |   |   |  |
| 370<br>715                   | LABORATORY ORDER FORMS(HMIS 018B)      | 1  |  |  |  |  |  |  | - | - |  |
| 370<br>700                   | LABORATORY TEST REGISTER, HEALTH UNITS | 1  |  |  |  |  |  |  | - | - |  |
| NE<br>W                      | LABORATORY TEST MONTHLY SUMMARY        | 1  |  |  |  |  |  |  | - | - |  |
| 370<br>710                   | LABORATORY STOCK CARD                  | 1  |  |  |  |  |  |  | - | - |  |

**TOTAL AMOUNT**

**Technical Module 4: Management of Resources**

|                     |       |                  |                    |             |
|---------------------|-------|------------------|--------------------|-------------|
| <b>Ordered by</b>   |       |                  |                    |             |
| Name:               | _____ | Signature: _____ | Designation: _____ | Date: _____ |
| _____               | _____ | _____            | _____              | _____       |
| <b>Approved by</b>  |       |                  |                    |             |
| Name:               | _____ | Signature: _____ | Designation: _____ | Date: _____ |
| _____               | _____ | _____            | _____              | _____       |
| <b>Confirmed by</b> |       |                  |                    |             |
| Name:               | _____ | Signature: _____ | Designation: _____ | Date: _____ |
| _____               | _____ | _____            | _____              | _____       |

# HMIS FORM 086: HEALTH FACILITY PROCUREMENT PLAN FOR EMHS

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To determine the cost and quantities of medicines and health supplies required for a planning period of one year
- Timing:** Once a year
- Responsibility:** Health facility in-charge, Pharmacist/Pharmacy technician/ Dispenser and stores personnel

## PROCEDURE:

The health facility annual procurement plan is a list of medicines and health supplies that the facility projects will be needed to able to provide services to its catchment population for a period of one year. Before drawing up a procurement plan, ensure that you have quantified the needs for your health facility using the stock book. **Calculate the quantity needed per item based on the previous year's consumption.** The list of your needs should be derived from the Essential Medicines list. Prioritization should be based on the VEN classification

# HMIS FORM 086: HEALTH FACILITY PROCUREMENT PLAN FOR EMHS

| <b>(1)PROCUREMENT PLAN FOR THE YEAR :</b> _____ |   |                     |                    |                       |                            |                                |
|---|---|---------------------|--------------------|-----------------------|----------------------------|--------------------------------|
| <b>(2)Facility Name:</b> _____                  |   |                     |                    |                       |                            |                                |
| <b>(3)HSD:</b> _____                            |   |                     |                    |                       |                            |                                |
| <b>(4)DISTRICT:</b> _____                       |   |                     |                    |                       |                            |                                |
| <b>(5)LEVEL OF CARE:</b> _____                  |   |                     |                    |                       |                            |                                |
| <b>MEDICINES</b>                                |   |                     |                    |                       |                            |                                |
| (6)<br>NMS<br>CODE                              | (7) ITEM DESCRIPTION / NAME / FORM / STRENGTH | (8)<br>PACK<br>UNIT | (9)<br>VEN Class   | (10)<br>UNIT<br>PRICE | (11)<br>QUANTITY<br>NEEDED | (12)<br>TOTAL<br>COST<br>(UGX) |
|   |   |                     |                    |                       |                            | -                              |
|   |   |                     |                    |                       |                            | -                              |
|   |   |                     |                    |                       |                            | -                              |
| <b>REPRODUCTIVE HEALTH SUPPLIES</b>             |   |                     |                    |                       |                            |                                |
|   |   |                     |                    | -                     |                            | -                              |
|   |   |                     |                    |                       |                            |                                |
| <b>MALARIA CONTROL PROGRAM SUPPLIES</b>         |   |                     |                    |                       |                            |                                |
|   |   |                     |                    | -                     |                            | -                              |
| <b>SUNDRIES</b>                                 |   |                     |                    |                       |                            |                                |
| NMS<br>CODE                                     | ITEM DESCRIPTION / NAME / FORM / STRENGTH     | UNIT                | LEVEL OF<br>CARE   | UNIT<br>PRICE         | QUANTITY<br>NEEDED         | TOTAL<br>COST<br>(UGX)         |
|   |   |                     |                    |                       |                            | -                              |
| <b>(13) TOTAL COST EMHS (PER Year)</b>          |   |                     |                    |                       |                            |                                |
|   |   |                     |                    |                       |                            |                                |
| <b>LAB ITEMS ON THE LAB CREDIT LINE</b>         |   |                     |                    |                       |                            |                                |
| NMS<br>CODE                                     | ITEM DESCRIPTION / NAME / FORM / STRENGTH     | UNIT                | LEVEL OF<br>CARE   | UNIT<br>PRICE         | QUANTITY<br>NEEDED         | TOTAL<br>COST<br>(UGX)         |
|   |   |                     |                    |                       |                            | -                              |
| <b>(14) TOTAL COST LAB (PER Year)</b>           |   |                     |                    |                       |                            |                                |
|   |   |                     |                    |                       |                            |                                |
| <b>DONE BY</b>                                  |   |                     | <b>APPROVED BY</b> |                       |                            |                                |
| SIGNATURE & DATE:                               |   |                     | SIGNATURE & DATE:  |                       |                            |                                |
| <b>CONFIRMED BY:</b>                            |   |                     |                    |                       |                            |                                |
| SIGNATURE & DATE:                               |   |                     |                    |                       |                            |                                |

**DESCRIPTION OF COLUMNS:**

**1. YEAR:**

This is the financial year for which the procurement plan is applicable

**2. FACILITY NAME:**

Enter the facility name

**3. HSD:**

Enter the HSD where your facility is located,

**4. DISTRICT;**

Enter the name of the district

**5. LEVEL OF CARE:**

Enter the level of care of the facility (e.g. HC II)

**6. NMS CODE:**

Fill in the NMS code as reflected in the NMS catalogue. This should be done for medicines, sundries and laboratory items

**7. ITEM DESCRIPTION:**

Fill in the description of the item including the name, dosage form and strength, e.g. Cotrimoxazole 400-80mg.

**8. PACK UNIT:**

This refers to the unit of sale as described in the NMS catalogue,

**9. VEN CLASS:**

Specify whether the item is V, E or N. It is important to prioritize your items according to VEN classification. This can be obtained from the Essential medicines list of Uganda

**10. UNIT PRICE:**

Fill in the unit price of the item from the NMS/JMS catalogue. Note that some items though being procured at a price by government of Uganda /Donations may be provided at zero cost to the health unit

**11. QUANTITY NEEDED:**

Fill in the quantity of the item needed for the entire year. This is the quantity determined during the quantification process. Quantity needed for the year is based on previous consumption.

**12. TOTAL COST:**

Fill in the total cost of the individual item by multiplying quantity needed with the unit price.

**13. GRAND TOTAL COST EMHS (PER YEAR):**

This is the overall calculated total cost of all EMHS (Excluding Lab) that will be required by the facility for one financial year. The figure is obtained by adding up the total cost for all individual items. This figure should not exceed the annual EMHS credit line allocation for the facility

**14. GRAND TOTAL COST LAB ITEMS (PER YEAR):**

This is the overall calculated total cost of all Lab supplies that will be required by the facility for one financial year. The figure is obtained by adding up the total cost for all individual lab items. This figure should not exceed the annual lab credit line allocation for the facility

# HMIS FORM 087: DISCREPANCY REPORT

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To outline the steps to be followed by the facility stores personnel when there is a discrepancy in medicines and supplies received
- Timing:** Each time there is a discrepancy
- Responsibility:** Receiving team/Stores personnel

## PROCEDURE:

1. Check all medicines and supplies received against the delivery note and compare with the order forms
2. Fill in the discrepancy report if:
  - Items requested are missing, broken or damaged
  - You receive items you did not order for
  - You receive poor quality products (e.g. those that will expire before they are consumed)

## HMIS FORM 087: DISCREPANCY REPORT

|      |   |   |                                  |   |
|------|---|---|----------------------------------|---|
| (1)  | Date :  | (2)Order No:  | (3) Delivery note Number:        |   |
| (4)  | Name Health Facility:<br>Level of Health Facility:          | (5)HSD:<br>District::   |                                  |   |
| (6)  | Number of boxes on packing list:                            | (7) Number of packs received:                                   |                                  |   |
| (8)  | Details of discrepancy:                                     |   |                                  |   |
| (9)  | Details of breakages:                                       |   |                                  |   |
| (10) | Details of missing items:                                   |   |                                  |   |
| (11) | Details of items received not ordered for:                  |   |                                  |   |
|      | <b>Any other item discrepancy</b>                           |   |                                  |   |
| (12) | <b>Item Description (name, formulations, strength</b>       | (13)<br><b>Quantity on Delivery note</b>                        | (14)<br><b>Quantity Received</b> | (15)<br><b>Reasons for not receiving right quantity</b> |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      |   |   |                                  |   |
|      | (16)Client section  | (17)Transporter   |                                  |   |
|      | Verified by:<br>Sign:<br>Telephone:<br>Email:<br>Date:      | Names of Driver:<br>Vehicle number:<br>Sign:<br>Title:<br>Date: |                                  |   |
|      | (18)Comments :  |   |                                  |   |
|      | To be returned to NMS within 14 days of receipt of supplies |   |                                  |   |



**DESCRIPTION OF COLUMNS:**

**1. DATE:**

Fill in the date that the report is being prepared

**2. ORDER NUMBER:**

Fill in the order serial number as indicated on your order form. This will ease the work at NMS when the discrepancy is being followed up.

**3. DELIVERY NOTE NUMBER:**

Fill in the delivery note number as reflected on the NMS delivery note

**4. NAME AND LEVEL OF HEALTH FACILITY:**

Fill in the name of the health facility where items delivered have a discrepancy

**5. HSD AND DISTRICT NAME:**

Fill in the name of the HSD of the facility whose items have a discrepancy. Fill in the name of your district.

**6. NUMBER OF BOXES ON THE PACKING LIST:**

Record the number of boxes/cartons as indicated on the packing list/delivery note

**7. NUMBER OF PACKS RECEIVED:**

Enter the actual number of boxes received

**8. DETAILS OF THE DECREPANCY:**

Describe in detail the discrepancies that apply to the different categories outlined on the form which include details of breakage, missing items, items received and not ordered for and any other discrepancies. Provide summaries of each item indicating quantities of the items referred to.

**9. DETAILS OF BREAKAGES**

Please indicate the details of the breakages in this field.

**10. DETAILS OF MISSING ITEMS**

Fill in the Items that were Ordered for and not included in the deliveries

**11. DETAILS OF ITEMS RECEIVED NOT ORDERED FOR:**

In this field include the medicines which were received BUT NOT ordered for.

**12. ITEM DESCRIPTION:**

Fill in the name of the item with the discrepancy including the dosage form and strength

**13. QUANTITY ON DELIVERY NOTE:**

Fill in the amount delivered as stated on the delivery note

**14. QUANTITY RECEIVED:**

Fill in the actual quantity verified upon receipt. This should be in the presence of the NMS staff that delivered the items

**15. REASONS FOR NOT RECEIVING RIGHT QUANTITY:**

Fill in the reasons for not receiving the right quantity if known to you. If there is any other reason for discrepancy other than wrong quantity, fill it in this column

**16. CLIENT'S SECTION:**

The person receiving the delivered items (stores personnel) should fill this section.

**17. TRANSPORT/DISPATCH SECTION:**

If there are any comments to make, this section should be filled by the NMS transport staff.

**18. COMMENTS:**

The NMS staff who delivered the items should fill in this section

# HMIS FORM 088: HEALTH UNIT EXPIRED/SPOILED MEDICINES REGISTER

## DESCRIPTION AND INSTRUCTIONS

- Objective:** Used to track all expired or spoiled medicines and supplies from a health facility.
- Timing:** Whenever there are damaged/spoiled medicines
- Copies:** One Copy which is kept in a room or cupboard where expired or spoiled medicines are kept.
- Responsibility:** Stores/Pharmacy personnel

## PROCEDURE:

- 1) The transactions performed in the book should be done in the tables as shown in the sample below.
- 2) Record all expired items in the register, and record the price from the most recent invoice
- 3) Send the expired items to the district health office and remember to write and send a Requisition and issue voucher with the stock. (Keep a copy for yourself) Fill in the stock card.
- 4) At the end of each month, calculate the total value of expired stock and include this in your regular reports.

### At the district health office

- 1) **Make an expired stock register using the same format as above. Divide the register into sections (a few pages) for each health facility in your area (including the district hospital).**
- 2) Record all expired stock in the register in the appropriate section
- 3) At the end of each month, calculate the total value of expired stock for each health facility; include this in your regular reports.
- 4) At regular intervals e.g. once per year, arrange to hold a Board of Survey. To prepare for this you must prepare a Board of Survey report in triplicate (see the example of the report form on the following page).
- 5) National Drug Authority (NDA) should be informed if expired stock is to be destroyed. Only NDA has the mandate to do so.



## **DESCRIPTION OF COLUMNS**

**1. DATE:**

Record the date when damaged/spoiled medicines were identified.

**2. EXPIRED/SPOILED ITEM  
(With description)**

Enter full description of the medicine e.g. Morphine oral solution 5mg/ 5ml.

**3. BATCH NO:**

Enter the batch number of the commodity in this column.

**4. QUANTITY:**

Specify the quantity of item spoiled or Expired in this column

**5. PRICE:**

In this field, indicate the price of the spoiled medicine.

**6. WLLINESSED/ TAKEN BY:**

Enter the name of a person in a responsible position who wLLINessed the the medicine identified as Spoiled or Expired.

**7. REMARKS:**

Enter the remarks worth consideration in this field

# THE HEALTH MANAGEMENT INFORMATION SYSTEM

## HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL

### **TECHNICAL MODULE 5: INPATIENT AND SPECIALTY SERVICES**

- PART 1: IN PATIENT TREATMENT SHEET
- PART 2: IN PATIENT TREATMENT FOLLOW UP FORM
- PART 3: IN PATIENT DISCHARGE NOTE
- PART 4: IN PATIENT REGISTER
- PART 5: IN PATIENT DIAGNOSIS SUMMARY
- PART 6: HMIS FORM 091b INPATIENT TALLY SHEET
- PART 7: IN PATIENT DEATHS
- PART 8: IN PATIENT CENSUS SUMMARY

## PART 9: LABORATORY REGISTERS

- DAILY ACTIVITY LABORATORY REGISTER FOR HEALTH CENTRE II & III  
HEALTH FACILITY PROCUREMENT PLAN
- HEALTH CENTER IV DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL  
ANALYSIS
- GENERAL HOSPITAL DAILY ACTIVITY LABORATORY REGISTER FOR  
GENERAL ANALYSIS
- HEALTH CENTER IV DAILY ACTIVITY LABORATORY (HMIS FORM 089): TB  
LABORATORY REGISTER FOR GENERAL ANALYSIS
- DAILY ACTIVITY REGISTER FOR RECORDING HIV TESTS
- TB LABORATORY REGISTER
- DAILY ACTIVITY LABORATORY REGISTER FOR CLINICAL CHEMISTRY
- BLOOD TRANSFUSION RECORD
- MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER
- DAILY ACTIVITY REGISTER FOR HEAMATOLOGICAL INDICES
- DAILY ACTIVITY REGISTER FOR VIRAL LOAD, CD4 COUNT

## PART 10: LABORATORY TESTS SUMMARIES

## PART 11: TB HEALTH UNIT REGISTER

- MDR TB REGISTER
- TUBERCULOSIS TALLY SHEET

## PART 12: X-RAY REGISTER

## PART 13: OPERATING THEATRE REGISTER

## PART 14: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS

## PART 1: IN PATIENT TREATMENT SHEET

### HMIS FORM 051: INPATIENT TREATMENT SHEET

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** To monitor treatment and condition of the inpatient during stay

**Copies:** One copy which stays at the health unit in the respective ward.

**Responsibility:** Ward In-charge

#### PROCEDURE:

1. Information included in the first two sections of INPATIENT TREATMENT SHEET (HMIS 051) for ease in transcription will be used to fill in INPATIENT DISCHARGE FORM (HMIS 052)
2. The top half of side one of the INPATIENT TREATMENT SHEET contains administrative and summary information. The **Inpatient Number** and **Ward** are placed in the upper right hand corner to facilitate retrieval of records. Discharge information should be clearly written: **Dates, Diagnoses, Surgical procedures, special services** (such as transfusions, x-ray, etc), and **Treatment instructions after** discharge.
3. The lower half of side one contains space for the **Clinical Notes** and history and for the **Laboratory and X-Ray Findings**. If more space is needed, a blank page is attached.
4. Discuss with all inpatient clinicians the need to enter clear diagnoses on the patient treatment sheets







## PART 2: IN PATIENT TREATMENT FOLLOW UP FORM

### HMIS FORM 034: INPATIENT TREATMENT FOLLOW UP FORM

HMIS 034 INPATIENT FOLLOW UP FORM is for surveillance purposes. An example of filling the lower half of side two is shown below. The format is in tabular form, which should make it easier for the nurses and the clinicians to monitor the patient. The clinician enters the surveillance instructions in the first column. The nurse enters the calendar dates in columns across the page, and writes a “√” or “X” as each treatment is given. When a particular treatment is finished, double slash marks “//” signify the end.

**EXAMPLE OF THE USE OF THE SURVEILLANCE SECTION OF THE INPATIENT TREATMENT SHEET:**

| Enter dates Instructions | 3/7    | 4/7    | 5/7    | 6/7    | 7/7  | 8/7 | 9/7 | 10/7 |
|--------------------------|--------|--------|--------|--------|------|-----|-----|------|
| BP 2 x 1day x 4d         | 110/70 | 105/65 | 110/70 | 115/75 |      |     |     |      |
|                          | 115/75 | 110/70 | 120/75 | 115/75 |      |     |     |      |
| Weight 2x 1 week         |        | 62kg   |        |        | 59kg |     |     | 59kg |
| Inj. Quinine 600mg tds   |        |        |        |        |      | //  | //  |      |

# HMIS FORM 034: INPATIENT TREATMENT FOLLOW-UP FORM

Patient name: \_\_\_\_\_ IP No. \_\_\_\_\_ Ward \_\_\_\_\_ Bed number \_\_\_\_\_

**SURVEILLANCE**

|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Temperature °C     |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enter instructions | Enter dates |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



## PART 3: IN PATIENT DISCHARGE FORM

### HMIS FORM 052: INPATIENT DISCHARGE FORM

#### DESCRIPTION AND INSTRUCTIONS

|                        |   |
|------------------------|---|
| <b>Objective:</b>      | Reference information for patient to retain about his/her hospital stay |
| <b>Timing:</b>         | Whenever a patient is being discharged from a health facility.          |
| <b>Copies:</b>         | One copy which goes with the patient                                    |
| <b>Responsibility:</b> | Doctor/Clinician/Ward In charge.  |

#### PROCEDURE:

1. The DISCHARGE NOTE has the same format as the administrative part of the INPATIENT TREATMENT SHEET. If not available a MF 5 form can be used to record this information.
2. Side 1 is completed when the inpatient is discharged. If the doctor or nurse wishes to add more detail to this information, side 2 can be used. During continuing treatment, Side 2 is completed.
3. It is important that the patient immunizes that s/he should bring the note whenever s/he requires medical attention in the coming months. The DISCHARGE NOTE should then be attached to the patient's OUTPATIENT CARD MF 5.
4. When the patient is immunized for a new period, the discharge note is used to retrieve the old file. At the place where the old file was taken, put a blank sheet with the following reference information: **Inpatient Number** of the old file, **Name** of the patient and the New **Inpatient Number**. In this way it is known that the old file is not lost and where to find it. At discharge the old file is stapled / attached to the new file and they are filed under the new **Inpatient Number**.

# HMIS FORM 052: INPATIENT DISCHARGE FORM

Ward \_\_\_\_\_ Inpatient No. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Status on discharge \_\_\_\_\_

Provisional Diagnosis \_\_\_\_\_ Final diagnosis \_\_\_\_\_

Clinical Presentation of Patient

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---

Summary of intervention given (Investigation, treatment and surgical procedure)

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---

Recommendation on Discharge \_\_\_\_\_

Name and Designation of discharging officer \_\_\_\_\_

Date of follow-up \_\_\_\_\_

Place \_\_\_\_\_

***Please come with this form at your next visit to the Health Unit***

## PART 4: INPATIENT REGISTER

### HMIS FORM 054: INPATIENT REGISTER

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** Maintain brief record of age, sex, diagnoses, interventions and final status of each inpatient

**Copies:** One copy which stays at the health unit in the respective ward.

**Responsibility:** Ward in charge

#### PROCEDURE:

1. The date the register was started, the name of health unit, name of ward, and the date the register was finished are written on the front cover.
2. This register is used to record inpatient admission and discharge information. The registration will normally be at a central location. Wards can keep a record of their inpatients if they wish; however, the registration of inpatients (and allocation of inpatient numbers) should be done at one central place in order that each patient gets a different IP number.
3. In case of emergencies or at night, an INPATIENT TREATMENT SHEET without an **IPD Num.** (Inpatient number) can be issued. Proper registration should be done as soon as possible. The (night duty) clinician could make a list of all admissions for the medical records staff to follow up on the next morning. But also the ward nurse can easily identify unregistered patients because the sheet lacks an Inpatient Number (**IPD Num.**).
4. At registration the first eight columns are completed, and the file for the inpatient is started. At discharge (or death), the Inpatient's file is returned to the registration office, and the remaining columns are completed. The Inpatient File is then stored according to the **IPD Num.**
5. It is from the INPATIENT REGISTER that all diagnoses of admissions and deaths are tallied. The tallies should normally be done daily. A tick (√) is written in front of a line after the diagnoses have been tallied to keep track of those tallied. This is necessary because patients are not discharged in the same order as they are admitted. More information on tallying is given in TABLE 7: INPATIENT / LABORATORY AND X-RAY SERVICES.
6. The Ministry of Health has provided a list of diagnoses of interest to summarize monthly. The Medical Superintendent and the DHO will determine other additional diagnoses of interest to be summarized monthly. All diagnoses will be summarized and reported at the end of each quarter and also at the end of the year.



# HMIS FORM 054: INPATIENT REGISTER

## HEADINGS AND COLUMN WIDTHS:

### LEFT SIDE

| (1)     | (2)    | (3)       |        | (4)  | (5)  | (6)         | (7)     | (8)           | (9)     | (10)     |
|---------|--------|-----------|--------|------|------|-------------|---------|---------------|---------|----------|
| IPD NUM | NAME   | RESIDENCE |        | AGE  | SEX  | NEXT OF KIN | REF IN? | REFERRED FROM | DATE IN | DATE OUT |
|         |        | VILLAGE   | PARISH |      |      |             |         |               |         |          |
| 2 cm    | 3.5 cm | 4 cm      | 3.5 cm | 1 cm | 1 cm | 3.5 cm      | 1 cm    |               | 2 cm    | 2 cm     |
|         |        |           |        |      |      |             |         |               |         |          |

### RIGHT SIDE

| (11)        | (12)                  | (13)                   | (14)         |    |   |   |   |     | 15                       | (16)    |
|-------------|-----------------------|------------------------|--------------|----|---|---|---|-----|--------------------------|---------|
| Tobacco use | PROVISIONAL DIAGNOSIS | DIAGNOSIS AT DISCHARGE | FINAL STATUS |    |   |   |   |     | Need for Palliative care | REMARKS |
| Alcohol use |                       |                        | D            | DD | T | R | S | RAB |                          |         |
| Toba. use   | 7 cm                  | 7 cm                   |              |    |   |   |   |     |                          | 4 cm    |
| Alcohol use |                       |                        |              |    |   |   |   |     |                          |         |

### DESCRIPTION OF COLUMNS:

**1. IPD NUM:**

This is the unique serial number given to the inpatient during his/ her stay. IPD number begins with 1 at the beginning of the financial year (July) and ends at the end of the financial year (June)

**2. NAME:**

The patient's name

**3. RESIDENCE:**

The patient's village and Parish of residence

**4. AGE:**

Write the patient's age in complete years if over one year. Use months if under one year, writing clearly "MTH" after the age. If the patient is less than one month, then "Days" are written after the age

**5. SEX:**

The patient's sex. Use "M" for Male or "F" for Female.

**6. NEXT OF KIN:**

Person responsible in case of follow up or emergency.

## Technical Module 5: Inpatient and Speciality Services

### 7. REF IN

Put a tick if the patient was referred into the unit.

### 8. REFERRED FROM:

Indicate the name of health facility or ward referring the patient to this ward or health facility.

### 9. DATE IN:

The date the patient was admitted - day and month are sufficient. It is best to use abbreviations (Jan, Feb, Mar, etc.) and not numbers for the month.

### 10. DATE OUT:

The date when the patient was discharged. Day and month are sufficient. It is best to use abbreviations (Jan, Feb, Mar, etc.) and not numbers for the month.

### 11. TOBACCO USE

Put a tick if patient uses tobacco in any form e.g. smoking, sniffing, chewing, shisha, emindi (smoking pipe),

Put a tick if patient consumes any type of alcohol e.g. local brew, beers, wines and spirits.

### 12. PROVISIONAL DIAGNOSIS:

From the patient's Outpatient Card or other documentation, write the diagnosis upon admission.

### 13. DIAGNOSIS AT DISCHARGE:

From the INPATIENT TREATMENT SHEET write the FINAL diagnoses. If abbreviations are used, ensure that they are standard and used consistently.

### 14. FINAL STATUS:

Tick as appropriate: "D" for discharge (this includes the MF 74 categories of recovered, improved and unchanged), "T" for transferred to another ward, "R" for referred out to another health unit, "RAB" if patient referred abroad "DD" if the patient died, and "S" for self-discharges/ runaways.

### 15. NEED FOR PALLIATIVE CARE

Write YES if patient needs palliative care and NO if he/she doesn't need palliative care.

### 16. REMARKS:

This can contain any information of interest to the Medical Superintendent. Diagnoses that result from Injuries indicate the incident that caused the Injuries (Road Traffic Accident, gunshot, Domestic Violence, Suicide, Poisoning, etc).

### REPORTED MONTHLY TO THE INCHARGE

The number of patients who were referred from lower levels.

The numbers of admissions and deaths for the diagnoses indicated on the Inpatient List of Diseases

### REPORTED YEARLY TO THE INCHARGE

The numbers of admissions and deaths for all diagnoses on the Inpatient List of Diseases

## PART 5: IN PATIENT DIAGNOSIS SUMMARY

### TABLE 12a & 12b: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY

Table 12a is for recording diagnoses of children less than five years by gender.

Table 12b is for recording diagnoses for people aged five years and older by gender

#### PREPARATION

##### **From In-Charge, HUMC and DHT**

- Add additional diagnoses of local interest to table 1b and 1c.

##### Daily or Routine Procedure

##### **From INPATIENT REGISTER**

Tally diagnoses for the categories shown in Table 12a and 12b using the **INPATIENT TALLY SHEET** (HMIS 091b).

Record the number of diagnoses for **all patients discharged/died/ runaway/ referred** for each day in Table 12a and 12b.

##### Weekly Procedures

On a weekly basis, add the daily diagnoses and for notifiable diseases in Tables 12a and 12b.

These should be reported in the Health Unit Weekly Epidemiological form (Module 7; HMIS 033b)

##### Monthly Procedures

Add the daily diagnoses to get the monthly totals.

Write the total in the last column of tables 12a and 12b.

##### **On HEALTH UNIT INPATIENT MONTHLY REPORT**

Fill in Item 6

##### Annual Procedures

From Tables 12a and 12b

Extract the monthly totals and fill in Tables 12c and 12d respectively

## PART 6: INPATIENT TALLY SHEET

### HMIS FORM 054a: INPATIENT TALLY SHEET

#### DESCRIPTION AND INSTRUCTION

- Objectives:** To facilitate the counting and summarizing of inpatient records
- Copies:** One copy which stays in the health unit in the respective ward.
- Responsibility:** Ward In-charge/Records Assistant

#### PROCEDURE:

1. The sheet is a series of blocks with empty boxes. It allows you to tally anything you wish to count. The main use of the tally sheet will be to count inpatient Diagnoses. Every occurrence is represented by a slash (/). Five slashes go in one box. One entire block can contain about 400 tallies. The total tallies are written in the last box.
2. For inpatient diagnoses, there is a list of diagnoses to be monitored: the diagnoses printed on the HMIS inpatient monthly report and possibly some diagnoses the district added. All other diagnoses are entered in the box labeled "Other diagnoses". The diagnoses are given space according to the anticipated number monthly. For most health units, one block per diagnosis will be sufficient, sometimes less. In the first example on the next page, notifiable diseases are in one block because they occur so infrequently. Since some diagnoses are very common, one entire block is reserved for its tallying. It is probably easiest to start a new tally sheet each month. All sheets should be filed in the Database file until they are checked for accuracy.
3. Make two sets of tally sheets: one of "Admissions" and the other set for "Deaths" by age group and gender. Start a new block for each diagnosis. Start a new page or each letter of the alphabet and file the tally sheets alphabetically. It is most practical to use the same block throughout the year. The third example on the next page shows a block for pneumonia deaths. Referrals into the health facility can also be tallied using this form.
4. All diagnoses for the inpatient are tallied on the "Admissions" tally sheet. If a patient is discharged with 3 diagnoses, all three are tallied. If the patient died, only the principal diagnosis is tallied on the "Mortality" tally sheet. If e.g. a patient died with "measles, Ascaris and scabies", the three diagnoses are filled on the "Admission" tally sheet (one tally for measles, one for ascaris and one for scabies). Measles is tallied a second time on the "Mortality" tally sheet, since it was listed first.

# HIMS FORM 054a: INPATIENT TALLY SHEET

Description \_\_\_\_\_ Where \_\_\_\_\_ Time Period \_\_\_\_\_

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Description \_\_\_\_\_ Where \_\_\_\_\_ Time Period \_\_\_\_\_

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**TABLE 12a: HEALTH UNIT DAILY INPATIENT DIAGNOSES SUMMARY FOR CHILDREN 0 – 4 YEARS  
(MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Notifiable Diseases</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 01 Acute Flaccid Paralysis  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 02 Animal Bites (suspected rabies)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 03 Cholera  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 04 Dysentery  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 05 Guinea Worm  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 06 Malaria  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Total   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Confirmed (Microscopic &RDT)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 07 Measles  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 08 Bacterial Meningitis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 09 Neonatal tetanus   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10 Plague   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11 Yellow Fever   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12 Other Viral Hemorrhagic Fevers   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13 Severe Acute Respiratory Infection (SARI)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14 Adverse Events Following Immunization (AEFI)                                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15 Typhoid Fever  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16 Presumptive MDR TB Cases   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Other Infectious /communicable diseases</b>                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17 Diarrhea – Acute   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18 Diarrhea- Persistent   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

| Category                                  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 19 Genital Infections                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 20 Hepatitis B                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 21 Hepatitis C                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 22 Hepatitis E                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 23 Septicemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 24 Peritonitis                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 25 Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 26 Pyrexia of unknown origin (PUO)        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 27 Respiratory infections (other)         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 28 New TB cases diagnosed                 | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 29 Leprosy                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 30 Osteomyelitis                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 31 Urinary Tract Infections (UTI)         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 32 Tetanus (over 28 days age)             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 33 Sleeping sickness                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 34 Other types of meningitis              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Neglected Tropical Diseases (NTDs)</b> |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 35 Leishmaniasis                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 36 Lymphatic Filariasis (hydrocele)       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 37 Lymphatic Filariasis (Lymphoedema)     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 38 Urinary Schistosomiasis                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 39 Intestinal Schistosomiasis             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 40 Onchocerciasis                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 41 Nodding Syndrome                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Neonatal Diseases</b>                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 42 Neonatal Sepsis 0-7days                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 43 Neonatal Sepsis 8-28days                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 44 Neonatal Pneumonia                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 45 Neonatal Meningitis                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 46 Neonatal Jaundice                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 47 Premature baby (as condition that requires mgt) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 48 Other Neonatal Conditions                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Non communicable diseases</b>                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Oral Diseases</b>                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 49 Dental Caries                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 50 Gingivitis                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 51 Jaw injuries                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 52 Other oral diseases and conditions              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 53 HIV-Oral lesions                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 54 Oral Cancers                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Heart Diseases</b>                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 55 Hypertension (newly diagnosed cases)            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 56 Hypertension (old cases)                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 57 Stroke  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 58 Other Cardiovascular Diseases                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Mental Health</b>                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 59 Anxiety disorders                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 60 Bipolar disorders                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 61 Depression                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 62 Schizophrenia                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 63 Alcohol abuse                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 64 Drug Abuse                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 65 Attempted Suicide                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 66 Dementia  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 67 Childhood Mental Disorders                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 68 Epilepsy  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 69 HIV related Psychosis                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 70 Nervous system disorders                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 71 Other forms of Mental illness                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |



| Category  | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Chronic respiratory diseases</b>                       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 72 Asthma   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Cancers</b>  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 74 Cancer prostate  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 75 Cancer lung  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 76 Cancer liver   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 77 Cancer Colon   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 78 Kaposi and other skin cancers                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 79 Hepatocellular carcinoma                               |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 81 Others Cancers   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Other non-communicable diseases</b>                    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 82 Anaemia  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 83 Sickle cell Anaemia                                    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 85 Diabetes mellitus (re-attendances)                     |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 86 Endocrine and metabolic disorders (other)              |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 87 Gastro-Intestinal disorders (non Infective)            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 88 Pain Requiring Palliative Care                         |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 89 Severe Malnutrition (SAM)                              | With oedema    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Without oedema |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 90 Mild Acute Malnutrition (MAM)                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 91 Injuries - Road traffic Accidents                      |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 93 Injuries - (Trauma due to other causes)                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 94 Animal bites   | Domestic       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Wild           |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Insects        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 95 Snakes bites   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
| 96 Poisoning   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 97 Liver Cirrhosis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 98 Liver diseases (other)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 99 Hernias   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 100 Diseases of the appendix   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 101 Diseases of the skin   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 102 Muscular skeletal and connective tissue diseases                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 103 Genito urinary system diseases (non- infective)                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 104 Congenital malformations and chromosome abnormalities                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 105 Complications of medical and surgical care                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 106 Benign neoplasm's (all types)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 107 Coetaneous ulcers  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Medical Emergencies</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 108 Cerebro-vascular events  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 109 Cardiac arrest   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 110 Gastro-intestinal bleeding   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 111 Respiratory distress   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 112 Acute renal failure  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 113 Acute sepsis   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Maternal conditions</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 114 Abortions  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 115 Malaria in pregnancy   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 116 High blood pressure in pregnancy                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 117 Obstructed labour  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 118 Haemorrhage related to pregnancy (APH or PPH)                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 119 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 120 Obstetric Fistula  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 121 Other Complications of pregnancy                                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 122 Cancer of the cervix(newly diagnosed cases)                            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 123 Cancer of the cervix (re-  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |

| Category                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| attendance)                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 124 Cancer of the breast              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 125 Tubal Ovarian mass/cancer         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 126 Pelvic Inflammatory Disease (PID) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 127 Uterine Fibroids                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 128 Other Gynecological conditions    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 129 Other diagnoses (specify          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| Priority diseases for health unit)    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 130 All others                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 999Total Diagnoses                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

**TABLE 12b: HEALTH UNIT DAILY INPATIENT DIAGNOSES SUMMARY FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | 1                            | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| <b>Notifiable Diseases</b>  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 01 Acute Flaccid Paralysis  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 02 Animal Bites (suspected rabies)  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 03 Cholera  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 04 Dysentery  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 05 Guinea Worm  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 06 Malaria  | Total                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | Confirmed (Microscopic &RDT) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 07 Measles  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 08 Bacterial Meningitis   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 09 Neonatal tetanus   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 10 Plague   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 11 Yellow Fever   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 12 Other Viral Hemorrhagic Fevers   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 13 Severe Acute Respiratory Infection (SARI)  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 14 Adverse Events Following Immunization (AEFI)                                     |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 15 Typhoid Fever  |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 16 Presumptive MDR TB Cases   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Other Infectious /communicable diseases</b>                                      |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 17 Diarrhea – Acute   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 18 Diarrhea- Persistent   |                              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

| Category                                  | 1                           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 19 Genital Infections                     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 20 Hepatitis B                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 21 Hepatitis C                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 22 Hepatitis E                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 23 Septicemia                             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 24 Peritonitis                            |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 25 Pneumonia                              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 26 Pyrexia of unknown origin (PUO)        |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 27 Respiratory infections (other)         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 28 New TB cases diagnosed                 | Bacteriologically confirmed |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Clinically Diagnosed        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | EPTB                        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 29 Leprosy                                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 30 Osteomyelitis                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 31 Urinary Tract Infections (UTI)         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 32 Tetanus (over 28 days age)             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 33 Sleeping sickness                      |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 34 Other types of meningitis              |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Neglected Tropical Diseases (NTDs)</b> |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 35 Leishmaniasis                          |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 36 Lymphatic Filariasis (hydrocele)       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 37 Lymphatic Filariasis (Lymphoedema)     |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 38 Urinary Schistosomiasis                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 39 Intestinal Schistosomiasis             |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 40 Onchocerciasis                         |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 41 Nodding Syndrome                       |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Neonatal Diseases</b>                  |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 42 Neonatal Sepsis 0-7days                |                             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

| Category   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
| 43 Neonatal Sepsis 8-28days                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 44 Neonatal Pneumonia                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 45 Neonatal Meningitis                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 46 Neonatal Jaundice                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 47 Premature baby (as condition that requires mgt) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 48 Other Neonatal Conditions                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Non communicable diseases</b>                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Oral Diseases</b>                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 49 Dental Caries                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 50 Gingivitis                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 51 Jaw injuries                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 52 Other oral diseases and conditions              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 53 HIV-Oral lesions                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 54 Oral Cancers                                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Heart Diseases</b>                              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 55 Hypertension (newly diagnosed cases)            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 56 Hypertension (old cases)                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 57 Stroke  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 58 Other Cardiovascular Diseases                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| <b>Mental Health</b>                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 59 Anxiety disorders                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 60 Bipolar disorders                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 61 Depression                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 62 Schizophrenia                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 63 Alcohol abuse                                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 64 Drug Abuse                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 65 Attempted Suicide                               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 66 Dementia  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 67 Childhood Mental Disorders                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 68 Epilepsy  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 69 HIV related Psychosis                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 70 Nervous system disorders                        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |
| 71 Other forms of Mental illness                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |

| Category  | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| <b>Chronic respiratory diseases</b>                       |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 72 Asthma   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Cancers</b>  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 74 Cancer prostate  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 75 Cancer lung  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 76 Cancer liver   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 77 Cancer Colon   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 78 Kaposi and other skin cancers                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 79 Hepatocellular carcinoma                               |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 81 Others Cancers   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Other non-communicable diseases</b>                    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 82 Anaemia  |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 83 Sickle cell Anaemia                                    |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 85 Diabetes mellitus (re-attendances)                     |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 86 Endocrine and metabolic disorders (other)              |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 87 Gastro-Intestinal disorders (non Infective)            |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 88 Pain Requiring Palliative Care                         |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 89 Severe Malnutrition (SAM)                              | With oedema    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Without oedema |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 90 Mild Acute Malnutrition (MAM)                          |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 91 Injuries - Road traffic Accidents                      |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 93 Injuries - (Trauma due to other causes)                |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 94 Animal bites   | Domestic       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Wild           |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | Insects        |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 95 Snakes bites   |                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

| Category  | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---|------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 96 Poisoning  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 97 Liver Cirrhosis  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 98 Liver diseases (other)                                 |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 99 Hernias  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 100 Diseases of the appendix                              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 101 Diseases of the skin                                  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 102 Muscular skeletal and connective tissue diseases      |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 103 Genito urinary system diseases (non- infective)       |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 104 Congenital malformations and chromosome abnormalities |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 105 Complications of medical and surgical care            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 106 Benign neoplasm's (all types)                         |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 107 Coetaneous ulcers                                     |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Medical Emergencies</b>                                |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 108 Cerebro-vascular events                               |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 109 Cardiac arrest  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 110 Gastro-intestinal bleeding                            |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 111 Respiratory distress                                  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 112 Acute renal failure                                   |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 113 Acute sepsis  |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Maternal conditions</b>                                |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 114 Abortions   | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 115 Malaria in pregnancy                                  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 116 High blood pressure in pregnancy                      | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 117 Obstructed labour                                     | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|   | >=25yrs    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 118 Haemorrh  | 10 – 19yrs |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |



| Category   |            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| age related to pregnancy (APH or PPH)                                      | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 119 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 120 Obstetric Fistula  | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 121 Other Complications of pregnancy                                       | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 122 Cancer of the cervix(newly diagnosed cases)                            | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 123 Cancer of the cervix (re-attendance)                                   | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 124 Cancer of the breast   | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 125 Tubal Ovarian mass/cancer  | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 126 Pelvic Inflammatory Disease (PID)                                      | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 127 Uterine Fibroids   | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 128 Other Gynecological conditions   | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|  | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

| Category  |            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 129 Other diagnoses (specify Priority diseases for health unit) |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 130 All others  |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| 999Total Diagnoses  |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Body Mass Index (BMI) Outcome</b>                            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B1-Severely Underweight (BMI<16)                                | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B2-Underweight (16<=BMI <18.5)                                  | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B3-Normal (18.5<= BMI <=25)                                     | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B4-Over weight (25< BMI <=30)                                   | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| B5-Obese ( BMI>30)  | 5 – 10yrs  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 11 – 18yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=18yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| <b>Risk Behavior</b>  |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R1-Alcohol use  | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| R2-Tobacco use  | 10 – 19yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | 20 – 24yrs |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
|   | >=25yrs    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

**TABLE 12c: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR CHILDREN 0-4 YEARS (MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | Jul                          | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Notifiable Diseases</b>  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 01 Acute Flaccid Paralysis  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 02 Animal Bites (suspected rabies)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 03 Cholera  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 04 Dysentery  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 05 Guinea Worm  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 06 Malaria  | Total                        |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Confirmed (Microscopic &RDT) |     |      |     |     |     |     |     |     |     |     |     |       |
| 07 Measles  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 08 Bacterial Meningitis   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 09 Neonatal tetanus   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 10 Plague   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 11 Yellow Fever   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 12 Other Viral Hemorrhagic Fevers   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 13 Severe Acute Respiratory Infection (SARI)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 14 Adverse Events Following Immunization (AEFI)                                     |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 15 Typhoid Fever  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 16 Presumptive MDR TB Cases   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |                              |     |      |     |     |     |     |     |     |     |     |     |       |
|   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
|   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other Infectious /communicable diseases</b>                                      |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 17 Diarrhea – Acute   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 18 Diarrhea- Persistent   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 19 Genital Infections   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 20 Hepatitis B  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 21 Hepatitis C  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 22 Hepatitis E  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 23 Septicemia   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 24 Peritonitis  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 25 Pneumonia  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 26 Pyrexia of unknown origin (PUO)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 27 Respiratory infections (other)   |                              |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   |                             | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 28 New TB cases diagnosed                          | Bacteriologically confirmed |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Clinically Diagnosed        |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | EPTB                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 29 Leprosy   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 30 Osteomyelitis                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 31 Urinary Tract Infections (UTI)                  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 32 Tetanus (over 28 days age)                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 33 Sleeping sickness                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34 Other types of meningitis                       |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neglected Tropical Diseases (NTDs)</b>          |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35 Leishmaniasis                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36 Lymphatic Filariasis (hydrocele)                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37 Lymphatic Filariasis (Lymphoedema)              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38 Urinary Schistosomiasis                         |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39 Intestinal Schistosomiasis                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40 Onchocerciasis                                  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41 Nodding Syndrome                                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neonatal Diseases</b>                           |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42 Neonatal Sepsis 0-7days                         |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43 Neonatal Sepsis 8-28days                        |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44 Neonatal Pneumonia                              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45 Neonatal Meningitis                             |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46 Neonatal Jaundice                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47 Premature baby (as condition that requires mgt) |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48 Other Neonatal Conditions                       |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Non communicable diseases</b>                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral Diseases</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49 Dental Caries                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50 Gingivitis                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51 Jaw injuries                                    |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52 Other oral diseases and conditions              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53 HIV-Oral lesions                                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54 Oral Cancers                                    |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Heart Diseases</b>                              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55 Hypertension (newly diagnosed cases)            |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56 Hypertension (old cases)                        |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57 Stroke  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58 Other Cardiovascular Diseases                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59 Anxiety disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60 Bipolar disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61 Depression                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62 Schizophrenia                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63 Alcohol abuse                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64 Drug Abuse                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65 Attempted Suicide                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66 Dementia  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67 Childhood Mental                                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category  | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Disorders   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 68 Epilepsy   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 69 HIV related Psychosis                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 70 Nervous system disorders                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 71 Other forms of Mental illness                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 72 Asthma   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cancers</b>  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 74 Cancer prostate  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 75 Cancer lung  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 76 Cancer liver   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 77 Cancer Colon   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78 Kaposi and other skin cancers                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79 Hepatocellular carcinoma                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81 Others Cancers   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other non-communicable diseases</b>                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82 Anaemia  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83 Sickle cell Anaemia                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85 Diabetes mellitus (re-attendances)                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86 Endocrine and metabolic disorders (other)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87 Gastro-Intestinal disorders (non Infective)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88 Pain Requiring Palliative Care                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89 Severe Malnutrition (SAM)                              | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 90 Mild Acute Malnutrition (MAM)                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91 Injuries - Road traffic Accidents                      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93 Injuries - (Trauma due to other causes)                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94 Animal bites   | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 95 Snakes bites   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 96 Poisoning  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97 Liver Cirrhosis  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98 Liver diseases (other)                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99 Hernias  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100 Diseases of the appendix                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101 Diseases of the skin                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102 Muscular skeletal and connective tissue diseases      |                |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 103 Genito urinary system diseases (non- infective)                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 104 Congenital malformations and chromosome abnormalities                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 105 Complications of medical and surgical care                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 106 Benign neoplasm's (all types)  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 107 Coetaneous ulcers  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Medical Emergencies</b>   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 108 Cerebro-vascular events  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 109 Cardiac arrest   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 110 Gastro-intestinal bleeding   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 111 Respiratory distress   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 112 Acute renal failure  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 113 Acute sepsis   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Maternal conditions</b>   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 114 Abortions  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 115 Malaria in pregnancy   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 116 High blood pressure in pregnancy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 117 Obstructed labour  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 118 Haemorrhage related to pregnancy (APH or PPH)                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 119 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 120 Obstetric Fistula  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 121 Other Complications of pregnancy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 122 Cancer of the cervix(newly diagnosed cases)                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 123 Cancer of the cervix (re-attendance)                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 124 Cancer of the breast   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 125 Tubal Ovarian mass/cancer  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 126 Pelvic Inflammatory Disease (PID)                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 127 Uterine Fibroids   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 128 Other Gynecological conditions   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 129 Other diagnoses (specify Priority diseases for health unit)            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 130 All others   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 999Total Diagnoses   |     |     |      |     |     |     |     |     |     |     |     |     |       |

**TABLE 12d: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | Jul                           | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|-------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Notifiable Diseases</b>  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 01 Acute Flaccid Paralysis  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 02 Animal Bites (suspected rabies)  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 03 Cholera  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 04 Dysentery  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 05 Guinea Worm  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 06 Malaria  | Total                         |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Confirmed (Microscopic & RDT) |     |      |     |     |     |     |     |     |     |     |     |       |
| 07 Measles  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 08 Bacterial Meningitis   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 09 Neonatal tetanus   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 10 Plague   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 11 Yellow Fever   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 12 Other Viral Hemorrhagic Fevers   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 13 Severe Acute Respiratory Infection (SARI)  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 14 Adverse Events Following Immunization (AEFI)                                     |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 15 Typhoid Fever  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 16 Presumptive MDR TB Cases   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |                               |     |      |     |     |     |     |     |     |     |     |     |       |
|   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other Infectious /communicable diseases</b>                                      |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 17 Diarrhea – Acute   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 18 Diarrhea- Persistent   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 19 Genital Infections   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 20 Hepatitis B  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 21 Hepatitis C  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 22 Hepatitis E  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 23 Septicemia   |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 24 Peritonitis  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 25 Pneumonia  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 26 Pyrexia of unknown origin (PUO)  |                               |     |      |     |     |     |     |     |     |     |     |     |       |
| 27 Respiratory infections (other)   |                               |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   |                             | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 28 New TB cases diagnosed                          | Bacteriologically confirmed |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | Clinically Diagnosed        |     |     |      |     |     |     |     |     |     |     |     |     |       |
|  | EPTB                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 29 Leprosy   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 30 Osteomyelitis                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 31 Urinary Tract Infections (UTI)                  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 32 Tetanus (over 28 days age)                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 33 Sleeping sickness                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34 Other types of meningitis                       |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neglected Tropical Diseases (NTDs)</b>          |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35 Leishmaniasis                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36 Lymphatic Filariasis (hydrocele)                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37 Lymphatic Filariasis (Lymphoedema)              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38 Urinary Schistosomiasis                         |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39 Intestinal Schistosomiasis                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40 Onchocerciasis                                  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41 Nodding Syndrome                                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neonatal Diseases</b>                           |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42 Neonatal Sepsis 0-7days                         |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43 Neonatal Sepsis 8-28days                        |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44 Neonatal Pneumonia                              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45 Neonatal Meningitis                             |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46 Neonatal Jaundice                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47 Premature baby (as condition that requires mgt) |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48 Other Neonatal Conditions                       |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Non communicable diseases</b>                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral Diseases</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49 Dental Caries                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50 Gingivitis                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51 Jaw injuries                                    |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52 Other oral diseases and conditions              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53 HIV-Oral lesions                                |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54 Oral Cancers                                    |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Heart Diseases</b>                              |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55 Hypertension (newly diagnosed cases)            |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56 Hypertension (old cases)                        |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57 Stroke  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58 Other Cardiovascular Diseases                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59 Anxiety disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60 Bipolar disorders                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61 Depression                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62 Schizophrenia                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63 Alcohol abuse                                   |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64 Drug Abuse                                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65 Attempted Suicide                               |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66 Dementia  |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67 Childhood Mental Disorders                      |                             |     |     |      |     |     |     |     |     |     |     |     |     |       |



## Technical Module 5: Inpatient and Speciality Services

| Category  | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 68 Epilepsy   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 69 HIV related Psychosis                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 70 Nervous system disorders                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 71 Other forms of Mental illness                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 72 Asthma   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cancers</b>  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 74 Cancer prostate  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 75 Cancer lung  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 76 Cancer liver   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 77 Cancer Colon   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78 Kaposi and other skin cancers                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79 Hepatocellular carcinoma                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81 Others Cancers   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other non-communicable diseases</b>                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82 Anaemia  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83 Sickle cell Anaemia                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85 Diabetes mellitus (re-attendances)                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86 Endocrine and metabolic disorders (other)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87 Gastro-Intestinal disorders (non Infective)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88 Pain Requiring Palliative Care                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89 Severe Malnutrition (SAM)                              | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 90 Mild Acute Malnutrition (MAM)                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91 Injuries - Road traffic Accidents                      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93 Injuries - (Trauma due to other causes)                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94 Animal bites   | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 95 Snakes bites   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 96 Poisoning  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97 Liver Cirrhosis  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98 Liver diseases (other)                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99 Hernias  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100 Diseases of the appendix                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101 Diseases of the skin                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102 Muscular skeletal and connective tissue diseases      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 103 Genito urinary system                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   | Jul        | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| diseases (non- infective)  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 104 Congenital malformations and chromosome abnormalities                  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 105 Complications of medical and surgical care                             |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 106 Benign neoplasm's (all types)  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 107 Coetaneous ulcers  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Medical Emergencies</b>   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 108 Cerebro-vascular events  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 109 Cardiac arrest   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 110 Gastro-intestinal bleeding   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 111 Respiratory distress   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 112 Acute renal failure  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 113 Acute sepsis   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Maternal conditions</b>   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 114 Abortions  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 115 Malaria in pregnancy   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 116 High blood pressure in pregnancy                                       | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 117 Obstructed labour  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 118 Haemorrhage related to pregnancy (APH or PPH)                          | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 119 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 120 Obstetric Fistula  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 121 Other Complications of pregnancy                                       | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 122 Cancer of the cervix(newly diagnosed cases)                            | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 123 Cancer of the cervix (re-attendance)                                   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 124 Cancer of the breast   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 125 Tubal  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category  |            | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Ovarian mass/cancer   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 126 Pelvic Inflammatory Disease (PID)                           | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 127 Uterine Fibroids  | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 128 Other Gynecological conditions                              | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 129 Other diagnoses (specify Priority diseases for health unit) |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 130 All others  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 999Total Diagnoses  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Body Mass Index (BMI) Outcome</b>                            |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B1-Severely Underweight (BMI<16)                                | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B2-Underweight (16<=BMI <18.5)                                  | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B3-Normal (18.5<= BMI <=25)                                     | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B4-Over weight (25< BMI <=30)                                   | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B5-Obese ( BMI>30)  | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Risk Behavior</b>  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| R1-Alcohol use  | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| R2-Tobacco use  | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |

## PART 7: IN PATIENT DEATHS

### TABLE 13: HEALTH UNIT INPATIENT DEATHS SUMMARY

There are two tables numbered 13: 13a for recording deaths of children less than five years by gender, and 13b is for recording deaths for people aged five years and older by gender. They are clearly labeled.

#### PREPARATION

I/C, HUMC and DHT can add additional deaths of local interest to each Table

#### Monthly Procedures

##### **TABLES 13a and 13b**

- Record deaths by diagnosis compiled from the inpatient registers.
- Sum the deaths and write the value in 'Total deaths' line

#### **HEALTH UNIT INPATIENT MONTHLY REPORT**

Fill in Item 6

#### Annual Procedures

##### **TABLES 13a and 13b**

Sum the monthly values of deaths for each diagnosis and write annual total in column **Year Total**. Do for both age groups and sexes.

**TABLE 13a: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR CHILDREN 0-4 YEARS (MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Month \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | Jul                          | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Notifiable Diseases</b>  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 01 Acute Flaccid Paralysis  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 02 Animal Bites (suspected rabies)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 03 Cholera  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 04 Dysentery  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 05 Guinea Worm  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 06 Malaria  | Total                        |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Confirmed (Microscopic &RDT) |     |      |     |     |     |     |     |     |     |     |     |       |
| 07 Measles  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 08 Bacterial Meningitis   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 09 Neonatal tetanus   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 10 Plague   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 11 Yellow Fever   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 12 Other Viral Hemorrhagic Fevers   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 13 Severe Acute Respiratory Infection (SARI)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 14 Adverse Events Following Immunization (AEFI)                                       |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 15 Typhoid Fever  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 16 Presumptive MDR TB Cases   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases, specify (e.g. Influenza like illness (ILI), SARS) |                              |     |      |     |     |     |     |     |     |     |     |     |       |
|   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other Infectious /communicable diseases</b>  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 17 Diarrhea – Acute   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 18 Diarrhea- Persistent   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 19 Genital Infections   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 20 Hepatitis B  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 21 Hepatitis C  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 22 Hepatitis E  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 23 Septicemia   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 24 Peritonitis  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 25 Pneumonia  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 26 Pyrexia of unknown origin (PUO)  |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 27 Respiratory infections (other)   |                              |     |      |     |     |     |     |     |     |     |     |     |       |
| 28 New TB cases diagnosed   | Bacteriologically confirmed  |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Clinically Diagnosed         |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| EPTB   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 29 Leprosy   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 30 Osteomyelitis                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 31 Urinary Tract Infections (UTI)                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 32 Tetanus (over 28 days age)                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 33 Sleeping sickness                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34 Other types of meningitis                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neglected Tropical Diseases (NTDs)</b>          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35 Leishmaniasis                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36 Lymphatic Filariasis (hydrocele)                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37 Lymphatic Filariasis (Lymphoedema)              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38 Urinary Schistosomiasis                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39 Intestinal Schistosomiasis                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40 Onchocerciasis                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41 Nodding Syndrome                                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neonatal Diseases</b>                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42 Neonatal Sepsis 0-7days                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43 Neonatal Sepsis 8-28days                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44 Neonatal Pneumonia                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45 Neonatal Meningitis                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46 Neonatal Jaundice                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47 Premature baby (as condition that requires mgt) |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48 Other Neonatal Conditions                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Non communicable diseases</b>                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral Diseases</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49 Dental Caries                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50 Gingivitis                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51 Jaw injuries                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52 Other oral diseases and conditions              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53 HIV-Oral lesions                                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54 Oral Cancers                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Heart Diseases</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55 Hypertension (newly diagnosed cases)            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56 Hypertension (old cases)                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57 Stroke  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58 Other Cardiovascular Diseases                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59 Anxiety disorders                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60 Bipolar disorders                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61 Depression                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62 Schizophrenia                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63 Alcohol abuse                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64 Drug Abuse                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65 Attempted Suicide                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66 Dementia  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67 Childhood Mental Disorders                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 68 Epilepsy  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 69 HIV related Psychosis                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 70 Nervous system disorders                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 71 Other forms of Mental illness                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 72 Asthma  |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category  | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cancers</b>  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 74 Cancer prostate  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 75 Cancer lung  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 76 Cancer liver   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 77 Cancer Colon   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78 Kaposi and other skin cancers                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79 Hepatocellular carcinoma                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81 Others Cancers   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other non-communicable diseases</b>                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82 Anaemia  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83 Sickle cell Anaemia                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85 Diabetes mellitus (re-attendances)                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86 Endocrine and metabolic disorders (other)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87 Gastro-Intestinal disorders (non Infective)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88 Pain Requiring Palliative Care                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89 Severe Malnutrition (SAM)                              | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 90 Mild Acute Malnutrition (MAM)                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91 Injuries - Road traffic Accidents                      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93 Injuries - (Trauma due to other causes)                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94 Animal bites   | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 95 Snakes bites   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 96 Poisoning  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97 Liver Cirrhosis  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98 Liver diseases (other)                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99 Hernias  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100 Diseases of the appendix                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101 Diseases of the skin                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102 Muscular skeletal and connective tissue diseases      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 103 Genito urinary system diseases (non- infective)       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 104 Congenital malformations and chromosome abnormalities |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 105 Complications of medical and surgical care            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 106 Benign neoplasm's (all types)                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 107 Coetaneous ulcers                                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Medical Emergencies</b>                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 108 Cerebro-vascular events                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 109 Cardiac arrest  |                |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 110 Gastro-intestinal bleeding   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 111 Respiratory distress   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 112 Acute renal failure  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 113 Acute sepsis   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Maternal conditions</b>   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 114 Abortions  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 115 Malaria in pregnancy   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 116 High blood pressure in pregnancy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 117 Obstructed labour  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 118 Haemorrhage related to pregnancy (APH or PPH)                          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 119 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 120 Obstetric Fistula  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 121 Other Complications of pregnancy                                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 122 Cancer of the cervix(newly diagnosed cases)                            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 123 Cancer of the cervix (re-attendance)                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 124 Cancer of the breast   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 125 Tubal Ovarian mass/cancer  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 126 Pelvic Inflammatory Disease (PID)                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 127 Uterine Fibroids   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 128 Other Gynecological conditions   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 129 Other diagnoses (specify Priority diseases for health unit)            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 130 All others   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 999 Total Diagnoses  |     |     |      |     |     |     |     |     |     |     |     |     |       |



**TABLE 13b: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, delete where non-applicable)**

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| Category  | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Notifiable Diseases</b>  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 01 Acute Flaccid Paralysis  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 02 Animal Bites (suspected rabies)  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 03 Cholera  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 04 Dysentery  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 05 Guinea Worm  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 06 Malaria  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Total   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Confirmed (Microscopic &RDT)  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 07 Measles  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 08 Bacterial Meningitis   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 09 Neonatal tetanus   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 10 Plague   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 11 Yellow Fever   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 12 Other Viral Hemorrhagic Fevers   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 13 Severe Acute Respiratory Infection (SARI)  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 14 Adverse Events Following Immunization (AEFI)                                     |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 15 Typhoid Fever  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 16 Presumptive MDR TB Cases   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other Infectious /communicable diseases</b>                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 17 Diarrhea – Acute   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 18 Diarrhea- Persistent   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 19 Genital Infections   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 20 Hepatitis B  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 21 Hepatitis C  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 22 Hepatitis E  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 23 Septicemia   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 24 Peritonitis  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 25 Pneumonia  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 26 Pyrexia of unknown origin (PUO)  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 27 Respiratory infections (other)   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 28 New TB cases diagnosed   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Bacteriologically confirmed   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| Clinically Diagnosed  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| EPTB  |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category   | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 29 Leprosy   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 30 Osteomyelitis                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 31 Urinary Tract Infections (UTI)                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 32 Tetanus (over 28 days age)                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 33 Sleeping sickness                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 34 Other types of meningitis                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neglected Tropical Diseases (NTDs)</b>          |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 35 Leishmaniasis                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 36 Lymphatic Filariasis (hydrocele)                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 37 Lymphatic Filariasis (Lymphoedema)              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 38 Urinary Schistosomiasis                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 39 Intestinal Schistosomiasis                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 40 Onchocerciasis                                  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 41 Nodding Syndrome                                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Neonatal Diseases</b>                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 42 Neonatal Sepsis 0-7days                         |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 43 Neonatal Sepsis 8-28days                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 44 Neonatal Pneumonia                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 45 Neonatal Meningitis                             |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 46 Neonatal Jaundice                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 47 Premature baby (as condition that requires mgt) |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 48 Other Neonatal Conditions                       |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Non communicable diseases</b>                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Oral Diseases</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 49 Dental Caries                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 50 Gingivitis                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 51 Jaw injuries                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 52 Other oral diseases and conditions              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 53 HIV-Oral lesions                                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 54 Oral Cancers                                    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Heart Diseases</b>                              |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 55 Hypertension (newly diagnosed cases)            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 56 Hypertension (old cases)                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 57 Stroke  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 58 Other Cardiovascular Diseases                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Mental Health</b>                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 59 Anxiety disorders                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 60 Bipolar disorders                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 61 Depression                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 62 Schizophrenia                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 63 Alcohol abuse                                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 64 Drug Abuse                                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 65 Attempted Suicide                               |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 66 Dementia  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 67 Childhood Mental Disorders                      |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 68 Epilepsy  |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 69 HIV related Psychosis                           |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 70 Nervous system disorders                        |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 71 Other forms of Mental illness                   |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Chronic respiratory diseases</b>                |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 72 Asthma  |     |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category  | Jul            | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Cancers</b>  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 74 Cancer prostate  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 75 Cancer lung  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 76 Cancer liver   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 77 Cancer Colon   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 78 Kaposi and other skin cancers                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 79 Hepatocellular carcinoma                               |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 81 Others Cancers   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Other non-communicable diseases</b>                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 82 Anaemia  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 83 Sickle cell Anaemia                                    |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 84 Diabetes mellitus (newly diagnosed cases)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 85 Diabetes mellitus (re-attendances)                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 86 Endocrine and metabolic disorders (other)              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 87 Gastro-Intestinal disorders (non Infective)            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 88 Pain Requiring Palliative Care                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 89 Severe Malnutrition (SAM)                              | With oedema    |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Without oedema |     |      |     |     |     |     |     |     |     |     |     |       |
| 90 Mild Acute Malnutrition (MAM)                          |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 91 Injuries - Road traffic Accidents                      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 92 Injuries Motor Cycle (Boda-boda Accidents)             |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 93 Injuries - (Trauma due to other causes)                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 94 Animal bites   | Domestic       |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Wild           |     |      |     |     |     |     |     |     |     |     |     |       |
|   | Insects        |     |      |     |     |     |     |     |     |     |     |     |       |
| 95 Snakes bites   |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 96 Poisoning  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 97 Liver Cirrhosis  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 98 Liver diseases (other)                                 |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 99 Hernias  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 100 Diseases of the appendix                              |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 101 Diseases of the skin                                  |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 102 Muscular skeletal and connective tissue diseases      |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 103 Genito urinary system diseases (non- infective)       |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 104 Congenital malformations and chromosome abnormalities |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 105 Complications of medical and surgical care            |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 106 Benign neoplasm's (all types)                         |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 107 Coetaneous ulcers                                     |                |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Medical Emergencies</b>                                |                |     |      |     |     |     |     |     |     |     |     |     |       |
| 108 Cerebro-vascular events                               |                |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category                   |  | Jul        | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|----------------------------|--|------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 109                        | Cardiac arrest   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 110                        | Gastro-intestinal bleeding   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 111                        | Respiratory distress   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 112                        | Acute renal failure  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 113                        | Acute sepsis   |            |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Maternal conditions</b> |  |            |     |      |     |     |     |     |     |     |     |     |     |       |
| 114                        | Abortions  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 115                        | Malaria in pregnancy   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 116                        | High blood pressure in pregnancy                                       | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 117                        | Obstructed labour  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 118                        | Haemorrhage related to pregnancy (APH or PPH)                          | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 119                        | Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 120                        | Obstetric Fistula  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 121                        | Other Complications of pregnancy                                       | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 122                        | Cancer of the cervix(newly diagnosed cases)                            | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 123                        | Cancer of the cervix (re-attendance)                                   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 124                        | Cancer of the breast   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 125                        | Tubal Ovarian mass/cancer  | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 126                        | Pelvic Inflammatory Disease (PID)                                      | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 127                        | Uterine Fibroids   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |
| 128                        | Other Gynecological conditions   | 10 – 19yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | 20 – 24yrs |     |      |     |     |     |     |     |     |     |     |     |       |
|                            |  | >=25yrs    |     |      |     |     |     |     |     |     |     |     |     |       |

## Technical Module 5: Inpatient and Speciality Services

| Category  |            | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 129 Other diagnoses (specify Priority diseases for health unit) |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 130 All others  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| 999Total Diagnoses  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Body Mass Index (BMI) Outcome</b>                            |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B1-Severely Underweight (BMI<16)                                | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B2-Underweight (16<=BMI <18.5)                                  | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B3-Normal (18.5<= BMI <=25)                                     | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B4-Over weight (25< BMI <=30)                                   | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| B5-Obese ( BMI>30)  | 5 – 10yrs  |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 11 – 18yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=18yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| <b>Risk Behavior</b>  |            |     |     |      |     |     |     |     |     |     |     |     |     |       |
| R1-Alcohol use  | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |
| R2- Tobacco use   | 10 – 19yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | 20 – 24yrs |     |     |      |     |     |     |     |     |     |     |     |     |       |
|   | >=25yrs    |     |     |      |     |     |     |     |     |     |     |     |     |       |

## PART 8: IN PATIENT CENSUS SUMMARY

### TABLE 6: HEALTH UNIT INPATIENT CENSUS MONTHLY SUMMARY

If you have more wards than lines available on Table 6, use a GENERAL SUMMARY FORM to record the additional wards.

#### Daily procedure:

#### **WARD REPORT BOOKS**

Transcribe the Admissions, Deaths, and Patient Count by ward to the Daily Inpatient Census (Table 6a).

**Note:** A day begins at mid-night (12:00a.m.)

#### Monthly Procedure:

#### **DAILY INPATIENT CENSUS FORM**

Sum the totals of Admissions, Deaths and Patient Count over the days of the month for each ward and enter the values in Table 6b.

**Note:** The sum of the daily total number of Patient Count from the Daily Inpatient Census is equal to the Patient Days for the month in Table 6B.

#### Annual Procedure:

#### **TABLE 6b**

- Sum the Admissions, Deaths and Patient Days over months for each ward, and write the totals under the Year column
- **PATIENT DAYS:** The total number of days for all patient(s) who were admitted for an episode of care and these are separated during a specified reference period.

#### **GUIDE FOR CALCULATING PATIENT DAYS:**

A day is measured from midnight to midnight or any other time - say 8:00am to 8:00am

**The following are the basic rules used to calculate the number of patient days for overnight stay patients:**

- The day the patient is admitted is a patient day
- If the patient remains in the health unit from the specified time of counting the patient days to the following day's specified time count this as a patient day.
- The day a patient is discharged is not counted as a patient day
- The day the patient is separated or transferred to another ward is not counted as a patient day.
- If the patient is admitted and discharged on the same day, count this as a patient day

**TABLE 6a: DAILY INPATIENT CENSUS SUMMARY**

Health Unit \_\_\_\_\_ Ward \_\_\_\_\_ Designated No. of beds \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

| DAY   | (1)<br>PATIENTS ON THE WARD<br>THE PREVIOUS DAY | (2)<br>No. OF ADMISSIONS<br>TODAY | (3)<br>No. OF DISCHARGES<br>TODAY | (4)<br>No. OF DEATHS<br>TODAY | (5)<br>No. OF RUN AWAYS<br>TODAY | No OF BEDS OCCUPIED<br>TODAY<br>(1)+(2)-(3)-(4)-(5) |
|-------|---|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------|---|
| 1     |   |                                   |                                   |                               |                                  |   |
| 2     |   |                                   |                                   |                               |                                  |   |
| 3     |   |                                   |                                   |                               |                                  |   |
| 4     |   |                                   |                                   |                               |                                  |   |
| 5     |   |                                   |                                   |                               |                                  |   |
| 6     |   |                                   |                                   |                               |                                  |   |
| 7     |   |                                   |                                   |                               |                                  |   |
| 8     |   |                                   |                                   |                               |                                  |   |
| 9     |   |                                   |                                   |                               |                                  |   |
| 10    |   |                                   |                                   |                               |                                  |   |
| 11    |   |                                   |                                   |                               |                                  |   |
| 12    |   |                                   |                                   |                               |                                  |   |
| 13    |   |                                   |                                   |                               |                                  |   |
| 14    |   |                                   |                                   |                               |                                  |   |
| 15    |   |                                   |                                   |                               |                                  |   |
| 16    |   |                                   |                                   |                               |                                  |   |
| 17    |   |                                   |                                   |                               |                                  |   |
| 18    |   |                                   |                                   |                               |                                  |   |
| 19    |   |                                   |                                   |                               |                                  |   |
| 20    |   |                                   |                                   |                               |                                  |   |
| 21    |   |                                   |                                   |                               |                                  |   |
| 22    |   |                                   |                                   |                               |                                  |   |
| 23    |   |                                   |                                   |                               |                                  |   |
| 24    |   |                                   |                                   |                               |                                  |   |
| 25    |   |                                   |                                   |                               |                                  |   |
| 26    |   |                                   |                                   |                               |                                  |   |
| 27    |   |                                   |                                   |                               |                                  |   |
| 28    |   |                                   |                                   |                               |                                  |   |
| 29    |   |                                   |                                   |                               |                                  |   |
| 30    |   |                                   |                                   |                               |                                  |   |
| 31    |   |                                   |                                   |                               |                                  |   |
| Total |   |                                   |                                   |                               |                                  |   |





## PART 9: LABORATORY REGISTERS

### HMIS FORM 055a1: HEALTH CENTRE II & III DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laborator tests
- Timing:** Daily or whenever a laboratory test is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to completethe lab register
- Materials needed:** Daily Activity register, pen, Laboratory request form.



## **DESCRIPTION OF COLUMNS**

**1. DATE:**

Write the date for which the test is being captured. Please enter date per patients sample tested

**2. LABORATORY NUMBER:**

Write the specimen lab number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001

**3. OPD NUMBER:**

Write the patient's OPD number

**4. NAME:**

Write the patients names. Write both names in full

**5. SEX:**

Write in the patients sex F for female and M for male

**6. AGE:**

Write in the patient's age in numerals/numbers. For children below 5 years, include the number of months e.g. 2 year is 24 months, enter 8 months as 8/12

**7. VILLAGE:**

Write the patient's Village for better follow up

**8. UNIT:**

Write in the name of the Unit the sample is from or if OPD Write in OPD E.g. HIV/AIDS  
OPD Clinic, Pediatric OPD Clinic or General OPD clinic

**9. SPECIMEN:**

Write the type of specimen received for testing. E.g. stool, blood, urine, etc.

**10. Hb in gms:**

Write the Hemoglobin levels in number E.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10

**11. WBC Total:**

Write the Total White Blood cell Count. Report total per cubic millimeter e.g. 4000/mm<sup>3</sup>

**12. VDRL/RPR:**

Write in the results of the test either VDRL or RPR

**13. MALARIA PARASITES:**

Write in the result of the test Positive or Negative. if thin film is done, report the type of parasite identified (Species)

**14. MALARIA RDTs:**

Write the results of malaria Rapid Diagnostic Tests Positive or Negative.

## Technical Module 5: Inpatient and Specialty Services

15. **OTHER HAEMOPARASITES:** Write results of other haemoparasites identified Positive or Negative. If thin film is done, report the type of parasite identified (Species).
16. **MACRO:**  
Write in the result of macroscopic examination Report macroscopic appearance of specimen.  
E.g. formed, loose, blood stained.
17. **MICRO:**  
Write in the result of microscopic examination. Report microscopic findings
18. **MACRO COPY:**  
Write in the result of macroscopic examination. Report macroscopic appearance of specimen
19. **MICRO COPY:**  
Write in the result of microscopic examination. Report microscopic findings
20. **PROTEIN:** write in the results of the test. Report according to instructions on the strip bottle.
21. **SUGAR:**  
Write in the results of the test. Report according to instructions on the strip bottle
22. **PREGNANCY TEST:**  
Write in the results of the pregnancy test. Report negative (Neg) or Positive (Pos)
23. **TYPE:**  
Write in the type of specimen puss, high vaginal swabs etc
24. **WET PREP:**  
Write in the results of the wet preparation. Report microscopic finding
25. **GRAM STAIN:**  
Write in the results of the Gram stain E.g. G/positive cocci or G/Negative intracellular diplococcic
26. **OTHER TESTS:**  
Write the results of any other test you have done that is not included in the range of tests on the register Report tests done at the facility but not provided for on the laboratory register.  
E.g. Bubo Aspirates CSF, etc.

**TOTAL TEST TYPE CARRIED OUT:** enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary

## HMIS FORM 055a2: HEALTH CENTER IV DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

## HMIS 055a2: Health Center IV Daily Activity Register for General Analysis

| 1.  | 2.      | 3.          | 4.   | 5.  | 6.  | 7.      | 8.   | 9.       | Parasitology          |      |          |              |                     |          |      |                    |              |                      |                |       |            |            |                |                |            |
|---|---------|-------------|------|-----|-----|---------|------|----------|-----------------------|------|----------|--------------|---------------------|----------|------|--------------------|--------------|----------------------|----------------|-------|------------|------------|----------------|----------------|------------|
| Date                                      | Lab No. | OPD /IPDNo. | Name | Sex | Age | village | unit | Specimen | Heamatology/ Serology |      |          |              |                     |          |      | Malaria            |              |                      | Urine Analysis |       |            |            |                | Stool Analysis |            |
|   |         |             |      |     |     |         |      |          | 10.                   | 11.  | 12.      | 13.          | 14.                 | 15.      | 16.  | 17.                | 18.          | 19.                  | 20.            | 21.   | 22.        | 23.        | 24.            | 25.            | 26.        |
|   |         |             |      |     |     |         |      |          | Hb                    | WBCT | WBC Diff | ABO Grouping | Rhesus (D Grouping) | VDRL/RPR | TPHA | Malaria microscopy | Malaria RDTs | Other Haemoparasites | Protein        | Sugar | Macroscopy | Microscopy | Pregnancy Test | Macros copy    | Microscopy |
|   |         |             |      |     |     |         |      |          |                       |      |          |              |                     |          |      |                    |              |                      |                |       |            |            |                |                |            |
| <b>40. TOTAL NUMBER OF POSITIVE TESTS</b> |         |             |      |     |     |         |      |          |                       |      |          |              |                     |          |      |                    |              |                      |                |       |            |            |                |                |            |
| <b>TOTAL FOR EACH TEST DONE</b>           |         |             |      |     |     |         |      |          |                       |      |          |              |                     |          |      |                    |              |                      |                |       |            |            |                |                |            |

**Technical Module 5: Inpatient and Specialty Services**

| Microbiology |          |            |                |            |            |         |       |            |          |            |           | 39. Others |
|--------------|----------|------------|----------------|------------|------------|---------|-------|------------|----------|------------|-----------|------------|
| Swabs        |          |            | Semen Analysis |            | CSF        |         |       |            |          |            |           |            |
|              |          |            |                |            | Chemistry  |         |       | Microscopy |          |            |           |            |
| 27.          | 28.      | 29.        | 30.            | 31.        | 32.        | 33.     | 34.   | 35.        | 36.      | 37.        | 38.       |            |
| Type         | Wet Prep | Gram Stain | Appearance     | Cell Count | Appearance | Protein | Sugar | Cell count | Wet Prep | Gram Stain | India Ink |            |
|              |          |            |                |            |            |         |       |            |          |            |           |            |
|              |          |            |                |            |            |         |       |            |          |            |           |            |
|              |          |            |                |            |            |         |       |            |          |            |           |            |
|              |          |            |                |            |            |         |       |            |          |            |           |            |
|              |          |            |                |            |            |         |       |            |          |            |           |            |

**DESCRIPTION OF COLUMNS:**

1. **DATE:**  
Write the date for which the test is being captured
2. **LABORATORY NUMBER:**  
Write the specimen lab number.
3. **OPD NUMBER:**  
Write in the patient's OPD number
4. **NAME:**  
Write the patients names
5. **SEX:**  
Write in the patient's sex
6. **AGE:**  
Write in the patient's age in numerals/numbers.
7. **VILLAGE:**  
Write the patients Village
8. **UNIT:**  
Write in the name of the Unit the sample is from or if OPD Write in OPD
9. **SPECIMEN:**  
Write in the type specimen collected.
10. **Hb in gms:**  
Write the Hemoglobin levels in number
11. **WBC Total:**  
Write the Total White Blood cell Count
12. **WBC Differential:**  
Report differential count and field comment
13. **ABO Grouping:**  
Enter the patient's blood group after cross matching
14. **Rhesus (D Grouping):**
15. **VDRL/RPR:**  
Write in the results of the test either VDRL or RPR
16. **TPHA:**  
Write in the results of the test
17. **MALARIA MICROSCOPY:**  
Write in the results of the microscopy Positive or Negative. if thin film is done, report the type of parasite identified (Species)



**18. MALARIA RDTs:**

Write the results of malaria Rapid Diagnostic Tests Positive or Negative.

**19. OTHER HAEMOPARASITES:**

Write results of other haemoparasites identified Positive or Negative. If thin film is done, report the type of parasite identified (Species).

**20. PROTEIN:**

Write in the results of the test. Report according to instructions on the strip bottle

**21. SUGAR:**

Write in the results of the test. Report according to instructions on the strip bottle

**22. MACRO:**

Write in the result of macroscopic examination. Report macroscopic appearance of specimen

**23. MICRO:**

Write in the result of microscopic examination. Report microscopic findings

**24. PREG TEST:**

Write in the results of the pregnancy test. Report negative (Neg) or Positive (Pos)

**25. MACRO:**

Write in the result of macroscopic examination. Report macroscopic appearance of specimen. E.g. formed, loose, blood stained.

**26. MICRO:**

Write in the result of microscopic examination. Report microscopic findings

**27. TYPE:**

Write in the type of specimen puss, high vaginal swabs etc

**28. WET PREP:**

Write in the results of the wet preparation. report microscopic findings

**29. GRAM STAIN:**

Write in the results of the Gram stain E.g. G/positive cocci or G/Negative intracellular diplococci

**30. APPEARANCE:**

Write in the appearance of the specimen

**31. CELL COUNT:**

Write in the number of cells

**32. APPEARANCE:**

Write in the appearance of the specimen. E.g. CSF clear and colorless, turbid, purulent, xanthochromatic

**33. PROTEIN:**

Write in the results of the test. Report proteinometer readings

**34. SUGAR:**

Write in the result of the sugar test. Report findings

**35. CELL COUNT:**

Write in the number of cells per millimeter cubed. E.g. 20cell/mm<sup>3</sup>

**36. WET PREP:**

Write in the results of the wet preparation. Report microscopic findings

**37. GRAM STAIN:**

Write in the results of the stain. Report microscopic findings

**38. INDIA INK:**

Write the results of the test. Report microscopic findings as negative or positive for capsulated yeasts

**39. OTHER TESTS:**

Write the results of any other test you have done that is not included in the range of tests on the register. Report tests done at the facility but not provided for on the laboratory register. E.g. ESR, Absolute values, clotting time etc.

**TOTAL TEST TYPE CARRIED OUT:** enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary

## HMIS FORM 055a3: GENERAL HOSPITAL DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

## HMIS FORM 055a3: GENERAL HOSPITAL DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

| Personal Information                |             |        |      |     |     |         |      |          | Heamatology/Serology  |      |           |          |      |                   | Parasitology       |              |                      |                |            |       |                  |                |             |            |  |
|-------------------------------------|-------------|--------|------|-----|-----|---------|------|----------|-----------------------|------|-----------|----------|------|-------------------|--------------------|--------------|----------------------|----------------|------------|-------|------------------|----------------|-------------|------------|--|
| 1.                                  | 2.          | 3.     | 4.   | 5.  | 6.  | 7.      | 8.   | 9.       | Heamatology/ Serology |      |           |          |      |                   | Malaria            |              |                      | Urine Analysis |            |       | Stool Microscopy |                |             |            |  |
| Date                                | OPD/ IPD No | Lab No | Name | Sex | Age | Village | unit | Specimen | 10.                   | 11.  | 12.       | 13.      | 14.  | 15.               | 16.                | 17.          | 18.                  | 19.            | 20.        | 21.   | 22.              | 23.            | 24.         | 25.        |  |
|                                     |             |        |      |     |     |         |      |          | Hb                    | WBCT | WBC Diff. | VDRL/RPR | TPHA | Rheumatoid factor | Malaria Microscopy | Malaria RDTs | Other heamoparasites | Macros copy    | Microscopy | Sugar | Protein          | Pregnancy test | Macros copy | Microscopy |  |
|                                     |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |
|                                     |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |
|                                     |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |
|                                     |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |
| <b>Total for positive tests</b>     |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |
| <b>41. Total for each test done</b> |             |        |      |     |     |         |      |          |                       |      |           |          |      |                   |                    |              |                      |                |            |       |                  |                |             |            |  |

**Technical Module 5: Inpatient and Specialty Services**

| Microbiology |          |            |               |          |                |            |            |         |       |            |          |            |           | 40. Others |
|--------------|----------|------------|---------------|----------|----------------|------------|------------|---------|-------|------------|----------|------------|-----------|------------|
| Swabs        |          |            |               |          | Semen Analysis |            | CSF        |         |       |            |          |            |           |            |
| 26.          | 27.      | 28.        | 29.           | 30.      | 31.            | 32.        | 33.        | 34.     | 35.   | 36.        | 37.      | 38.        | 39.       |            |
| Type         | Wet Prep | Gram Stain | In pouch (TV) | BV Slide | Appearance     | Cell Count | Appearance | Protein | Sugar | Cell count | Wet Prep | Gram Stain | India Ink |            |
|              |          |            |               |          |                |            |            |         |       |            |          |            |           |            |
|              |          |            |               |          |                |            |            |         |       |            |          |            |           |            |
|              |          |            |               |          |                |            |            |         |       |            |          |            |           |            |
|              |          |            |               |          |                |            |            |         |       |            |          |            |           |            |

**DESCRIPTION OF COULUMNS:**

1. **DATE:**

Write the date for which the test is being captured. Please enter date per patients sample tested

2. **OPD No.:**

Write in the OPD number

3. **LABORATORY NO:**

Write the patients/ sample laboratory number. Start a new number for each month. Each Laboratory number should consist of at least three digits e.g. 001

4. **NAME:**

Write the patients names. Write both names in full

5. **SEX:**

Write in the patient's sex. F for female and M for male

6. **AGE:**

Write in the patient's age in numerals/numbers. For children below 5 years, include the number of months e.g. 2 year is 24 months, enter 8 months as 8/12

7. **VILLAGE:**

Write the patients residence Sub-county and village for better follow up

8. **UNIT:**

Write in the name of the unit where the request is from E.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic

9. **SPECIMEN:**

Write in the specimen received

10. **Hb in gms:** Write the Hemoglobin levels in number E.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10

11. **WBC Total:** Write the Total White Blood cell Count. Report total per cubic millimeter e.g. 4000/mm<sup>3</sup>

12. **WBC Differential:** Report differential count and field comment e.g. N60%, L30%, E5%, M2%, B3% and comment on the film

13. **VDRL/RPR:** write in the results of the test either VDRL or RPR. Report negative (Neg) or Positive (Pos)

14. **TPHA:** write in the results of the test . Report the titre of reaction

15. **RHEUMATOID FACTOR:**

Write results of rheumatoid test e.g. Rheumatoid factor reactive

## Technical Module 5: Inpatient and Specialty Services

### 16. **MALARIA MICROSCOPY:**

Write in the results of the microscopy Positive or Negative. If thin film is done, report the type of parasite identified (Species).

### 17. **MALARIA RDTs:**

Write the results of malaria Rapid Diagnostic Tests Positive or Negative.

### 18. **OTHER HAEMOPARASITES:**

Write results of other haemoparasites identified Positive or Negative. if thin film is done, report the type of parasite identified (Species).

### 19. **MACRO:**

Write in the result of macroscopic examination. Report macroscopic appearance of specimen

### 20. **MICRO:**

Write in the result of microscopic examination. Report microscopic findings

### 21. **SUGAR:**

Write in the results of the test . Report according to instructions on the strip bottle

### 22. **PROTEIN:**

Write in the results of the test. Report according to instructions on the strip bottle.

### 23. **PREG TEST:**

Write in the results of the pregnancy test. Report negative (Neg) or Positive (Pos)

### 24. **MACRO:**

Write in the result of macroscopic examination. Report macroscopic appearance of specimen.  
E.g. formed, loose, blood stained.

### 25. **MICRO:**

Write in the result of microscopic examination. Report microscopic findings

### 26. **TYPE:**

Write in the type of specimen puss, high vaginal swabs etc

### 27. **WET PREP:**

Write in the results of the wet preparation. report microscopic findings

### 28. **GRAM STAIN:**

Write in the results of the Gram stain E.g. G/positive cocci or G/Negative intracellular diplococci

### 29. **IN POUCH (TV)**

### 30. **BV Slide**

### 31. **APPEARANCE:**

Write in the appearance of the specimen E.g. CSF clear and colorless, turbid, purulent, xanthochromatic

### 32. **CELL COUNT:**

Write in the number of cells

## Technical Module 5: Inpatient and Specialty Services

### 33. APPEARANCE:

Write in the appearance of the specimen E.g. CSF clear and colorless, turbid, purulent, xanthochromatic

### 34. PROTEIN:

Write in the results of the test. Report proteinometer readings

### 35. SUGAR:

Write in the result of the sugar test. Report findings

### 36. CELL COUNT:

Write in the number of cells per millimeter cubed E.g. 20cell/mm<sup>3</sup>

### 37. WET PREP:

Write in the results of the wet preparation. Report microscopic findings

### 38. GRAM STAIN:

Write in the results of the stain. Report microscopic findings

### 39. INDIA INK:

Write the results of the test. Report microscopic findings as negative or positive for capsulated yeasts

### 40. OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register. Report tests done at the facility but not provided for on the laboratory register. e.g. ESR, Absolute values, clotting time etc.

### 41. TOTAL FOR EACH TEST DONE:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary



## HMIS FORM 055a4: DAILY ACTIVITY REGISTER FOR RECORDING HIV TESTS

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of HIV tests and categorise them by purpose e.g. HCT, PMTCT, Clinical diagnosis and Quality assurance.
- Timing:** Daily or whenever a HIV test is done
- Copies:** **One** Copy which is kept in the respective unit e.g. ward, Laboratory, TB unit, PMTCT unit and OPD.
- Responsibility:** Person responsible for carrying out HIV test at the Health Facility/Department.

### PROCEDURE:

1. The date the register was started, the name of health unit, name of department, and the date the register was finished are written on the front cover.
2. This register is used to record HIV tests done. The laboratory in-charge or the person responsible for filling in the Bimonthly order report and order calculation form for HIV tests will aggregate all the data from the different departments and make summaries on the form every two month.

**Technical Module 5: Inpatient and Specialty Services**

## HMIS FORM 055a4: DAILY ACTIVITY REGISTER FOR RECORDING HIV TESTS

1. Facility Name: \_\_\_\_\_ 2. Department/Testing site: \_\_\_\_\_

|                                |      | TYPE OF TEST    |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|--------------------------------|------|-----------------|--------------------|---------|-----------|-----------------|-----|---------|-----|-------|--------------|---|----------|-----|-----|--|
|                                |      | 10              |                    |         | 11        |                 |     | 12      |     |       | 13           |   | 14       |     |     |  |
|                                |      | Determine       |                    |         | Stat Pack |                 |     | Unigold |     |       | FINAL RESULT |   | INITIALS |     |     |  |
|                                |      | 8. Batch No:    |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      | 9. Expiry Date: |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| 3.                             | 4.   | 5.              | 6.                 | 7.      | Result    |                 |     | Result  |     |       | Result       |   |          |     |     |  |
| Client No.                     | Date | Age             | Sex                | Purpose | NR        | R               | INV | NR      | R   | INV   | NR           | R | INV      | POS | NEG |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| Total                          |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| Wastage Tallies                |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| SUMMARY OF HIV TEST BY PURPOSE |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
|                                | HCT  | eMTCT           | Clinical Diagnosis |         |           | Quality Control |     |         | SMC | TOTAL |              |   |          |     |     |  |
| DETERMINE                      |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| STAT PAK                       |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |
| UNIGOLD                        |      |                 |                    |         |           |                 |     |         |     |       |              |   |          |     |     |  |

**DESCRIPTION OF COLUMNS**

**1. FACILITY:**

Write the name of the facility where the HIV testing is being provided

**2. DEPARTMENT/TESTING SITE:**

Write the department or testing unit where the test is being carried out.

**3. CLIENT NUMBER:**

Write the patient's number.

**4. DATE:**

Write the date for which the test is being captured.

**5. AGE:**

Write in the patient's age in numerals/numbers. For children below 5 years, include the number of months e.g. 2 year is 24 months, enter 8 months as 8/12

**6. SEX:**

Write in the patient's sex. F for female and M for male

**7. PURPOSE/USE:**

Write the letter that represents the purpose for which the test is being conducted.

**H** for HCT

**P** for eMTCT

**C** for Clinical Diagnosis

**QC** for Quality Control

**S** for SMC

**8. BATCH NUMBER:**

Write the batch number of the test kit used

**9. EXPIRY DATE:**

Write the expiry date of the test kit used

**10-12. TYPE OF TEST AND TEST RESULTS:**

Tick the type of test in relation to its reaction appropriately (NR for Non-reactive test, R for reactive test and INV for invalid results).

**13. FINAL RESULTS:**

Tick the final result determined by the tests (POS for positive results and NEG for negative results)

**14. INITIALS:**

Write the abbreviation of the names of health worker performing a test. Eg EK.

## HMIS FORM 089: TB LABORATORY REGISTER

### DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of TB/HIV laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Copies:** One copy which is kept in the health facility in the TB laboratory unit.
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

# HMIS FORM 089: TB LABORATORY REGISTER

Name of Laboratory \_\_\_\_\_ Year: \_\_\_\_\_

| 1.            | 2.   | 3.               | 4.      | 5.  | 6.            | 7.               | 8.                           |                     | 9.                                   |                    |                     |   | 10.                   | 11.     |  |
|---------------|------|------------------|---------|-----|---------------|------------------|------------------------------|---------------------|--------------------------------------|--------------------|---------------------|---|-----------------------|---------|--|
| Lab Serial No | Date | Name in Full     | Sex M/F | Age | Address:      | Name of Rx. unit | Patient Number               |                     | Pre-Treatment And Follow-Up Specimen |                    |                     |   | HIV Status            | Remarks |  |
|               |      |                  |         |     |               |                  |                              |                     | Examination type                     |                    | Examination Results |   |                       |         |  |
|               |      |                  |         |     | County        |                  |                              |                     | (tick one option)                    |                    |                     |   | CT1/<br>CT2           |         |  |
|               |      |                  |         |     | Sub county    |                  |                              |                     |                                      |                    |                     |   |                       |         |  |
|               |      |                  |         |     | Parish        |                  |                              |                     | 9a) Diagnosis                        | 9b) Follow up      | Smear Results       |   | NAAT e.g. Gene X-pert |         |  |
|               |      | Tel. number      |         |     | Village (LC1) |                  | 8a) Presumptive TB /Unit No. | 8b) District TB No. |                                      | <sup>a</sup> Month | 1                   | 2 | Date                  |         |  |
|               |      | Surname          |         |     | County        |                  |                              |                     |                                      |                    |                     |   |                       |         |  |
|               |      | Other Names      |         |     | Parish        |                  |                              |                     |                                      |                    |                     |   |                       |         |  |
|               |      | Telephone Number |         |     | Village (LC1) |                  |                              |                     |                                      |                    |                     |   |                       |         |  |

**NOTE: Codes for recording results**

- a. Patient on TB treatment; indicate month of treatment at which follow-up examination is performed.
- b. Smear results reported as follows: 0 = no AFB; (1-9) = exact number if 1-9 AFB/100 HPF (scanty); + = 10-99 AFB/100 HPF ; ++ = 1-10 AFB/HPF ; +++ = >10 AFB/HPF
- c. Xpert MTB/RIF test result reported as follows : T = MTB detected, rifampicin resistance not detected; RR = MTB detected, rifampicin resistance detected; TI = MTB detected, rifampicin resistance indeterminate; N = MTB not detected; I = invalid / no result / error.
- d. HIV test results record as follows: CT1= positive results; CT2= Negative results
- e. If Xpert MTB/RIF indeterminate result, indicate error code or "invalid (I)".

## Technical Module 5: Inpatient and Specialty Services

### DESCRIPTION OF COLUMNS:

**1. LABORATORY SERIAL NUMBER:**

This is the unique serial number issued to Presumptive TB patient. The number begins with 1 at the beginning of the calendar year (January) and ends at the end of the calendar year (December)

**2. DATE:**

Write the date for each sample tested

**3. NAME IN FULL/TELEPHONE NUMBER:**

Write the patients names in full both surname and other names and record the patient's telephone number as well.

**4. SEX:**

Write in the patient's sex

**5. AGE:**

Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.

**6. ADDRESS:**

Write the patient's address. The patients address or location is given by the county (1), sub-county (2), parish (3) and village (4) for better follow up

**7. NAME OF Rx. UNIT**

Write the name of the Treatment Unit (May not necessarily be the facility where laboratory test is done)

**8. PATIENT NUMBER:**

Write in;

a). The unit /presumptive TB number and

b). The District TB number, which is assigned by DTLs e.g. District TB number - 3745/10

**9. PRE-TREATMENT AND FOLLOW-UP SPECIMEN:**

Write in Pre-Rx or Follow-up (FU). Clients who have not had any TB treatment are categorized as Pre-Treatment case. Clients on TB treatment are considered as follow-up cases (FU). Follow-up sample is collected at 2(or 3), 5 and 8 months (FU<sub>2</sub>, FU<sub>5</sub>, FU<sub>8</sub>)

**SPECIMEN RESULT:**

**SPECIMEN RESULT 1:** write the results of the Ziehl Nielsen test on the first sputum collected. Spot specimen microscopic findings

**SPECIMEN RESULT 2:** write in the results of the second Ziehl Neelsen test. Early morning specimen microscopic findings.

**10. HIV STATUS**

HIV test results record as follows: CT1= positive results; CT2= Negative results

**11. REMARKS:**

Write in any remarks/comments arising from the results of the test, e.g. Report presence of yeast cells

# **HMIS FORM 089a: DAILY ACTIVITY LABORATORY REGISTER FOR CLINICAL CHEMISTRY**

## **DESCRIPTION AND INSTRUCTIONS**

- Objective:** To maintain records of tests and results of the Clinical chemistry Analyzer machine
- Timing:** Daily or whenever laboratory tests are done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Person performing the tests

# HMIS FORM 089a: DAILY ACTIVITY LABORATORY REGISTER FOR CLINICAL CHEMISTRY

| Personal Information                  |          |      |     |     |           |      | 8. Renal Profile Tests |           |        |            |     | 9. Liver Profile Tests |               |         |             |      | 10. Lipid /Cardiac Profile Tests |    |     |     |    | 11. Bone Profile |               | 13. Miscellaneous |         |           |      |         |            |  |  |
|---------------------------------------|----------|------|-----|-----|-----------|------|------------------------|-----------|--------|------------|-----|------------------------|---------------|---------|-------------|------|----------------------------------|----|-----|-----|----|------------------|---------------|-------------------|---------|-----------|------|---------|------------|--|--|
| 1.                                    | 2.       | 3.   | 4.  | 5.  | 6.        | 7.   |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
| OPD. No.                              | Lab. No. | Name | Age | Sex | Specimens | Ures | Calcium                | Potassium | Sodium | Creatinine | ALT | AST                    | Bilirubin Tot | Albumin | Tol Protein | Trig | Cholesterol                      | CK | LDL | HDL | PI | CA               | Alkaline Phos | Carbondioxide     | Glucose | Uric Acid | AMYL | Lactate | 14. Others |  |  |
|                                       |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
|                                       |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
|                                       |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
|                                       |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
|                                       |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |
| <b>14. Total number of tests done</b> |          |      |     |     |           |      |                        |           |        |            |     |                        |               |         |             |      |                                  |    |     |     |    |                  |               |                   |         |           |      |         |            |  |  |



## **HMIS FORM 089b: BLOOD TRANSFUSION RECORD**

### **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To maintain records of blood transfusion carried out in health facilities.

**Timing:** Whenever blood transfusion is required

**Copies:** One copy which is kept in the health facility in the blood Transfusion unit.

**Responsibility:** Health Facility Laboratory In-charge or other personnel designated to complete the blood transfusion record form

# HMIS FORM 089b: BLOOD TRANSFUSION RECORD

| 1.   | 2.          | 3.        | 4.       | 5.                    | 6.             | 7.  | 8.  | 9.      | 10.    | 11.      | 12. | 13.       | 14.        |      | 15.       | 16.           | 17.      | 18.      | 19.              | 20.                    | 21.   |  |  |
|------|-------------|-----------|----------|-----------------------|----------------|-----|-----|---------|--------|----------|-----|-----------|------------|------|-----------|---------------|----------|----------|------------------|------------------------|-------|--|--|
| Item | Unit number | Blood Grp | WB or PC | On Arrival Checked by | Patient's Name | Sex | Age | Pt. Grp | HF No. | HB B' tr | WD  | Drs. Name | Compatible |      | Exp. Date | Date/Time out | Taken By | Iss'd by | Date/Time Rtn/by | Reason for transfusion | Notes |  |  |
|      |             |           |          |                       |                |     |     |         |        |          |     |           | LS         | IAGT |           |               |          |          |                  |                        |       |  |  |
|      |             |           |          |                       |                |     |     |         |        |          |     |           | 1          |      |           |               |          |          |                  |                        |       |  |  |
| 2    |             |           |          |                       |                |     |     |         |        |          |     |           |            |      |           |               |          |          |                  |                        |       |  |  |
| 3    |             |           |          |                       |                |     |     |         |        |          |     |           |            |      |           |               |          |          |                  |                        |       |  |  |
| 4    |             |           |          |                       |                |     |     |         |        |          |     |           |            |      |           |               |          |          |                  |                        |       |  |  |

**DESCRIPTION OF COLUMNS:**

**1. ITEM**

Record the item number.

**2. UNIT NUMBER:**

Record the blood unit number.

**3. BLOOD GROUP:**

Write the blood group, write the ABO and Rhesus blood groups.

**4. WHOLE BLOOD OR PACKED CELL:**

Write down the blood component e.g. Whole blood, Packed Cells, Platelet, Plasma, Cryoprecipitate etc

**5. ON ARRIVAL OF BLOOD:**

Write the initials of the person that received the blood. An inspection should be carried out at the time of receiving the blood. An inspection should be carried out at the time of receiving the blood.

**6. PATIENTS NAME:**

Record patient's name

**7. SEX:**

Write the patient's gender

**8. AGE:**

Record the age of the patient with the figure followed by **Yr** for Years, **Mo** for months, **Wk** for weeks and **Dd** for days e.g. 20Yr (20 years old)

**9. PATIENT'S BLOOD GROUP:**

Record the patient's blood group. Write the ABO and Rhesus blood groups.

**10. HF NUMBER:**

Write the in patient number

**11. HB B' TR. (HB BEFORE TRANSFUSION):**

Record haemoglobin level before transfusion. Haemoglobin level recorded in grams/deciliter (gms/dl)

**12. WD (WARD):**

Record the ward. Record the ward in which the patient is admitted.

**13. DRS. NAME (DOCTORS NAME):**

Record the name of the doctor requesting for blood

**14. COMPATIBILITY TESTING:**

**I.S.** (Immediate Spin): Record "+" or "-". Record "+" for presence of agglutination (Incompatible). Record "-" for absence of agglutination (Compatible)

**IAGT** (Indirect Anti-human Globulin Test): Record "+" or "-". Record "+" for presence of agglutination (Incompatible). Record "-" for absence of agglutination (Compatible)

## Technical Module 5: Inpatient and Specialty Services

- 15. EXP. DATE (EXPIRY DATE):**  
Record the expiry date of the blood unit.
- 17. DATE/TIME OUT:**  
Write the date or time when the blood is going out.
- 18. TAKEN BY:**  
Write the initials of the person who takes the unit of blood from the lab to the transfusion site.
- 19. ISSUED BY:**  
Write the initials of the person who gives out the blood
- 20. DATE/TIME RTN/BY (DATE/TIME RETURNED):**  
Write date and time and initials of the person returning the blood unit, e.g. Date: 8th June 2010, @ 4:30pm by G.O.
- 21. CODES FOR REASON FOR TRANSFUSION**
- 1 - SEVERE MALARIA**
  - 2 - PREGNANCY CHILD RELATED COMPLICATIONS**
  - 3 - ACCIDENTS**
  - 4 - CANCER CASES**
  - 5 - SICKLE CELL ANAEMIA**
  - 6 - OTHERS**
- 22. NOTES:** Write any other information that is not captured above.
- DATE ISSUED:** Write the date when the blood bank issued the blood
- DATE RECEIVED:** Write the date when the facility received the blood

## **HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER**

### **DESCRIPTION AND INSTRUCTIONS**

- Objectives:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER PAGE 1

| PERSONAL INFORMATION           |               |           |      |     |     |      |        | PARASITOLOGY AND BACTERIOLOGY  |       |       |       |                                 |       |       |                            |                    |  |
|--------------------------------|---------------|-----------|------|-----|-----|------|--------|--------------------------------|-------|-------|-------|---------------------------------|-------|-------|----------------------------|--------------------|--|
| (1)                            | (2)           | (3)       | (4)  | (5) | (6) | (7)  | (8)    | (9) URINE ANALYSIS AND CULTURE |       |       |       | (10) STOOL MICROSCOPY & CULTURE |       |       | (11) HEAMO PARASITES       |                    |  |
| Date                           | OPD/<br>IP No | Lab<br>No | Name | Sex | Age | Unit | Sample | Prot                           | Sugar | Macro | Micro | Culture and<br>Sensitivity m)   | Macro | Micro | Culture and<br>Sensitivity | Malaria Microscopy | Other Haemoparasites<br>Trypanosomes<br>Leishmaniasis<br>Microfilaria<br>Tissue Microscopy |
|                                |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |
|                                |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |
|                                |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |
|                                |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |
| 15. Total number of tests done |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |
| Total number of tests positive |               |           |      |     |     |      |        |                                |       |       |       |                                 |       |       |                            |                    |  |

HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER Page 2

| MICROBIOLOGY |          |          |     |                   |     |       |            |          |            |                |           |     |               |      |       |                |             |
|--------------|----------|----------|-----|-------------------|-----|-------|------------|----------|------------|----------------|-----------|-----|---------------|------|-------|----------------|-------------|
| (12) SWABS   |          |          |     | (13) CSF ANALYSIS |     |       |            |          |            |                |           |     | (14) SEROLOGY |      |       |                | OTHER TESTS |
|              |          |          |     | CHEMISTRY         |     |       | MICROSCOPY |          |            |                |           |     |               |      |       |                |             |
| Type         | Wet Prep | Gm Stain | C/S | App               | Pro | Sugar | Cell Count | Wet Prep | Gram Stain | Leishman Stain | India Ink | C/S | VDRL/RPR      | TPHA | Hep B | Pregnancy Test |             |
|              |          |          |     |                   |     |       |            |          |            |                |           |     |               |      |       |                |             |
|              |          |          |     |                   |     |       |            |          |            |                |           |     |               |      |       |                |             |
|              |          |          |     |                   |     |       |            |          |            |                |           |     |               |      |       |                |             |
|              |          |          |     |                   |     |       |            |          |            |                |           |     |               |      |       |                |             |

**DESCRIPTION OF COLUMNS:**

**1. DATE:**

Write the date for which the test is being captured

**2. OPD/IP NO.:**

Write in the OPD/IP number.

**3. LABORATORY NO:**

Write the patients/ sample laboratory number.

**4. NAME:**

Write the name of the patient.

**5. SEX:**

Write in the patient's sex.

**6. AGE:**

Write in the patient's age in numerals/numbers.

**7. UNIT:**

Write in the name of the unit where the request is from

**8. SAMPLE:** Write in the sample received

**9. URINE ANALYSIS AND CULTURE**

**Protein:** write in the results of the test

**Sugar:** write in the results of the test

**Macro:** Write in the result of macroscopic examination

**Micro:** Write in the result of microscopic examination

**Culture and Sensitivity:** Write the results of culture and sensitivity

**10. STOOL MICROSCOPY AND CULTURE**

**Macro:** Write in the result of macroscopic examination.

**Micro:** Write in the result of microscopic examination

**Culture and Sensitivity:** Write the results of culture and sensitivity

**11. HEAMO PARASITES**

**Malaria species:** write "+" for the type of parasite identified in appropriate box

**Other haemoparasites:** Write other haemoparasites seen



## **12. SWABS**

**Type:** write in the type of specimen, E.g puss, high vaginal swabs etc

**Wet prep:** write in the results of the wet preparation

**Gram stain:** write in the results of the Gram stain, E.g. G/positive cocci or G/Negative intracellular diplococci

**Culture and Sensitivity:** Write the results of culture and sensitivity

## **13. CSF ANALYSIS**

**Appearance:** write in the appearance of the specimen, E.g. CSF clear and colorless, turbid, purulent, xanthochromatic

**Protein:** write in the results of the test.  
Report proteinometer readings

**Sugar:** write in the result of the sugar test.

**Cell count:** write in the number of cells per millimeter cubed, E.g. 20cell/mm<sup>3</sup>

**Wet prep:** write in the results of the wet preparation

**Gram stain:** write in the results of the stain

**Leish:** write the results of the leishman test

**India ink:** write the results of the test

**Culture and Sensitivity:** Write the results of culture and sensitivity

## **14. SEROLOGY**

**VDRL/RPR:** write in the results of the test either VDRL or RPR

**TPHA:** write in the results of the test

**Hep B:** write in the results of the hepatitis B test

**Preg test:** write in the results of the pregnancy test

**Other tests:** Write the results of any other test you have done that is not included in the range of tests on the register

## **15. TOTAL NUMBER OF TESTS DONE:**

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report.

# HMIS FORM 094: DAILY ACTIVITY REGISTER FOR HEAMATOLOGICAL INDICES

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of tests and results of the Heamatological Analyser machine and other manual methods
- Timing:** Whenever laboratory tests is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Person performing laboratory tests

# HMIS FORM 094: DAILY ACTIVITY REGISTER FOR HEAMATOLOGICAL INDICES

Facility Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

|                                       |        |        |      |     |     |         |      | 9. Haemogram |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
|---------------------------------------|--------|--------|------|-----|-----|---------|------|--------------|-----|-----|-------------|-----|-----|-----|------|-----|-----|-----|----|----|----|----|----|-----|--------------|--------|--------|--|
| 1.                                    | 2.     | 3.     | 4.   | 5.  | 6.  | 7.      | 8.   |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
| Date                                  | OPd No | Lab No | Name | Sex | Age | village | Unit | HBGN         | WBC | RBC | Complete BC | HCT | MCV | MCH | MCHC | RDW | PLT | MPV | NE | LY | BA | MO | EO | ESR | Film Comment | HB < 8 | HB ≥ 8 |  |
|                                       |        |        |      |     |     |         |      |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
|                                       |        |        |      |     |     |         |      |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
|                                       |        |        |      |     |     |         |      |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
|                                       |        |        |      |     |     |         |      |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |
| <b>10. Total Number of Tests Done</b> |        |        |      |     |     |         |      |              |     |     |             |     |     |     |      |     |     |     |    |    |    |    |    |     |              |        |        |  |

**DESCRIPTION OF COLUMNS:**

**1. DATE:**

Write the date, month and year for which the tests are being done. Start a new line for each number

**2. OPD/IP No.:**

Write in the OPD/IP number

**3. LABORATORY No.:**

Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001

**4. NAME:**

Write the name of the patient in full

**5. SEX:**

Write in the column the patient's sex. Write F for female and M for male.

**6. AGE:**

Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.

**7. VILLAGE:**

Write the patients residence. Sub-county and village for better follow up.

**8. UNIT:**

Write in the name of the department where the request is from, e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic

**9. HEAMOGRAM RESULTS:**

Write the results/values of each parameter measured, e.g. WBC (T) - 6.6/ul, MCV - 85, PLTs - 223/ul etc

**FILM COMMENTS:**

Write the results of film comments for each patient, RBC- Homochromatic Normocitic, WBC- Appear – Normal, Percentage count of the WBC – N = 75%, L = 23%, E = 1%, M = 1%, PLTs- Normal distribution.

**10. TOTAL NUMBER OF TESTS DONE:**

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of test done and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

# HMIS FORM 095: DAILY ACTIVITY REGISTER FOR VIRAL LOAD & CD4 COUNT

## DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of tests and results for Viral Load & CD4 Counts
- Timing:** Whenever laboratory tests is done
- Copies:** One copy which is kept in the health facility in the laboratory unit.
- Responsibility:** Person performing laboratory tests

## HMIS FORM 095: DAILY ACTIVITY REGISTER FOR VIRAL LOAD & CD4 COUNT

| 1.                                | 2.      | 3.      | 4.   | 5.  | 6.  | 7.   | 8.       | 9.                     | 10.            |      |     |     |           |          |  |  |
|-----------------------------------|---------|---------|------|-----|-----|------|----------|------------------------|----------------|------|-----|-----|-----------|----------|--|--|
| Date                              | OPD NO, | Lab No, | Name | Sex | Age | Unit | Specimen | VIRAL LOAD (Copies/ml) | CD COUNTS      |      |     |     |           |          |  |  |
|                                   |         |         |      |     |     |      |          |                        | CD4 (Cells/μl) | CD4% | CD3 | CD8 | Date Done | Comments |  |  |
|                                   |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |
|                                   |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |
|                                   |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |
|                                   |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |
|                                   |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |
| <b>Total Number of Tests Done</b> |         |         |      |     |     |      |          |                        |                |      |     |     |           |          |  |  |

## DESCRIPTION OF COLUMNS:

Provides results for CD4+, CD8+, CD45+ and CD3+ T lymphocytes as absolute numbers of lymphocytes per  $\mu\text{l}$  ( $\text{mm}^3$ ) of blood, and the CD4+/CD8+ T-lymphocyte ratio if required by the user.

**1. DATE:**

Write the date for which the test is being captured. Please enter date per patients sample tested

**2. OPD/IP No.:**

Write in the OPD/IP number. This is got from the request form.

**3. LABORATORY No.:**

Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001

**4. NAME:**

Write the name of the patient in full

**5. SEX:**

Write in the patient's sex. F for female and M for male

**6. AGE:**

Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.

**7. UNIT:**

Write in the name of the department where the request is from e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic.

**8. SPECIMEN:**

Write in the sample received, e.g. Stool, Urine, Swab, CSF, etc

**9. VIRAL LOAD**

Enter the Viral Load in this column.

**10. CD COUNTS:**

Write the values of CD4+, CD8+, CD45+ and CD3+ T lymphocytes.

**DATE DONE:** Write the date when the test was carried out.

**COMMENT:** Any other comments on the test done

## PART 10: LABORATORY TESTS SUMMARY

### TABLE 17: LABORATORY TESTS SUMMARY

#### DESCRIPTION AND INSTRUCTIONS

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | Reports the total number of laboratory tests done at the health unit.          |
| <b>Timing:</b>         | Due by 14th of the following month.  |
| <b>Copies:</b>         | One copy which remains in the health unit database.                            |
| <b>Responsibility:</b> | Person incharge of the Laboratory at the health unit and the Records Assistant |

#### PROCEDURE:

Use the laboratory register to fill in the Health Unit Laboratory Tests Monthly Summary. For each of the samples tested, the number of tests carried out during the month and the number that tested positive should be filled in the tables below. No entries are made in the shaded areas. In the column labeled "Total tests done", sum up by row all the tests done in the health unit, and fill in the total in this column.

The table must be completed fully.

Instead of any zeros, please refer to the following codes for the respective suggestion

- No reagents. - **R**
- No equipment. - **E**
- Not enough Manpower. - **M**
- Not trained in the standard Technique. - **T**
- Test not requested for. - **F**



**TABLE 17a: LABORATORY TESTS DAILY SUMMARY**

| Laboratory Tests            |              | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |  |  |  |
|-----------------------------|--------------|------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|--|--|--|
| <b>Haematology (Blood)</b>  |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 01. Hb                      |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 02. HBG<8                   |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 03. HBG≥8                   |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 04. WBC Total               |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 05. WBC Differential        |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 06. Film Comment            |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 07. ESR                     |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 08. RBC                     |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 09. Bleeding time           |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 10 Prothrombin Time         |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 11. Clotting Time           |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 12. Others                  |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| <b>Blood Transfusion</b>    |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 13. ABO Grouping            |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 14. Combs                   | No. Done     |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             | No. Positive |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 15. Cross Matching          |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 16. Blood Collected (Ltrs)  |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 17. Blood Transfusion(Ltrs) |              |            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 18. Malaria Microscopy      | No. Done     | 0-4 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              | 5 and over |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             | No. Positive | 0-4 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              | 5 and over |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 19. Malaria RDTs            | No. Done     | 0-4 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              | 5 and over |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             | No. Positive | 0-4 years  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
|                             |              | 5 and over |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |
| 20. Trypanosoma             |              | No. Done   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |  |  |

## Technical Module 5: Inpatient and Speciality Services

| Laboratory Tests        |              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |  |
|-------------------------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|--|
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 21. Microfilaria        | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 22. Leishmania          | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 23. Trichinella         | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 24. Borrelia            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Stool Microscopy</b> |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 25. Entamoeba           | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 26. Giardia Lamblia     | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 27. Trichomonas         | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 28. Strongyloides       | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 29. Shistosoma          | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 30. Taenia              | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 31. Ascaris             | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 32. Hookworm            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 33. Trichuris           | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 34. Other Parasites     | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Serology</b>         |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 35. VDRL/RPR            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|                         | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 36. TPHA                | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |

## Technical Module 5: Inpatient and Speciality Services

| Laboratory Tests   |              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |  |  |
|--|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|--|
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 37. Shigella Dysentery                                       | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 38. Hepatitis B  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 39. Brucella   | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 40. Pregnancy Test   | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 41. Rheumatoid Factor  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 42. Others   | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Immunology</b>  |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 43. CD4 tests  |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 44. Viral Load Tests   |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 45. Others   |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| <b>Microbiology (CSF Urine, Stool, Blood, Sputum, Swabs)</b> |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 46. ZN for AFBs  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 47. Routine Cultures & Sensitivities                         | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 48. Gram   | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 49. India Ink  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
| 50. Wet Preps  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |
|  | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |  |  |

**Technical Module 5: Inpatient and Speciality Services**

| <b>Laboratory Tests</b>      |              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|------------------------------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 51. Urine Microscopy         | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Clinical Chemistry</b>    |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Renal Profile</b>         |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 52. Urea                     | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 53. Calcium                  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 54. Potassium                | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 55. Sodium                   | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 56. Creatinine               | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Liver Profile</b>         |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 57. ALT                      | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 58. AST                      | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 59. Albumin                  | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 60. Total Protein            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| <b>Lipid/Cardiac Profile</b> |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 61. Triglycerides            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 62. Cholesterol              | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 63. CK                       | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 64. LDH                      | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 65. HDL                      | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                              | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

**Technical Module 5: Inpatient and Speciality Services**

| <b>Laboratory Tests</b>               |              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |  |
|---------------------------------------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| <b>Other Clinical Chemistry Tests</b> |              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 66. Alkaline Phos                     | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 67. Amylase                           | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 68. Glucose                           | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 69. Uric Acid                         | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 70. Lactate                           | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| 71. Others                            | No. Done     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|                                       | No. Positive |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

**TABLE 17b: LABORATORY TESTS MONTHLY SUMMARY**

| Laboratory Tests            |              |            | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------------------|--------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| <b>Haematology (Blood)</b>  |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 01. Hb                      |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 02. HBG<8                   |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 03. HBG≥8                   |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 04. WBC Total               |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 05. WBC Differential        |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 06. Film Comment            |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 07. ESR                     |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 08. RBC                     |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 09. Bleeding time           |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 10 Prothrombin Time         |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 11. Clotting Time           |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 12. Others                  |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Blood Transfusion</b>    |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 13. ABO Grouping            |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 14. Combs                   | No. Done     |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             | No. Positive |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 15. Cross Matching          |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 16. Blood Collected (Ltrs)  |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 17. Blood Transfusion(Ltrs) |              |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 18. Malaria Microscopy      | No. Done     | 0-4 years  |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              | 5 and over |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             | No. Positive | 0-4 years  |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              | 5 and over |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 19. Malaria RDTs            | No. Done     | 0-4 years  |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              | 5 and over |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             | No. Positive | 0-4 years  |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             |              | 5 and over |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 20. Trypanosoma             | No. Done     |            |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                             | No. Positive |            |     |     |     |     |     |     |     |     |     |     |     |      |       |

## Technical Module 5: Inpatient and Speciality Services

| Laboratory Tests        |              | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------------|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 21. Microfilaria        | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 22. Leishmania          | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 23. Trichinella         | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 24. Borrelia            | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Stool Microscopy</b> |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 25. Entamoeba           | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 26. Giardia Lamblia     | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 27. Trichomonas         | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 28. Strongyloides       | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 29. Shistosoma          | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 30. Taenia              | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 31. Askaris             | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 32. Hookworm            | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 33. Trichuris           | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 34. Other Parasites     | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Serology</b>         |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 35. VDRL/RPR            | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 36. TPHA                | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                         | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 37. Shigella Dysentery  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |

## Technical Module 5: Inpatient and Speciality Services

| Laboratory Tests   |              | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 38. Hepatitis B  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 39. Brucella   | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 40. Pregnancy Test   | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 41. Rheumatoid Factor  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 42. Others   | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Immunology</b>  |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 43. CD4 tests  |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 44. Viral Load Tests   |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 45. Others   |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Microbiology (CSF Urine, Stool, Blood, Sputum, Swabs)</b> |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 46. ZN for AFBs  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 47. Routine Cultures & Sensitivities                         | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 48. Gram   | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 49. India Ink  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 50. Wet Preps  | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 51. Urine Microscopy   | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |



## Technical Module 5: Inpatient and Speciality Services

| Laboratory Tests                      |              | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|---------------------------------------|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| <b>Clinical Chemistry</b>             |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Renal Profile</b>                  |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 52. Urea                              | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 53. Calcium                           | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 54. Potassium                         | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 55. Sodium                            | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 56. Creatinine                        | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Liver Profile</b>                  |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 57. ALT                               | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 58. AST                               | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 59. Albumin                           | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 60. Total Protein                     | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Lipid/Cardiac Profile</b>          |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 61. Triglycerides                     | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 62. Cholesterol                       | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 63. CK                                | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 64. LDH                               | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 65. HDL                               | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| <b>Other Clinical Chemistry Tests</b> |              |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 66. Alkaline Phos                     | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                                       | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |

**Technical Module 5: Inpatient and Speciality Services**

| Laboratory Tests |              | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| 67. Amylase      | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 68. Glucose      | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 69. Uric Acid    | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 70. Lactate      | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |
| 71. Others       | No. Done     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|                  | No. Positive |     |     |     |     |     |     |     |     |     |     |     |      |       |

## **PART 11: TB REGISTERS**

### **HMIS FORM 096a: HEALTH UNIT TB REGISTER**

#### **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To maintain records of TB patient's information, follow-up progress of treatment and ascertain the outcome of treatment for patients registered

**Copies:** One copy which is placed in the TB Clinic or TB Ward

**Responsibility:** Head of TB Clinic/Ward

#### **PROCEDURE:**

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. The descriptions on how to complete the TB register are found below the TB register.

# HMIS FORM 096a: HEALTH UNIT TB REGISTER

| 1           | 2       | 3           | 4                               | 5                           | 6         | 7                   | 8        | 9                                | 10                               | 11                                    | 12              | 13  |      |                                 |                          |           |      |             |      |
|-------------|---------|-------------|---------------------------------|-----------------------------|-----------|---------------------|----------|----------------------------------|----------------------------------|---------------------------------------|-----------------|---|------|---------------------------------|--------------------------|-----------|------|-------------|------|
| Unit TB No. | HSD No. | Dist TB No. | Name (in full) & Contact Person | Health Worker (Cadre) (Y/N) | Sex (M/F) | Age                 | Address  | Date Treatment started & Regimen | (a) Disease Class P-BC, P-CD, EP | (b) Type of Patient - N. R. F. L. THU | (c) Transfer In | Results of Sputum and Other Examinations/Date |      |                                 |                          |           |      |             |      |
|             |         |             | Patient Name                    |                             |           |                     | District | Date                             |                                  |                                       | From            | PRE-RX  |      | (f), (g) Sputum Smear Follow up |                          |           |      | DST Results |      |
|             |         |             |                                 | Contact & Telephone #       |           |                     | County   |                                  | Parish                           | Regimen                               |                 |   |      | Unit TB No.                     | (d) Sputum Smear Results | (e) Other | 2    |             | 3    |
|             |         |             |                                 |                             |           | Sub county          | Village  | Date                             | Date                             |                                       | Date            | Date  | Date |                                 | Date                     | Date      | Date | Date        | Date |
|             |         |             |                                 |                             |           | Nearest Health Unit |          |                                  |                                  |                                       |                 |   |      |                                 |                          |           |      |             |      |

| 14                            | 15                         |                              |            |                           | 16            | 17                          | 18                          |   |   |   |                              |   |   |   | 19                    |           |                          |      |                 | 20                       | 21      |  |              |      |  |  |  |  |
|-------------------------------|----------------------------|------------------------------|------------|---------------------------|---------------|-----------------------------|-----------------------------|---|---|---|------------------------------|---|---|---|-----------------------|-----------|--------------------------|------|-----------------|--------------------------|---------|--|--------------|------|--|--|--|--|
| MUAC                          | TB/HIV activities          |                              |            |                           | Contact <5Yrs | (i) Treatment Model (DOTS)  | (j) Issue of anti TB drugs  |   |   |   |                              |   |   |   | (k) Treatment outcome |           |                          |      |                 | (l) Diagnosed with DR TB | Remarks |  |              |      |  |  |  |  |
| Weight for Age Z Score        | (h) HIV Test C/CT/CT1/C T2 | Patient Received HIV Results | CPT (Y)    | ART and ART No. (Y) & (#) | Total #       | F or C Date                 | Intensive Phase (Bi weekly) |   |   |   | Continuation Phase (Monthly) |   |   |   | Cured                 | Completed | Failure (smear positive) | Died | Transferred out | Lost to follow up        |         |  |              |      |  |  |  |  |
| Height/Length for Age Z Score | Date                       | Y/N/NA                       | Start Date | Start Date                | # on IPT      | Name of Treatment Supporter | 1                           | 2 | 3 | 4 | 3                            | 4 | 5 | 6 | 7                     | 8         | Date                     | Date | Date            | Date                     |         |  | Name of unit | Date |  |  |  |  |
| INR No.                       |                            |                              |            |                           |               |                             |                             |   |   |   |                              |   |   |   |                       |           |                          |      |                 |                          |         |  |              |      |  |  |  |  |
| MUAC                          |                            |                              |            |                           | TOTAL #       | MODEL                       |                             |   |   |   |                              |   |   |   |                       |           |                          |      |                 |                          |         |  |              |      |  |  |  |  |
| Weight for Age Z Score        |                            |                              |            |                           |               | DATE                        |                             |   |   |   |                              |   |   |   |                       |           |                          |      |                 |                          |         |  |              |      |  |  |  |  |
| Height/Length for Age Z Score |                            |                              |            |                           |               | NAME                        |                             |   |   |   |                              |   |   |   |                       |           |                          |      |                 |                          |         |  |              |      |  |  |  |  |
| INR No.                       |                            |                              |            |                           |               |                             |                             |   |   |   |                              |   |   |   |                       |           |                          |      |                 |                          |         |  |              |      |  |  |  |  |

**DESCRIPTION OF COLUMNS:**

**1. UNIT TB No.**

Each TB patient identified is assigned a Unit TB number by the Health Unit recording the cases, when he/she is being recorded at initiation of TB treatment or changing from one **Category of treatment** regimen to another **Category of treatment** regimen. The numbers should start with “001/Year of reporting” for the first cases reported of each calendar year.

**2. HSD TB No.:**

Each TB patient identified is assigned a Health Sub District TB number by the HSD TB Focal Person, when the HSD TB Focal Persons is recording the patient in his/her HSD TB Register. This is HSD TB number is then transcribed by the HSD TB Focal Person from the HSD TB Register into this Health Unit TB Register.

**3. DISTRICT TB No.**

Each TB patient identified is assigned a District TB number by the District TB Focal Person (DTLS), when the District TB Focal Person is recording the patient in his/her District TB Register. This is District TB number is then transcribed by the District TB Focal Person from the District TB Register into this Health Unit TB Register.

**4. NAME (IN FULL) & CONTACT PERSON:**

Record the names of the TB patient in full (at least two names) in the first cell of the cell. The names of the Contact person of the patient are recorded in the second row of this cell including the relationship for example S/o = Son of, W/o = Wife of e.t.c.

**5. HEALTH WORKER:**

Record YES if patient is a health worker and NO if not. If the record is YES, then include the cadre of the client as indicated in the register.

**6. SEX:**

Record the sex of the patient as “**M**” for Male and “**F**” for Female.

**7. AGE:**

Write the patient’s age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing “MTH” after the age, and “Days” if less than 1 month.

**8. ADDRESS:**

Record the address of the patients under the six categories provided in the register, namely;

- 1) District – where the patients has been initiated on treatment,
- 2) County – where the patient resides,
- 3) Sub-County
- 4) Parish
- 5) Village
- 6) Nearest health unit- to the patient's residence. Ensure completeness of this entry for purposes of tracing in event of default while on treatment.

**9. DATE TREATMENT STARTED & REGIMEN:**

Record the date the patient was initiated/started on TB treatment. Record the Treatment regimen in full using the algorithm provided in the NTLP Manual or desk Aide for that patient. Example 2RHZE/6EH, 2RHZ/4RH or 2SRHZE/RHZE/5RHE

**10. DISEASE CLASSIFICATION:**

Record the Disease Classification as: **P-BC** for Pulmonary bacteriologically confirmed TB, **P-CD** for Pulmonary Clinically diagnosed TB, and **EP** - Extra Pulmonary TB and the site e.g. spinal, renal, lymph node.

**11. TYPE OF PATIENT (N, R, F, L, THU):**

Record the type of patient in accordance to the options provided in this register, namely; **N** for New Case, **R** for Relapse, **F** for failure, **L** for Lost to follow up and **THU** for Treatment History Unknown.

**12. TRANSFER IN:**

Record the referral unit from which the patient has been transferred in the first cell and the unit TB number in the second cell.

**13. RESULTS OF SPUTUM EXAMINATION AND OTHER EXAMINATIONS/DATE:**

**(d) SPUTUM SMEAR RESULTS**

Record the results of sputum examination in the first cell example - ND for Not done; NEG for 0AFB/100 Fields, 1-9 for exact number if 1 to 9AFB/100 fields; (+) for 10-99 AFB/100 Fields, (++) for 1-10 AFB/Field; (+++) for >10 AFB/Field. Record the date when the sputum in the second cell, was examined.

**(e) OTHERS INVESTIGATIONS**

Record the examination results of the other type of test {Biopsy, Mantoux, CSF, X-Ray, GeneXpert} in the first line and the examination date in the second line. For diagnosis of TB in children refer to recommended children algorithm. If Gene-Xpert is done record test results reported as follows: T = MTB detected, rifampicin resistance not detected; RR = MTB detected, rifampicin resistance detected; TI = MTB detected, rifampicin resistance indeterminate; N = MTB not detected; I = invalid / no result / error.

**(f) FOLLOW UP**

Record the examination result in the first cell and date of examination in the second cell for: A category 1 patient who remained sputum positive at the end of 2 months and was continued on intensive phase for one more month; A category 2 patients started on intensive phase for 3 months.

**(g) DST results**

If culture is done on a sample in follow up and is positive DST results are expected to be recorded in cell one. Also record the date of the DST result in cell 2 in the same sub-column.

**14. MUAC, WEIGHT FOR AGE Z SCORE, HEIGHT/LENGTH FOR AGE Z SCORES AND INR NO:**

**MUAC**

MUAC is for only children above 6 months, write the MUAC colour code and the measurement in cm. If MUAC is red or yellow, the admission number from the Integrated Nutrition register (INR no.) should be recorded. The MUAC Colour code (for clients above 6 months of age). Red is an indication of Severe Acute Malnutrition, Yellow indicates Moderate Acute Malnutrition and Green is Normal nutritional status. Write "R" for Red, "Y" for Yellow and "G" for Green.

**WEIGHT FOR AGE Z SCORE**

Z-score write "N" for normal nutritional status if client's Z-score ranges between -2SD and +2SD, "MAM" for moderate acute malnutrition if client's Z- score ranges between -3SD and -2SD, "SAM" for severe acute malnutrition if client's Z- score is <-3SD

**HEIGHT/LENGTH FOR AGE Z SCORES**

This measures stunting write "N" for normal nutritional status if client's Z-score are equal or above (>)-2SD And S for Stunting if the client z score is less than (<)-2 SD

**INR NO:**

Integrated Nutrition register number (INR no.) is given to a client who has been confirmed with malnutrition (If MUAC is red or yellow) in the nutrition unit/program at the health facility.

**15. TB/HIV ACTIVITIES:**

Record HIV Counseling and Test Results: **C** for Counseled; **CT** for Counseled and Tested; **CT1** for HIV Positive and **CT2** for HIV Negative. Record if patient received HIV results with Y/N/NA and for patients with CT1, record if on CPT with (Y) plus the date started on CPT, If on ART record (Y) and the ART number as indicated in the sub columns of the TB/HIV activities column.

**16. CONTACTS OF <5 YEARS:**

Record number of <5 years contacts (children <5 who either stay or interact with TB patients) in cell 1 and Number of these infants on IPT in the second cell.

**17. TREATMENT MODEL:**

Record **F** if the patient is on health facility based DOTS and **C** if the patient is on community based DOTS (CBDOTS), record the start date in the first cell; Record the name of community volunteer (CV) assigned to a patient on CBDOTS in the second cell.

### 18. RECORD OF ISSUE OF ANTI-TB DRUGS:

Record the date of dispensing drugs {dd/mm} in the first cell and the number of days for which treatment is dispensed in the second cell. Under Intensive Phase, record the information for month 3 for: A **category 1 patient** who remained sputum positive at the end of 2 months and was continued on intensive phase for one more month; A **category 2 patient** started on intensive phase for 3 months and in Month 4 for a category 2 patient who remained sputum positive at the end of 3 months and was continued on intensive phase for one more month. (8 weeks of intensive phase and 18 weeks of continuation phase)

### 19. TREATMENT OUTCOME BY DATE:

Record the date under 'CURED' if the sputum in the last month is negative and was negative once before {2 or 5 Months};

Record the date under '**Treatment Completed**' if the full prescribed duration {6 or 8 months} of treatment has been given;

If the prescribed duration of **treatment was not completed**, record the date of stopping treatment under the correct heading; if '**Transferred Out**', record the date of transfer in the first cell and the name of the health unit transferred to in the second cell; If treatment was stopped because of **failure of treatment**, record the date of sputum result under 'Failure', if patient died record date in cell "DIED" and if patient has not been seen for consecutive two months, record date in cell "Lost to Follow up".

### 20. DIAGNOSED WITH DR TB:

Record the date when treatment outcome was met in the respective column. If patient was transferred out to another Unit, record the Name of the unit to which the transfer was made and transfer date below it.

### 21. REMARKS:

In the remarks column, record appropriate remarks in this column, example – Patient reacted to treatment indicate date and action taken, e.t.c.



# HMIS FORM 096b: DRUG RESISTANT (DR) TB REGISTER

## DESCRIPTION AND INSTRUCTIONS

**Objective:** To guide DR-TB program implementers to record and report variables appropriately:

**Copies:** One copy which is placed in the TB Clinic or TB Ward

**Responsibility:** Head of TB Clinic/Ward/ MDR coordinator

## HMIS FORM 096b: DRUG RESISTANT (DR) TB REGISTER

| 1              | 2                    | 3                            | 4                               | 5      | 6   | 7   | 8 | 9 | 10 | 11  |            |                           |            |   |   |   |   |    |    | 12 | 13  |    |                 |                              |      |      |
|----------------|----------------------|------------------------------|---------------------------------|--------|-----|---|---|---|----|---|------------|---------------------------|------------|---|---|---|---|----|----|----|-----|----|-----------------|------------------------------|------|------|
|                |                      |                              |                                 |        |     |   |   |   |    |   | LABORATORY |                           |            |   |   |   |   |    |    |    |     |    |                 |                              |      |      |
| DR-TB Reg. NO. | Date of Registration | Patient Names & Phone number | Contact person and Phone number | AGE    | SEX | Address<br>1. Village<br>2. Parish<br>3. Subcounty<br>4. District |   |   |    | NAAT<br>Eg<br>Gene<br>Xpert<br>1. Result<br>2. Date | Lab No     | Date of sample collection | DST result |   |   |   |   |    |    |    |     |    | Date result DST | Date of DR-TB Panel Approval |      |      |
|                |                      |                              |                                 | Weight |     |   |   |   |    |   |            |                           | H          | R | E | S | Z | Km | Cm | Am | Pto | Cs |                 |                              | FQ   | PAS  |
|                | Date                 | Name                         | Name                            | AGE    |     | 1   | 2 | 1 |    |   |            |                           |            |   |   |   |   |    |    |    |     |    |                 |                              |      |      |
|                |                      | No.                          | No.                             | WT     |     | 3   | 4 | 2 |    | Lab No.   | Date       |                           |            |   |   |   |   |    |    |    |     |    |                 |                              | Date | Date |
|                |                      |                              |                                 | HT     |     |   |   |   |    |   |            |                           |            |   |   |   |   |    |    |    |     |    |                 |                              |      |      |

| 14  |                        | 15           | 16  |   | 17     | 18                     | 19                                | 20                     |                | 21          | 22                       | 23                     | 24                     | 25            |                               |                  | 26               | 27 | 28 |
|---|------------------------|--------------|---|---|--------|------------------------|-----------------------------------|------------------------|----------------|-------------|--------------------------|------------------------|------------------------|---------------|-------------------------------|------------------|------------------|----|----|
|   |                        | Type of Case |   |   |        |                        |                                   | Regimen Type           |                |             |                          |                        |                        | TB/HIV        |                               |                  |                  |    |    |
| Reasons for entering in second-line TB treatment register |                        | P/EP         | N=New<br>Rp=Relapse,<br>F1=Failure Cat1,<br>F2=Failure Cat2,<br>Rt=Return after<br>Lost To Follow up<br>F4=Failure Cat 4<br>O=Other | Transfer In                               | MUAC   | Date start 2nd line Rx | Modality of DOT                   |                        | DR TB Contacts | Initial Wgt | HIV Status<br>POS<br>NEG | For POS only           |                        |               | 1 Initial CD4 Count<br>2 Date | Date started CPT | Date started ART |    |    |
| Bacteriologically confirmed MDR/XDR/RR                    | Presumptive MDR/XDR/RR |              |   | 1. Facility where treatment was initiated | INR NO |                        | Standard Emperical Individualized | 1 Start Date<br>FB DOT |                |             |                          | 2 Start Date<br>CB DOT | 1 Total No of contacts | 2 No screened |                               |                  |                  |    |    |
|   |                        |              |   | 2. Date of transfer in                    |        |                        | 1                                 | 1                      | 1              |             |                          |                        |                        |               |                               |                  |                  |    |    |
|   |                        |              |   |   | MUAC   |                        | 2                                 | 2                      | 2              |             |                          |                        |                        |               |                               |                  |                  |    |    |
|   |                        |              |   |   | INR NO |                        |                                   |                        |                |             |                          |                        |                        |               |                               |                  |                  |    |    |



## **DESCRIPTION OF COLUMNS**

1. **DR-TB Reg. N0:** Record the registration number of the patient. This number must include the patient's serial number, the treatment initiating facility code and the year of registration.
2. **Date of Registration:** Record the date the patient entered in Cat 4 register and Category 4 treatment initiated.
3. **Sur Name:** Record the patient's surname under this column.
4. **Contact person:** Indicate the contact person
5. **Age:** Indicate age of patient
6. **Sex:** Record the patient's sex as **M**, for male and **F**, for female under this column.
7. **District of Residence:** Record the district of residence in row above and LC1 village in the row below where the patient will be while on treatment.
8. **Gene Xpert results**
9. **Lab Number:** Record the patient's laboratory number from Culture/DST lab report form under this column.
10. **Date of sample collection:** Record under this column the date of sputum sample collection **NOT** the date of sputum results.
11. **DST Results:** Record **R** for Resistance and **S** for Susceptible for DST results for each of these drugs: **H** (Isoniazid), **R** (Rifampicin), **E**(Ethambutol), **S** (Streptomycin), **Z** (Pyrazinamide), **Km** (Kanamycin), **Cm** (Capreomycin), **Am** (Amikacin), **Pto** (Prothionamide), **Cs** (Cycloserine), **FQ** [Fluoroquinolone **e.g.** **Ofx** (Ofloxacin), **Lfx** (Levofloxacin)], **PAS** (Para-amino salicylic acid) covered by the DST.
12. **Date result DST:** In this column record the date when a DST was done.
13. **Date DR-TB Panel:** Enter the date when this committee sat to approve the patient to start cat 1V treatment. The DR-TB Review Panel is a case management committee composed of health care workers with expertise on MDR-TB management. This committee meets regularly (monthly) to confirm the diagnosis, determine treatment regimens, assess response to treatment, and determine final outcome through a consensus using standards based on the NTLP Guidelines for Programmatic Management of Drug-resistant TB.
14. **Reason for entering in second line TB register:** Enter any of these Category 4 diagnostic categories at the start of treatment: *Confirmed MDR or XDR-TB, Suspected MDR or XDR-TB or poly resistant TB.*

**Confirmed MDR/XDR-TB:** Tuberculosis patients in whom MDR/XDR-TB has been confirmed in the lab.

**Presumptive MDR/XDR-TB:** These are patients in whom MDR/XDR-TB is suspected and the Review Panel recommends Category 4 treatment. Patients may be entered in the Category 4 register and started on Category 4 treatment before MDR/XDR-TB confirmation **only** if representative DST surveys or other epidemiologic data indicate a very high probability of MDR/XDR-TB.

**Poly-resistant TB:** Some cases of poly-resistant TB require Category 4 treatment while others require prolonged treatment with first line drugs combined with two or more second line drugs and are therefore entered into Category 4 Register at DR-TB accredited centre.

**15. Disease site- P/EP:** Record P for pulmonary TB or EP for extra-pulmonary TB. DR-TB is classified according to organ affected. However, the regimens for drug-resistant forms of TB are similar, irrespective of site affected. Defining site is primarily for recording and reporting purposes.

- **Pulmonary tuberculosis.** Tuberculosis involving only the lung tissues (parenchyma).
- **Extra-pulmonary tuberculosis:** Tuberculosis involving organs other than the lung parenchyma, e.g. pleura, lymph nodes, abdomen, genitourinary tract, skin, joints and bones, meninges. Tuberculous intra-thoracic lymphadenopathy (mediastinal and/or hilar) or tuberculous pleural effusion, without radiographic abnormalities in the lungs, therefore constitute a case of extra-pulmonary TB. The definition of an extra-pulmonary case with several sites affected depends on the site representing the most severe form of disease.

**16. Type of case or patient:** Record the Type of Patient as – **N** for New; **R** for Relapse; **F** for Failure; **L** for Lost to follow up; **O** for Other at the time he or she is being started on Category 4 treatment. This patient classification is based on **the history of their previous treatment i.e. “Patient’s registration group”**.

- **New Category 4 patients:** who have never received anti-tuberculosis treatment or who have received anti-tuberculosis treatment for less than one month.  
**Note: include patients who had DST at the start of Category 1 regimen and are then switched to Category 4 regimen because of resistance are placed in this group, even if they received more than one month of Category 1 treatment.)**
- **Relapse:** A patient whose most previous treatment outcome was “cured” or “treatment completed” and who is subsequently diagnosed with bacteriologically positive TB by sputum smear microscopy or culture
- **Treatment after loss to follow up:** A patient to returns to treatment, bacteriologically positive TB by sputum smear microscopy or culture following interruption of treatment for two or more consecutive months
- **Treatment after failure of CAT I:** Patient who has received CAT I treatment and in whom treatment has failed. **Failure is defined** as sputum smear positive at **five months or later** during treatment. Or if a smear negative at the start of treatment turned smear positive or culture positive at end of 2 months of treatment.

## Technical Module 5: Inpatient and Speciality Services

- **Treatment after failure of CAT II:** Patient who has received CAT II treatment and in whom treatment has failed. **Failure is defined** as sputum smear positive at **five months** or later during treatment.
- 17. Transfer In.** patients who have been transferred in from another register for treatment of drug-resistant TB to continue Category 4 treatment. Record facility where patient was transferred from and date you register patient.
- 18. NUTRITION (MUAC/ Z-SCORE) AND INR NUMBER BEFORE TREATMENT.**  
Write the MUAC color code and the measurement in cm. If MUAC is red or yellow, write the admission number from the Integrated Nutrition register. Red is an indication of severe acute malnutrition, yellow indicates moderate acute malnutrition and green is normal nutrition status. Write “R” for red, “Y” for yellow and “G” for green.  
  
Z-score (for clients less than 6 months) write “N” for normal nutritional status if client’s Z-score ranges between  $>-2SD$ - $<2SD$ , “MAM” for moderate acute malnutrition if client’s Z-score ranges between  $>-3SD$ - $<-2SD$ , “SAM” for severe acute malnutrition if client’s Z-score is  $<-3SD$
- 19. Date start Rx 2nd line:** Record the date when the patient was started on Cat 1V treatment.
- 20. Type of regimen: Record whether empirical, standard, Individual**
- 21. Regimen specifications: Record the initials of drugs and duration of intensive and continuation phase** Record **Second line ant-TB regimen** in the upper row and **date** when this regimen was started in the lower row. Record further **Second line ant-TB drug** issues on the MDR-TB patient’s treatment card
- 22. Modality of Rx:** Record in 1<sup>st</sup> line- Date start FB DOT, 2<sup>nd</sup> line- Date start CB DOT
- 23. Contact DR-TB:** Record 1<sup>st</sup> line Total No of contacts in 2<sup>nd</sup> line No screened. House hold members of all drug resistant TB should be screened for signs and symptoms of TB and if found to have TB started on treatment.
- 24. Initial weight:** Record the baseline weight of the patient in Kg
- 25. HIV Status:** Record POS for HIV positive and NEG for HIV negative
- 26. CD4 Count:** 1<sup>st</sup> line Initial CD4 Count, 2<sup>nd</sup> line Date
- 27. CPT:** Record **date** when CPT regimen was started
- 28. ART:** Record **date** when ART regimen was started
- 29. Monitoring Smears and Cultures:** Note: The date to record here is the date when the sputum sample was collected and NOT when results are given. Record date in this format **d/m/yr** in the lower row for monthly smears (**Sm**) and cultures (**C**) from month 0 to end of treatment (24th months) and results of smears and cultures in the upper row of the corresponding columns

**30. Follow up Health facility: Record in the rows as follows** 1 Name, 2. District, 3Telephone, 4 Date of transfer

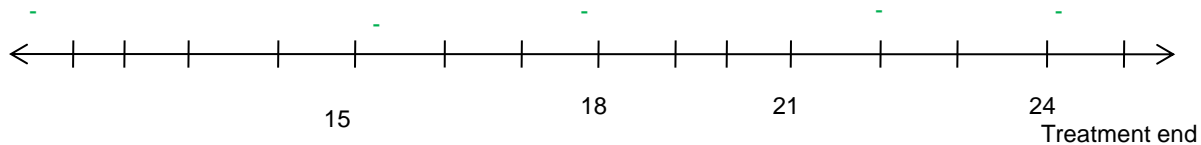
**31. Treatment Outcome:** Record the date the patient stopped taking treatment and the final treatment outcome in case treatment is completed in the column under 'Treatment Outcome. The following are possible treatment outcomes: **Cured, Completed, Died, Failed, Defaulted and.**

Record treatment outcome in the upper row as 1=Cured, 2=Completed,3=Failure, 4= Died, 5=Lost to follow up, 6= Returned to 1st line, 7=Not evaluated and the date treatment completed in the lower row

**1-Cured:** A Category 4 patient who has completed treatment according to the program protocol and has at least:

**Five consecutive** negative cultures from samples collected **at least 30 days apart** in the **final 12 months of treatment.**

**2-Completed:** A Category 4 patient who has completed treatment according to the program protocol but does not meet the definition for cure because of lack of bacteriological results (i.e. fewer than five cultures were performed in the final 12 months of treatment).



**3-Failure:** Treatment will be considered to have failed if:

- Two or more of the five cultures recorded in the final 12 months of treatment are positive, or
- Any one of the final three cultures is positive or
- A clinical decision has been made to terminate treatment early because of poor clinical or radiological response or adverse events. (These latter failures should be indicated separately for the purposes of sub-analysis.)

**4- Died:** A Category 4 patient who dies for any reason during the course of MDR-TB treatment.

**5- Lost to follow up:** A Category 4 patient whose treatment was interrupted **for two or more consecutive months** for any reason without medical approval.

**32.** Post Treatment Follow-up cultures at Month 26-36: Record date in this format **d/m/yr** in the upper row for follow up smears (**Sm**) and cultures (**C**) at month 26, 32 and 36 post treatment and results of the same in the lower row of the corresponding columns.

**33. Remarks:** Record the appropriate remarks in the column, e.g. Patient reacted to treatment indicate date and action taken, e.t.c

## **PART 12: X-RAY REGISTER**

### **HMIS FORM 056: X-RAY REGISTER**

#### **DESCRIPTION AND INSTRUCTIONS**

**Objective:** Maintain record of X-rays taken and films used

**Copies:** One copy which stays in the X-ray department

**Responsibility:** Head of X-ray Department

#### **PROCEDURE:**

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. The film sizes should correspond to the sizes available at the health unit.
3. Age and sex can be added if the Head of the X-ray Department wants to use this information.
4. The same type of register can be used for Ultra Sound and CT scan investigation.



## HMIS 056: X-RAY REGISTER

### HEADINGS AND COLUMN WIDTHS:

| (1)        | (2)  | (3)         | (4) | (5) | (6)            | (7)           | (8)             | (9)             | (10)            | (11)            |
|------------|------|-------------|-----|-----|----------------|---------------|-----------------|-----------------|-----------------|-----------------|
| SERIAL No. | NAME | PATIENT No. | AGE | SEX | OPD, IPD, WARD | INVESTIGATION | FILM SIZE 1 No. | FILM SIZE 2 No. | FILM SIZE 3 No. | FILM SIZE 4 No. |
|            |      |             |     |     |                |               |                 |                 |                 |                 |

### **DESCRIPTION OF COLUMNS:**

The date is written under the first column and nothing else is written on the line.

1. **SERIAL No.:**  
Each test is given a unique number starting with number “1” on the first day of each month
2. **NAME:**  
Write the patient’s name in full.
3. **PATIENT No.:**  
For an inpatient, use the inpatient number given in the Inpatient Register.  
For an outpatient, use the patient number given on the outpatient card.
4. **AGE:**  
Write the patient’s age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing “MTH” after the age, and “Days” if less than 1 month.
5. **SEX:**  
Write the sex of the patient. Indicate M for male and F for female.
6. **F OPD, IPD, WARD:**  
Indicate where the patient was referred from; if from OPD write OPD and ward name for an Inpatient.
7. **INVESTIGATION:**  
Write a brief description of the investigation to be done including the region of the body, for example write chest x-ray, x-ray of the left femur etc
8. **FILM SIZE 1 No.:**  
Number of film size 1 used. Enter the size in the heading (e.g. 33 x 33)
9. **FILM SIZE 2 No.:**  
Number of film size 2 used. Enter the size in the heading (e.g. 18 x 24)
10. **FILM SIZE 3 No**  
Number of film size 3 used. Enter the size in the heading (e.g. 45 x 45)
11. **FILM SIZE 4 No**  
Number of film size 4 used. Enter the size in the heading (e.g. 14 x 18)

### **REPORTED MONTHLY TO THE INCHARGE:**

- The number of patients having x-rays taken.
- Other information may be required by the incharge. This can be written here for reference:

## PART 13: OPERATING THEATRE REGISTER

### HMIS FORM 057: OPERATING THEATRE REGISTER

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** Record the interventions (operations) done in the operating theatres

**Copies:** One copy which is kept in the operating theatre

**Responsibility:** In-charge of the Theatre

#### PROCEDURE:

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. Separate registers are used for the Major and Minor Theatres. Whether there needs to be a separate register for each theatre room is determined by the hospital.

# HMIS FORM 057: OPERATING THEATRE REGISTER

## HEADINGS AND COLUMN WIDTHS:

### LEFT HAND SIDE

| (1)  | (2)       | (3)          | (4)        | (5)  | (6)  | (7)     | (8)          |
|------|-----------|--------------|------------|------|------|---------|--------------|
| DATE | SERIAL No | PATIENT NAME | PATIENT No | AGE  | SEX  | SURGEON | ANAESTHETIST |
| 2 cm | 2 cm      | 5 cm         | 2 cm       | 1 cm | 1 cm | 3.5 cm  | 3.5 cm       |
|      |           |              |            |      |      |         |              |

### RIGHT HAND SIDE

| (9)         | (10)      | (11)      | (12)    |
|-------------|-----------|-----------|---------|
| ANAESTHESIA | DIAGNOSIS | OPERATION | REMARKS |
| 4cm         | 6 cm      | 6 cm      | 4 cm    |
|             |           |           |         |

## DESCRIPTION OF COLUMNS:

1. **DATE:**  
Write the day and month of the operation. Use abbreviations for the month.
2. **SERIAL No.:**  
Each operation is given a unique number starting with number "1" on the first day of January each year.
3. **PATIENT NAME:**  
Write the patient's name
4. **PATIENT No.:**  
Write the patients number given either in the Inpatient or outpatient Register.
5. **AGE:**  
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
6. **SEX:**  
Indicate the sex of the patient.
7. **SURGEON:**  
Indicate the name of the surgeon
8. **ANAESTHETIST:**  
Indicate the name of the anaesthetist
9. **ANAESTHESIA:**  
Write the name and amount of anaesthesia used.

**10. DIAGNOSIS:**

Briefly, write the diagnosis of the patient or why the operation is being done.

**11. OPERATION:**

Briefly describe the procedure being done.

**12. REMARKS:**

This can include the outcome, Nurse, etc.

**REPORTED MONTHLY TO THE INCHARGE:**

- The number of minor and major operations done.
- The number of sterilizations and Caesarean Sections
- The number of Implant insertions and removals.

## **PART 14: SURGICAL OPERATIONS, X-RAY SERVICES AND INPATIENT REFERRALS**

### **TABLE 7: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS**

#### **PREPARATION**

Determine the additional services to be monitored monthly and write them on the blank lines available in table 7. If you have more services of special interest than the lines available on table 7, use a general summary form. Keep the extra sheets in the Database file after table 7.

#### **Routine procedures**

From the theatre, X-ray and transfusion registers use a tally sheet to tally numbers for various procedures in Table 7. Sum up the tallies and fill in monthly totals in Table 7.

## TABLE 7: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS

Health Unit name \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| <b>SPECIAL SERVICES</b>                             | JUL | AUG | SEP | OCT | NOV | DEC | JAN | MAR | APR | MAY | JUN | JUL | ANNUAL TOTAL |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| <b>Minor operations</b>                             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 01 Oral surgery                                     |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 02 Debridement and care of wounds and skin grafting |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 03 Incision and drainage of abscesses               |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 04 Ocular surgery                                   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 05 Minor Orthopedic Surgery                         |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 06 Minor ENT surgical procedures                    |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 07 Safe Male Circumcision                           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 99 Other Minor procedures                           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| Total Number of Minor Operations                    |     |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>Major operations</b>                             |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 01 Caesarian sections                               |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 02 Obstetric fistula repair                         |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 03 Laparotomy                                       |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 04 Tracheotomy                                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 05 Evacuations (incomplete abortion)                |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 06 Internal fixation                                |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 07 Neuro Surgery (Burr hole)                        |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 08 Thoracotomy                                      |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 09 Cardiothoracic surgery                           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 10 Orthopedic Surgery                               |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 11 Ocular Surgery                                   |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 12 ENT surgical procedures                          |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 13 Herniorrhaphy                                    |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 14 Plastic/ reconstructive surgery                  |     |     |     |     |     |     |     |     |     |     |     |     |              |
| 99 Other Major procedures                           |     |     |     |     |     |     |     |     |     |     |     |     |              |
| Total Number of Major Operations                    |     |     |     |     |     |     |     |     |     |     |     |     |              |

| <b>SPECIAL SERVICES</b>               |              | JUL    | AUG | SEP | OCT | NOV | DEC | JAN | MAR | APR | MAY | JUN | JUL | ANNUAL TOTAL |
|---------------------------------------|--------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| <b>Other Procedures</b>               |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| X-Rays taken                          |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>Other investigations</b>           |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Pap Smears                            |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Visual Inspection with Acetic Acid    |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Other investigations                  |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>Transfusions</b>                   |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Number of units requested             | Whole blood  |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Packed cells |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Platelets    |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Plasma       |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Number of units received              | Whole blood  |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Packed cells |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Platelets    |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Plasma       |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Number of units transfused            | Whole blood  |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Packed cells |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Platelets    |        |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Plasma       |        |     |     |     |     |     |     |     |     |     |     |     |              |
| <b>Reasons for transfusion</b>        |              |        |     |     |     |     |     |     |     |     |     |     |     |              |
| Severe malaria                        | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Plasma       | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
| Pregnancy child related complications | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       | Plasma       | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |
| Accidents                             | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |              |
|                                       |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |              |

| SPECIAL SERVICES                            |              |        | JUL | AUG | SEP | OCT | NOV | DEC | JAN | MAR | APR | MAY | JUN | JUL | ANNUAL TOTAL |  |
|---|--------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|--|
|   | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Plasma       | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Cancer cases                                | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Plasma                                      | 0-4yrs       |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | >5yrs        |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Sickle cell Anemia                          | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Plasma                                      | 0-4yrs       |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | >5yrs        |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Others                                      | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Plasma                                      | 0-4yrs       |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | >5yrs        |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Total of units of blood Transfused          | Whole blood  | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Packed cells | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | Platelets    | 0-4yrs |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   |              | >5yrs  |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Plasma                                      | 0-4yrs       |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
|   | >5yrs        |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| <b>Inpatient Referrals</b>                  |              |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Referrals to health unit                    |              |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Referrals from health unit                  |              |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |
| Number of inpatients who have self-referred |              |        |     |     |     |     |     |     |     |     |     |     |     |     |              |  |



# **THE HEALTH MANAGEMENT INFORMATION SYSTEM**

## **HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL**

### **TECHNICAL MODULE 6: COMMUNITY**

#### **PART 1: COMMUNITY DATA COLLECTION TOOLS**

- QUARTERLY VILLAGE HEALTH TEAM (VHT)/INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) REGISTER
- QUARTERLY HOUSEHOLD SUMMARY

#### **PART 2: QUARTERLY REPORT**

- VHT/ICCM QUARTERLY REPORT

#### **PART 3: NEGLECTED TROPICAL DISEASES (NTDS)**

- INTEGRATED NEGLECTED TROPICAL DISEASES (NTD) CONTROL TREATMENT REGISTER
- NTD TALLY SHEET FOR COMMUNITY LEVEL REPORTING OF MDA COVERAGE
- NTD SUMMARY FORM FOR SUB-COUNTY/PARISH LEVEL REPORTING OF MDA COVERAGE
- NTDS MDA IMPLEMENTATION REPORT

## **INTRODUCTION**

The Community Level service provision essentially works through the Village Health Teams (VHTs). Their general duties are health education, planning with community leaders, giving information to the health units, treatment support in homes, family planning services in the community, referral for services, reporting outbreaks and infection control during outbreak of diseases collect information on vital statistics like births and deaths and action for community improvement. VHTs are part of the official public health service delivery. The VHT strategy ensures that every village in Uganda has a VHT to mobilize individuals and households for better health.

The VHTs collect data on the following elements:

- 1) General information on households;
- 2) Information on children five years and below;
- 3) Pregnant women; and
- 4) Household water, food, sanitation and other services.

The VHTs will collect data for the monthly household register from the households by discussing with all household members, observations, routine monitoring and supervision, demonstrations and training sessions.

Data collected by VHTs from the household and from the sick children 5years and below will be summarized every quarter and reported to the nearest Health Centre, from where it will be summarized and included in the health unit quarterly and Annual HMIS reports.

## PART 1: COMMUNITY DATA COLLECTION TOOLS

### HMIS FORM 097: VHT/ICCM REGISTER

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** Record information and help health facility plan for health services needed by the community

**Copies:** 1 Copy which remains with the VHT

**Responsibilities:** VHT Team Leader

#### PROCEDURE:

1. The VHTs will create a village register by visiting every household in the village, asking questions about people who live there, making observations, writing details of sick children 5years and below treated, and writing all the other relevant information that is collected by the VHT members and recorded in the VHT/ICCM register. The register records the name of the village, household number, head of the household, name of the VHT and the reporting period.
2. Indicate by a tick (√) to mark a positive finding, and by a (X) the negative finding.
3. Under general information for households, record all the household members above five years. Record sex and age, and tick death if any. Indicate children not in school, persons on ART, TB treatment and persons known to be on any family planning methods (modern / traditional).
4. Under section for pregnant women, record any deliveries that took place under the reporting month. Record the visits given by VHT to provide ANC to all relevant family members. Indicate any persons who have been identified with danger signs during pregnancy. Indicate all the referred ones, as well as the ones who delivered at home. Record any maternal deaths that occurred. Record any pregnant mothers who are known to be HIV positive as well as ones sleeping under insecticide treated nets (LLINs).
5. Under general information on children five years and below, record the names, sex, age, and death if any for each household member. Indicate all the relevant sections as per whether the child has been fully immunized, ones that had acute diarrhoea treated with ORS, ones with acute diarrhoea referred, dewormed with 1st and 2nd doses, ones that received vitamin A 1st and 2nd doses, measured upper arm circumference (yellow and red), ones HIV+, ones with fever sleeping under LLIN, ones with fever treated within 24 hours and recovered, and ones with fever referred.
6. Under section household water, food, sanitation and other services, indicate all existing components in the household for hygiene and sanitation as well as home based care by VHT.
7. Under follow-up section, note down any missing household member that needs to be followed up on, or any encountered problems or issues that require further attention by VHT.
8. Details of sick children 5years and below treated by the ICCM focal person(s) who is also a VHT member and data on new born children is captured under the ICCM section.
9. VHT members then aggregate/calculate the overall sums for each of the record items for the quarterly household summary sheet and the Quarterly VHT/ICCM report.

# HMIS FORM 097: VHT/ICCM REGISTER

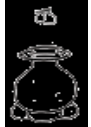




Village: \_\_\_\_\_ Household Number: \_\_\_\_\_ Head of household: \_\_\_\_\_ Health Centre: \_\_\_\_\_

Name of VHT Member: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

| A. General Info: All Household Members Above 5 Years |                   |            |             |                                      |                             |                            |                                    | B. Pregnant Mothers                  |   |  |  |  |                       |                 |                                | NEEDED FOLLOW-UP BY VHT |                          |  |                      |
|--|-------------------|------------|-------------|--------------------------------------|-----------------------------|----------------------------|------------------------------------|--------------------------------------|---|--|--|--|-----------------------|-----------------|--------------------------------|-------------------------|--------------------------|--|----------------------|
| (1)<br>Name  | (2)<br>Sex<br>F M | (3)<br>Age | (4)<br>Died | (5)<br>Childre<br>n not in<br>school | (6)<br>ART<br>treatme<br>nt | (7)<br>TB<br>treatm<br>ent | (8)<br>Use of<br>FP<br>Metho<br>ds | (1)<br>Expected<br>Delivery<br>month | (2)<br>Antenatal Care<br>Visits to H/C<br>1 2 3 4 |  |  |  | (3)<br>Danger<br>Sign | (4)<br>Referred | (5)<br>Delivered<br>at<br>Home |                         | (6)<br>Maternal<br>death | (7)<br>Post Natal Check at<br>H/C<br>1 day 1 week 6weeks | (8)<br>Using<br>LLIN |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |
|  |                   |            |             |                                      |                             |                            |                                    |                                      |   |  |  |  |                       |                 |                                |                         |                          |  |                      |

| C. General Info: Children 5 Years and Below               |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|---|-------------------|--|------------|-------------|-----------------------------|--|--|--|---|--|-----------------------|------------------------|--------------------|
| (1)<br>Household Members (5 years<br>and below)<br>(Name) | (2)<br>Sex<br>F M |  | (3)<br>Age | (4)<br>Died | (5)<br>ART<br>Treatm<br>ent | (6)<br>Immunization<br>Has Card Up-to-date | (7)<br>Received De-wormed<br>1 <sup>st</sup> 2nd |  | (8)<br>Received<br>Vitamin A<br>1 <sup>st</sup> 2nd |  | (9)<br>Yellow<br>MUAC | Red<br>MUAC/<br>Oedema | (10)<br>Using LLIN |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |
|   |                   |  |            |             |                             |  |  |  |   |  |                       |                        |                    |

## Technical Module 6: Community Health Service Provision

| Household: Water, Food and Sanitation & other services   |              |  |  |                        |  |   |   |
|--|--------------|--|--|------------------------|--|---|---|
| Find out if the household is using the following methods to prevent sickness. Tick the method (s) used by the family |              |  |  |                        |  |   |   |
| <b>Protected water source</b>  | Bath Shelter | <br>Safe drinking water | <br>Kitchen | Drying rack for dishes | <br>Rubbish pit | <br>Clean & Safe Latrine | <br>Hand-washing area with soap near latrine |

**NEEDED FOLLOW –UP BY VHT**

*The VHT should make note of any household member or problems that need follow-up.*

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### *For Children 5 years and below*

| Date         | GENERAL INFO |     |  |     | PROBLEM          |            |  |                |           |       | TREATMENT (given by VHT) |                       |                |       | OUTCOME     |     |                   |          |         |                       |
|--------------|--------------|-----|--|-----|------------------|------------|--|----------------|-----------|-------|--------------------------|-----------------------|----------------|-------|-------------|-----|-------------------|----------|---------|-----------------------|
|              |              |     |  |     |                  |            |  |                |           |       | Diarrhoea                |                       | Fast Breathing | Fever |             |     | Fever+Danger Sign |          |         |                       |
|              | Patient Name | SEX |  | AGE | Respiratory Rate | RDT Result |  | Fast Breathing | Diarrhoea | Fever | Danger Sign              | Treated within 24 hrs | ORS            | ZINC  | AMOXICILLIN | ACT | RECTAL ATESUNATE  | Referred | Recover | Bad Medicine Reaction |
|              | M            | F   |  |     | +                | -          |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
|              |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |
| <b>Total</b> |              |     |  |     |                  |            |  |                |           |       |                          |                       |                |       |             |     |                   |          |         |                       |

## Technical Module 6: Community Health Service Provision

| NEWBORNS |              |     |   |               |                  |                      |                   |       |       |             |          |
|----------|--------------|-----|---|---------------|------------------|----------------------|-------------------|-------|-------|-------------|----------|
| Date     | Newborn Name | SEX |   | AGE<br>(days) | Respiratory Rate | Routine Newborn Care | Home Visit by VHT |       |       | Danger Sign | Referred |
|          |              | M   | F |               |                  |                      | Day 1             | Day 3 | Day 7 |             |          |
|          |              |     |   |               |                  |                      |                   |       |       |             |          |
|          |              |     |   |               |                  |                      |                   |       |       |             |          |

### Drug Availability Status

| Name of Village | Drug Stock Out Status(Tick if out of stock for the specified period) |             |     |
|-----------------|--|-------------|-----|
|                 | First Line Anti Malarial   | Amoxycillin | ORS |
|                 |  |             |     |
|                 |  |             |     |
|                 |  |             |     |
|                 |  |             |     |

## DESCRIPTION OF COLUMNS:

The village name, household number, name of head of household, name of the health centre where the VHT member is attached, name of the VHT member and the 3 month of the reporting period (quarter) and year are written on top of the register.

### A. GENERAL INFO: ALL HOUSEHOLD MEMBERS ABOVE 5 YEARS

#### 1. NAME:

Record the names of the household members five years and above beginning with the head of the household.

#### 2. SEX:

After recording the name of the person, find out his or her sex, if the person is male tick "M" and if female, tick "F".

#### 3. AGE:

After recording the sex of the person, find out how old a person is and write the information in box.

#### 4. DIED:

Again sometimes the person whose information you are recording may be dead. Remember that this question is very sensitive, as VHT member, try to be kind and careful not to hurt the respondent. If the person is not there, probe where he or she has gone and if the he or she is dead, say sorry and find out at what age did the person die and write it in the box.

#### 5. CHILDREN NOT IN SCHOOL:

As VHT member, you will collect information on children not in school. It is therefore important to know how many children in the part of your village who are not going to school.

**Note:** If the family member tells you that the child is **not** going to school, **tick** in the **box**, if the child is going to school; write a cross in the box.

#### 6. ART – TREATMENT:

As VHT member, you are expected to follow up people in your village who are on ART – treatment and counsel them take their medicines. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, if they do not, write a cross in the box.

#### 7. TB TREATMENT:

As VHT member, you are expected to follow up people in the village who are on TB – treatment and find out if they are taking their medicines properly. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, (√) if they do not, write a cross in the box (X)

#### 8. FAMILY PLANNING:

As VHT member, you will counsel people in the part of your village about family planning methods. It is therefore important to know if they are using any family planning methods. If they tell you that they are using any family planning method, tick in the box, if they do not use any, write a cross in the box.

**B. PREGNANT WOMAN:**

**1. EXPECTED DELIVERY MONTH:**

As a VHT member, it is important for you to know when the pregnant mother in part of your village is expected to deliver. Therefore, during your home visit, ask any pregnant mother in part of your village to tell you when she expects to give birth. If she does not know, ask her to show you her ante natal care card. Record the information in your village register. This information will help you to remember when to remind her to go to the health centre so that she can be delivered by the health worker.

**2. ANTE NATAL CARE VISITS TO HEALTH CENTRE:**

If you find out that there is a pregnant mother in any part of your village, ask her if she is attending ante natal care, if yes, ask her for the card. Examine the card and tick in the box for each visit she has attended.

If there is no card, ask her if she has any ante natal care records, if she does not have, then write a cross in the box

**3. DANGER SIGN:**

Again during home visit, check and observe the mother and her newborn baby for danger signs. You can find out this by referral to manual Task 3, Activity 1 on page

32. If the newborn baby has a danger sign, write the name of the danger in the first box, if no, write a cross. If the mother has a danger sign, write the name of the danger in the first box, if no, write a cross.

**4. REFERRED:**

Also during your home visit, you will help the sick people in your village to see a qualified health worker to get treatment. You will do this by sending them with a sheet of paper that they can give to the trained health worker to help them get treatment. So if you have sent sick person to the trained health worker, you will record by ticking in the box in your village register.

**5. DIED DURING PREGNANCY:**

Many times pregnant mothers die during pregnancy and in the first six weeks after giving birth, so it is important to know if the mother is alive or dead. As a VHT member, you need to record this information in your village register especially if the mother gave birth from home. If the mother died when giving birth, tick, if no, write a cross.

**6. DELIVERED AT HOME:**

As a VHT member, you are supposed to ensure that all newborn babies are delivered at the health facility. But in some cases, it is common for a newborn baby to be delivered at home. This means that delivery of such a newborn baby is not safe and was not recorded at the health centre.

To ensure that all births are recorded, it is important that you record it in your village register. Therefore, if you find out that there is a newborn baby in a household in any part of your village, ask the household members where the newborn baby was born, if the newborn baby was born at home then tick in the box, if not, make a cross in the box.



**7. POST NATAL CHECKS (PNCS):**

Both the newborn and the mother are supposed to receive three post natal checks at six hours after delivery, at six days and six weeks. As a VHT member, it's your role to ensure that the mother is checked by the health worker including those who give birth from home. It is also important for you to record this information in your register so that you can be sure that the mother and their newborn baby have been checked by the health worker for all the three post natal checks.

You can do this by asking the mother, when did you give birth? Ask again, were you checked by the health worker at the health facility? If yes, probe to find out if she was checked within the first 6 hours after delivery, if yes tick in the box, if not write a cross. Help her to establish the date of the next visit to the health centre to be checked by the health worker and make sure that you remind her to go back for checking at the health unit.

When six days have passed, again probe, if she went to the health centre to be checked at six days, if yes, tick in the box, if no, write a cross. Help her to establish the date of the next visit to the health centre to be checked by the health worker and make sure that you remind her to go back for checking at the health center.

Again, if six weeks have passed by the time of your visit, ask her if she went for checking at the health centre after six weeks, if yes write a tick in the box, if no, write a cross.

Remember it is your role as a VHT member to make sure that all mothers and their newborn babies are checked by health worker at the health facility within six hours after delivery, at six days and six weeks.

**8. USING LLINS:**

As VHT member, you will collect information about household members sleeping under insecticide treated nets (LLINs). It is therefore important to know if they are using the LLINs. If they tell you that they are using any LLINs, tick in the box, if they do not use LLINs, write a cross in the box

**C. GENERAL INFORMATION ABOUT CHILDREN 5 YEARS AND BELOW:**

**1. NAME:**

As a VHT member, you need to know and record the names of children in every household in any part of your village. To know their names, you will ask the household members if they have got children who are five years and below? If yes, ask for their names and record the information in the village register beginning with the youngest.

**2. SEX:**

After recording the name of the child, knowing the sex of that child is important.

So ask to find out if the child is male or female, if the child is male tick "M" and if the child is female, tick "F".

**3. AGE:**

After recording the sex of the child, information about the age of a child is important too. Find out how old the child is and write the information in the box. Write the patient's age in complete years if over

one year of age. Use months if the patient is under one year of age, clearly writing “MTH” after the age, and “Days” if less than 1 month.

### 4. DIED:

Sometimes, the child whose information you are recording could be dead, so it is also important to find out if they are alive. Remember that this question is very sensitive and as VHT member, try to be kind and careful not to annoy the person answering your questions. You may for example ask “how is the child doing? You may continue to ask, is the child here with us? If the child is not there, probe where the child has gone and if the child is dead, comfort the household member and find out at what age the child died and write it in the box.

### 5. ART TREATMENT:

As VHT member, you are expected to follow up children in your village who are on ART – treatment and find out if they are taking their medicines properly. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, (✓) if they do not, write a cross in the box(x).

### 6. IMMUNIZATION:

a) **HAS CARD:** As a VHT member, part of your responsibility is to make sure that all children under five in any part of your village are immunization. The only way to know that a child has been immunized is to ask the household member to show you the immunization card, if he or she shows you the card, tick in the box, if its not there, write a cross in the box.

b) **‘UP-TO-DATE’:** “Up-to-date” means that the child has received all the vaccinations. You can know this by examining the immunization schedules in the card again to find out if they have all been filled by the health worker. You can find out this by checking if the age of the child corresponds to the month the child was expected to complete all vaccinations, if the card is complete, tick in the box, if it is not write a cross

### 7. RECEIVED DEWORMING:

All children under five are dewormed two times every year during the child health days. As a VHT member, it is important to know if all children in any part of your village have been dewormed. You can find out by asking the mother and then you record the answer in your village register.

During your home visits, explain to the household members that all children under five are supposed to be dewormed two times a year. Then ask them if the child has been given the first dose of deworming tablet, if the answer is yes, then tick in the “1st” box, if no, write a cross. During your next visit, again ask if the child has been given the second dose of deworming tablet, if the answer is yes, then tick in the “2nd” box, if no, write the cross in the box

### 8. RECEIVED VITAMIN A:

All children under five are given vitamin A two times every year during the child health days. As a VHT member, it is important to know if all children in part of your village have received vitamin A, you can find out by asking the household members and then you record the answer the in your village register. During your home visits, explain to household members that all children under five are supposed to receive vitamin A two times a year. Then ask them if the child has been given the

first dose of vitamin A tablet, if the answer is yes, then tick in the “1st” box, if no, write a cross. During your next visit, again ask if the child has been given the second dose of vitamin A tablet, if the answer is yes, then tick in the “2nd” box, if no, write a cross in the box.

### 9. YELLOW AND RED MAUC:

A MAUC strip is used to find out if a child is malnourished. As a VHT member, you will use a MUAC strip to measure a child’s upper arm (mid-way between the shoulder and the elbow), and if the MUAC strip shows the yellow color, tick in the first box, if the MAUC strip shows red, tick in the second box. Yellow and red colors mean that the child has a danger sign. The child needs to be referred, examined and treated at the health centre.

### 10. USING LLIN:

As VHT member, you will collect information about children 5 years and below sleeping under a long lasting insecticide treated nets (LLINs). It is therefore important to know if they are using the LLINs. If they tell you that they are using any LLINs, tick in the box, if they do not use LLINs, write a cross in the box

## **HOUSEHOLD: WATER, FOOD AND SANITATION:**

As a VHT member, you will also record major information related to water, food and sanitation. You will use the pictures in your village register to find out if the things shown in the picture exist at households and community. You may ask or observe to find out if any of the things in the picture exist, tick in the box (✓) for each that you can see. Probe to make sure that others that you can not see also exist. Also find out about the condition of each and advise the household members accordingly.

For the section on ICCM sick children 5 years and below, fill the respective columns on the first visit of the client:

**1. DATE:**

The date is written at each day the VHT member sees a patient.

**2. PATIENT NAME:**

Write the patient’s names in full

**3. SEX:**

Write the sex of the patient. Indicate M for Male and F for Female

**4. AGE:**

Write the patient’s age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing “MTH” after the age, and “Days” if less than 1 month.

**5. RESPIRATORY RATE:**

Write the Respiratory rate per minute

**6. RDT RESULTS:**

Tick where appropriate RDT results: + for positive and – for negative

- 7. FAST BREATHING:**  
Tick if there is fast breathing
- 8. DIARRHOEA:**  
Tick if diarrhoea for more than 14 days
- 9. FEVER:**  
Tick if there is fever
- 10. DANGER SIGN:**  
Tick if there is any danger sign
- 11. TREATED WITHIN 24 HOURS:**  
Tick if treated within 24 hours
- 12. ORS:**  
Tick if ORS is administered
- 13. ZINC:**  
Tick if Zinc tablets are dispensed
- 14. AMOXICILLIN:**  
Tick if Amoxicillin is dispensed
- 15. ACT:**  
Tick ACT is dispensed
- 16. RECTAL ARTESUNATE:**  
Tick if Rectal Artesunate is administered
- 17. REFERRED:**  
Tick if the patient is referred to the nearest Health facility
- 18. RECOVERED:**  
Tick if the patient has recovered
- 19. BAD MEDICINE REACTION:**  
Tick if patient developed bad medicine reaction

**For the section of the new born children, fill the columns on the first visit:**

- 1. DATE:**  
The date is written at each day the VHT member sees a patient.
- 2. PATIENT NAME:**  
Write the names of the new born in full

- 3. SEX:**  
Write the sex of the newborn. Indicate M for Male and F for Female
- 4. AGE:**  
Write the patient's age in "Days".
- 5. RESPIRATORY RATE:**  
Write the Respiratory rate per minute
- 6. ROUTINE NEWBORN CARE:**  
Tick where when care is done
- 7. HOME VISIT BY VHT:**  
Tick if done according to the relevant days
- 8. DANGER SIGN:**  
Tick if any danger sign is present
- 9. REFERRED:**  
Tick if referred

## HMIS FORM 097a: QUARTERLY HOUSEHOLD SUMMARY

### DESCRIPTION AND INSTRUCTIONS

|                          |  |
|--------------------------|--|
| <b>Objective:</b>        | Record information on households and the health services provided to the community in the quarter. |
| <b>Timing:</b>           | Quarterly  |
| <b>Copies:</b>           | 1 remains with the VHT   |
| <b>Responsibilities:</b> | VHT Team Leader  |

### PROCEDURE:

VHT members are supposed to summarize the information they have recorded in your VHT/ICCM Register. This means that they need to be with the VHT/ICCM Register when they are filling the Quarterly Household Summary Form.

The VHT members summarize and submit this information to the VHT Team Leader who should summarize for the whole Village and take it to the nearest health centre which the VHT is attached to. A copy of the quarterly household summary is also sent to the Parish Coordinator who then summarizes for the whole parish and submits the summaries to higher levels.

# HMIS FORM 097a: QUARTERLY HOUSEHOLD SUMMARY

Village: \_\_\_\_\_ Household Number: \_\_\_\_\_ Head of household: \_\_\_\_\_ Health Centre: \_\_\_\_\_

Name of VHT Member: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

| GENERAL INFORMATION SUMMARY |                   |   |             |   |           |   |            |   |             |   |                  |   |
|-----------------------------|-------------------|---|-------------|---|-----------|---|------------|---|-------------|---|------------------|---|
|                             | Less than 1 month |   | 1-11 months |   | 1-5 Years |   | 6-14 Years |   | 15-49 Years |   | 50 Years & Older |   |
|                             | M                 | F | M           | F | M         | F | M          | F | M           | F | M                | F |
| Household Members           |                   |   |             |   |           |   |            |   |             |   |                  |   |
| Died                        |                   |   |             |   |           |   |            |   |             |   |                  |   |

| ADULT SUMMARY                |               |                                 | PREGNANT WOMEN SUMMARY |                         |                   |                       |                        | CHILDREN SUMMARY |                          |                 |            |               |               |          |
|------------------------------|---------------|---------------------------------|------------------------|-------------------------|-------------------|-----------------------|------------------------|------------------|--------------------------|-----------------|------------|---------------|---------------|----------|
| Using Family Planning Method | ART Treatment | No. of TB patients on Treatment | No. ANC Visits         | Died during Child birth | Delivered at Home | Died during Pregnancy | Died before Post Natal | Using LLIN       | Immunizati on Up-to Date | Red MUAC/Oedema | Using LLIN | ART Treatment | Received VitA | Dewormed |
|                              |               |                                 |                        |                         |                   |                       |                        |                  |                          |                 |            |               |               |          |

| ENVIRONMENT SUMMARY |                     |                   |                       |                    |              |             |         |                       |
|---------------------|---------------------|-------------------|-----------------------|--------------------|--------------|-------------|---------|-----------------------|
|                     | safe drinking water | safe water source | bathroom/bath shelter | clean/safe latrine | Drying racks | Rubbish Pit | Kitchen | Hand Washing Facility |
| No. of House holds  |                     |                   |                       |                    |              |             |         |                       |

| ICCM      |  |   |   |  |   |                             |                        |   |  |                                |
|-----------|--|---|---|--|---|-----------------------------|------------------------|---|--|--------------------------------|
|           | Sick Children 2months-5yrs seen by VHT | Sick Children 2months-5yrs with Diarrhoea | Sick Children 2months-5yrs with Malaria | Sick Children 2months-5yrs with fast breathing | Newborns visited twice in first week of life by VHT | Under 5 years with red MUAC | Under 5 years referred | Villages with Stock out of First Line Anti Malarial | Villages with Stock out of Amoxycillin | Villages with Stock out of ORS |
| Total No. |  |   |   |  |   |                             |                        |   |  |                                |

## PART 2: VHT/ICCM QUARTERLY REPORT

### HMIS FORM 097b: VHT/ICCM QUARTERLY REPORT

#### DESCRIPTION AND INSTRUCTIONS

**Objective:** Record information on households and help nearest Health Centre plan the health services needed by the community

**Timing:** Quarterly

**Copies:** **Three** copies. 1 copy remains with the VHT, 1 copy submitted to the Health Unit where the VHT is attached to, the third copy is submitted to the parish coordinator.

**Responsibilities:** VHT Team Leader

#### PROCEDURE:

1. The VHT/ICCM quarterly report form will have; the reporting months of the quarter and year, the name of the village, the Parish, Sub County, the Health Sub-District and the District. It has a part for the name and title of the person reporting and the one receiving the reports respectively.
2. It summaries the data variables from the VHT/ICCM register and the Household summary.
3. Just below the form, the VHT leader who compiles the quarterly VHT/ICCM report summary also captures information on general observations like, disease outbreaks
4. The data is disaggregated under male and female and in some sections totals are captured.
5. It is very important that the VHT members summarize and submit their quarterly VHT/ICCM report, because of the following reasons:
  - Health workers at the health unit will know about births, deaths, illnesses, and other important health information about the village.
  - It enables the health unit plan for ways of improving health services in the village
  - It enables the health unit know what activities the VHT is has carried out



## HMIS FORM 097b: VHT/ICCM QUARTERLY REPORT

| VHT/ICCM QUARTERLY REPORT                       |    |        |           |             |
|---|----|--------|-----------|-------------|
| Reporting Months: .....                         |    |        |           |             |
| Village: .....                                  |    |        |           |             |
| Parish .....                                    |    |        |           |             |
| Health Center: .....                            |    |        |           |             |
| Sub-County: .....                               |    |        |           |             |
| Health-Sub-District: .....                      |    |        |           |             |
| District: .....                                 |    |        |           |             |
| Name/Title/Signature of Person Reporting: ..... |    |        |           |             |
| Name/Title/Signature                            | of | Person | Receiving | the Report: |
| .....   |    |        |           |             |

Date Received: .....

| SN                     | PARAMETER  | MALE | FEMALE | TOTAL |
|------------------------|--|------|--------|-------|
| <b>SECTION A: VHT</b>  |  |      |        |       |
| 1                      | Number of children under 5 years   |      |        |       |
| 2                      | Number of children under 1 year  |      |        |       |
| 3                      | Number of children under 1 yrs fully immunized                                   |      |        |       |
| 4                      | Number of children under 5 yrs received vitamin A in last 6 months               |      |        |       |
| 5                      | Number of children under five yrs dewormed in the last 6 months                  |      |        |       |
| 6                      | Number of children under 5 yrs who sleep under LLIN                              |      |        |       |
| 7                      | Number of children died >1yr but ≤5=yrs  |      |        |       |
| 8                      | Number of children died 0-28 days  |      |        |       |
| 9                      | Number of children died >28 days but ≤1yr  |      |        |       |
| 10                     | Total number of pregnant women   |      |        |       |
| 11                     | Number of deliveries at home   |      |        |       |
| 12                     | Number of women who died within 6 weeks after delivery                           |      |        |       |
| 13                     | Number of pregnant mothers sleeping under LLIN                                   |      |        |       |
| 14                     | Number of HIV positive followed by VHT   |      |        |       |
| 15                     | Number of people using Family Planning services (information & methods)          |      |        |       |
| 16                     | Number of adolescents (under 18yrs) who died due to pregnancy related causes     |      |        |       |
| 17                     | Number of women who died during pregnancy  |      |        |       |
| 18                     | Number of women who died while giving birth                                      |      |        |       |
| 19                     | Number of HIV/AIDS patients on ART   |      |        |       |
| 20                     | Number of TB patients on treatment   |      |        |       |
| 21                     | Number of households with safe drinking water                                    |      |        |       |
| 22                     | Number of households in village with safe water source                           |      |        |       |
| 23                     | Number of households in village with clean/safe latrine                          |      |        |       |
| 24                     | Number of households with bathroom / bath shelter                                |      |        |       |
| 25                     | Number of households with drying racks   |      |        |       |
| 26                     | Number of households with rubbish pit  |      |        |       |
| 27                     | Number of households with kitchen  |      |        |       |
| 28                     | Number of households with hand washing facilities                                |      |        |       |
| <b>SECTION B: ICCM</b> |  |      |        |       |
| 1                      | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT     |      |        |       |
| 2                      | Total Number of sick Children 2 months – 5 years with Diarrhoea                  |      |        |       |
| 3                      | Total Number of sick Children 2 months – 5 years with Malaria                    |      |        |       |
| 4                      | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia |      |        |       |
| 5                      | Total Number of New Borns visited twice in the first week of life by the VHT     |      |        |       |

## Technical Module 6: Community Health Service Provision

| SN | PARAMETER   | MALE | FEMALE | TOTAL |
|----|---|------|--------|-------|
| 6  | Total Number of Children under 5 years with red MUAC                    |      |        |       |
| 7  | Total Number of Children under 5 years referred to the Health Unit      |      |        |       |
| 8  | Total number of Villages with stock out of the first line anti Malarial |      |        |       |
| 9  | Total Number of Villages with Stock out of Amoxycillin                  |      |        |       |
| 10 | Total Number of Villages with stock out of ORS                          |      |        |       |

General Observations noted in the Village for example disease outbreaks

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## TABLE 15a: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY

### DESCRIPTION AND INSTRUCTIONS

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | Summarize VHT/ICCM data received from VHTs within the health unit catchment area |
| <b>Timing:</b>         | Every quarter  |
| <b>Copies</b>          | One copy stays at the health unit  |
| <b>Responsibility:</b> | VHT/ICCM focal person in the health unit   |

### PROCEDURES:

**FROM VHT/ICCM REPORTS**

Transcribe and enter into TABLE 15a (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT) the quarterly totals for each VHT for each variable on the VHT/ICCM quarterly reports.

**FROM TABLE 15b (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY)**

Calculate the health unit quarterly VHT/ICCM totals for each category from TABLE 15b (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT) and enter the totals in TABLE 15a (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY)

**TABLE 15a: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT**

Name of Health Unit \_\_\_\_\_ Quarterly reporting period: \_\_\_\_\_ to \_\_\_\_\_ (months)  
 Financial Year \_\_\_\_ Page \_\_\_\_ of pages \_\_\_\_\_

| NAME OF REPORTING VILLAGE |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      | HEALTH UNIT TOTAL |  |
|---------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------|-------------------|--|
| SN                        | PARAMETER  | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE            |  |
| <b>SECTION A: VHT</b>     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 1                         | Number of children under 5 years   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 2                         | Number of children under 1 year  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 3                         | Number of children under 1 yrs fully immunized                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 4                         | Number of children under 5 yrs received vitamin A in last 6 months               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 5                         | Number of children under five yrs dewormed in the last 6 months                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 6                         | Number of children under 5 yrs who sleep under LLIN                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 7                         | Number of children died >1yr but ≤5= yrs   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 8                         | Number of children died 0-28 days  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 9                         | Number of children died >28 days but ≤1yr  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 10                        | Total number of pregnant women   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 11                        | Number of deliveries at home   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 12                        | Number of women who died within 6 weeks after delivery                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 13                        | Number of pregnant mothers sleeping under LLIN                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 14                        | Number of HIV positive followed by VHT   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 15                        | Number of people using Family Planning services (information & methods)          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 16                        | Number of adolescents (under 18yrs) who died due to pregnancy related causes     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 17                        | Number of women who died during pregnancy  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 18                        | Number of women who died while giving birth                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 19                        | Number of HIV/AIDS patients on ART   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 20                        | Number of TB patients on treatment   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 21                        | Number of households with safe drinking water                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 22                        | Number of households in village/cell with safe water source                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 23                        | Number of households in village with clean/safe latrine                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 24                        | Number of households with bathroom / bath shelter                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 25                        | Number of households with drying racks   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 26                        | Number of households with rubbish pit  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 27                        | Number of households with kitchen  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 28                        | Number of households with hand washing facilities                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| <b>SECTION B: ICCM</b>    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 1                         | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 2                         | Total Number of sick Children 2 months – 5 years with Diarrhoea                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 3                         | Total Number of sick Children 2 months – 5 years with Malaria                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 4                         | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |
| 5                         | Total Number of New Borns visited twice in the first                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |                   |  |

## Technical Module 6: Community Health Service Provision

| NAME OF REPORTING VILLAGE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | HEALTH UNIT TOTAL |        |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------|--------|
| SN                        | PARAMETER   | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE              | FEMALE |
|                           | week of life by the VHT   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |
| 6                         | Total Number of Children under 5 years with red MUAC                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |
| 7                         | Total Number of Children under 5 years referred to the Health Unit      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |
| 8                         | Total number of Villages with stock out of the first line anti Malarial |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |
| 9                         | Total Number of Villages with Stock out of Amoxycillin                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |
| 10                        | Total Number of Villages with stock out of ORS                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |        |

**TABLE 15b: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY**

Name of Health Unit: \_\_\_\_\_ Financial Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

| QUARTER               |  | QUARTER 1<br>(Jul – Sept) |        | QUARTER 2<br>(Oct – Dec) |        | QUARTER 3<br>(Jan – Mar) |        | QUARTER 4<br>(Apr – Jun) |        | ANNUAL TOTAL |        |
|-----------------------|--|---------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------|--------|
| SN                    | PARAMETER  | MALE                      | FEMALE | MALE                     | FEMALE | MALE                     | FEMALE | MALE                     | FEMALE | MALE         | FEMALE |
| <b>SECTION A: VHT</b> |  |                           |        |                          |        |                          |        |                          |        |              |        |
| 1                     | Number of children under 5 years   |                           |        |                          |        |                          |        |                          |        |              |        |
| 2                     | Number of children under 1 year  |                           |        |                          |        |                          |        |                          |        |              |        |
| 3                     | Number of children under 1 yrs fully immunized                               |                           |        |                          |        |                          |        |                          |        |              |        |
| 4                     | Number of children under 5 yrs received vitamin A in last 6 months           |                           |        |                          |        |                          |        |                          |        |              |        |
| 5                     | Number of children under five yrs dewormed in the last 6 months              |                           |        |                          |        |                          |        |                          |        |              |        |
| 6                     | Number of children under 5 yrs who sleep under LLIN                          |                           |        |                          |        |                          |        |                          |        |              |        |
| 7                     | Number of children died >1yr but ≤5= yrs                                     |                           |        |                          |        |                          |        |                          |        |              |        |
| 8                     | Number of children died 0-28 days  |                           |        |                          |        |                          |        |                          |        |              |        |
| 9                     | Number of children died >28 days but ≤1yr                                    |                           |        |                          |        |                          |        |                          |        |              |        |
| 10                    | Total number of pregnant women   |                           |        |                          |        |                          |        |                          |        |              |        |
| 11                    | Number of deliveries at home   |                           |        |                          |        |                          |        |                          |        |              |        |
| 12                    | Number of women who died within 6 weeks after delivery                       |                           |        |                          |        |                          |        |                          |        |              |        |
| 13                    | Number of pregnant mothers sleeping under LLIN                               |                           |        |                          |        |                          |        |                          |        |              |        |
| 14                    | Number of HIV positive followed by VHT                                       |                           |        |                          |        |                          |        |                          |        |              |        |
| 15                    | Number of people using Family Planning services (information & methods)      |                           |        |                          |        |                          |        |                          |        |              |        |
| 16                    | Number of adolescents (under 18yrs) who died due to pregnancy related causes |                           |        |                          |        |                          |        |                          |        |              |        |
| 17                    | Number of women who died during pregnancy                                    |                           |        |                          |        |                          |        |                          |        |              |        |
| 18                    | Number of women who died while giving birth                                  |                           |        |                          |        |                          |        |                          |        |              |        |
| 19                    | Number of HIV/AIDS patients on ART   |                           |        |                          |        |                          |        |                          |        |              |        |
| 20                    | Number of TB patients on treatment   |                           |        |                          |        |                          |        |                          |        |              |        |
| 21                    | Number of households with safe drinking water                                |                           |        |                          |        |                          |        |                          |        |              |        |
| 22                    | Number of households in villages with safe water source                      |                           |        |                          |        |                          |        |                          |        |              |        |
| 23                    | Number of households in village with clean/safe latrine                      |                           |        |                          |        |                          |        |                          |        |              |        |
| 24                    | Number of households with bathroom / bath shelter                            |                           |        |                          |        |                          |        |                          |        |              |        |
| 25                    | Number of households with drying racks                                       |                           |        |                          |        |                          |        |                          |        |              |        |

## Technical Module 6: Community Health Service Provision

| QUARTER                |  | QUARTER 1<br>(Jul – Sept) |        | QUARTER 2<br>(Oct – Dec) |        | QUARTER 3<br>(Jan – Mar) |        | QUARTER 4<br>(Apr – Jun) |        | ANNUAL TOTAL |        |
|------------------------|--|---------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------|--------|
| SN                     | PARAMETER  | MALE                      | FEMALE | MALE                     | FEMALE | MALE                     | FEMALE | MALE                     | FEMALE | MALE         | FEMALE |
| 26                     | Number of households with rubbish pit  |                           |        |                          |        |                          |        |                          |        |              |        |
| 27                     | Number of households with kitchen  |                           |        |                          |        |                          |        |                          |        |              |        |
| 28                     | Number of households with hand washing facilities                                |                           |        |                          |        |                          |        |                          |        |              |        |
| <b>SECTION B: ICCM</b> |  |                           |        |                          |        |                          |        |                          |        |              |        |
| 1                      | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT     |                           |        |                          |        |                          |        |                          |        |              |        |
| 2                      | Total Number of sick Children 2 months – 5 years with Diarrhoea                  |                           |        |                          |        |                          |        |                          |        |              |        |
| 3                      | Total Number of sick Children 2 months – 5 years with Malaria                    |                           |        |                          |        |                          |        |                          |        |              |        |
| 4                      | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia |                           |        |                          |        |                          |        |                          |        |              |        |
| 5                      | Total Number of New Borns visited twice in the first week of life by the VHT     |                           |        |                          |        |                          |        |                          |        |              |        |
| 6                      | Total Number of Children under 5 years with red MUAC                             |                           |        |                          |        |                          |        |                          |        |              |        |
| 7                      | Total Number of Children under 5 years referred to the Health Unit               |                           |        |                          |        |                          |        |                          |        |              |        |
| 8                      | Total number of Villages with stock out of the first line anti Malarial          |                           |        |                          |        |                          |        |                          |        |              |        |
| 9                      | Total Number of Villages with Stock out of Amoxicillin                           |                           |        |                          |        |                          |        |                          |        |              |        |
| 10                     | Total Number of Villages with stock out of ORS                                   |                           |        |                          |        |                          |        |                          |        |              |        |

## PART 3: NEGLECTED TROPICAL DISEASES (NTD)

### HMIS FORM 098: INTEGRATED NEGLECTED TROPICAL DISEASES (NTD) CONTROL TREATMENT REGISTER

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To record people living in NTDs Implementation Units (Village/school) and capture NTDs drugs administered to every person in village/school during Mass Drug Administration (MDA).
- Timing:** Before and during MDA implementation in the community/school
- Copies:** Depends on size of village (usually 3 copies in village and 1 register per school). Registers are kept at VHT home or school office.
- Responsibility:** VHT members/teachers (two people).

#### PROCEDURE:

1. Before MDA commence, VHT members ensure that all household members are registered/updated in the register. Name, sex and age of all people living in the village must be registered except visitors. Every household is given page in the register where household members are registered starting with household head (HH) to the youngest person.
2. Descriptions on how to complete register are found below the Integrated NTD register.
3. VHT members count population immediately after finishing registration in village/school using NTD population tally sheet. This information helps the program to estimate medicines required for the MDA exercise.
4. During MDA exercise, VHT members' records number of tablets of every NTD drug administered to each person in the register. In case the person has not been administered a certain medicines, write the code indicating the reasons for not taking the medicines (see the legend at bottom of every register page).
5. After a completion of drug distribution, VHT members count number of people treated with different drug packages (i.e. IVM+ALB, PZQ only, PZQ+ALB/MEB, IVM only, ALB/MEB, ZITH tablets, ZITH Syrups and Tetra) in village by sex and age using NTD treatment tally sheets.
6. A copy of the tally sheet is submitted to parish supervisor.



# HMIS FORM 098: INTEGRATED NTD CONTROL TREATMENT REGISTER

| INTEGRATED NTD TREATMENT REGISTER |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
|-----------------------------------|------|----------------|-----|------------------|---------|--------------|------|-----|--------------|------|--------------|---------|-----|------|-----|--------------|--|--|
| DISTRICT _____                    |      | SUCOUNTY _____ |     |                  |         | PARISH _____ |      |     |              |      |              |         |     |      |     |              |  |  |
| VILLAGE _____                     |      |                |     | HOUSEHOLD NUMBER |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
|                                   |      | 2014           |     |                  |         |              |      |     | 2015         |      |              |         |     |      |     |              |  |  |
| (1)                               | (2)  | (3)            | (4) | (5)              | (6)     | (7)          | (8)  | (9) | (3)          | (4)  | (5)          | (6)     | (7) | (8)  | (9) |              |  |  |
| S/N                               | NAME | SEX            | AGE | IVM 1st Dose     | ALB/MEB | PZQ          | ZITH | TEO | IVM 2nd Dose | AGE2 | IVM 1st Dose | ALB/MEB | PZQ | ZITH | TEO | IVM 2nd Dose |  |  |
|                                   |      |                |     | APR              |         |              |      |     | OCT          |      | APR          |         |     |      |     | OCT          |  |  |
| 1.                                |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
| 2.                                |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
|                                   |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
|                                   |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
|                                   |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
| ----                              |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
| Total number of people treated    |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |
| Total number of tablets consumed  |      |                |     |                  |         |              |      |     |              |      |              |         |     |      |     |              |  |  |

REASONS FOR NOT TAKING THE MEDICINES

A= ABSENT  
 BF=BREAST FEEDING  
 D= DIED  
 MI= MIGRATED

P= PREGNANT  
 R= REFUSED  
 S= SICK  
 U=UNDER AGE  
 TS= TREATED IN SCHOOL

## **DESCRIPTION OF COLUMNS**

Write name of district, sub county, parish and village where identified household (HH) is situated on every page of the register. Assign household number to each household in village implementing MDA. Start from household number eg 001, 002... in every village.

### **1. NAME**

Write the names of people in the households starting from the household head (clearly indicate "HH" after name) to the youngest person excluding visitors.

### **2. SEX**

Write the gender indicating M "Male" and F "Female"

### **3. AGE**

Write the age in completed years for persons aged 1 year and above. Use months if the person is under one year of age, indicating "MTH" after age, and indicate "Days" if less than 1 month.

### **4. IVM 1<sup>st</sup> dose**

Write number of ivermectin (IVM) tablets administered to each person in the household against their names if it's the first time in the calendar year.

### **5. ALB**

Write number of Albendazole tablets given to each person against their names in register.

### **6. PZQ**

Write the number of Praziquetel (PZQ) tablets given to each person against their names in register.

### **7. ZITH**

Write number of zithromax tablets given to each person aged 5 years and above. Write milliliters for Zith syrup given to each person aged 6 months-4 years, clearly indicating ml (eg "5ml").

### **8. TEO**

Write number of tubes of tetra given to each person during the MDA.

### **9. IVM 2<sup>nd</sup> dose**

Write the number of ivermectin (IVM) tablets administered to each person in the household against their names if it's the second time in the calendar year.

## **TALLYING INSTRUCTIONS**

From the Integrated NTD control register, count number of people in village/school by sex and age group using NTD population tally sheet (098b), and tally number of people treated by each drug package using NTD treatment tally sheet (098a). Write month and year of treatment when MDA occurred.

The number of drugs administered depends on co-endemicity of NTDs in an area. For instance, in village/school endemic of STH and LF will receive IVM and ALB. But during tallying, clients who received a combination of IVM & ALB will be tallied in IVM+ALB (5+ years), and those who received either of the drugs will be tallied in ALB only (under 5 years) or IVM only appropriately.

Write total number of people treated for river blindness (Treatment ONCHO equal number treated with IVM+ALB) in areas where LF and river blindness are co-endemic. Unlike LF where the whole district is recommended for treatment, River blindness is limited to some areas (villages)

# HMIS FORM 098a: NTD TALLY SHEET FOR COMMUNITY LEVEL REPORTING OF MDA COVERAGE

District: ..... County: ..... Sub-County: .....

Parish: ..... Village/school: ..... Treatment period: Month..... Year: .....

Treated ONCHO: 5-14yrs M.....F.....15+yrs: M.....F..... Total M: .....F: .....

| Drug         | Under 5 years |             | 5 – 14 years      |                   |                   | 15+ years         |                   |                   |                   |                   |                   |
|--------------|---------------|-------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|              | Male          | Female      | Male              | Female            | Male              | Female            | Male              | Female            | Male              | Female            |                   |
| IVM+ALB      |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
| <b>Total</b> |               |             |                   |                   |                   |                   |                   |                   |                   |                   |                   |
| IVM only     |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
| <b>Total</b> |               |             |                   |                   |                   |                   |                   |                   |                   |                   |                   |
| ALB only     | 00000 00000   | 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              | 00000 00000   | 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              | 00000 00000   | 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              | 00000 00000   | 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
| <b>Total</b> |               |             |                   |                   |                   |                   |                   |                   |                   |                   |                   |
| PZQ only     |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
|              |               |             | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 | 00000 00000 00000 |
| <b>Total</b> |               |             |                   |                   |                   |                   |                   |                   |                   |                   |                   |

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|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Total</b>                                    |  |  |  |  |  |
| PZQ +ALB  |  |  | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000 | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000 | 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 |
| <b>Total</b>                                    |  |  |  |  |  |
| ZITH Syrup<br>(6months –4yrs)                   | 00000 00000<br>00000 00000<br>00000 00000<br>00000 00000 | 00000 00000<br>00000 00000<br>00000 00000<br>00000 00000 |  |  |  |
| <b>Total</b>                                    |  |  |  |  |  |
| ZITH- Tabs (5yrs+)                              |  |  | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000 | 00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000<br>00000 00000 00000 | 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000 |
| <b>Total</b>                                    |  |  |  |  |  |
| Tetracycline 0-5<br>months/ pregnant<br>mothers | 00000 00000<br>00000 00000                               | 00000 00000<br>00000 00000                               | 00000 00000 00000<br>00000 00000 00000   | 00000 00000 00000<br>00000 00000 00000   | 00000 00000 00000 00000 00000<br>00000 00000 00000 00000 00000   |
| <b>Total</b>                                    |  |  |  |  |  |
|   |  | IVM  | ALB  | PZQ  | ZITH   |
| No.of refusals                                  |  |  |  |  |  |
| No. of people abscent                           |  |  |  |  |  |
| No. of people sick                              |  |  |  |  |  |
| No of pregnant women                            |  |  |  |  |  |
| No. of breast feeding                           |  |  |  |  |  |
| No treated from school                          |  |  |  |  |  |

**Tabs received:** IVM..... PZQ..... ALB.....ZITH.....Syrup.....Tetra.....**Used:** IVM.....PZQ.....ALB..... ZITH..... Syrup .....Tetra.....

**Wasted:** IVM..... PZQ.....ALB..... ZITH..... Syrup..... Tetra..... **Bal:** IVM.....PZQ.....ALB.....ZITH tab.....Syrup.....Tetra.....



## HMIS FORM 098C: NTD SUMMARY FORM FOR SUB-COUNTY/PARISH LEVEL REPORTING OF MDA COVERAGE

### DESCRIPTION AND INSTRUCTIONS

**Objective:** To summarize the population and treatment data of all villages/parishes implementing MDA in endemic areas of LF, Oncho, Schisto, STH or Trachoma.

**Timing:** Annually/bi-annually after completion of MDA implementation in the villages

**Copies:** Parish summary form. 2 copies (one remains at parish level and another submitted to sub county supervisors)

Sub county summary form. 2 copies (one remains at sub county level and another submitted to district NTD focal person)

**Responsibility:** Parish supervisors at parish level & Sub-county supervisors at sub-county level.

### PROCEDURE:

- 1) After completion MDA in all villages in a parish, parish supervisor collects all community tally sheets and compiles parish summary report.
- 2) The parish summary form is forwarded to sub county supervisor to compile sub county level MDA report.
- 3) Aggregated sub county forms are submitted to NTD Focal Person at district for validation and approval before being entered into DHIS 2 at district level.

**NB:** The parish and sub county supervisors use similar summary form. However, parish supervisors use it to total village information whereas sub county supervisors summarize parish data.

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### HMIS FORM 098c: NTD SUMMARY FORM FOR SUB-COUNTY/PARISH LEVEL REPORTING OF MDA COVERAGE

District.....County..... Sub-County/Parish..... Total No. of Parishes.....Total No of villages .....

Parishes targeted: ONCHO.....SCH.....Parishes covered: ONCHO.....SCH..... Villages targeted: ONCHO..... SCH.....Villages Covered: ONCHO.....SCH.....

Population in the Sub-County/Parish: 0-4yrs: M..... F .....5 -14 years: M ..... F.....15+ M .....

F.....Total.....

Population (TP) in target area **ONCHO**: Under 5 yrs M.....F.....5 -14 years M..... F.....15+ M.....F..... Total.....

Population (TP) in target area **PZQ**: Under 5 yrs M.....F.....5 -14 years M..... F.....15+ M.....F..... Total.....

Eligible population (EP): **LF** (5yrs+) ..... **ONCHO (5+)**..... **ALB**: (1yr+)..... **PZQ**: (5yrs+)..... **ZITH**: (6months+)..... Tetra (0-5 months).....

Treatment period: Month ..... Year..... **Treated: ONCHO**...5-14yrs M.....F.....15+yrs M.....F.....**Total**.....

**Treated with Tetracycline**. 0-5months M.....F.....5-14yrs M.....F.....15+yrs..M.....F.....**Total**.....

|  | IVM+ALB     |   |           |   | IVM only    |   |           |   | ALB alone   |             |   |           |   |             | PZQ |           |   |             | PZQ+ALB |           |   |           | ZITH Syrup |            | ZITH Tabs |   |   |   |   |   |
|--|-------------|---|-----------|---|-------------|---|-----------|---|-------------|-------------|---|-----------|---|-------------|-----|-----------|---|-------------|---------|-----------|---|-----------|------------|------------|-----------|---|---|---|---|---|
|  | 5 -14 years |   | 15+ years |   | 5 -14 years |   | 15+ years |   | Under 5 yrs | 5 -14 years |   | 15+ years |   | 5 -14 years |     | 15+ years |   | 5 -14 years |         | 15+ years |   | 6months-4 |            | 5-14 years | 15+       |   |   |   |   |   |
| <b>Name of village/parish</b>              | M           | F | M         | F | M           | F | M         | F | M           | F           | M | F         | M | F           | M   | F         | M | F           | M       | F         | M | F         | M          | F          | M         | F | M | F | M | F |
| 1  |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| 2  |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| 3  |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| <b>Number treated by sex</b>               |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| <b>Number treated by age</b>               |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| Epidemiological Coverage (EC) = Treated/TP |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |
| Program Coverage (PC) =Treated/EP          |             |   |           |   |             |   |           |   |             |             |   |           |   |             |     |           |   |             |         |           |   |           |            |            |           |   |   |   |   |   |

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**Total population in parish/Sub-county/Endemic area**

**Drug Inventory**

| Name of village/ Parish | Under |   | 5-14 years |   | 15+years |   |
|-------------------------|-------|---|------------|---|----------|---|
|                         | M     | F | M          | F | M        | F |
| 1.                      |       |   |            |   |          |   |
| 2.                      |       |   |            |   |          |   |
| 3.                      |       |   |            |   |          |   |
| 4.                      |       |   |            |   |          |   |
| 5.                      |       |   |            |   |          |   |
| Total                   |       |   |            |   |          |   |

|    | ZITH Syrup |      |        |         | Tetra   |      |        |         |
|----|------------|------|--------|---------|---------|------|--------|---------|
|    | Receive    | Used | Wasted | Balance | Receive | Used | Wasted | Balance |
| 1. |            |      |        |         |         |      |        |         |
| 2. |            |      |        |         |         |      |        |         |
| 3. |            |      |        |         |         |      |        |         |
| 4. |            |      |        |         |         |      |        |         |
| 5. |            |      |        |         |         |      |        |         |
|    |            |      |        |         |         |      |        |         |

|       | IVM      |      |        |         | ALB     |      |        |         | PZQ     |      |        |         | ZITH<br>tab |      |        |         |
|-------|----------|------|--------|---------|---------|------|--------|---------|---------|------|--------|---------|-------------|------|--------|---------|
|       | Received | Used | Wasted | Balance | Receive | Used | Wasted | Balance | Receive | Used | Wasted | Balance | Receive     | Used | Wasted | Balance |
| 1.    |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |
| 2.    |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |
| 3.    |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |
| 4.    |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |
| 5.    |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |
| Total |          |      |        |         |         |      |        |         |         |      |        |         |             |      |        |         |

Reporting Officer: Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_

Endorsed by: Name.....Title.....Sign.....Date.....



### DESCRIPTION OF COLUMNS

Write name of district, sub county and/ parish where reporting implementation unit is located. Write total number of parishes and villages in the sub county/parish reported. Write number of villages and parishes targeted or covered for Bilharzia (SCH) or River blindness (ONCHO) in a parish/sub county.

Write total number people in the sub-county/parish by age group and sex (Population in the Sub-County/Parish). Write total number of people by age and sex in areas targeted for bilharzia

(Population (TP) in target area SCH) and targeted for river blindness (Population (TP) in target area ONCHO).

Write eligible population (EP) for LF (5yrs+), ONCHO (5+), ALB (1yr+), PZQ (5yrs+), ZITH (6months+) and Tetra (0-5 months). Indicate months and year of treatment.

#### **Treated Oncho**

Write total number of people treated for river blindness by age groups and sex.

#### **Treated tetracycline**

Write total number of people in parish/sub County treated with tetra by age and sex.

#### **(1)IVM +ALB**

Write total number of people treated with a combination of IVM+ALB in parish/sub county summary form by age group and sex.

#### **(2)IVM only**

Write total number of people treated with IVM alone in village/parish by gender and age group.

#### **ALB alone**

Write total number of people treated with ALB only in village/parish by age group and gender.

#### **PZQ alone**

Write total number of people treated with PZQ alone in village/parish by age group and gender.

#### **PZQ +ALB/MEB**

Write total number of people who took a combination of PZQ+ALB/MEB in village/parish by gender and age group.

#### **ZITH syrup**

Write total number of people treated with Zithromax syrup in village/parish by gender and age group.

#### **ZITH tabs**

Write number of people treated with Zithromax tabs in village/parish by gender and age group

#### **RECEIVED**

Write total number of tablets/ bottles/tubes received in village or parish different NTDs drugs

#### **USED**

Write total number of tablets/ bottles/tubes used in village/parish during treatment exercise

#### **WASTED**

Write total number of tablets/ bottles/tubes wasted in village/parish during treatment exercise

#### **BAL**

Write total number of tablets/ bottles/tubes remained in village/parish after completion of MDA

# **HMIS FORM 098d: NTDS MDA IMPLEMENTATION REPORT**

## **DESCRIPTION AND INSTRUCTIONS**

- Objective:** To report population and treatment data in sub counties implementing MDA for NTDS.
- Timing:** Every after MDA implementation. Report submitted by 28<sup>th</sup> of the next month after MDA.
- Copies:** Two copies (one remains at sub county level and another submitted to district NTD focal person for approval)
- Responsibility:** Sub county supervisor at sub county level.

## HMIS FORM 098d: NTDS MDA IMPLEMENTATION REPORT

|   |                         |                     |
|---|-------------------------|---------------------|
| DISTRICT  |                         |                     |
| SUBCOUNTY   |                         |                     |
| HEALTH FACILITY   |                         |                     |
| TREATMENT MONTH   |                         |                     |
| TREATMENT YEAR  |                         |                     |
| TOTAL NO.OF VILLAGES IN THE SUBCOUNTY                       |                         |                     |
| TOTAL NO.OF PARISHES IN THE SUBCOUNTY                       |                         |                     |
| <b>SECTION A: Villages/ parishes targeted/covered for;-</b> | ONCHO (River Blindness) | SCHISTO (Birharzia) |
| 1. NO OF VILLAGES TARGETED                                  |                         |                     |
| 2. NO OF VILLAGES COVERED                                   |                         |                     |
| 3. NO OF PARISHES TARGETED                                  |                         |                     |
| 4. NO OF PARISHES COVERED                                   |                         |                     |

|   | <5 Yrs |   | 5-14 Yrs |   | 15+ Yrs |   | Total |
|---|--------|---|----------|---|---------|---|-------|
|   | M      | F | M        | F | M       | F |       |
| [Pop] Total Population in sub county  |        |   |          |   |         |   |       |
| <b>SECTION B: Targeted Total Population (TP) in Sub County</b>                          |        |   |          |   |         |   |       |
| 1. ONCHO (River Blindness)  |        |   |          |   |         |   |       |
| 2. SCHISTO (Birharzia)  |        |   |          |   |         |   |       |
| <b>SECTION C: Eligible Population (EP) targeted for treatment in sub county:-</b>       |        |   |          |   |         |   |       |
| 1. LF (5+ yrs)  |        |   |          |   |         |   |       |
| 2. ONCHO (5+yrs)  |        |   |          |   |         |   |       |
| 3. ALB (1+ yrs)   |        |   |          |   |         |   |       |
| 4. PZQ (5+yrs)  |        |   |          |   |         |   |       |
| 5. Zith (6 Months +)  |        |   |          |   |         |   |       |
| 6. Tetra (0-5 months)   |        |   |          |   |         |   |       |
| <b>SECTION D: Number of people treated in sub county with different drug packages:-</b> |        |   |          |   |         |   |       |
| 1. Oncho  |        |   |          |   |         |   |       |
| 2. Tetracycline   |        |   |          |   |         |   |       |
| 3. IVM+ALB  |        |   |          |   |         |   |       |
| 4. IVM only   |        |   |          |   |         |   |       |
| 5. ALB/MEB alone  |        |   |          |   |         |   |       |
| 6. PZQ only   |        |   |          |   |         |   |       |
| 7. PZQ +ALB/MEB only  |        |   |          |   |         |   |       |
| 8. ZITH Tablets   |        |   |          |   |         |   |       |
| 9. ZITH Syrup   |        |   |          |   |         |   |       |

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| <b>SECTION E: MDA Coverage</b>              |  |      |        |         |
|---|--|------|--------|---------|
| 1. Epidemiological Coverage-LF              | $[\text{Total D3}/\text{Total Pop}] * 100$             |      |        |         |
| 2. Epidemiological Coverage- Oncho          | $[\text{Total (D1 +D4)}/\text{Total B1}] * 100$        |      |        |         |
| 3. Epidemiological Coverage-Schisto         | $[\text{Total (D6+D7)}/\text{Total B2}] * 100$         |      |        |         |
| 4. Epidemiological Coverage-STH             | $[\text{Total (D3+D5+D7)}/\text{Total Pop}] * 100$     |      |        |         |
| 5. Epidemiological Coverage-Trachoma        | $[\text{Total (D2+D8+D9)}/\text{Total Pop}] * 100$     |      |        |         |
| 6. Program Coverage-LF                      | $[\text{Total D3}/\text{Total C1}] * 100$              |      |        |         |
| 7. Program Coverage-Oncho                   | $[\text{Total (D1+D4)}/\text{Total C2}] * 100$         |      |        |         |
| 8. Program Coverage-Schisto                 | $[\text{Total (D6+D7)}/\text{Total C4}] * 100$         |      |        |         |
| 9. Program Coverage-STH                     | $[\text{Total (D3+D5+D7)}/\text{Total C3}] * 100$      |      |        |         |
| 10. Program Coverage-Trachoma               | $[\text{Total (D2+D8+D9)}/\text{Total (C5+C6)}] * 100$ |      |        |         |
| 11. Percentage of parishes covered –Oncho   | $[\text{A3 Oncho}/\text{IA4 Oncho}] * 100$             |      |        |         |
| 12. Percentage of parishes covered –Schisto | $[\text{A3 Schisto}/\text{IA4 Schisto}] * 100$         |      |        |         |
| <b>SECTION F: Drug accountability</b>       |  |      |        |         |
|   | Received   | Used | Wasted | Balance |
| 1. IVM                                      |  |      |        |         |
| 2. PZQ                                      |  |      |        |         |
| 3. ALB                                      |  |      |        |         |
| 4. ZITH Tabs                                |  |      |        |         |
| 5. ZITH Syrup                               |  |      |        |         |
| 6. Tetracycline                             |  |      |        |         |

## **DESCRIPTION SECTIONS**

### **SECTION A: Villages/ parishes targeted/covered for schisto/oncho**

Fill in the number of villages and parishes, targeted and covered for control of bilharzias or river blindness in Sub County.

### **SECTION B: Targeted Total Population (TP) in Sub County**

Fill in the total number of people in Sub County targeted for control of schisto and Oncho by age and sex.

### **SECTION C: Eligible Population (EP) in Sub County targeted for treatment of:**

Write number of people supposed to receive treatment for each of the NTDs endemic in the sub county by age and sex.

### **SECTION D: Number of people treated in Sub County with different drug packages**

Fill in the number of people who received certain drug package in the sub county by age and sex.

### **SECTION E: MDA coverage**

This section is generated from data in section A, B and C.(see the formula in faint orange colour)

### **SECTION F: Drug accountability**

Fill in the number of tablets or syrups received, used and wasted for each of NTD drugs during the MDA cycle in the sub county. The balance is auto generated

# THE HEALTH MANAGEMENT INFORMATION SYSTEM

## HEALTH UNIT AND COMMUNITY PROCEDURE MANUAL

### TECHNICAL MODULE 7: INFORMATION SYSTEM AND ROUTINE REPORTING

#### INTRODUCTION: RECORD OF REPORTING

→ HEALTH UNIT RECORD OF REPORTING (TABLE N1)

#### PART 1: ROUTINE REPORTING

→ WEEKLY EPIDEMIOLOGICAL SURVEILLANCE REPORT (HMIS 033B)

→ HEALTH UNIT NOTIFIABLE DISEASE REPORT (HMIS 033A)

→ HEALTH UNIT OUT-PATIENT MONTHLY REPORT (HMIS 105)

→ HEALTH UNIT IN-PATIENT MONTHLY REPORT (HMIS 108)

#### PART 2: HEALTH UNIT PERFORMANCE

→ HEALTH UNIT QUARTERLY REPORT (HMIS 106A)

→ HEALTH UNIT QUARTERLY ASSESSMENT REPORT (HMIS 106B)

→ HEALTH UNIT ANNUAL REPORT (HMIS 107)

## **INTRODUCTION**

This section deals with all other routine communication with the Health sub district, District and National administrations of the Health Care System. The first user of this information is the staff of the Health Unit. Other partners in the Health System such as the HUMC, Health Sub District, the District and the Ministry of Health also need some information from each health unit.

The annual inventories have also been described. The PHYSICAL INVENTORY, EQUIPMENT INVENTORY and the STAFF LISTING are sent at their due date to the health sub district as described in Table N1.

At the end of each day, data from registers and tally sheets are compiled / summarized in the daily summary Tables to come up with monthly figures. At the end of the month, monthly data is transferred to the relevant monthly tables and forms. In previous sections these tables were described. With “management questions”, some examples are given on how to use the information. Some of these tables are in the Health Unit Database file. Selected information from these tables will be communicated to the other partners. It is important that these partners receive the information on time.

Three copies;The health unit keeps a copy of the HEALTH UNIT MONTHLY REPORT, Original is sent to District Health office and another copy is sent to Health Sub District.

## TABLE N1: HEALTH UNIT RECORD OF REPORTING

A record of each date a report is sent to the health sub-district is kept in TABLE N1. The method of delivery (or collection) is also recorded. In this table, the dates that each routine report is due are clearly written. Please adhere to this schedule.

### MANAGEMENT QUESTIONS

***Are all health unit routine reports compiled accurately and completely?***

***Are all routine reports completed within the first five working days of the month?***

***Is data collected in the health facility used for planning and making decisions?***

Routinely, the in-charge should be observing the recording of information for all the services the health unit provides, and making corrections as needed. In addition, at the end of a reporting period, usually monthly, the aggregation of the totals for reporting must be done correctly. As information is available and is recorded in the Database file, THINK about the numbers. Do they make sense compared to other data or to previous values of the same data? Ensure that the numbers recorded and reported represent the activities of the health unit and the characteristics of the service population.



**Technical Module 7: Information Systems and Routine Reporting**

**TABLE N1: HEALTH FACILITY RECORD OF REPORTING**

District name \_\_\_\_\_ HSD \_\_\_\_\_ Health Unit: \_\_\_\_\_ Level \_\_\_\_ Code \_\_\_\_ FY \_\_\_\_\_

**EACH REPORT SHOULD BE SUBMITTED TO THE DISTRICT/HSD BY THE DUE DATE**

| Health Facility Report                     | Date Due                           | Date of Report | Date Received at District/HSD | Method of delivery | Name of person who received the report |
|--|------------------------------------|----------------|-------------------------------|--------------------|--|
| Health Facility weekly surveillance report | Every Monday of the following week |                |                               |                    |  |

**Receipt of Health Facility Monthly Outpatient Report HMIS 105:**

| Month     | Date Due      | Date of Report | Date Received at District/HSD | Method of delivery | Name of person who received the report |
|-----------|---------------|----------------|-------------------------------|--------------------|--|
| July      | 7th August    |                |                               |                    |  |
| August    | 7th September |                |                               |                    |  |
| September | 7th October   |                |                               |                    |  |
| October   | 7th November  |                |                               |                    |  |
| November  | 7th December  |                |                               |                    |  |
| December  | 7th January   |                |                               |                    |  |
| January   | 7th February  |                |                               |                    |  |
| February  | 7th March     |                |                               |                    |  |
| March     | 7th April     |                |                               |                    |  |
| April     | 7th May       |                |                               |                    |  |
| May       | 7th June      |                |                               |                    |  |
| June      | 7th July      |                |                               |                    |  |

**Receipt of Health Facility Monthly Inpatient Report HMIS 108:**

|           |               |  |  |  |  |
|-----------|---------------|--|--|--|--|
| July      | 7th August    |  |  |  |  |
| August    | 7th September |  |  |  |  |
| September | 7th October   |  |  |  |  |
| October   | 7th November  |  |  |  |  |
| November  | 7th December  |  |  |  |  |
| December  | 7th January   |  |  |  |  |
| January   | 7th February  |  |  |  |  |
| February  | 7th March     |  |  |  |  |
| March     | 7th April     |  |  |  |  |
| April     | 7th May       |  |  |  |  |
| May       | 7th June      |  |  |  |  |
| June      | 7th July      |  |  |  |  |

## Technical Module 7: Information Systems and Routine Reporting

| Receipt of Health Facility Quarterly Report HMIS 106a: |                                 |                               |                               |                                |  |
|--|---------------------------------|-------------------------------|-------------------------------|--------------------------------|--|
| Quarter  | 1 <sup>st</sup> Qtr (July-Sep)  | 2 <sup>nd</sup> Qtr (Oct-Dec) | 3 <sup>rd</sup> Qtr (Jan-Mar) | 4 <sup>th</sup> Qtr (Apr-June) |  |
| Date Due   | 7 <sup>th</sup> October         | 7 <sup>th</sup> January       | 7 <sup>th</sup> April         | 7 <sup>th</sup> July           |  |
| Date Received  |                                 |                               |                               |                                |  |
| Receipt of Health Facility Reports Compiled Annually   |                                 | Date Due                      | Date Received                 | Method of delivery             | Name of person who recieved the report |
| District/Health Sub-District Profile                   | HU Population Report HMIS 109   | 7 <sup>th</sup> August        |                               |                                |  |
|  | HU Physical Inventory HMIS 101  | 7 <sup>th</sup> August        |                               |                                |  |
|  | HU Equipment Inventory HMIS 102 | 7 <sup>th</sup> August        |                               |                                |  |
|  | HU staff Listing HMIS 103       | 7 <sup>th</sup> August        |                               |                                |  |
|  | HU HSSIP Indicators             | 7 <sup>th</sup> August        |                               |                                |  |
|  | HU Annual Report                | 7 <sup>th</sup> August        |                               |                                |  |

## PART 1: ROUTINE REPORTING

### HMIS FORM 033: HEALTH UNIT NOTIFIABLE DISEASE REPORT

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** Report EACH suspected or diagnosed notifiable diseases.
- Timing:** Due within 24 hours after the SUSPECTED case is diagnosed
- Copies:** Three. Original is sent to DHO as quickly as possible and another copy is sent to the Health Sub-District as soon as possible. A copy stays at health unit. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-Charge

#### PROCEDURE:

All health units must report this information (Government, Private Health Providers and PNFP). Unusually high or grouped occurrence of a disease should be reported, whether the diagnosis is known or not.

Reports are numbered sequentially starting with number 1 each calendar year.

When case(s) are identified, the health unit In-charge is notified, and the report is filled using information from the patient's record (OPD CARD, OPD REGISTER or INPATIENT TREATMENT SHEET). The **Patient Number** is written on the report for reference later (if necessary) by the DHO. The assumption is that the patient was admitted, so the **Patient Number** would be the **Inpatient Number**. If the patient was only an outpatient then this should be entered under **Status**.

The health unit notifies the first few cases using HMIS 033a and HMIS 033b upon confirmation of the epidemic. The health unit report on a weekly basis (HMIS 033b) even after the epidemic is controlled.

If the case was confirmed by laboratory analysis, then the column **LAB Y/N** is answered "YES"; otherwise it should be answered "NO"

If the disease is preventable by immunization, it is important to know whether the person had been immunized or not. Answer the column **IMM? Y/N/U** with "YES" or "NO" based on information from an official document: the CHILD HEALTH CARD, CHILD REGISTERS, and ANC REGISTER. When no document is available, write "U" for unknown.

After reporting, the Health Unit works with DHO's office as per the DHO's guidelines and instructions to control the epidemic

# HMIS FORM 033a: HEALTH UNIT NOTIFIABLE DISEASE REPORT

Date of Report \_\_\_\_\_ Report number this year \_\_\_\_\_ Financial Year \_\_\_\_\_

Health Unit \_\_\_\_\_ (Health Unit Code \_\_\_\_\_) District \_\_\_\_\_ Sub county \_\_\_\_\_ Parish \_\_\_\_\_

Disease diagnosis \_\_\_\_\_

| Patient Num. | Name | Sex | Age | Village | Parish | Next of Kin | Symptoms and signs | Date of Onset | Lab Y/N | Imm Y/N/U | Status: | Comment |
|--------------|------|-----|-----|---------|--------|-------------|--------------------|---------------|---------|-----------|---------|---------|
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |
|              |      |     |     |         |        |             |                    |               |         |           |         |         |

Under **Lab**: Enter whether laboratory results were used to confirm the diagnosis (Yes or No)

Under **Imm**: For immunizable diseases, enter, immunization status Yes or No or Unknown

Under **status**: Enter Died, On Treatment Inpatient, On Treatment outpatient, Transferred, Recovered.

Actions taken by the health unit: \_\_\_\_\_

Remarks: \_\_\_\_\_

Name of In-charge \_\_\_\_\_ Signature \_\_\_\_\_

----- (District use below this line) -----

Date Received \_\_\_\_\_ Date of Action: \_\_\_\_\_ Signature \_\_\_\_\_ Action Taken: \_\_\_\_\_

# HMIS FORM 033b: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE REPORT

## DESCRIPTION AND INSTRUCTIONS

- Objective:** Report cases of notifiable diseases after the first few cases have been notified.
- Timing:** Due in every Monday of the following week
- Copies:** **Three Copies.** One stays at the health unit, one copy is sent to the Health-Sub-District Headquarters, the third copy is sent to the DHO. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.

**Responsibility:** Health Unit In-charge

## PROCEDURE:

1. All health units must report this information (Government, Private Health Providers and PNFP) to the HSD and DHO. In addition to the notifiable diseases, the report should be filled for any other disease or clusters of abnormal health events or as required by the District Health Officer.
2. The report should be clearly labeled to show the period covered i.e. date for the first (Monday) and last day (Sunday) of the week for which the report is being made.
3. For each disease category indicate the number of new cases during the week (cases this week), the number of deaths that occurred during the week (deaths this week).
4. For Maternal deaths, all hospitals and Health Centres where a death has occurred must report the deaths. Information is obtained from the Maternity register (for deaths after 28 weeks of pregnancy) and from the register on female conditions (for abortions). The same must be done for perinatal deaths. Source of information is Maternity register, Birth and Death Register
5. Maternal death = Death of a woman from a pregnancy related causes e.g. abortions, Malaria in pregnancy, obstructed labour, APH, PPH, hypertension in pregnancy or labour; and death in the first 6 weeks after delivery.
6. Perinatal death includes deaths of children occurring anytime either immediately after birth, or within the first 7 days of life including all still births (fresh and Macerated) of pregnancy exceeding 7 months.

**Note:** The health unit continues to report every week throughout the year whether there are cases or not and this should take care of “zero” report.

7. Transcribe the data every week into HMIS form 033c (Health Unit Weekly Epidemiological Surveillance Summary for the year) for the respective weeks. For example 10 cases with 2 deaths are recorded as 10 (2).

**Technical Module 7: Information Systems and Routine Reporting**  
**HMIS FORM 033b: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL**  
**SURVEILLANCE FORM ..... Page 1**

Date of Report \_\_\_\_\_ Period: From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_ Week No.(#) \_\_\_\_\_  
 Health Unit \_\_\_\_\_ Health Unit Code \_\_\_\_\_ Parish \_\_\_\_\_  
 Sub-county \_\_\_\_\_ HSD \_\_\_\_\_ District \_\_\_\_\_

**1. CASES THIS WEEK**

| CASES. |  | Code | Cases this week |
|--------|--|------|-----------------|
| 1.     | Malaria (total diagnosed)                    | MA.  |                 |
| 2.     | Dysentery                                    | DY.  |                 |
| 3.     | Severe Acute Respiratory Infection (SARI)    | SA.  |                 |
| 4.     | Acute Flaccid Paralysis                      | AF.  |                 |
| 5.     | Adverse Events Following Immunization (AEFI) | AE.  |                 |
| 6.     | Animal Bites (suspected rabies)              | AB.  |                 |
| 7.     | Bacterial Meningitis                         | MG.  |                 |
| 8.     | Cholera                                      | CH.  |                 |
| 9.     | Guinea Worm                                  | GW.  |                 |
| 10.    | Measles                                      | ME.  |                 |
| 11.    | Neonatal tetanus                             | NT.  |                 |
| 12.    | Other Viral Hemorrhagic Fevers               | VF.  |                 |
| 13.    | Plague                                       | PL.  |                 |
| 14.    | Typhoid Fever                                | TF.  |                 |
| 15.    | Yellow Fever                                 | YF.  |                 |
| 16.    | Presumptive Multi Drug Resistance (MDR) TB   | TB.  |                 |

Tick upon feedback

**2. DEATHS THIS WEEK**

| DEATH.    | Code | Death this week |
|-----------|------|-----------------|
|           | MA.  |                 |
|           | DY.  |                 |
|           | SA.  |                 |
|           | AF.  |                 |
|           | AE.  |                 |
|           | AB.  |                 |
|           | MG.  |                 |
|           | CH.  |                 |
|           | GW.  |                 |
|           | ME.  |                 |
|           | NT.  |                 |
|           | VF.  |                 |
|           | PL.  |                 |
|           | TF.  |                 |
|           | YF.  |                 |
|           | TB.  |                 |
| Maternal  | MD.  |                 |
| Perinatal | PD.  |                 |

Tick upon feedback

**3. OTHER CONDITIONS (IF ANY): CASES**

Other emerging Infectious diseases (e.g. Small pox, Influenza like Illness (ILI, SARS, etc), Ebola, number disease,.....)

|             | Name of 1st Condition | Cases | Name of 2nd Condition | Cases | Name of 3rd Condition | Cases |
|-------------|-----------------------|-------|-----------------------|-------|-----------------------|-------|
| <b>EPC.</b> |                       |       |                       |       |                       |       |

Tick upon feedback

**4. OTHER CONDITIONS (IF ANY): DEATH**

|             | Name of 1st Condition | Death | Name of 2nd Condition | Death | Name of 3rd Condition | Death |
|-------------|-----------------------|-------|-----------------------|-------|-----------------------|-------|
| <b>EPD.</b> |                       |       |                       |       |                       |       |

Tick upon feedback

**5. OPD AND eMTCT SUMMARY**

|      |                                  |  |  |  |
|------|----------------------------------|--|--|--|
| APT. | ← OPD New Attendees              |  |  |  |
|      | ← OPD Total Attendance           |  |  |  |
|      | ← Expected eMTCT Mothers on appt |  |  |  |
|      | ← eMTCT Missed appointments      |  |  |  |
|      |                                  |  |  |  |

Tic upo feedback

**6. SUMMARY OF MALARIA CASES TESTED AND TREATED**

|      |                               |  |  |  |  |  |  |  |  |
|------|-------------------------------|--|--|--|--|--|--|--|--|
| MAT. | ← Suspected malaria (fever)   |  |  |  |  |  |  |  |  |
|      | ← RDT tested                  |  |  |  |  |  |  |  |  |
|      | ← RDT Positive                |  |  |  |  |  |  |  |  |
|      | ← Microscopy tested           |  |  |  |  |  |  |  |  |
|      | ← Microscopy positive         |  |  |  |  |  |  |  |  |
|      | ← Not tested cases treated    |  |  |  |  |  |  |  |  |
|      | ← RDT Negative treated        |  |  |  |  |  |  |  |  |
|      | ← RDT positive treated        |  |  |  |  |  |  |  |  |
|      | ← Microscopy negative treated |  |  |  |  |  |  |  |  |
|      | ← Microscopy positive treated |  |  |  |  |  |  |  |  |
|      |                               |  |  |  |  |  |  |  |  |

Tic upo feedback

**7. TRACER MEDICINES - STOCK BALANCE**

|      |                   |  |  |  |  |  |  |
|------|-------------------|--|--|--|--|--|--|
| TRA. | ← ACT (Tablets)   |  |  |  |  |  |  |
|      | ← ORS (Sackets)   |  |  |  |  |  |  |
|      | ← Measles Vaccine |  |  |  |  |  |  |
|      | ← Amoxicilline    |  |  |  |  |  |  |
|      | ← Depo- Provera   |  |  |  |  |  |  |
|      | ← IV artesunate   |  |  |  |  |  |  |
|      | ← Fansidar        |  |  |  |  |  |  |
|      | ← RDT (Malaria)   |  |  |  |  |  |  |
|      |                   |  |  |  |  |  |  |

Tic upon feedback

**8. HIV TESTING KITS & eMTCT Drugs - STOCK BALANCE**

|      |                           |  |
|------|---------------------------|--|
| ARV. | ← HIV Screening Test kits |  |
|      | ← ARVs (Fixed – DC eMTCT) |  |
|      | ← Nevirapine Therapy      |  |
|      |                           |  |

Tic upo feedback

\*DC is Dose Combination

Remarks: \_\_\_\_\_

Name of In-charge \_\_\_\_\_ Signature \_\_\_\_\_

# HMIS FORM 033c: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE SUMMARY FOR THE YEAR

Health Unit name \_\_\_\_\_ Calendar Year \_\_\_\_\_ Page \_\_\_\_\_ of pages \_\_\_\_\_

District \_\_\_\_\_ HSD \_\_\_\_\_ Sub-county \_\_\_\_\_ Parish \_\_\_\_\_

| Week Number | Date the report was sent | Acute Flacid Paralysis | Animal Bites (suspected rabies) | Cholera | Dysentery | Guinea Worm | Malaria | Measles | Bacterial Meningitis | Neonatal tetanus | Plague | Yellow fever | Other Viral Haemorrhagic Fevers | Severe Acute Respiratory Infection (SARI) | Adverse Events Following Immunization | Typhoid Fever | Presumptive TB MDR Cases | Other Emerging infectious diseases |                   |                   | Maternal Deaths | Perinatal Deaths | OPD New Attendees |  |
|-------------|--------------------------|------------------------|---------------------------------|---------|-----------|-------------|---------|---------|----------------------|------------------|--------|--------------|---------------------------------|---|---------------------------------------|---------------|--------------------------|------------------------------------|-------------------|-------------------|-----------------|------------------|-------------------|--|
|             |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          | Other condition 1                  | Other condition 2 | Other condition 3 |                 |                  |                   |  |
| 1           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 2           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 3           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 4           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 5           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 6           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 7           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 8           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 9           |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 10          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 11          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 12          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 13          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 14          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 15          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 16          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 17          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 18          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 19          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 20          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 21          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 22          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 23          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 24          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 25          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 26          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 27          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 28          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 29          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 30          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 31          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 32          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 33          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 34          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |
| 35          |                          |                        |                                 |         |           |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |



### Technical Module 7: Information Systems and Routine Reporting

| Week Number  | Date the report was sent | Acute Flacid Paralysis | Animal Bites (suspected rabies) | Cholera | Dysentry | Guinea Worm | Malaria | Measles | Bacterial Meningitis | Neonatal tetanus | Plague | Yellow fever | Other Viral Haemorrhagic Fevers | Severe Acute Respiratory Infection (SARI) | Adverse Events Following Immunization | Typhoid Fever | Presumptive TB MDR Cases | Other Emerging infectious diseases |                   |                   | Maternal Deaths | Perinatal Deaths | OPD New Attendees |  |  |
|--------------|--------------------------|------------------------|---------------------------------|---------|----------|-------------|---------|---------|----------------------|------------------|--------|--------------|---------------------------------|---|---------------------------------------|---------------|--------------------------|------------------------------------|-------------------|-------------------|-----------------|------------------|-------------------|--|--|
|              |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          | Other condition 1                  | Other condition 2 | Other condition 3 |                 |                  |                   |  |  |
| 37           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 38           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 39           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 40           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 41           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 42           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 43           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 44           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 45           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 46           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 47           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 48           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 49           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 50           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 51           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| 52           |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |
| <b>Total</b> |                          |                        |                                 |         |          |             |         |         |                      |                  |        |              |                                 |   |                                       |               |                          |                                    |                   |                   |                 |                  |                   |  |  |

## HMIS 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

### DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the monthly attendance figures for OPD, OPD diagnoses, MCH, HIV/AIDS service data, Lab. data, stockouts of essential drugs and supplies and financial data.
- Timing:** 7th of the following month
- Copies:** **Two Copies.** One sent to the HSD and another one sent to the District. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the respective district and another one to the Ministry of Health Resource Centre.
- Responsibility:** Health Unit In-Charge

### PROCEDURE:

1. All health units must compile and submit the HEALTH UNIT OUT-PATIENT MONTHLY REPORT (HMIS 105).

Page 1, 2 and 3 contains:

Section 1 with three sub-sections (1.1-OPD ATTENDANCES, 1.2-REFERRALS AND 1.3-OUTPATIENT DIAGNOSES). The values are obtained from tables 1a, 1b, 1c, 1d and 1e (Health Unit Outpatient daily diagnoses). If the district wishes to include additional diseases of local interest, they may do so under the variable of other diagnoses. The DHMT will be responsible for ensuring all the health units in the district are aware of the chosen additional diagnoses.

3. Page 4, 5 and 6 contains:

Section 2, shows a summary of Maternal and Child Health Services, it includes sub-sections (2.1-Antenatal, 2.2-Maternity, 2.3-Postnatal, 2.4-Exposed Infant Diagnosis services, 2.5-Family Planning Methods, 2.6-Contraceptives dispensed, 2.7-Minor Operations in Family Planning, 2.8-Child Health Services, 2.9- Tetanus Immunisation, 2.10- HPV vaccination for girls, 2.11 Child Immunisation and 2.12 Hepatitis B Vaccination sub-section. The values are obtained from Table 2a (Health Unit Daily Maternal Health Attendance Summary), Table 3a (Health Unit EPI Daily Attendance Summary) and Table 4a (Health Unit Daily Family Planning Summary).

**Note:** DPT-HepB+Hib vaccine doses wasted = doses accessed – doses administered to children in a given reporting period (in this case a month) where:

- Doses accessed = (Start of month Balance + Total doses received in a month) – (End of month balance + Doses given to other Units)
- Doses administered = Total Number of children (under and above 1 year) immunized in a reporting period

For BCG, children above one year receive twice as many doses of vaccine as the under one year olds and therefore total number of doses administered = No of children <1yr immunized + No of children >1yr immunized x 2.

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Section 3, shows a summary of outreach activities both planned and actual number carried out, this is obtained from the health facility work plan and outreach records of the Individual units within the health facility.

4. Page 7 contains:  
Section 4: HIV Counseling and Testing (HCT) and section 5-Safe Male Circumcision. Information is obtained from HCT Register (HCT Tally Sheet) and the Safe Male Circumcision Register.

5. Page 8 contains:  
Section 6: Includes Section 6-Essential Medicines and Health Supplies where sub-sections 6.1 is Stock Status. These values are obtained from the Health Facility Stock Book and Stock Cards.

**Note:** The storekeeper should also report verbally to the Health Facility In-charge and District/HSD Authorities whenever the stock levels reach minimum stock level.

6. Page 9 contains:  
Section 7: Includes a summary of laboratory tests. The information is obtained from Table 17a (Laboratory Tests Daily Summary).

7. Page 10 contains:  
Sections 8 (financial summary): The information for the financial summary is obtained from Health Facility Cash Analysis Book.

Section 9 (comments by the health facility in-charge): A copy of the comments should be written in the health unit's LOGBOOK.

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## HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT Page 1

Health Unit \_\_\_\_\_ Level \_\_\_\_\_ Code \_\_\_\_\_ District \_\_\_\_\_ Health Sub-district \_\_\_\_\_

Sub county \_\_\_\_\_ Parish \_\_\_\_\_ Reporting Period: Month \_\_\_\_\_ Year \_\_\_\_\_

### 1. OPD ATTENDANCES, REFERRALS AND DIAGNOSES TOTALS FOR THE MONTH

#### 1.1 OUTPATIENT ATTENDANCE

| Category                | 0-28days |   | 29days-4 yrs |   | 5 -59yrs |   | 60 yrs &above |   |
|-------------------------|----------|---|--------------|---|----------|---|---------------|---|
|                         | M        | F | M            | F | M        | F | M             | F |
| New attendance          |          |   |              |   |          |   |               |   |
| Re-attendance           |          |   |              |   |          |   |               |   |
| <b>Total Attendance</b> |          |   |              |   |          |   |               |   |

#### 1.2 OUTPATIENT REFERRALS

| Category            | 0-28days |   | 29days-4 yrs |   | 5 -59yrs |   | 60yrs & above |   |
|---------------------|----------|---|--------------|---|----------|---|---------------|---|
|                     | M        | F | M            | F | M        | F | M             | F |
| Referrals to unit   |          |   |              |   |          |   |               |   |
| Referrals from unit |          |   |              |   |          |   |               |   |

#### 1.3. OUTPATIENT DIAGNOSES FOR THE MONTH

| Diagnosis  | 0-28days                      |        | 29days-4 yrs |        | 5 -59yrs |        | 60 yrs &above |        |
|--|-------------------------------|--------|--------------|--------|----------|--------|---------------|--------|
|  | Male                          | Female | Male         | Female | Male     | Female | Male          | Female |
| <b>1.3.1 Epidemic-Prone Diseases</b>   |                               |        |              |        |          |        |               |        |
| 1. Acute Flaccid Paralysis   |                               |        |              |        |          |        |               |        |
| 2. Animal Bites (suspected rabies)   |                               |        |              |        |          |        |               |        |
| 3. Cholera   |                               |        |              |        |          |        |               |        |
| 4. Dysentery   |                               |        |              |        |          |        |               |        |
| 5. Guinea Worm   |                               |        |              |        |          |        |               |        |
| 6. Malaria   | Total                         |        |              |        |          |        |               |        |
|  | Confirmed (Microscopic & RDT) |        |              |        |          |        |               |        |
| 7. Measles   |                               |        |              |        |          |        |               |        |
| 8. Bacterial Meningitis  |                               |        |              |        |          |        |               |        |
| 9. Neonatal tetanus  |                               |        |              |        |          |        |               |        |
| 10. Plague   |                               |        |              |        |          |        |               |        |
| 11. Yellow Fever   |                               |        |              |        |          |        |               |        |
| 12. Other Viral Hemorrhagic Fevers   |                               |        |              |        |          |        |               |        |
| 13. Severe Acute Respiratory Infection (SARI)                                      |                               |        |              |        |          |        |               |        |
| 14. Adverse Events Following Immunization (AEFI)                                   |                               |        |              |        |          |        |               |        |
| 15. Typhoid Fever  |                               |        |              |        |          |        |               |        |
| 16. Presumptive MDR TB cases   |                               |        |              |        |          |        |               |        |
| Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS |                               |        |              |        |          |        |               |        |
|  |                               |        |              |        |          |        |               |        |
| <b>1.3.2 Other Infectious/Communicable Diseases</b>                                |                               |        |              |        |          |        |               |        |
| 17. Diarrhoea- Acute   |                               |        |              |        |          |        |               |        |
| 18. Diarrhoea- Persistent  |                               |        |              |        |          |        |               |        |
| 19. Urethral discharges  |                               |        |              |        |          |        |               |        |
| 20. Genital ulcers   |                               |        |              |        |          |        |               |        |
| 21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)           |                               |        |              |        |          |        |               |        |
| 22. Other Sexually Transmitted Infections  |                               |        |              |        |          |        |               |        |
| 23. Urinary Tract Infections (UTI)   |                               |        |              |        |          |        |               |        |
| 24. Intestinal Worms   |                               |        |              |        |          |        |               |        |
| 25. Hematological Meningitis   |                               |        |              |        |          |        |               |        |
| 26. Other types of meningitis  |                               |        |              |        |          |        |               |        |
| 27. No pneumonia - Cough or cold   |                               |        |              |        |          |        |               |        |
| 28. Pneumonia  |                               |        |              |        |          |        |               |        |
| 29. Skin Diseases  |                               |        |              |        |          |        |               |        |
| 30. New TB cases diagnosed   | Bacteriologically confirmed   |        |              |        |          |        |               |        |
|  | Clinically Diagnosed          |        |              |        |          |        |               |        |
|  | EPTB                          |        |              |        |          |        |               |        |
| 31. Leprosy  |                               |        |              |        |          |        |               |        |
| 32. Tuberculosis MDR/XDR cases started on treatment                                |                               |        |              |        |          |        |               |        |
| 33. Tetanus (over 28 days )  |                               |        |              |        |          |        |               |        |
| 34. Sleeping sickness  |                               |        |              |        |          |        |               |        |
| 35. Pelvic Inflammatory Disease (PID)  |                               |        |              |        |          |        |               |        |
| 36. Brucellosis  |                               |        |              |        |          |        |               |        |

| Diagnosis  | 0-28days |        | 29days-4 yrs |        | 5 -59yrs |        | 60 yrs &above |        |
|--|----------|--------|--------------|--------|----------|--------|---------------|--------|
|  | Male     | Female | Male         | Female | Male     | Female | Male          | Female |
| <b>1.3.3 Neonatal Diseases</b>                     |          |        |              |        |          |        |               |        |
| 37. Neonatal Sepsis (0-7days)                      |          |        |              |        |          |        |               |        |
| 38. Neonatal Sepsis (8-28days)                     |          |        |              |        |          |        |               |        |
| 39. Neonatal Pneumonia                             |          |        |              |        |          |        |               |        |
| 40. Neonatal Meningitis                            |          |        |              |        |          |        |               |        |
| 41. Neonatal Jaundice                              |          |        |              |        |          |        |               |        |
| 42. Premature baby (as a condition for management) |          |        |              |        |          |        |               |        |
| 43. Other Neonatal Conditions                      |          |        |              |        |          |        |               |        |
| <b>1.3.4 Non Communicable Diseases/Conditions</b>  |          |        |              |        |          |        |               |        |
| 44. Sickle Cell Anaemia                            |          |        |              |        |          |        |               |        |
| 45. Other types of Anaemia                         |          |        |              |        |          |        |               |        |
| 46. Gastro-Intestinal Disorders (non-Infective)    |          |        |              |        |          |        |               |        |
| 47. Pain Requiring Palliative Care                 |          |        |              |        |          |        |               |        |
| <b>Oral diseases</b>                               |          |        |              |        |          |        |               |        |
| 48. Dental Caries                                  |          |        |              |        |          |        |               |        |
| 49. Gingivitis                                     |          |        |              |        |          |        |               |        |
| 50. HIV-Oral lesions                               |          |        |              |        |          |        |               |        |
| 51. Oral Cancers                                   |          |        |              |        |          |        |               |        |
| 52. Other Oral Conditions                          |          |        |              |        |          |        |               |        |
| <b>ENT conditions</b>                              |          |        |              |        |          |        |               |        |
| 53. Otitis media                                   |          |        |              |        |          |        |               |        |
| 54. Hearing loss                                   |          |        |              |        |          |        |               |        |
| 55. Other ENT conditions                           |          |        |              |        |          |        |               |        |
| <b>Eye conditions</b>                              |          |        |              |        |          |        |               |        |
| 56. Ophthalmia neonatorum                          |          |        |              |        |          |        |               |        |
| 57. Cataracts                                      |          |        |              |        |          |        |               |        |
| 58. Refractive errors                              |          |        |              |        |          |        |               |        |
| 59. Glaucoma                                       |          |        |              |        |          |        |               |        |
| 60. Trachoma                                       |          |        |              |        |          |        |               |        |
| 61. Tumors   |          |        |              |        |          |        |               |        |
| 62. Blindness                                      |          |        |              |        |          |        |               |        |
| 63. Diabetic Retinopathy                           |          |        |              |        |          |        |               |        |
| 64. Other eye conditions                           |          |        |              |        |          |        |               |        |
| <b>Mental Health</b>                               |          |        |              |        |          |        |               |        |
| 65. Bipolar disorders                              |          |        |              |        |          |        |               |        |
| 66. Depression                                     |          |        |              |        |          |        |               |        |
| 67. Epilepsy                                       |          |        |              |        |          |        |               |        |
| 68. Dementia                                       |          |        |              |        |          |        |               |        |
| 69. Childhood Mental Disorders                     |          |        |              |        |          |        |               |        |
| 70. Schizophrenia                                  |          |        |              |        |          |        |               |        |
| 71. HIV related psychosis                          |          |        |              |        |          |        |               |        |
| 72. Anxiety disorders                              |          |        |              |        |          |        |               |        |
| 73. Alcohol abuse                                  |          |        |              |        |          |        |               |        |
| 74. Drug abuse                                     |          |        |              |        |          |        |               |        |
| 75. Other Mental Health Conditions                 |          |        |              |        |          |        |               |        |
| <b>Chronic respiratory diseases</b>                |          |        |              |        |          |        |               |        |
| 76. Asthma   |          |        |              |        |          |        |               |        |
| 77. Chronic Obstructive Pulmonary Disease (COPD)   |          |        |              |        |          |        |               |        |
| <b>Cancers</b>                                     |          |        |              |        |          |        |               |        |
| 78. Cancer Cervix                                  |          |        |              |        |          |        |               |        |
| 79. Cancer Prostate                                |          |        |              |        |          |        |               |        |
| 80. Cancer Breast                                  |          |        |              |        |          |        |               |        |
| 81. Cancer Lung                                    |          |        |              |        |          |        |               |        |
| 82. Cancer Liver                                   |          |        |              |        |          |        |               |        |
| 83. Cancer Colon                                   |          |        |              |        |          |        |               |        |
| 84. Kaposi Sarcoma                                 |          |        |              |        |          |        |               |        |
| 85. Cancer Others                                  |          |        |              |        |          |        |               |        |
| <b>Cardiovascular diseases</b>                     |          |        |              |        |          |        |               |        |
| 86. Stroke/Cardiovascular Accident(CVA)            |          |        |              |        |          |        |               |        |
| 87. Hypertension                                   |          |        |              |        |          |        |               |        |
| 88. Heart failure                                  |          |        |              |        |          |        |               |        |
| 89. Ischemic Heart Diseases                        |          |        |              |        |          |        |               |        |
| 88. Rheumatic Heart Diseases                       |          |        |              |        |          |        |               |        |
| 90. Chronic Heart Diseases                         |          |        |              |        |          |        |               |        |
| 91. Other Cardiovascular Diseases                  |          |        |              |        |          |        |               |        |

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| Diagnosis   | 0-28days       |        | 29days-4 yrs |        | 5 -59yrs |        | 60 yrs &above |        |
|---|----------------|--------|--------------|--------|----------|--------|---------------|--------|
|   | Male           | Female | Male         | Female | Male     | Female | Male          | Female |
| <b>Endocrine and Metabolic Disorders</b>                      |                |        |              |        |          |        |               |        |
| 92. Diabetes mellitus   |                |        |              |        |          |        |               |        |
| 93. Thyroid Disease   |                |        |              |        |          |        |               |        |
| 94. Other Endocrine and Metabolic Diseases                    |                |        |              |        |          |        |               |        |
| <b>Malnutrition</b>   |                |        |              |        |          |        |               |        |
| 95. Severe Acute Malnutrition (SAM)                           | With oedema    |        |              |        |          |        |               |        |
|   | Without oedema |        |              |        |          |        |               |        |
| 96. Mild Acute Malnutrition (MAM)                             |                |        |              |        |          |        |               |        |
| <b>Injuries</b>   |                |        |              |        |          |        |               |        |
| 97. Jaw injuries  |                |        |              |        |          |        |               |        |
| 98. Injuries- Road traffic Accidents                          |                |        |              |        |          |        |               |        |
| 99. Injuries due to motorcycle(boda-boda)                     |                |        |              |        |          |        |               |        |
| 100. Injuries due to Gender based violence                    |                |        |              |        |          |        |               |        |
| 101. Injuries (Trauma due to other causes)                    |                |        |              |        |          |        |               |        |
| 102. Animal bites   | Domestic       |        |              |        |          |        |               |        |
|   | Wild           |        |              |        |          |        |               |        |
|   | Insects        |        |              |        |          |        |               |        |
| 103. Snake bites  |                |        |              |        |          |        |               |        |
| <b>1.3.5 Minor Operations in OPD</b>                          |                |        |              |        |          |        |               |        |
| 104. Tooth extractions  |                |        |              |        |          |        |               |        |
| 105. Dental Fillings  |                |        |              |        |          |        |               |        |
| 106. Other Minor Operations                                   |                |        |              |        |          |        |               |        |
| <b>1.3.6 Neglected Tropical Diseases (NTDs)</b>               |                |        |              |        |          |        |               |        |
| 107. Leishmaniasis  |                |        |              |        |          |        |               |        |
| 108. Lymphatic Filariasis (hydrocele)                         |                |        |              |        |          |        |               |        |
| 109. Lymphatic Filariasis (Lympoedema)                        |                |        |              |        |          |        |               |        |
| 110. Urinary Schistosomiasis                                  |                |        |              |        |          |        |               |        |
| 111. Intestinal Schistosomiasis                               |                |        |              |        |          |        |               |        |
| 112. Onchocerciasis   |                |        |              |        |          |        |               |        |
| <b>1.3.7 Maternal conditions</b>                              |                |        |              |        |          |        |               |        |
| 113. Abortions due to Gender-Based Violence (GBV)             |                |        |              |        |          |        |               |        |
| 114. Abortions due to other causes                            |                |        |              |        |          |        |               |        |
| 115. Malaria in pregnancy                                     |                |        |              |        |          |        |               |        |
| 116. High blood pressure in pregnancy                         |                |        |              |        |          |        |               |        |
| 117. Obstructed labour  |                |        |              |        |          |        |               |        |
| 118. Puerperal sepsis   |                |        |              |        |          |        |               |        |
| 119. Haemorrhage related to pregnancy (APH or PPH)            |                |        |              |        |          |        |               |        |
| <b>1.3.8 Other OPD conditions</b>                             |                |        |              |        |          |        |               |        |
| 120. Other diagnoses (specify priority diseases for District) |                |        |              |        |          |        |               |        |
|   |                |        |              |        |          |        |               |        |
|   |                |        |              |        |          |        |               |        |
| 121. Deaths in OPD  |                |        |              |        |          |        |               |        |
| 122. All others   |                |        |              |        |          |        |               |        |
| <b>Total Diagnoses</b>  |                |        |              |        |          |        |               |        |

| 1.3.9 RISKY BEHAVIORS            | MALE     |           |          | FEMALE   |           |          |
|----------------------------------|----------|-----------|----------|----------|-----------|----------|
|                                  | 10-19yrs | 20-24 yrs | >=25 yrs | 10-19yrs | 20-24 yrs | >=25 yrs |
| R1-Alcohol use                   |          |           |          |          |           |          |
| R2-Tobacco use                   |          |           |          |          |           |          |
| 1.3.10 BODY MASS INDEX (BMI)     | MALE     |           |          | FEMALE   |           |          |
|                                  | 5-10yrs  | 11-18yrs  | >18yrs   | 5-10yrs  | 11-18yrs  | >18yrs   |
| B1-Severely Underweight (BMI<16) |          |           |          |          |           |          |
| B2-Underweight (16<=BMI <18.5)   |          |           |          |          |           |          |
| B3-Normal (18.5<= BMI <=25)      |          |           |          |          |           |          |
| B4-Over weight (25< BMI <=30)    |          |           |          |          |           |          |
| B5-Obese ( BMI>30)               |          |           |          |          |           |          |

2. MATERNAL AND CHILD HEALTH (MCH)

| 2.1 ANTENATAL   |                                     |             | NUMBER |
|---|-------------------------------------|-------------|--------|
| A1-ANC 1 <sup>st</sup> Visit for women  | Total                               | 10-19years  |        |
|   |                                     | 20-24years  |        |
|   |                                     | >=25years   |        |
|   | No. in 1st Trimester                |             |        |
| A2-ANC 4 <sup>th</sup> Visit for women  | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A3- ANC 4+ Visits for Women   |                                     |             |        |
| A4- Total ANC visits (new clients + Re-attendances)   | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A5: Referrals to ANC unit   | Total                               |             |        |
|   | From community services             |             |        |
| A6-ANC Referrals from unit  | Total                               |             |        |
|   | To FSG                              |             |        |
| A7-First dose IPT (IPT1)  | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A8-Second dose IPT (IPT2)   | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A9-Pregnant Women receiving Iron/Folic Acid on ANC 1 <sup>st</sup> Visit                    |                                     |             |        |
| A10: Pregnant Women receiving free LLINs  |                                     |             |        |
| A11:Pregnant Women tested for syphilis  |                                     |             |        |
| A12: Pregnant Women tested positive for syphilis  |                                     |             |        |
| A13: Pregnant Women newly tested for HIV this pregnancy (TR & TRR)                          | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A14: Pregnant Women tested HIV+ for 1st time this pregnancy (TRR) at any visit              | 10-19 years                         |             |        |
|   | 20-24 years                         |             |        |
|   | >= 25 years                         |             |        |
| A15: HIV+ Pregnant women assessed by CD4 or WHO clinical stage for the 1 <sup>st</sup> time | CD4                                 |             |        |
|   | WHO clinical stage only             |             |        |
| A16: HIV+ Pregnant Women initiated on ART for EMTCT (ART)                                   |                                     |             |        |
| A17: Pregnant Women who knew status before 1 <sup>st</sup> ANC                              | Total (TRK + TRRK)                  |             |        |
|   | HIV+ (TRRK)                         |             |        |
| A18: HIV+ Pregnant Women already on ART before 1 <sup>st</sup> ANC (ART-K)                  |                                     |             |        |
| A19: Pregnant Women re-tested later in pregnancy (TR+ & TRR+)                               |                                     |             |        |
| A20: Pregnant Women testing HIV+ on a retest (TRR+)   |                                     |             |        |
| A21: HIV+ Pregnant Women initiated on Cotrimoxazole   |                                     |             |        |
| A22: Male partners received HIV test results in eMTCT                                       | Total                               |             |        |
|   | HIV+                                |             |        |
| 2.2 MATERNITY   |                                     |             | NUMBER |
| M1: Admissions  |                                     |             |        |
| M2: Referrals to maternity unit   |                                     |             |        |
| M3: Maternity referrals out   |                                     |             |        |
| M4: Deliveries in unit  | Total                               | 10-19 years |        |
|   |                                     | 20-24 years |        |
|   |                                     | >=25 years  |        |
|   | Fresh still birth                   |             |        |
|   | Macerated still birth               |             |        |
|   | Live births                         |             |        |
| Pre-Term births   |                                     |             |        |
| M5: Women tested for HIV in labour  | 1 <sup>st</sup> time this Pregnancy |             |        |
|   | Retest this Pregnancy               |             |        |

| MATERNITY CONTINUED  |                                     | NUMBER |
|--|-------------------------------------|--------|
| M6: Women testing HIV+ in labour   | 1 <sup>st</sup> time this Pregnancy |        |
|  | Retest this Pregnancy               |        |
| M7: HIV+ women initiating ART in maternity   |                                     |        |
| M8: Deliveries to HIV+ women in unit   | Total                               |        |
|  | Live births                         |        |
| M9: HIV-exposed babies given ARVs  |                                     |        |
| M10: No. of mothers who initiated breastfeeding within the 1 <sup>st</sup> hour after delivery | Total                               |        |
|  | No. HIV +                           |        |
| M11: Babies born with low birth weight (<2.5kg)  |                                     |        |
| M12: Live babies   |                                     |        |
| M13: Babies born with defect   |                                     |        |
| M14: Mother given Vitamin A supplementation  |                                     |        |
| M15: Newborn deaths (0-7 days)   |                                     |        |
| M16: Maternal deaths   | 10-19 years                         |        |
|  | 20-24 years                         |        |
|  | >=25 years                          |        |
| M17: Born Before Arrival   | Alive                               |        |
|  | Dead                                |        |
| M18: Birth asphyxia  |                                     |        |
| M19: No. of babies who received PNC at 6 hours   |                                     |        |
| 2.3 POSTNATAL  |                                     | NUMBER |
| P1-Post Natal Attendances  | 10-19 years                         |        |
|  | 20-24 years                         |        |
|  | >=25 years                          |        |
|  | 6 Hours                             |        |
|  | 6 Days                              |        |
|  | 6 Weeks                             |        |
| P2: Breastfeeding mothers tested for HIV   | 6 Months                            |        |
|  | 1st test during Postnatal           |        |
|  | Retest during Postnatal             |        |
|  | 1st test during Postnatal           |        |
| P3: Breastfeeding mothers newly testing HIV+   | Retest during Postnatal             |        |
|  | Retest during Postnatal             |        |
| P4: Total HIV+ mothers attending postnatal   |                                     |        |
| P5: HIV+ women initiating ART in PNC   |                                     |        |
| P6: Mother-baby pairs enrolled at Mother-Baby care point                                       |                                     |        |
| P7: Vitamin A supplementation given to mothers   |                                     |        |
| P8: Clients with pre-malignant conditions of breast  |                                     |        |
| P9: Clients with pre-malignant conditions of cervix  |                                     |        |

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| 2.4 EXPOSED INFANT DIAGNOSIS (EID) SERVICES                                       |                     | NUMBER    |          |
|---|---------------------|-----------|----------|
| E1: Exposed infants tested for HIV below 18 months of age                         | 1 <sup>st</sup> PCR |           |          |
|   | 2 <sup>nd</sup> PCR |           |          |
|   | < 2 months          |           |          |
| E2: 1 <sup>st</sup> DNA PCR result returned                                       | Total               |           |          |
|   | HIV+                |           |          |
| E3: 2 <sup>nd</sup> DNA PCR result returned                                       | Total               |           |          |
|   | HIV+                |           |          |
| E4: Number of DNA PCR results returned from the lab                               | Total               |           |          |
|   | Within 2 weeks      |           |          |
|   | Given to caregiver  |           |          |
| E5: Number of HIV Exposed infants tested by serology/rapid HIV test at ≥18 months | Total               |           |          |
|   | Positive            |           |          |
| E6: Number of HIV+ infants from EID enrolled in care                              |                     |           |          |
| E7: HIV exposed infants started on CPT  | Total               |           |          |
|   | Within 2 months     |           |          |
| 2.5 FAMILY PLANNING METHODS   |                     | NEW USERS | REVISITS |
| F1-Oral : Lo-Femenal  | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥25 years           |           |          |
| F2-Oral: Microgynon   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F3-Oral: Ovrette or another POP   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F4-Oral: Others   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F5-Female condoms   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F6-Male condoms   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F7-IUDs   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F8-Injectable   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F9-Natural  | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| F10-Other methods   | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| <b>Total family planning users</b>  | 10-19 years         |           |          |
|   | 20-24 years         |           |          |
|   | ≥ 25 years          |           |          |
| <b>F11: Number HIV+ FP users</b>  |                     |           |          |

| 2.6 CONTRACEPTIVES DISPENSED   | NO. DISP. AT UNIT | NO. DISP. BY CBD | NO. DISP. AT OUT-REACH |
|--------------------------------|-------------------|------------------|------------------------|
| D1: Oral: Lo-Femenal (cycles)  |                   |                  |                        |
| D2: Oral: Microgynon (cycles)  |                   |                  |                        |
| D3: Oral: Ovrette or other POP |                   |                  |                        |
| D4: Oral: Others (cycles)      |                   |                  |                        |
| D5: Female condoms (pieces)    |                   |                  |                        |
| D6: Male condoms (pieces)      |                   |                  |                        |
| D7: IUDs (pieces)              |                   |                  |                        |
| D8: injectable (doses)         |                   |                  |                        |
| D9: Emergency contraceptives   |                   |                  |                        |

| 2.7 MINOR OPERATIONS IN FAMILY PLANNING   |             |   |   |   |   | NUMBER |
|---|-------------|---|---|---|---|--------|
| O1: Female sterilization (tubal ligation) |             |   |   |   |   |        |
| O2: Male sterilization (vasectomy)        |             |   |   |   |   |        |
| O3: Implant new users                     | AGE GROUP   | I | Z | J | O | TOTAL  |
|   | 10-19 years |   |   |   |   |        |
|   | 20-24 years |   |   |   |   |        |
| ≥ 25 years                                |             |   |   |   |   |        |
| O4: Implant revisits                      |             |   |   |   |   |        |
| O5: Implant removals                      |             |   |   |   |   |        |

| 2.8 CHILD HEALTH SERVICES                                 |   |   |                |   |             |   |              |   |
|---|---|---|----------------|---|-------------|---|--------------|---|
| CHILD HEALTH SERVICES                                     | 6 – 11 Months                                     |   | 12 – 59 Months |   | 1 – 4 Years |   | 5 – 14 Years |   |
|   | M   | F | M              | F | M           | F | M            | F |
|   | C1-Vit A supplem 1 <sup>st</sup> Dose in the year |   |                |   |             |   |              |   |
| C2-Vit A supplem 2 <sup>nd</sup> Dose in the year         |   |   |                |   |             |   |              |   |
| C3-Dewormed 1 <sup>st</sup> dose in the year              |   |   |                |   |             |   |              |   |
| C4-Dewormed 2 <sup>nd</sup> dose in the year              |   |   |                |   |             |   |              |   |
| C5-Dewormed 1 <sup>st</sup> dose in schools in the year   |   |   |                |   |             |   |              |   |
| C6- Deworming 2 <sup>nd</sup> dose in schools in the year |   |   |                |   |             |   |              |   |

| 2.9 TETANUS IMMUNISATION (TT VACCINE) |                |          |              |          |                         |
|---------------------------------------|----------------|----------|--------------|----------|-------------------------|
| Doses                                 | Pregnant women |          | Non-pregnant |          | Immuni zation in School |
|                                       | Static         | outreach | Static       | outreach |                         |
| T1-Dose 1                             |                |          |              |          |                         |
| T2-Dose 2                             |                |          |              |          |                         |
| T3-Dose 3                             |                |          |              |          |                         |
| T4-Dose 4                             |                |          |              |          |                         |
| T5-Dose 5                             |                |          |              |          |                         |



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| 2.10 HPV VACCINATION   |                |          |          |                    |           |          |           |           |
|--|----------------|----------|----------|--------------------|-----------|----------|-----------|-----------|
| Vaccination of girls   | School         |          |          |                    |           |          | Community |           |
|  | 9 years        | 10 years | 11 years | 12 years           | 13 years  | 14 years | 9 - 14yrs | 15+ years |
| V1-HPV1-Dose 1   |                |          |          |                    |           |          |           |           |
| V2-HPV2-Dose 2   |                |          |          |                    |           |          |           |           |
| V3-HPV3-Dose 3   |                |          |          |                    |           |          |           |           |
| 2.11 CHILD IMMUNISATION  |                |          |          |                    |           |          |           |           |
| Doses  | Under 1        |          |          |                    | 1-4 Years |          |           |           |
|  | Static         |          | Outreach |                    | Static    |          | Outreach  |           |
|  | M              | F        | M        | F                  | M         | F        | M         | F         |
| I1-BCG   |                |          |          |                    |           |          |           |           |
| I2-Protection At Birth for TT (PAB)                            |                |          |          |                    |           |          |           |           |
| I3-Polio 0   |                |          |          |                    |           |          |           |           |
| I4-Polio 1   |                |          |          |                    |           |          |           |           |
| I5-Polio 2   |                |          |          |                    |           |          |           |           |
| I6-Polio 3   |                |          |          |                    |           |          |           |           |
| I7-IPV   |                |          |          |                    |           |          |           |           |
| I8-DPT-HepB+Hib 1  |                |          |          |                    |           |          |           |           |
| I9-DPT-HepB+Hib 2  |                |          |          |                    |           |          |           |           |
| I10-DPT-HepB+Hib 3   |                |          |          |                    |           |          |           |           |
| I11-PCV 1  |                |          |          |                    |           |          |           |           |
| I12-PCV 2  |                |          |          |                    |           |          |           |           |
| I13-PCV 3  |                |          |          |                    |           |          |           |           |
| I14-Rotavirus 1  |                |          |          |                    |           |          |           |           |
| I15-Rotavirus 2  |                |          |          |                    |           |          |           |           |
| I16-Rotavirus 3  |                |          |          |                    |           |          |           |           |
| I17-Measles  |                |          |          |                    |           |          |           |           |
| I18-Fully immunized by 1 year                                  |                |          |          |                    |           |          |           |           |
| <b>I19-DPT-HepB+Hib doses wasted</b>                           |                |          |          |                    |           |          |           |           |
| <b>2.12 HEPATITIS B VACCINATION</b>                            |                |          |          |                    |           |          |           |           |
| Category   | Male           |          |          | Female             |           |          |           |           |
| HBV1-Number of health workers in a Unit                        |                |          |          |                    |           |          |           |           |
| HBV2-Number of health workers Immunized Doses1                 |                |          |          |                    |           |          |           |           |
| HBV3-Number of health workers Immunized Doses2                 |                |          |          |                    |           |          |           |           |
| HBV4-Number of health workers Immunized Doses3                 |                |          |          |                    |           |          |           |           |
| HBV5-Number of health workers fully Immunized (D3+Done before) |                |          |          |                    |           |          |           |           |
| HBV6-Number of health workers not Immunized                    |                |          |          |                    |           |          |           |           |
| 3. OUTREACH ACTIVITIES   |                |          |          |                    |           |          |           |           |
| Category   | Number Planned |          |          | Number Carried out |           |          |           |           |
| OA1-EPI Outreaches   |                |          |          |                    |           |          |           |           |
| OA2-HCT Outreaches   |                |          |          |                    |           |          |           |           |
| OA3-Environmental Health Visits                                |                |          |          |                    |           |          |           |           |
| OA4-Health Education/Promotion Outreaches                      |                |          |          |                    |           |          |           |           |
| OA5-Maternal Death Audited                                     |                |          |          |                    |           |          |           |           |
| OA6-Perinatal Death Audited                                    |                |          |          |                    |           |          |           |           |
| OA7-Other Outreaches   |                |          |          |                    |           |          |           |           |

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4. HIV/AIDS COUNSELING AND TESTING (HCT)

| Category  | No. of individuals 18mth- <5 years |   | No. of individuals 5-<10 years |   | No. of individuals 10 - <15 years |   | No. of individuals 15 - <19 years |   | No. of individuals 19 - 49 years |   | No. of individuals >49 years |   | Total |   |
|---|------------------------------------|---|--------------------------------|---|-----------------------------------|---|-----------------------------------|---|----------------------------------|---|------------------------------|---|-------|---|
|   | M                                  | F | M                              | F | M                                 | F | M                                 | F | M                                | F | M                            | F | M     | F |
| H1-Number of Individuals counseled  |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H2-Number of Individuals tested   |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H3-Number of Individuals who received HIV test results                              |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H4- Number of individuals who received HIV results in the last 12months             |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H5 – Number of individuals tested for the first time                                |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H6-Number of Individuals who tested HIV positive                                    |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H7-HIV positive individuals with presumptive TB                                     |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H8-Number of Individuals tested more than twice in the last 12 months               |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H9-Number of individuals who were Counseled and Tested together as a Couple         |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H10-Number of individuals who were Tested and Received results together as a Couple |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H11-Number of couples with Concordant positive results                              |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H12- Number of couples with Discordant results                                      |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H13-Individuals counseled and tested for PEP  |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H14-Number of individuals tested as MARPS   |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H15-Number of positive individuals who tested at an early stage (CD4>=500µ)         |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |
| H16-Number of clients who have been linked to care                                  |                                    |   |                                |   |                                   |   |                                   |   |                                  |   |                              |   |       |   |

5. SAFE MALE CIRCUMCISION (SMC)

|   |                                       |
|---|---------------------------------------|
| S1. Expected Number of SMCs Performed (Monthly Target)  |                                       |
| Category  | Facility                              |
|   | SC DC SC DC                           |
| S2. Number of Males Circumcised (by Age Group-Years) and Technique (SC - Surgical SMC, DC - Device-Based SMC) | < 2                                   |
|   | 2<5                                   |
|   | 5<15                                  |
|   | 15<49                                 |
|   | >=49                                  |
|   | <b>Total SMC</b>                      |
| S3. SMC Clients Counseled, Tested and Circumcised for HIV at SMC site   | HIV Negative                          |
|   | HIV Positive                          |
|   | <b>Total Clients Tested</b>           |
| S4. Number of Clients Circumcised who Returned for Follow Up Visit within 6 weeks of SMC Procedure            | First Follow Up Visit within 48 Hours |
|   | Second Follow Up Visit within 7 Days  |
|   | Further Follow Up Visit Beyond 7 Days |
| S5. Clients Circumcised who Experienced one or more Adverse Events (Report only Moderate or Severe AEs)       | Moderate                              |
|   | Severe                                |
|   | <b>Total</b>                          |
| S6. Clients circumcised used circumcision Technique   | Surgical SMC (SC)                     |
|   | Device-Based SMC (DC)                 |
|   | Other VMMC techniques                 |
|   | <b>Total</b>                          |
| S7. Action taken  | Managed Locally                       |
|   | Referred                              |

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| 6. ESSENTIAL MEDICINES AND HEALTH SUPPLIES   |   |                     |                          |                   |               |
|--|---|---------------------|--------------------------|-------------------|---------------|
| 6.1 STOCK STATUS (Out of stock means that there was NONE left in your health unit STORE)                             |   |                     |                          |                   |               |
| Note: The primary data sources for this sub-section are the Stock books and Stock Cards                              |   |                     |                          |                   |               |
| SN.  | NAME OF DRUG ITEM   | UNIT                | Quantity Consumed(units) | Days out of stock | Stock on hand |
| <b>HSSIP INDICATOR ITEMS:</b>  |   |                     |                          |                   |               |
| S1   | Artemether/ Lumefantrine 100/20mg tablet*                 | Tablet              |                          |                   |               |
| S2   | Depo- Provera   | Ampoule             |                          |                   |               |
| S3   | Co-tromoxazole 480mg tablet                               | Tablet              |                          |                   |               |
| S4   | Sulfadoxine/ Pyrimethamine tablet                         | Tablet              |                          |                   |               |
| S5   | ORS Sachets with zinc tablet                              | Sachet              |                          |                   |               |
| S6   | Measles Vaccine   | Vial                |                          |                   |               |
| <b>OTHER PROGRAMMATIC ITEMS:</b>   |   |                     |                          |                   |               |
| S7   | Determine HIV Screening test, tests                       | Tests               |                          |                   |               |
| S8   | Stat -pack HIV Confirmatory rapid tests, tests            | Tests               |                          |                   |               |
| S9   | Unigold HIV RDT Tie-breaker test, tests                   | Tests               |                          |                   |               |
| S10  | CD4 reagent Specify .....                                 |                     |                          |                   |               |
| S11  | Malaria Rapid Diagnostic tests                            | Test                |                          |                   |               |
| S12  | ZN reagent for AFB  |                     |                          |                   |               |
| S13  | Therapeutic milk F75 (75Kcal/100ml)                       | Packet              |                          |                   |               |
| S14  | Therapeutic milk F100 (100Kcal/100ml)                     | Packet              |                          |                   |               |
| S15  | Ready to use Therapeutic feeds (RUTF)                     | Paste               |                          |                   |               |
| S16  | Tenofovir/Lamivudine/Efavirenz (TDF/3TC/EFV) 300mg/300mg/ | Pack of 30          |                          |                   |               |
| S17  | Zidovudine /Lamivudine/Nevirapine (AZT/3TC/NVP)           | Pack of 60          |                          |                   |               |
| S18  | Zidovudine/Lamivudine (AZT/3TC) 300mg/150m                | Pack of 60          |                          |                   |               |
| S19  | Tenofovir/Lamivudine (TDF/3TC) 300mg/300mg                | Pack of 30          |                          |                   |               |
| S20  | Nevirapine (NVP) 200mg                                    | Pack of 60          |                          |                   |               |
| S21  | Efavirenz (EFV) 600mg                                     | Pack of 30          |                          |                   |               |
| S22  | Abacavir/Lamivudine (ABC/3TC) 60mg/30mg (Paediatric)      | Pack of 60          |                          |                   |               |
| S23  | Nevirapine (NVP) 50mg                                     | Pack of 60          |                          |                   |               |
| S24  | Cotrimoxazole 960mg tablet                                | Pack of 1000        |                          |                   |               |
| S25  | (RHZE) blister strip 150/75/400/275 mg                    | 28 tablets          |                          |                   |               |
| S26  | Blood 450 ml  | Milliliters         |                          |                   |               |
| S27  | RH blister strip 150/75 mg                                | 28 tablets          |                          |                   |               |
| S28  | Misoprostol 200mcg Tablet**                               | Tablet              |                          |                   |               |
| S29  | Amoxicillin dispersible 125mg tablet (For children)       | 30tablets           |                          |                   |               |
| S30  | Ceftriaxone 1g Injection                                  | Vial                |                          |                   |               |
| S31  | Oxytocin Injection  | Ampoule             |                          |                   |               |
| S32  | Chlorhexidine 20%   | Litres              |                          |                   |               |
| S33  | Mama Kit**  | Kit                 |                          |                   |               |
| S34  | Bendrofluzide (Aprinox) 5mg                               | Tablet              |                          |                   |               |
| S35  | Propranolol 40mg tablet                                   | Tablet              |                          |                   |               |
| S36  | Nifedipine tablets 20mg tablet                            | Tablet              |                          |                   |               |
| S37  | Captopril 25mg tablet                                     | Tablet              |                          |                   |               |
| S38  | Metformin 500mg   | Tablet              |                          |                   |               |
| S39  | Glibenclamide 5mg tablet                                  | Tablet              |                          |                   |               |
| S40  | Insulin short-acting                                      | Vial                |                          |                   |               |
| S41  | Cardiac Aspirin 75/80 mg                                  | Tablet              |                          |                   |               |
| <b>ADD THE NAME OF OTHER DRUGS, VACCINES, CONTRACEPTIVES OR SUPPLIES THAT SUFFERED A STOCK OUT DURING THE MONTH:</b> |   |                     |                          |                   |               |
| NO.  | NAME OF DRUG ITEM   | DAY(S) OUT OF STOCK | NO.                      | NAME OF DRUG ITEM | DAY(S) OUT OF |
| 1  |   |                     | 6                        |                   |               |
| 2  |   |                     | 7                        |                   |               |
| 3  |   |                     | 8                        |                   |               |
| 4  |   |                     | 9                        |                   |               |
| 5  |   |                     | 10                       |                   |               |

\*This refers to the drug recommended in the National policy at the time

| 7. LABORATORY TESTS           |             |            |                 |            |  |  |
|-------------------------------|-------------|------------|-----------------|------------|--|--|
| LABORATORY TESTS              | NUMBER DONE |            | NUMBER POSITIVE |            |  |  |
| <b>7.1 HEMATOLOGY (BLOOD)</b> |             |            | 38. Hepatitis B |            |  |  |
| 01. Hb                        |             |            |                 |            | 39. Brucella   |  |
| 02. HBG<8                     |             |            |                 |            | 40. Pregnancy Test   |  |
| 03. HBG≥8                     |             |            |                 |            | 41. Rheumatoid Factor  |  |
| 04. WBC Total                 |             |            |                 |            | 42. Others   |  |
| 05. WBC Differential          |             |            |                 |            |  |  |
| 06. Film Comment              |             |            |                 |            |  |  |
| 07. ESR                       |             |            |                 |            |  |  |
| 08. RBC                       |             |            |                 |            | <b>7.5 IMMUNOLOGY</b>  |  |
| 09. Bleeding time             |             |            |                 |            | 43. CD4 tests  |  |
| 10 Prothrombin Time           |             |            |                 |            | 44. Viral Load Tests   |  |
| 11. Clotting Time             |             |            |                 |            | 45. Others   |  |
| 12. Others                    |             |            |                 |            | <b>7.6 MICROBIOLOGY (CSF URINE, STOOL, BLOOD, SPUTUM, SWABS)</b> |  |
|                               |             |            |                 |            | 46. ZN for AFBs  |  |
| <b>7.2 BLOOD TRANSFUSION</b>  |             |            |                 |            | 47. Routine Cultures & Sensitivities                             |  |
| 13. ABO Grouping              |             |            |                 |            | 48. Gram   |  |
| 14. Combs                     |             |            |                 |            | 49. India Ink  |  |
| 15. Cross Matching            |             |            |                 |            | 50. Wet Preps  |  |
| 16. Blood Collected (Units)   |             |            |                 |            | 51. Urine Microscopy   |  |
| 17. Blood Transfusion(Lts)    |             |            |                 |            | <b>7.7 CLINICAL CHEMISTRY</b>                                    |  |
| <b>7.3 PARASITOLOGY</b>       |             |            |                 |            | <b>Renal Profile</b>   |  |
| <b>CATEGORY</b>               | 0-4 years   | 5 and over | 0-4 years       | 5 and over | 52. Urea   |  |
| 18. Malaria Microscopy        |             |            |                 |            | 53. Calcium  |  |
| 19. Malaria RDTs              |             |            |                 |            | 54. Potassium  |  |
| 20. Trypanosoma               |             |            |                 |            | 55. Sodium   |  |
| 21. Microfilaria              |             |            |                 |            | 56. Creatinine   |  |
| 22. Leishmania                |             |            |                 |            | <b>Liver Profile</b>   |  |
| 23. Trichinella               |             |            |                 |            | 57. ALT  |  |
| 24. Borrella                  |             |            |                 |            | 58. AST  |  |
| Stool Microscopy              |             |            |                 |            | 59. Albumin  |  |
| 25. Entamoeba                 |             |            |                 |            | 60. Total Protein  |  |
| 26. Glardia Lamblia           |             |            |                 |            | <b>Lipid/Cardiac Profile</b>                                     |  |
| 27. Trichomonas               |             |            |                 |            | 61. Triglycerides  |  |
| 28. Stronyloides              |             |            |                 |            | 62. Cholesterol  |  |
| 29. Shistosoma                |             |            |                 |            | 63. CK   |  |
| 30. Taenia                    |             |            |                 |            | 64. LDH  |  |
| 31. Askaris                   |             |            |                 |            | 65. HDL  |  |
| 32. Hookworm                  |             |            |                 |            | <b>Other Clinical Chemistry Tests</b>                            |  |
| 33. Trichuris                 |             |            |                 |            | 66. Alkaline Phos  |  |
| 34. Other Parasites           |             |            |                 |            | 67. Amylase  |  |
| <b>7.4 SEROLOGY</b>           |             |            |                 |            | 68. Glucose  |  |
| 35. VDRL/RPR                  |             |            |                 |            | 69. Uric Acid  |  |
| 36. TPHA                      |             |            |                 |            | 70. Lactate  |  |
| 37. Shigella Dysentery        |             |            |                 |            | 71. Others   |  |

# HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT Page 10

| 7.8 SUMMARY OF HIV TEST BY PURPOSE |     |       |                    |                 |     |       |
|------------------------------------|-----|-------|--------------------|-----------------|-----|-------|
| CATEGORY                           | HCT | PMTCT | CLINICAL DIAGNOSIS | QUALITY CONTROL | SMC | TOTAL |
| 72. DETERMINE                      |     |       |                    |                 |     |       |
| 73. STAT PAK                       |     |       |                    |                 |     |       |
| 74. UNIGOLD                        |     |       |                    |                 |     |       |

| 8. FINANCIAL SUMMARY |                        |                |                |             |
|----------------------|------------------------|----------------|----------------|-------------|
| NO.                  | BUDGET LINE            | FUNDS BUDGETED | FUNDS RECEIVED | FUNDS SPENT |
| 1                    | PHC Wage               |                |                |             |
| 2                    | PHC Non-Wage Recurrent |                |                |             |
| 3                    | PHC (NGO)              |                |                |             |
| 4                    | PHC Development        |                |                |             |
| 5                    | Local Governments      |                |                |             |
| 6                    | Credit Lines (Drugs)   |                |                |             |
| 7                    | Donor projects         |                |                |             |
| 8                    | Others specify         |                |                |             |
|                      |                        |                |                |             |
|                      |                        |                |                |             |
|                      |                        |                |                |             |
|                      | <b>TOTAL</b>           |                |                |             |

**9. COMMENTS BY HEALTH FACILITY IN CHARGE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Report: \_\_\_\_\_

**Health Unit In-charge:** Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

----- (District/HSD use only) -----

|                           |     |    |
|---------------------------|-----|----|
| Date received             |     |    |
| Received by 7th of August | Yes | No |
| Checked by (signature)    |     |    |
| Date Entered              |     |    |
| Name of Data Entrant      |     |    |

**COMMENTS BY HSD:**

# HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

## DESCRIPTION AND INSTRUCTIONS

- Objective:** Summarize inpatient services
- Timing:** Due 7th of the following month
- Copies:** **Two Copies.** One sent to the HSD and another one sent to the District.  
For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the respective district and another one to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-Charge

## PROCEDURE:

1. All health units (including hospitals) with inpatients must compile and submit the HEALTH UNIT IN-PATIENT MONTHLY REPORT (HMIS 108).
2. **Item 1** on Page 1 is about census information.

**Column (A):** Use the respective labeling the wards when entering the ward names. Use labels that refer to the function such as the following: Paediatric, Maternity, Male or Female Surgical, Male or Female Medical, etc as list under the column A (List of Wards)

**Column (B):** Enter the number of **Beds** designed for the ward.

**Column (C), (D) and (E):** The number of **Admissions, Deaths** and **Patient Days** are transcribed from TABLE 6. Total these columns and enter totals in last row

**Column (F):** The **Average Length of Stay (F)** is equal to: **Patient Days / Admissions (E) / (C)** for each ward.

**Column (F):** To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values columns (C) and (E).

**Column (G):** The **Average Occupancy** (average number of patients each day) is equal to: **Patient days / No. of days in month or (E)/ No. of days in month** for each ward.

**Column (G):** To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values of column (E).

**Column (H):** The **Bed Occupancy** (average percent of beds occupied each day) is equal to: **(Patient days / days in month) x 100 / (Total number of Beds)**

**Column (H):** To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values of columns (E and B).

3. **Item 2** on Page 1, is a count of the number of inpatient referrals to and from the health unit for the previous month. This is counted from the INPATIENT REGISTER on a GENERAL TALLY SHEET.
4. **Item 3 & 4** on Page 1 and 2, report surgical procedures. These are tallied and recorded using information from the Operating Theater Register, get the total number of various surgical procedures and fill in **Item 3** and 4, sum up the major and minor operations in the respective totals.
5. **Item 5** on page 2 is on utilisation of special services in the health unit. For item 5a fill in total number of units of blood requested, received and transfused (Source of information: Blood Transfusion Register). For item 5b count total number of patients transfused by reason for transfusion. This information is obtained from HMIS 089B: Blood Transfusion Record.
6. The numbers of admissions and deaths by diagnosis are recorded in **Item 6** on Pages 3, 4, 5 and 6. This information is transcribed from TABLE 12a and 12b (for cases) and 13a & 13b (for deaths). If the health unit is unclear about whether certain diagnoses can be grouped, then the diagnoses should be listed separately each on its own. Information on Body Mass Index (BMI) Outcomes and Risk Behavior is also captured on page 6.
7. General comments are written under **Item 7** on Page 6.

**HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT** **Page 1**

Health Unit \_\_\_\_\_ Level \_\_\_\_\_ Code \_\_\_\_\_ District \_\_\_\_\_ Health Sub-district \_\_\_\_\_  
 Sub county \_\_\_\_\_ Parish \_\_\_\_\_ Reporting Period: Month \_\_\_\_\_ Year \_\_\_\_\_

**1. CENSUS INFORMATION: SEE INSTRUCTIONS FOR DEFINITIONS**

| (A)<br>List of wards           | (B)<br>No. of<br>Beds | (C)<br>Admissions | (D)<br>Deaths | (E)<br>Patient<br>days | (F)<br>Average<br>length of stay<br>= E / C | (G)<br>Average<br>Occupancy<br>= E / No.<br>of days in month | (H)<br>Bed Occupancy<br>= G x 100 / B |
|--------------------------------|-----------------------|-------------------|---------------|------------------------|---|--|---------------------------------------|
| W1. Male medical ward          |                       |                   |               |                        |   |  |                                       |
| W2. Female medical ward        |                       |                   |               |                        |   |  |                                       |
| W3. Pediatrics ward            |                       |                   |               |                        |   |  |                                       |
| W4. Maternity/Obstetric ward   |                       |                   |               |                        |   |  |                                       |
| W5. Male surgical              |                       |                   |               |                        |   |  |                                       |
| W6. Female surgical            |                       |                   |               |                        |   |  |                                       |
| W7. TB ward                    |                       |                   |               |                        |   |  |                                       |
| W8. Psychiatric ward           |                       |                   |               |                        |   |  |                                       |
| W9. Emergency ward             |                       |                   |               |                        |   |  |                                       |
| W10. Gyn ward                  |                       |                   |               |                        |   |  |                                       |
| W11. Acute care unit (ACU)     |                       |                   |               |                        |   |  |                                       |
| W12. Palliative ward           |                       |                   |               |                        |   |  |                                       |
| W13. Eye ward                  |                       |                   |               |                        |   |  |                                       |
| W14. Intensive care unit (ICU) |                       |                   |               |                        |   |  |                                       |
| W15. Nutrition ward            |                       |                   |               |                        |   |  |                                       |
| W16. ENT                       |                       |                   |               |                        |   |  |                                       |
| W17. Orthopedic                |                       |                   |               |                        |   |  |                                       |
| W18. Others                    |                       |                   |               |                        |   |  |                                       |
| <b>Totals</b>                  |                       |                   |               |                        |   |  |                                       |

**2. REFERRALS**

| Item   | Number |
|--|--------|
| REF1 Number of Inpatients referred from this health unit |        |
| REF2 Number of Inpatients referred to the health unit    |        |
| REF3 Number of inpatients who have self-referred         |        |

**3. MAJOR SURGICAL PROCEDURES**

| Procedure                               | Number |
|---|--------|
| 01 Caesarian sections                   |        |
| 02 Obstetric fistula repair             |        |
| 03 Laparotomy                           |        |
| 04 Tracheostomy                         |        |
| 05 Evacuations (incomplete abortion)    |        |
| 06 Internal fixation                    |        |
| 07 Neuro Surgery (Burr hole)            |        |
| 08 Thoracotomy                          |        |
| 09 Cardiothoracic surgery               |        |
| 10 Orthopedic Surgery                   |        |
| 11 Occular Surgery                      |        |
| 12 ENT surgical procedures              |        |
| 13 Herniorrhaphy                        |        |
| 14 Plastic/ reconstructive surgery      |        |
| 99 Other Major procedures               |        |
| <b>Total Number of Major Operations</b> |        |



**HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT Page 2**

**4. MINOR SURGICAL PROCEDURES**

| Procedure   | Number |
|---|--------|
| 01 Oral surgery                                     |        |
| 02 Debridement and care of wounds and skin grafting |        |
| 03 Incision and drainage of abscesses               |        |
| 04 Ocular surgery                                   |        |
| 05 Minor Orthopedic Surgery                         |        |
| 06 Minor ENT surgical procedures                    |        |
| 07 Safe Male Circumcision                           |        |
| 99 Other Minor procedures                           |        |
| <b>Total Number of Minor Operations</b>             |        |

**5. UTILIZATION OF SPECIAL SERVICES:**

| <b>5a. Service (Blood transfusions )</b> | <b>Whole blood</b> | <b>Packed cells</b> | <b>Platelets</b> | <b>Plasma</b> |
|--|--------------------|---------------------|------------------|---------------|
| 1 Number of units requested (mls)        |                    |                     |                  |               |
| 2 Number of units received (mls)         |                    |                     |                  |               |
| 3 Number of units transfused (mls)       |                    |                     |                  |               |

| <b>5b. Reasons for transfusion</b>        | <b>Whole blood</b> |       | <b>Packed cells</b> |       | <b>Platelets</b> |       | <b>Plasma</b> |       |
|---|--------------------|-------|---------------------|-------|------------------|-------|---------------|-------|
|   | 0-4yrs             | >5yrs | 0-4yrs              | >5yrs | 0-4yrs           | >5yrs | 0-4yrs        | >5yrs |
| 1 Severe malaria                          |                    |       |                     |       |                  |       |               |       |
| 2 Pregnancy child related complications   |                    |       |                     |       |                  |       |               |       |
| 3 Accidents                               |                    |       |                     |       |                  |       |               |       |
| 4 Cancer cases                            |                    |       |                     |       |                  |       |               |       |
| 5 Sickle cell Anaemia                     |                    |       |                     |       |                  |       |               |       |
| 6 Others                                  |                    |       |                     |       |                  |       |               |       |
| <b>Total of units of blood Transfused</b> |                    |       |                     |       |                  |       |               |       |

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6. NUMBER OF ADMISSIONS AND DEATHS BY DIAGNOSIS

| Diagnosis   | Under five years             |   |        |   | Five years and above |   |        |   |
|---|------------------------------|---|--------|---|----------------------|---|--------|---|
|   | Cases                        |   | Deaths |   | Cases                |   | Deaths |   |
|   | M                            | F | M      | F | M                    | F | M      | F |
| <b>Notifiable Diseases</b>  |                              |   |        |   |                      |   |        |   |
| 01 Acute Flaccid Paralysis  |                              |   |        |   |                      |   |        |   |
| 02 Animal Bites (suspected rabies)  |                              |   |        |   |                      |   |        |   |
| 03 Cholera  |                              |   |        |   |                      |   |        |   |
| 04 Dysentery  |                              |   |        |   |                      |   |        |   |
| 05 Guinea Worm  |                              |   |        |   |                      |   |        |   |
| 06 Malaria  | Total                        |   |        |   |                      |   |        |   |
|   | Confirmed (Microscopic &RDT) |   |        |   |                      |   |        |   |
| 07 Measles  |                              |   |        |   |                      |   |        |   |
| 08 Bacterial Meningitis   |                              |   |        |   |                      |   |        |   |
| 09 Neonatal tetanus   |                              |   |        |   |                      |   |        |   |
| 10 Plague   |                              |   |        |   |                      |   |        |   |
| 11 Yellow Fever   |                              |   |        |   |                      |   |        |   |
| 12 Other Viral Hemorrhagic Fevers   |                              |   |        |   |                      |   |        |   |
| 13 Severe Acute Respiratory Infection (SARI)  |                              |   |        |   |                      |   |        |   |
| 14 Adverse Events Following Immunization (AEFI)                                     |                              |   |        |   |                      |   |        |   |
| 15 Typhoid Fever  |                              |   |        |   |                      |   |        |   |
| 16 Presumptive MDR TB Cases   |                              |   |        |   |                      |   |        |   |
| Other Emerging infectious Diseases, specify(e.g. Influenza like illness (ILI), SARS |                              |   |        |   |                      |   |        |   |
|   |                              |   |        |   |                      |   |        |   |
| <b>Other Infectious /communicable diseases</b>                                      |                              |   |        |   |                      |   |        |   |
| 17 Diarrhea – Acute   |                              |   |        |   |                      |   |        |   |
| 18 Diarrhea- Persistent   |                              |   |        |   |                      |   |        |   |
| 19 Genital Infections   |                              |   |        |   |                      |   |        |   |
| 20 Hepatitis B  |                              |   |        |   |                      |   |        |   |
| 21 Hepatitis C  |                              |   |        |   |                      |   |        |   |
| 22 Hepatitis E  |                              |   |        |   |                      |   |        |   |
| 23 Septicemia   |                              |   |        |   |                      |   |        |   |
| 24 Peritonitis  |                              |   |        |   |                      |   |        |   |
| 25 Pneumonia  |                              |   |        |   |                      |   |        |   |
| 26 Pyrexia of unknown origin (PUO)  |                              |   |        |   |                      |   |        |   |
| 27 Respiratory infections (other)   |                              |   |        |   |                      |   |        |   |
| 28 New TB cases diagnosed   | Bacteriologically confirmed  |   |        |   |                      |   |        |   |
|   | Clinically Diagnosed         |   |        |   |                      |   |        |   |
|   | EPTB                         |   |        |   |                      |   |        |   |
| 29 Leprosy  |                              |   |        |   |                      |   |        |   |
| 30 Osteomyelitis  |                              |   |        |   |                      |   |        |   |
| 31 Urinary Tract Infections (UTI)   |                              |   |        |   |                      |   |        |   |
| 32 Tetanus (over 28 days age)   |                              |   |        |   |                      |   |        |   |
| 33 Sleeping sickness  |                              |   |        |   |                      |   |        |   |
| 34 Other types of meningitis  |                              |   |        |   |                      |   |        |   |
| <b>Neglected Tropical Diseases (NTDs)</b>   |                              |   |        |   |                      |   |        |   |
| 35 Leishmaniasis  |                              |   |        |   |                      |   |        |   |
| 36 Lymphatic Filariasis (hydrocele)   |                              |   |        |   |                      |   |        |   |
| 37 Lymphatic Filariasis (Lymphoedema)   |                              |   |        |   |                      |   |        |   |
| 38 Urinary Schistosomiasis  |                              |   |        |   |                      |   |        |   |
| 39 Intestinal Schistosomiasis   |                              |   |        |   |                      |   |        |   |
| 40 Onchocerciasis   |                              |   |        |   |                      |   |        |   |
| 41 Nodding Syndrome   |                              |   |        |   |                      |   |        |   |

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| Diagnosis   | Under five years |   |        |   | Five years and above |   |        |   |
|---|------------------|---|--------|---|----------------------|---|--------|---|
|   | Cases            |   | Deaths |   | Cases                |   | Deaths |   |
|   | M                | F | M      | F | M                    | F | M      | F |
| <b>Neonatal Diseases</b>                                  |                  |   |        |   |                      |   |        |   |
| 42 Neonatal Sepsis 0-7days                                |                  |   |        |   |                      |   |        |   |
| 43 Neonatal Sepsis 8-28days                               |                  |   |        |   |                      |   |        |   |
| 44 Neonatal Pneumonia                                     |                  |   |        |   |                      |   |        |   |
| 45 Neonatal Meningitis                                    |                  |   |        |   |                      |   |        |   |
| 46 Neonatal Jaundice                                      |                  |   |        |   |                      |   |        |   |
| 47 Premature baby (as condition that requires mgt)        |                  |   |        |   |                      |   |        |   |
| 48 Other Neonatal Conditions                              |                  |   |        |   |                      |   |        |   |
| <b>Non communicable diseases</b>                          |                  |   |        |   |                      |   |        |   |
| <b>Oral Diseases</b>                                      |                  |   |        |   |                      |   |        |   |
| 49 Dental Caries  |                  |   |        |   |                      |   |        |   |
| 50 Gingivitis   |                  |   |        |   |                      |   |        |   |
| 51 Jaw injuries   |                  |   |        |   |                      |   |        |   |
| 52 Other oral diseases and conditions                     |                  |   |        |   |                      |   |        |   |
| 53 HIV-Oral lesions                                       |                  |   |        |   |                      |   |        |   |
| 54 Oral Cancers   |                  |   |        |   |                      |   |        |   |
| <b>Heart Diseases</b>                                     |                  |   |        |   |                      |   |        |   |
| 55 Hypertension (newly diagnosed cases)                   |                  |   |        |   |                      |   |        |   |
| 56 Hypertension (old cases)                               |                  |   |        |   |                      |   |        |   |
| 57 Stroke   |                  |   |        |   |                      |   |        |   |
| 58 Other Cardiovascular Diseases                          |                  |   |        |   |                      |   |        |   |
| <b>Mental Health</b>                                      |                  |   |        |   |                      |   |        |   |
| 59 Anxiety disorders                                      |                  |   |        |   |                      |   |        |   |
| 60 Bipolar disorders                                      |                  |   |        |   |                      |   |        |   |
| 61 Depression   |                  |   |        |   |                      |   |        |   |
| 62 Schizophrenia  |                  |   |        |   |                      |   |        |   |
| 63 Alcohol abuse  |                  |   |        |   |                      |   |        |   |
| 64 Drug Abuse   |                  |   |        |   |                      |   |        |   |
| 65 Attempted Suicide                                      |                  |   |        |   |                      |   |        |   |
| 66 Dementia   |                  |   |        |   |                      |   |        |   |
| 67 Childhood Mental Disorders                             |                  |   |        |   |                      |   |        |   |
| 68 Epilepsy   |                  |   |        |   |                      |   |        |   |
| 69 HIV related Psychosis                                  |                  |   |        |   |                      |   |        |   |
| 70 Nervous system disorders                               |                  |   |        |   |                      |   |        |   |
| 71 Other forms of Mental illness                          |                  |   |        |   |                      |   |        |   |
| <b>Chronic respiratory diseases</b>                       |                  |   |        |   |                      |   |        |   |
| 72 Asthma   |                  |   |        |   |                      |   |        |   |
| 73 Chronic Obstructive Pulmonary Diseases (COPD)          |                  |   |        |   |                      |   |        |   |
| <b>Cancers</b>  |                  |   |        |   |                      |   |        |   |
| 74 Cancer prostate  |                  |   |        |   |                      |   |        |   |
| 75 Cancer lung  |                  |   |        |   |                      |   |        |   |
| 76 Cancer liver   |                  |   |        |   |                      |   |        |   |
| 77 Cancer Colon   |                  |   |        |   |                      |   |        |   |
| 78 Kaposi and other skin cancers                          |                  |   |        |   |                      |   |        |   |
| 79 Hepatocellular carcinoma                               |                  |   |        |   |                      |   |        |   |
| 80 Malignant neoplasm of Haemopoetic tissue e.g. leukemia |                  |   |        |   |                      |   |        |   |
| 81 Others Cancers   |                  |   |        |   |                      |   |        |   |
| <b>Other non-communicable diseases</b>                    |                  |   |        |   |                      |   |        |   |
| 82 Anaemia  |                  |   |        |   |                      |   |        |   |
| 83 Sickle cell Anaemia                                    |                  |   |        |   |                      |   |        |   |
| 84 Diabetes mellitus (newly diagnosed cases)              |                  |   |        |   |                      |   |        |   |
| 85 Diabetes mellitus (re-attendances)                     |                  |   |        |   |                      |   |        |   |
| 86 Endocrine and metabolic disorders (other)              |                  |   |        |   |                      |   |        |   |
| 87 Gastro-Intestinal disorders (non Infective)            |                  |   |        |   |                      |   |        |   |
| 88 Pain Requiring Palliative Care                         |                  |   |        |   |                      |   |        |   |

HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT Page 5

| Diagnosis   |                | Under five years |   |        |   | Five years and above |   |        |   |
|---|----------------|------------------|---|--------|---|----------------------|---|--------|---|
|   |                | Cases            |   | Deaths |   | Cases                |   | Deaths |   |
|   |                | M                | F | M      | F | M                    | F | M      | F |
| 89 Severe Malnutrition (SAM)                                    | With oedema    |                  |   |        |   |                      |   |        |   |
|   | Without oedema |                  |   |        |   |                      |   |        |   |
| 90 Mild Acute Malnutrition (MAM)                                |                |                  |   |        |   |                      |   |        |   |
| 91 Injuries - Road traffic Accidents                            |                |                  |   |        |   |                      |   |        |   |
| 92 Injuries Motor Cycle (Boda-boda Accidents)                   |                |                  |   |        |   |                      |   |        |   |
| 93 Injuries - (Trauma due to other causes)                      |                |                  |   |        |   |                      |   |        |   |
| 94 Animal bites   | Domestic       |                  |   |        |   |                      |   |        |   |
|   | Wild           |                  |   |        |   |                      |   |        |   |
|   | Insects        |                  |   |        |   |                      |   |        |   |
| 95 Snakes bites   |                |                  |   |        |   |                      |   |        |   |
| 96 Poisoning  |                |                  |   |        |   |                      |   |        |   |
| 97 Liver Cirrhosis  |                |                  |   |        |   |                      |   |        |   |
| 98 Liver diseases (other)                                       |                |                  |   |        |   |                      |   |        |   |
| 99 Hernias  |                |                  |   |        |   |                      |   |        |   |
| 100 Diseases of the appendix                                    |                |                  |   |        |   |                      |   |        |   |
| 101 Diseases of the skin  |                |                  |   |        |   |                      |   |        |   |
| 102 Muscular skeletal and connective tissue diseases            |                |                  |   |        |   |                      |   |        |   |
| 103 Genital urinary system diseases (non- infective)            |                |                  |   |        |   |                      |   |        |   |
| 104 Congenital malformations and chromosome abnormalities       |                |                  |   |        |   |                      |   |        |   |
| 105 Complications of medical and surgical care                  |                |                  |   |        |   |                      |   |        |   |
| 106 Benign neoplasm's (all types)                               |                |                  |   |        |   |                      |   |        |   |
| 107 Coetaneous ulcers   |                |                  |   |        |   |                      |   |        |   |
| <b>Medical Emergencies</b>                                      |                |                  |   |        |   |                      |   |        |   |
| 108 Cerebro-vascular events                                     |                |                  |   |        |   |                      |   |        |   |
| 109 Cardiac arrest  |                |                  |   |        |   |                      |   |        |   |
| 110 Gastro-intestinal bleeding                                  |                |                  |   |        |   |                      |   |        |   |
| 111 Respiratory distress  |                |                  |   |        |   |                      |   |        |   |
| 112 Acute renal failure   |                |                  |   |        |   |                      |   |        |   |
| 113 Acute sepsis  |                |                  |   |        |   |                      |   |        |   |
| 114 Other diagnoses (specify Priority diseases for health unit) |                |                  |   |        |   |                      |   |        |   |
| 115 All others  |                |                  |   |        |   |                      |   |        |   |
| 999Total Diagnoses  |                |                  |   |        |   |                      |   |        |   |

| Maternal conditions  | 10-19yrs |        | 20-24yrs |        | ≥25yrs |        |
|--|----------|--------|----------|--------|--------|--------|
|  | Cases    | Deaths | Cases    | Deaths | Cases  | Deaths |
| 116 Abortions  |          |        |          |        |        |        |
| 117 Malaria in pregnancy   |          |        |          |        |        |        |
| 118 High blood pressure in pregnancy                                       |          |        |          |        |        |        |
| 119 Obstructed labour  |          |        |          |        |        |        |
| 120 Haemorrhage related to pregnancy (APH or PPH)                          |          |        |          |        |        |        |
| 121 Sepsis related to pregnancy e.g. puerperal sepsis, abortion sepsis etc |          |        |          |        |        |        |
| 122 Obstetric Fistula  |          |        |          |        |        |        |
| 123 Other Complications of pregnancy                                       |          |        |          |        |        |        |
| <b>Gynecological conditions</b>  |          |        |          |        |        |        |
| 124 Cancer of the cervix(newly diagnosed cases)                            |          |        |          |        |        |        |
| 125 Cancer of the cervix (re-attendance)                                   |          |        |          |        |        |        |
| 126 Cancer of the breast   |          |        |          |        |        |        |
| 127 Tubal Ovarian mass/cancer  |          |        |          |        |        |        |

**HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT Page 6**

| Maternal conditions                   | 10-19yrs |        | 20-24yrs |        | ≥25yrs |        |
|---------------------------------------|----------|--------|----------|--------|--------|--------|
|                                       | Cases    | Deaths | Cases    | Deaths | Cases  | Deaths |
| 128 Pelvic Inflammatory Disease (PID) |          |        |          |        |        |        |
| 129 Uterine Fibroids                  |          |        |          |        |        |        |
| 130 Other Gynecological conditions    |          |        |          |        |        |        |

| Body Mass Index (BMI) Outcome    | 5-10yrs |        | 11-18yrs |        | >18yrs |        |
|----------------------------------|---------|--------|----------|--------|--------|--------|
|                                  | Male    | Female | Male     | Female | Male   | Female |
| B1-Severely Underweight (BMI<16) |         |        |          |        |        |        |
| B2-Underweight (16<=BMI <18.5)   |         |        |          |        |        |        |
| B3-Normal (18.5<= BMI <=25)      |         |        |          |        |        |        |
| B4-Over weight (25< BMI <=30)    |         |        |          |        |        |        |
| B5-Obese ( BMI>30)               |         |        |          |        |        |        |

| Risk Behavior  | Male     |          |        | Female   |          |        |
|----------------|----------|----------|--------|----------|----------|--------|
|                | 10-19yrs | 20-24yrs | ≥25yrs | 10-19yrs | 20-24yrs | ≥25yrs |
| R1-Alcohol use |          |          |        |          |          |        |
| R2-Tobacco use |          |          |        |          |          |        |

**7. COMMENTS**

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Date of Report: \_\_\_\_\_

**Health Unit In-charge:** Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

----- (District/HSD use only) -----

|                           |     |    |
|---------------------------|-----|----|
| Date received             |     |    |
| Received by 7th of August | Yes | No |
| Checked by (signature)    |     |    |
| Date Entered              |     |    |
| Name of Data Entrant      |     |    |

**COMMENTS BY HSD:**

## PART 2: PERFORMANCE OF THE HEALTH UNIT

### HMIS FORM 109: HEALTH UNIT POPULATION REPORT DESCRIPTION AND INSTRUCTION

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | To define the service area's community workers, and to estimate target attendance for the coming year                      |
| <b>Timing:</b>         | Due 7th August (as per Table N1)   |
| <b>Copies:</b>         | <b>Four.</b> Original stays at the health unit. Copy is sent to the DHO, the HSD and to LC III Health Committee (or HUMC). |
| <b>Responsibility:</b> | DHT and Health Unit In-Charge  |

#### PROCEDURE:

1. All health units are to complete the HEALTH UNIT POPULATION REPORT at the beginning of each financial year.
2. The service area is ultimately defined by the DHT. If there is any change from those reported previously, the DHT will inform the health unit.
3. Item 1 contains information about each parish considered to be in the service area. This includes the number of villages, the estimated population count, whether there is an active Village Health Committee (Active VHC?) within the parish, the number of active Community Health Workers (Number Act CHWs) within the parish, and the number of trained Traditional Birth Attendants (Number Trained TBAs). Information on Number of Community Drug distributors of HOMAPAK and Number of under 5 children who slept under a Net the previous night should also be filled in this item. The totals are calculated for each column and written in the last row. To collect this information you can seek assistance from HUMC members or Health Assistants. Other sources of data are the monthly reports of HOMAPAK drug distributors that are sent to health units in sub-counties implementing Home-Based Management of Fever.
4. The In-Charge will write a brief description of all NGO projects currently running or planned for implementation within the current calendar year in Item 3.2.

**The total population (calculated in Item 1) is entered in Item 3 (on side 2), in box (A). Then the estimated target populations are calculated and entered in item 3, boxes (B), (C), (D), (E), (F), (G) and (H), using the given formulas.**

**Attendance figures for the previous calendar year are then entered in Item 4 Column (I) for each of the activities listed.**

Based on your attendance of the previous year, Column (I), the DHT and the In-Charge will determine realistic target attendance for the coming year. These targets are written in Column (J) of Item 4. Using the target attendance recorded in Column (J), the graphs for the year can be started. See the section on graphing for instructions. Calculate what would be the coverage of the service population if you succeed to get your target, using the formula given in the Table and enter it in column (K).

**HMIS FORM 109: HEALTH UNIT POPULATION REPORT**

Financial Year: \_\_\_\_\_ Health Unit \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_

Sub-county \_\_\_\_\_ HSD \_\_\_\_\_ District \_\_\_\_\_

Postal address of the Health Unit \_\_\_\_\_

Email address of the Health Unit \_\_\_\_\_

Contact Telephone number of the Health Unit (Landline and mobile) \_\_\_\_\_

Designation of Health Unit In-charge: \_\_\_\_\_

1. **Authority:**            **GOVERNMENT**    **NGO**    **PRIVATE** (*Circle what is applicable*)

2. **Managing Agency/Owner** (e.g. Catholic Medical Bureau, Orthodox Church, Govt, etc):  
\_\_\_\_\_

**3. Catchment population**

The list of villages/parishes in your service area will be identified using a three month sample of attendances from the Out Patient Register. The frequency of the OPD attendances from the different villages/parishes will be ranked and the highest attending villages/parishes will be used to determine the catchment area.

The catchment population for the respective villages/parishes in the catchment area can be obtained from the sub-county headquarters, Health Sub-District, District Health Office or the District Planning Department.

Once this information is provided, complete the rest of the table. Additional information to complete this table can also be obtained from the Health Assistant.

| Name of parish | Number Villages          | Population (A) | Number of Households | Number of Households with clean and safe latrine | Number of VHTs | Number of trained VHTs | VHTs Number Active | Number Active Community Health Workers |
|----------------|--------------------------|----------------|----------------------|--|----------------|------------------------|--------------------|--|
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
|                |                          |                |                      |  |                |                        |                    |  |
| <b>Totals</b>  | <b>Number parishes =</b> |                |                      |  |                |                        |                    |  |

*VHT: Village Health Teams*





HMIS FORM 109: HEALTH UNIT POPULATION REPORT

4. TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area

Estimating target attendance

Total population in the service area:  (A)

| NO. | POPULATION GROUP  | FORMULAE            | ESTIMATED POPULATION |
|-----|---|---------------------|----------------------|
| (B) | Women in childbearing age in the service area           | $(A) \times 0.202$  | <input type="text"/> |
| (C) | Number of pregnancies in the service area               | $(A) \times 0.05$   | <input type="text"/> |
| (D) | Number of births in the service area:                   | $(A) \times 0.0485$ | <input type="text"/> |
| (E) | Number of children under one year in the service area   | $(A) \times 0.043$  | <input type="text"/> |
| (F) | Number of children under five years in the service area | $(A) \times 0.202$  | <input type="text"/> |
| (G) | Suspected tuberculosis in the service area              | $(A) \times 0.003$  | <input type="text"/> |
| (H) | People under 15 years of age                            | $(A) \times 0.46$   | <input type="text"/> |

(This should be checked by the Incharge BEFORE the report is submitted).

| Programme / attendance            | (I)<br>Attendance<br>last year | (J)<br>Target attendance<br>this year * | "Coverage" if target number reached |                |
|-----------------------------------|--------------------------------|---|-------------------------------------|----------------|
|                                   |                                |   | Formula                             | "Coverage" (K) |
| ANC new clients                   |                                |   | $(J) \times 100 / (C)$              |                |
| Deliveries (in the Health Unit)   |                                |   | $(J) \times 100 / (D)$              |                |
| Children dewormed                 |                                |   | $(J) \times 100 / (H)$              |                |
| BCG -under 1 year                 |                                |   | $(J) \times 100 / (E)$              |                |
| DPT 3 - under 1 year              |                                |   | $(J) \times 100 / (E)$              |                |
| Measles - under 1 year            |                                |   | $(J) \times 100 / (E)$              |                |
| FP First visits of year (clients) |                                |   | $(J) \times 100 / (B)$              |                |
| OPD new cases (0-4 years)         |                                |   | $(J) \times 100 / (F)$              |                |
| OPD new cases (5 years and older) |                                |   | $(J) \times 100 / (A - F)$          |                |
| TB new cases                      |                                |   | $(J) \times 100 / (G)$              |                |

\* "Target attendances this year" is the number you want to achieve".

Health Unit In-Charge Name \_\_\_\_\_ Signature \_\_\_\_\_

DHT Member Name \_\_\_\_\_ Signature \_\_\_\_\_

----- District use below this line -----

|                        |                      |
|------------------------|----------------------|
| Date received          | <input type="text"/> |
| Date entered/processed | <input type="text"/> |

## HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the quarterly attendance figures for HIV Care/ART, Nutrition and TB Services.
- Timing:** Due 7th October, 7th January, 7th April, 7th July
- Copies:** **Three Copies.** Original stays at the health unit, 1 copy is sent to the District and the third copy is sent to the HSD
- Responsibility:** Health Unit In-Charge

### PROCEDURE:

1. All health units providing HIV Care/ART, Nutrition and TB services or any of the three services must submit the HEALTH UNIT QUARTERLY REPORT (HMIS 106a).
2. Pages 1, 2 and 3 contain:  
Section 1-HIV Care/ART Services which consists of sub-section 1A-HIV Care/ART Quarterly Cross Sectional Report and 1B-ART Quarterly Cohort Analysis Report Cross sectional Report  
Page 4 contains sub-section 1C-Post Exposure Prophylaxis (PEP) and Section 2-Nutrition Quarterly Cross Sectional Report  
Page 5 contains a continuation of the Nutrition Section and Section 3-Tuberculosis/Leprosy Services
3. Pages 5, 6, 7, 8, 9 and 10 contain:  
A continuation of Section 3-Tuberculosis/Leprosy Services. Values are obtained from TB Leprosy register.
4. Explanations for completing Section 3 – TB/Leprosy: - g 3. DST examination for DR surveillance among those notified the previous quarter (i.e. 4 – 6 months ago)
  - Patients that are registered in the District Register as TRANSFER IN do not appear on this report
  - 1st quarter = Jan. Feb. Mar., 2nd quarter = Apr. May Jun  
3rd quarter = Jul. Aug. Sep., 4th quarter = Oct. Nov. Dec.
  - Bacteriologically confirmed refers to specimen e.g. smear positive by microscopy, culture or new diagnostics
  - Block 'B' is the breakdown of the totals in the first three boxes in block 'A'

## Technical Module 7: Information Systems and Routine Reporting

- Block “C” is a breakdown of TB patients registered during the quarter by TB/HIV services offered.
- Block “D” is a breakdown of “DOT” status of patients registered during the quarter
- Patients are reported in the quarter in which they are registered in the District TB Register. Thus, the patient may be diagnosed and put into Treatment’s Unit Register at the end of March, for example, but only registered into the District Register in April – he will appear in the statistics for the 2<sup>nd</sup> quarter. This means that the DTLS can begin to work on the statistics on the first day of the next quarter.
- Block “E” gives 1.) The number of health workers with TB and 2.) IPT status during the quarter
- Block “F” gives the sputum conversion at the end of intensive phase of patients started on treatment in previous quarter i.e. 4 – 6 months ago
- G is for laboratory work: 4a) for sputum examination for case finding. 4b) results of NAAT testing and 4c) for routine surveillance of drug resistant TB among high risk groups
- The report should be handed to the Zonal Supervisor before 15<sup>th</sup> of the month following the end of the quarter being reported on. ZTLS will validate and forward the reports to the Ministry of Health by 28<sup>th</sup> of the same month.
- Please keep the district register up to date; otherwise you will not be able to fill this form correctly and in time

# HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

Health Unit \_\_\_\_\_ Level \_\_\_\_\_ Code \_\_\_\_\_ District \_\_\_\_\_

Health Sub-district \_\_\_\_\_ Sub county \_\_\_\_\_ Parish \_\_\_\_\_

Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_ (months) Financial Year: \_\_\_\_\_

## 1. HIV CARE / ART SERVICES

### 1A - HIV CARE/ART QUARTERLY CROSS SECTIONAL REPORT

| Register | #  | Data Element  | Category                           |        |                          |        |                            |        |                                     |        | Total |
|----------|----|---|------------------------------------|--------|--------------------------|--------|----------------------------|--------|-------------------------------------|--------|-------|
|          |    |   | No of Children < 2years (24months) |        | No. of Children 2- <5yrs |        | No. of Children 5 – 14 yrs |        | No. of Individuals 15 yrs and above |        |       |
|          |    |   | Male                               | Female | Male                     | Female | Male                       | Female | Male                                | Female |       |
|          |    |   | A                                  | b      | c                        | d      | E                          | f      | G                                   | h      |       |
| Pre-ART  | 1  | Cumulative No. of clients ever enrolled in HIV care at this facility at the end of the previous quarter                   | 1a                                 | 1b     | 1c                       | 1d     | 1e                         | 1f     | 1g                                  | 1h     | 1i    |
|          | 2  | No. of new patients enrolled in HIV care at this facility during the reporting quarter (Exclude transfer In)              | 2a                                 | 2b     | 2c                       | 2d     | 2e                         | 2f     | 2g                                  | 2h     | 2i    |
|          | 3  | No. of pregnant & lactating women enrolled into care during the reporting quarter. (Subset of row 2 above )               |                                    |        |                          |        |                            |        |                                     | 3h     | 3i    |
|          | 4  | No. of clients started on INH Prophylaxis during the reporting quarter (Subset of row 2 above )                           |                                    |        |                          |        |                            |        |                                     |        | 4i    |
|          | 5  | Cumulative Number of clients ever enrolled in HIV care at this facility at the end of the reporting quarter(row 1+ row 2) | 5a                                 | 5b     | 5c                       | 5d     | 5e                         | 5f     | 5g                                  | 5h     | 5i    |
|          | 6  | No. of persons already enrolled in HIV care who transferred in from another facility during the quarter.                  |                                    |        |                          |        |                            |        |                                     |        | 6i    |
|          | 7  | No. of active clients on pre-ART Care in the quarter  |                                    |        |                          |        |                            |        |                                     |        | 7i    |
|          | 8  | No. active on pre-ART Care who received CPT/Dapsone at their last visit in the quarter                                    |                                    |        |                          |        |                            |        |                                     |        | 8i    |
|          | 9  | No. active on pre-ART Care assessed for TB at last visit in the quarter   |                                    |        |                          |        |                            |        |                                     |        | 9i    |
|          | 10 | No. active on pre-ART Care diagnosed with TB in the quarter   |                                    |        |                          |        |                            |        |                                     |        | 10i   |
|          | 11 | No. active on pre-ART Care started on anti - TB treatment during the quarter  |                                    |        |                          |        |                            |        |                                     |        | 11i   |
|          | 12 | No. Active on pre-ART Care assessed for Malnutrition at their visit in quarter  |                                    |        |                          |        |                            |        |                                     |        | 12i   |
|          | 13 | No. active on pre-ART who are Malnourished at their last visit in the quarter   |                                    |        |                          |        |                            |        |                                     |        | 13i   |
|          | 14 | No. active on pre-ART Care eligible and ready but not started on ART by end of the quarter                                |                                    |        |                          |        |                            |        |                                     |        | 14i   |

HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

| Register | #   | Data Element  | Category                           |        |                           |        |                            |        |                                     |        | Total |
|----------|---|---|------------------------------------|--------|---------------------------|--------|----------------------------|--------|-------------------------------------|--------|-------|
|          |   |   | No of Children < 2years (24months) |        | No. of Children 2- <-5yrs |        | No. of Children 5 – 14 yrs |        | No. of Individuals 15 yrs and above |        |       |
|          |   |   | Male                               | Female | Male                      | Female | Male                       | Female | Male                                | Female |       |
|          |   |   | A                                  | b      | c                         | d      | E                          | f      | g                                   | h      |       |
| ART      | 15  | Cumulative No. of clients ever enrolled on ART at this facility at the end of the previous quarter            | 15a                                | 15b    | 15c                       | 15d    | 15e                        | 15f    | 15g                                 | 15h    | 15i   |
|          | 16  | No. of new clients started on ART at this facility during the quarter   | 16a                                | 16b    | 16c                       | 16d    | 16e                        | 16f    | 16g                                 | 16h    | 16i   |
|          | 17  | No. Of new clients started on ART at this facility during the quarter based on CD4 count                      |                                    |        |                           |        |                            |        |                                     |        | 17i   |
|          | 18  | No. of pregnant & Lactating women started on ART at this facility during the quarter (Subset of row 16 above) |                                    |        |                           |        |                            |        |                                     | 18h    | 18i   |
|          | 19  | Cumulative No. of individuals ever started on ART (row 15 + row 16)   | 19a                                | 19b    | 19c                       | 19d    | 19e                        | 19f    | 19g                                 | 19h    | 19i   |
|          | 20  | No. active on ART on 1st line ARV regimen   | 20a                                | 20b    | 20c                       | 20d    | 20e                        | 20f    | 20g                                 | 20h    | 20i   |
|          | 21  | No. active on ART on 2nd line ARV regimen   | 21a                                | 21b    | 21c                       | 21d    | 21e                        | 21f    | 21g                                 | 21h    | 21i   |
|          | 22  | No. active on ART on 3rd line or higher ARV regimen   | 22a                                | 22b    | 22c                       | 22d    | 22e                        | 22f    | 22g                                 | 22h    | 22i   |
|          | 23  | No. active on ART who received CPT/Dapsone at the last visit in the quarter                                   | 23a                                | 23b    | 23c                       | 23d    | 23e                        | 23f    | 23g                                 | 23h    | 23i   |
|          | 24  | No. active on ART assessed for TB at last visit in the quarter  |                                    |        |                           |        |                            |        |                                     |        | 24i   |
|          | 25  | No. active on ART diagnosed with TB during the quarter  |                                    |        |                           |        |                            |        |                                     |        | 25i   |
|          | 26  | No. active on ART started on TB treatment during the quarter(New TB cases)                                    |                                    |        |                           |        |                            |        |                                     |        | 26i   |
|          | 27  | Total No. active on ART and on TB treatment during the quarter  |                                    |        |                           |        |                            |        |                                     |        | 27i   |
|          | 28  | No. active on ART with Good adherence(>95%) during the quarter  |                                    |        |                           |        |                            |        |                                     |        | 28i   |
| 29       | No. active on ART assessed for Malnutrition at their visit in quarter     |   |                                    |        |                           |        |                            |        |                                     | 29i    |       |
| 30       | No. active on ART who are Malnourished at their last visit in the quarter |   |                                    |        |                           |        |                            |        |                                     | 30i    |       |

HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

| 1B - ART QUARTERLY COHORT ANALYSIS REPORT  |   |   |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|--|---|---|---|--|--|---|-------------------------|-------------------------------|---|---------|------|---------------------------|--------------------------|--|---|--|---|--|--|
| For all clients and eMTCT mothers starting ART by month/year: at baseline then results at 6 months on ART, 12 months on ART, 24 months on ART etc. |   |   |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
| Register   | # | BASELINE  |   |  |  |   | FOLLOW-UP               |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | No. Of months completed on ART by various quarterly cohorts | Record months / year when cohort started(3 months period) | Started on ART in this clinic- original cohort | Fraction of clients 5yrs & above with CD4 <500 | Median CD4 (for 5 years and above with available CD4- optional) | Transfers In (TI) Add + | Transfers Out (TO) Subtract - | Net current cohort (N) (Column 3+TI-TO) | Stopped | Died | Lost (missed appointment) | Lost to Follow-up (DROP) | No. of Cohort Alive and on ART (On Rx) | Percent of cohort alive and on ART [(On Rx) / N * 100 ] | Fraction of clients 5yrs & above with CD4 <500 | Median CD4 (for 5 yrs and above with available CD4- optional) |  |  |
|  |   | 1   | 2   | 3  | 4  | 5   | 6                       | 7                             | 8                                       | 9       | 10   | 11                        | 12                       | 13                                     | 4   | 15   | 16  |  |  |
| ART  | 1 | All patients 6 months                                       |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 6 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 2 | All patients 12 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 12 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 3 | All patients 24 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 24 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 4 | All patients 36 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 36 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 5 | All patients 48 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 48 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 6 | All patients 60 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 60 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  | 7 | All patients 72 months                                      |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |
|  |   | eMTCT Mothers 72 months                                     |   |  |  |   |                         |                               |   |         |      |                           |                          |  |   |  |   |  |  |

| LEGEND for Table 1B                        |   |  |  |  |   |   |  |
|--|---|--|--|--|---|---|--|
| Reporting Period:                          | 6-month cohorts:  | 12-month cohorts:  | 24-month cohorts   | 36-month cohorts:  | 48-month cohorts:   | 60-month cohorts:   | 72-month cohorts:  |
| Clients being reported during the quarter: | Clients who started on ART in the preceding months of : | Clients who started on ART in the previous year, during the months of: | Clients who started on ART two years back, during the months of: | Clients who started on ART three years back, during the months of: | Clients who started on ART four years back, during the months of: | Clients who started on ART five years back, during the months of: | Clients who started on ART six years back, during the months of: |
| January 1 - March 31                       | July, Aug, Sept   | Jan, Feb, March  | Jan, Feb, March  | Jan, Feb, March  | Jan, Feb, March   | Jan, Feb, March   | Jan, Feb, March  |
| April 1 - June 30                          | Oct, Nov, Dec   | April, May, June   | April, May, June   | April, May, June   | April, May, June  | April, May, June  | April, May, June   |
| July 1 - September 30                      | Jan, Feb, March   | July, Aug, Sept  | July, Aug, Sept  | July, Aug, Sept  | July, Aug, Sept   | July, Aug, Sept   | July, Aug, Sept  |
| October 1 - December 31                    | April, May, June  | Oct, Nov, Dec  | Oct, Nov, Dec  | Oct, Nov, Dec  | Oct, Nov, Dec   | Oct, Nov, Dec   | Oct, Nov, Dec  |

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| Category   |                                   | NUMBER |        |           |        |            |        |         |        |       |        |
|--|-----------------------------------|--------|--------|-----------|--------|------------|--------|---------|--------|-------|--------|
|  |                                   | 0-4yrs |        | 5 – 14yrs |        | 15 – 49yrs |        | 50+ yrs |        | Total |        |
|  |                                   | Male   | Female | Male      | Female | Male       | Female | Male    | Female | Male  | Female |
| Q1-Exposures Reported at this facility at the end of the quarter             | Occupational Exposure             |        |        |           |        |            |        |         |        |       |        |
|  | Rape/Sexual Assault or Defilement |        |        |           |        |            |        |         |        |       |        |
|  | Non Occupational Causes           |        |        |           |        |            |        |         |        |       |        |
|  | Others Causes                     |        |        |           |        |            |        |         |        |       |        |
| Q2-Number provided with PEP following;                                       | Occupational Exposure             |        |        |           |        |            |        |         |        |       |        |
|  | Rape/Sexual Assault or Defilement |        |        |           |        |            |        |         |        |       |        |
|  | Non Occupational Causes           |        |        |           |        |            |        |         |        |       |        |
|  | Others Causes                     |        |        |           |        |            |        |         |        |       |        |
| Q3-Clients that completed full course of PEP                                 |                                   |        |        |           |        |            |        |         |        |       |        |
| Q4-Clients that completed the first 3 follow up visits (1wk, 4wks, 3 months) |                                   |        |        |           |        |            |        |         |        |       |        |
| Q5-Individuals that sero converted following PEP (after 3 months)            |                                   |        |        |           |        |            |        |         |        |       |        |
| Q6-Individuals who experienced serious side effects                          |                                   |        |        |           |        |            |        |         |        |       |        |

| 2. NUTRITION QUARTERLY CROSS-SECTIONAL REPORT |     |  |                    |           |          |         |        |                          |  |
|---|-----|--|--------------------|-----------|----------|---------|--------|--------------------------|--|
| Register                                      | No. | Data element   | Number             |           |          |         |        |                          |  |
|   |     |  | Less than 6 mths   | 6-59 mths | 5-18 yrs | 18+ yrs | TOTALS | Pregnant/Lactating Women |  |
| OPD   | 1   | N1-No. of clients who received nutrition assessment in this quarter using color coded MUAC tapes/Z score chart |                    |           |          |         |        |                          |  |
| OPD, CHILD, INR                               | 2.  | N2. No. of clients who received nutrition assessment using Height/Length for Age Z-scores                      | Total              |           |          |         |        |                          |  |
|   |     | Stunted  |                    |           |          |         |        |                          |  |
|   | 3   | N3-No. of clients who received nutritional assessment and had malnutrition                                     | Total              |           |          |         |        |                          |  |
|   |     |  | MAM                |           |          |         |        |                          |  |
|   |     |  | SAM without oedema |           |          |         |        |                          |  |
|   |     |  | SAM with oedema    |           |          |         |        |                          |  |
|   | 4   | N4-No. of newly identified malnourished cases in this quarter  | Total              |           |          |         |        |                          |  |
|   |     |  | HIV positive       |           |          |         |        |                          |  |
|   | 5   | N5-No. of clients who received nutrition supplementary / therapeutic feeds                                     | Total              |           |          |         |        |                          |  |
|   |     |  | HIV positive       |           |          |         |        |                          |  |
| ANC, MAT, PNC                                 | 6   | N6-No. of pregnant and lactating women who received maternal nutrition counseling                              | Total              |           |          |         |        |                          |  |
|   |     |  | HIV positive       |           |          |         |        |                          |  |
|   | 7   | N7-No. of pregnant and lactating women who received infant feeding counseling                                  | Total              |           |          |         |        |                          |  |
|   |     |  | HIV positive       |           |          |         |        |                          |  |

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| Register | No. | Data element   | Number           |           |          |         |        | Pregnant/Lactating Women |
|----------|-----|--|------------------|-----------|----------|---------|--------|--------------------------|
|          |     |  | Less than 6 mths | 6-59 mths | 5-18 yrs | 18+ yrs | TOTALS |                          |
| EID      | 8   | N8-No. of HIV exposed infants who were reported to be exclusively breastfed for the first 6 completed months during the reporting period |                  |           |          |         |        |                          |
|          | 9   | N9-No. of HIV exposed infants who were reported to be breastfed up-to 1 year   |                  |           |          |         |        |                          |
| INR      | 10  | N10- No. of treated malnourished clients who attained target exit criteria at the end of the quarter                                     | Total            |           |          |         |        |                          |
|          |     | HIV positive   |                  |           |          |         |        |                          |

3. TUBERCULOSIS/LEPROSY SERVICES

3.1 NEW AND RETREATMENT CASES OF TUBERCULOSIS

a). New Patients, Relapses, Lost To Follow-up and Failures:-

|   | New |   |       | Relapse |   | Lost to follow up |   | Failure |   | Trt. History unknown |   | Overall Total |   |
|---|-----|---|-------|---------|---|-------------------|---|---------|---|----------------------|---|---------------|---|
|   | M   | F | Total | M       | F | M                 | F | M       | F | M                    | F | M             | F |
| Bacteriologically confirmed, PTB (P-BC)           |     |   |       |         |   |                   |   |         |   |                      |   |               |   |
| Clinically diagnosed PTB, (P-CD)                  |     |   |       |         |   |                   |   |         |   |                      |   |               |   |
| EPTB, (bacteriologically or clinically diagnosed) |     |   |       |         |   |                   |   |         |   |                      |   |               |   |
| Total   |     |   |       |         |   |                   |   |         |   |                      |   |               |   |

b). New Patients and Relapses By Sex & Age Groups:

| Type of patient      | 0 - 4 |   | 5 - 14 |   | 15 - 24 |   | 25 - 34 |   | 35 - 44 |   | 45 - 54 |   | 55 - 64 |   | 65+ |   | Total |   |
|----------------------|-------|---|--------|---|---------|---|---------|---|---------|---|---------|---|---------|---|-----|---|-------|---|
|                      | M     | F | M      | F | M       | F | M       | F | M       | F | M       | F | M       | F | M   | F | M     | F |
| P-BC New and relapse |       |   |        |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |
| P-CD                 |       |   |        |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |
| EPTB (BC or CD)      |       |   |        |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |
| Total                |       |   |        |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |

c). TB/HIV Section for TB Patients Registered During the Quarter

| Type of patient                     | No. offered HCT |   | No. tested for HIV |   | No. HIV pos. |   | No. on CPT |   | No. on ART |   |
|-------------------------------------|-----------------|---|--------------------|---|--------------|---|------------|---|------------|---|
|                                     | M               | F | M                  | F | M            | F | M          | F | M          | F |
| New bacteriologically confirmed PTB |                 |   |                    |   |              |   |            |   |            |   |
| New Clinically diagnosed PTB        |                 |   |                    |   |              |   |            |   |            |   |
| EPTB                                |                 |   |                    |   |              |   |            |   |            |   |
| Other categories of TB cases        |                 |   |                    |   |              |   |            |   |            |   |
| Total                               |                 |   |                    |   |              |   |            |   |            |   |
| Summary for Children (0 -14) years  |                 |   |                    |   |              |   |            |   |            |   |



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**d). DOT Status of Patients Registered During the Quarter**

| Sex | DOT Status                    |                          |                               |
|-----|-------------------------------|--------------------------|-------------------------------|
|     | Number registered TB patients | Number on facility based | Number on community based DOT |
| M   |                               |                          |                               |
| F   |                               |                          |                               |

**e). 1 Number of TB Patients Who Are Health Workers out of the total who registered during the quarter: \_\_\_\_\_**

**e) 2 IPT among under five contacts of smear positive patients**

| No of smear positive patients | Total no. of under-five contacts | No. of under five contacts on IPT |
|-------------------------------|----------------------------------|-----------------------------------|
|                               |                                  |                                   |

**f). Sputum conversion rate at end of intensive phase among smear positive patients enrolled on SCC one quarter previously (4-6 months ago) (i.e. among patients notified the previous quarter)**

| Category                    | Smear positive patients registered during previous quarter | Smear not done at end of intensive phase | Sputum conversion at: |   |          |   | Smear remaining positive at end of intensive phase |   | Total |
|-----------------------------|--|--|-----------------------|---|----------|---|--|---|-------|
|                             |  |  | 2 months              |   | 3 months |   |  |   |       |
|                             |  |  | No                    | % | No       | % | No   | % |       |
| New smear pos patient       |  |  |                       |   |          |   |  |   |       |
| Relapse patients pos Cat. 2 |  |  |                       |   |          |   |  |   |       |
| Failure pos Cat. 2          |  |  |                       |   |          |   |  |   |       |
| Return after LFU pos Cat. 2 |  |  |                       |   |          |   |  |   |       |

**g). Laboratory examinations**

**g1. Sputum examination for patients finding during the quarter**

|   |  |
|---|--|
| Number of presumptive PTB examined for patients finding by microscopy |  |
| Number of sputum samples examined for patients finding                |  |
| Number of smear positive patients identified                          |  |

**g2. Nucleic Acid Amplification Test (NAAT) e.g. GeneXpert examinations for patients finding during the quarter**

| Type of patient                   | Number examined | MTB and Rifampicin Resistance status |              |              |           |               |                        |
|-----------------------------------|-----------------|--------------------------------------|--------------|--------------|-----------|---------------|------------------------|
|                                   |                 | Not MTB                              | MTB+ / Rif R | MTB+ / Rif S | Total MTB | Indeterminate | Invalid/ Error Results |
| Smear positive re-treatment cases |                 |                                      |              |              |           |               |                        |
| Smear negative HIV +              |                 |                                      |              |              |           |               |                        |
| Children (0 -14) years            |                 |                                      |              |              |           |               |                        |
| All other patients                |                 |                                      |              |              |           |               |                        |

**g 3. DST examination for DR surveillance among those notified the previous quarter (i.e. 4 – 6 months ago)**

| Type of patient                     | No. enrolled | No. referred for DST | No. with Rif Resistance | No. with Mono Resistant | No. with poly resistance | No. with MDRTB | No. with XDR | No. with no resistance | Total |
|-------------------------------------|--------------|----------------------|-------------------------|-------------------------|--------------------------|----------------|--------------|------------------------|-------|
| Cat 1 failures                      |              |                      |                         |                         |                          |                |              |                        |       |
| Relapse +                           |              |                      |                         |                         |                          |                |              |                        |       |
| LFU +                               |              |                      |                         |                         |                          |                |              |                        |       |
| Health worker                       |              |                      |                         |                         |                          |                |              |                        |       |
| Others e.g. contacts of DR patients |              |                      |                         |                         |                          |                |              |                        |       |

**Technical Module 7: Information Systems and Routine Reporting**

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TREATMENT OUTCOME OF PATIENTS REGISTERED 12 – 15 MONTHS EARLIER (All TB Patients) | QUARTER \_\_\_\_\_ YEAR \_\_\_\_\_

| Patients reported during quarter [A] * |          |          | Type of Patient   | Cured (1) | Treatment completed (2) | Died (3) | Failure (4) | Lost to follow up (5) | [B] * Total number evaluated (Add 1 to 5) | No. not evaluated (A-B) * |
|--|----------|----------|---|-----------|-------------------------|----------|-------------|-----------------------|---|---------------------------|
| <b>M</b>                               | <b>F</b> | <b>T</b> | <b>NEW PATIENTS (Category I)</b>                              |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed PTB                               |           |                         |          |             |                       |   |                           |
|  |          |          | Clinically diagnosed PTB                                      |           |                         |          |             |                       |   |                           |
|  |          |          | Extra-pulmonary   |           |                         |          |             |                       |   |                           |
|  |          |          | <b>TOTAL Category I</b>                                       |           |                         |          |             |                       |   |                           |
| <b>M</b>                               | <b>F</b> | <b>T</b> | <b>RETREATMENT PATIENTS (Category II)</b>                     |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed relapses                          |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed failures                          |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed treatment after loss to follow up |           |                         |          |             |                       |   |                           |
|  |          |          | Others treated with Category II                               |           |                         |          |             |                       |   |                           |
|  |          |          | <b>Total Category II</b>                                      |           |                         |          |             |                       |   |                           |

Of those excluded \_\_\_\_\_ (number) from evaluation of chemotherapy for the following reasons: \_\_\_\_\_

TREATMENT OUTCOME OF PATIENTS REGISTERED 12 – 15 MONTHS EARLIER (Known HIV Pos) | QUARTER \_\_\_\_\_ YEAR \_\_\_\_\_

| Patients reported during quarter [A] * |          |          | Type of Patient   | Cured (1) | Treatment completed (2) | Died (3) | Failure (4) | Lost to follow up (5) | [B] * Total number evaluated (Add 1 to 5) | No. not evaluated (A-B) * |
|--|----------|----------|---|-----------|-------------------------|----------|-------------|-----------------------|---|---------------------------|
| <b>M</b>                               | <b>F</b> | <b>T</b> | <b>NEW PATIENTS</b>   |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed PTB                               |           |                         |          |             |                       |   |                           |
|  |          |          | Clinically diagnosed PTB                                      |           |                         |          |             |                       |   |                           |
|  |          |          | Extra-pulmonary   |           |                         |          |             |                       |   |                           |
|  |          |          | <b>TOTAL</b>  |           |                         |          |             |                       |   |                           |
| <b>M</b>                               | <b>F</b> | <b>T</b> | <b>RETREATMENT PATIENTS</b>                                   |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed relapses                          |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed failures                          |           |                         |          |             |                       |   |                           |
|  |          |          | Bacteriologically confirmed treatment after loss to follow up |           |                         |          |             |                       |   |                           |
|  |          |          | Others treated with Category II                               |           |                         |          |             |                       |   |                           |
|  |          |          | <b>Total Category II</b>                                      |           |                         |          |             |                       |   |                           |

Of those excluded \_\_\_\_\_ (number) from evaluation of chemotherapy for the following reasons: \_\_\_\_\_

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**Results of TB/HIV services offered to TB patients registered 12 - 15 months ago**

| Types of TB                         | Total Number of TB Patients registered |   | No. offered HCT |   | Number tested |   | No HIV positive |   | No HIV + started on CPT |   | No HIV + started on ART |   |
|-------------------------------------|--|---|-----------------|---|---------------|---|-----------------|---|-------------------------|---|-------------------------|---|
|                                     | M                                      | F | M               | F | M             | F | M               | F | M                       | F | M                       | F |
| New Bacteriologically confirmed PTB |  |   |                 |   |               |   |                 |   |                         |   |                         |   |
| New clinically diagnosed PTB        |  |   |                 |   |               |   |                 |   |                         |   |                         |   |
| Extra-pulmonary TB                  |  |   |                 |   |               |   |                 |   |                         |   |                         |   |
| Other categories of TB cases        |  |   |                 |   |               |   |                 |   |                         |   |                         |   |
| Total                               |  |   |                 |   |               |   |                 |   |                         |   |                         |   |

**Results of Treatment of Tuberculosis for children aged (0 – 14) years and registered 12 - 15 Months Earlier**

| <b>(ALL CHILDREN WITH TB)</b>          |   |   |                                 |           |                         |          |             |                       |   |                           |
|--|---|---|---------------------------------|-----------|-------------------------|----------|-------------|-----------------------|---|---------------------------|
| Patients reported during quarter [A] * |   |   | Type of Patient                 | Cured (1) | Treatment completed (2) | Died (3) | Failure (4) | Lost to follow up (5) | [B] * Total number evaluated (Add 1 to 5) | No. not evaluated (A-B) * |
| M                                      | F | T | NEW PATIENTS                    |           |                         |          |             |                       |   |                           |
|  |   |   | Bacteriologically confirmed PTB |           |                         |          |             |                       |   |                           |
|  |   |   | Clinically diagnosed PTB        |           |                         |          |             |                       |   |                           |
|  |   |   | Extra-pulmonary                 |           |                         |          |             |                       |   |                           |
|  |   |   | TOTAL                           |           |                         |          |             |                       |   |                           |

| <b>(KNOWN HIV POSITIVE CHILDREN AT TREATMENT OUTCOME)</b> |   |   |                                 |           |                         |          |             |                       |   |                           |
|---|---|---|---------------------------------|-----------|-------------------------|----------|-------------|-----------------------|---|---------------------------|
| Patients reported during quarter [A] *                    |   |   | Type of Patient                 | Cured (1) | Treatment completed (2) | Died (3) | Failure (4) | Lost to follow up (5) | [B] * Total number evaluated (Add 1 to 5) | No. not evaluated (A-B) * |
| M   | F | T | NEW PATIENTS                    |           |                         |          |             |                       |   |                           |
|   |   |   | Bacteriologically confirmed PTB |           |                         |          |             |                       |   |                           |
|   |   |   | Clinically diagnosed PTB        |           |                         |          |             |                       |   |                           |
|   |   |   | Extra-pulmonary                 |           |                         |          |             |                       |   |                           |
|   |   |   | TOTAL                           |           |                         |          |             |                       |   |                           |

**Results (cumulative) TB/HIV services offered to children aged 0-14 years with TB patients and registered 12 – 15 months ago**

| Types of TB                         | Total No. of Children with TB registered |   | No. offered HCT |   | Number tested for HIV |   | No HIV positive |   | No HIV + started on CPT |   | No HIV + started on ART |   |
|-------------------------------------|--|---|-----------------|---|-----------------------|---|-----------------|---|-------------------------|---|-------------------------|---|
|                                     | M  | F | M               | F | M                     | F | M               | F | M                       | F | M                       | F |
| New Bacteriologically confirmed PTB |  |   |                 |   |                       |   |                 |   |                         |   |                         |   |
| New clinically diagnosed PTB        |  |   |                 |   |                       |   |                 |   |                         |   |                         |   |
| Extra-pulmonary TB                  |  |   |                 |   |                       |   |                 |   |                         |   |                         |   |
| Other categories of TB cases        |  |   |                 |   |                       |   |                 |   |                         |   |                         |   |
| Total                               |  |   |                 |   |                       |   |                 |   |                         |   |                         |   |

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**Stock Status Report of Anti- TB Drugs**

| Drug Item                | Received | Quantity Utilized | Adjustments ( Expiry, Transfers Out and Other Losses) | Stock at Hand |
|--------------------------|----------|-------------------|---|---------------|
| Streptomycin (1g)        |          |                   |   |               |
| RHZE (150/75/400/275mg)  |          |                   |   |               |
| RHZ (Paed) (60/30/150mg) |          |                   |   |               |
| RHE (150/75/275 mg)      |          |                   |   |               |
| EH (400/150mg)           |          |                   |   |               |
| RH (Paed) (60/60mg)      |          |                   |   |               |
| RH (Adult) (150/75mg)    |          |                   |   |               |
| INH (100mg)              |          |                   |   |               |
| INH (300mg)              |          |                   |   |               |
| Others specify.....      |          |                   |   |               |

**3.2 Drug Resistant TB Services**

**3.2.1 Drug Resistant TB Cases Registered/Treated**

| Number of patients that were diagnosed with DR-TB during the quarter: |                 |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
|---|-----------------|---|--|---|--|---|----------------------|---|-------------------|---|----------|---|------------|---|------------|---|
| Number of patients on the waiting List:                               |                 |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
| Diagnosis Category  | New Cases       |   | Previously treated with first line drugs |   | Previously treated with second line drug |   | Total started Cat IV |   | No tested for HIV |   | No. HIV+ |   | No. on CPT |   | No. on ART |   |
|   | M               | F | M  | F | M  | F | M                    | F | M                 | F | M        | F | M          | F | M          | F |
| RR- mono resistance   |                 |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
| MDR   |                 |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
| XDR   |                 |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
| Number of contacts of DR TB Patients                                  | Total           |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
|   | Screened for TB |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |
|   | Daigned with TB |   |  |   |  |   |                      |   |                   |   |          |   |            |   |            |   |

**3.2.3 Report on Six-month interim outcome assessment for patients started on drug resistant treatment.**

**Form 06 (To be filled 9 months after treatment start)**

| Treatment category  | Number started on treatment |   |   | Patients still on treatment                 |   |                                 |   |            |   | No longer on treatment |   |                   |   |                 |  |
|---------------------|-----------------------------|---|---|---|---|---------------------------------|---|------------|---|------------------------|---|-------------------|---|-----------------|--|
|                     |                             |   |   | Smear and culture results at 6 months of Tx |   |                                 |   |            |   | Died                   |   | Lost to follow up |   | Transferred Out |  |
|                     |                             |   |   | Negative (Smear and/or Culture)             |   | Positive (Smear and/or Culture) |   | No Results |   |                        |   |                   |   |                 |  |
| M                   | F                           | T | M | F   | M | F                               | M | F          | M | F                      | M | F                 | M | F               |  |
| RR- mono resistance |                             |   |   |   |   |                                 |   |            |   |                        |   |                   |   |                 |  |
| MDR                 |                             |   |   |   |   |                                 |   |            |   |                        |   |                   |   |                 |  |
| XDR                 |                             |   |   |   |   |                                 |   |            |   |                        |   |                   |   |                 |  |

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**3.2.4 Report on treatment outcomes of DR-TB (Category IV) patients initiated on treatment 24 months earlier.**

| Treatment category         | Registration Group                                      | No. started on Tx | Cured | TX Completed | Failed | Lost to follow up | Died | Not Evaluated | Still on Tx | Total |
|----------------------------|---|-------------------|-------|--------------|--------|-------------------|------|---------------|-------------|-------|
| <b>RR- mono resistance</b> | New   |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs Only |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs      |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>  |                   |       |              |        |                   |      |               |             |       |
| <b>MDR</b>                 | New   |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs Only |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs      |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>  |                   |       |              |        |                   |      |               |             |       |
| <b>XDR</b>                 | New   |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs only |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs      |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>  |                   |       |              |        |                   |      |               |             |       |

**3.2.5 Report on treatment outcomes of DR-TB (Category IV) patients initiated on treatment 36 months earlier**

| Treatment category         | Registration Group                                 | No. started on Tx | Cured | TX Completed | Failed | Lost to follow up | Died | Not Evaluated | Still on Tx | Total |
|----------------------------|--|-------------------|-------|--------------|--------|-------------------|------|---------------|-------------|-------|
| <b>RR- mono resistance</b> | New  |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>                                       |                   |       |              |        |                   |      |               |             |       |
| <b>MDR</b>                 | New  |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>                                       |                   |       |              |        |                   |      |               |             |       |
| <b>XDR</b>                 | New  |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 1 <sup>st</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | Previously treated With 2 <sup>nd</sup> line drugs |                   |       |              |        |                   |      |               |             |       |
|                            | <b>Total</b>                                       |                   |       |              |        |                   |      |               |             |       |

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**3.3 LEPROSY CONTROL**

| Male Ad | Male Ch | Fem. Ad | Fem Ch | Category                                      | PB Ad | PB Ch | MB Ad | MB Ch |
|---------|---------|---------|--------|---|-------|-------|-------|-------|
|         |         |         |        | Patients on treatment at beginning of quarter |       |       |       |       |
|         |         |         |        | New cases – list them overleaf                |       |       |       |       |
|         |         |         |        | Relapses – list them overleaf                 |       |       |       |       |
|         |         |         |        | Other additions e.g. transfer in              |       |       |       |       |
|         |         |         |        | <b>TOTAL ADDITIONS</b>                        |       |       |       |       |
|         |         |         |        | Deaths  |       |       |       |       |
|         |         |         |        | Released from treatment                       |       |       |       |       |
|         |         |         |        | Defaulted                                     |       |       |       |       |
|         |         |         |        | Other deductions e.g transfer out             |       |       |       |       |
|         |         |         |        | <b>TOTAL DEDUCTIONS</b>                       |       |       |       |       |
|         |         |         |        | <b>TOTAL ON MDT AT END OF QUARTER</b>         |       |       |       |       |
|         |         |         |        | Disabled still on MDT                         |       |       |       |       |
|         |         |         |        | Disabled no longer on MDT                     |       |       |       |       |
|         |         |         |        | Have at least one insensitive foot (all)      |       |       |       |       |
|         |         |         |        | With ulcers (all)                             |       |       |       |       |

**HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT**

**CASE FINDING ACTIVITIES CARRIED OUT THIS QUARTER**

| Method                          | Number of people examined | Number of cases found |
|---------------------------------|---------------------------|-----------------------|
| Contact surveillance            |                           |                       |
| Other surveys (schools, other)  |                           |                       |
| Examination of general suspects |                           |                       |
| Total                           |                           |                       |

**PAUCIBACILLARY (PB) CASES REPORTED IN .....QUARTER 1 YEAR AGO.**

| Category            | Reported | Completed MDT | Transferred out | Defaulted | Died | Reclassified as MB | Not evaluated | Total |
|---------------------|----------|---------------|-----------------|-----------|------|--------------------|---------------|-------|
| New cases           |          |               |                 |           |      |                    |               |       |
| Return from default |          |               |                 |           |      |                    |               |       |
| Transfers in        |          |               |                 |           |      |                    |               |       |

**MULTIBACILLARY (MB) CASES REPORTED IN ..... QUARTER 2 YEARS AGO.**

| Category            | Reported | Completed MDT | Transferred out | Defaulted | Died | Not evaluated | Total |
|---------------------|----------|---------------|-----------------|-----------|------|---------------|-------|
| New cases           |          |               |                 |           |      |               |       |
| Return from default |          |               |                 |           |      |               |       |
| Transfers in        |          |               |                 |           |      |               |       |
| Relapses            |          |               |                 |           |      |               |       |

1st Quarter: 1st Jan. – 31st Mar., 2nd Quarter: 1st Apr. – 30th Jun., 3rd Quarter: 1st Jul - 30th Sept., 4th Quarter: 1st Oct. – 31st Dec.

**4. COMMENTS BY HEALTH FACILITY IN CHARGE:**

Date of Report: \_\_\_\_\_ Health Unit In-charge: Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

----- (District/HSD use only) -----

|                           |     |    |
|---------------------------|-----|----|
| Date received             |     |    |
| Received by 7th of August | Yes | No |
| Checked by (signature)    |     |    |
| Date Entered              |     |    |
| Name of Data Entrant      |     |    |

# HMIS FORM 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT

## DESCRIPTION AND INSTRUCTIONS

|                        |  |
|------------------------|--|
| <b>Objective:</b>      | To monitor the performance of the health unit with respect to the Health Sector Strategic Plan (HSSIP) indicators  |
| <b>Timing:</b>         | “Due 14th October, 14th January, 14th April, 14th July   |
| <b>Copies:</b>         | Four. Original stays at the health unit. Copy is sent to the DHO, the HSD and to LC III Health Committee (or HUMC). A copy is also sent to the Ministry of Health Resource Centre Division |
| <b>Responsibility:</b> | Health Unit In-Charge  |

## INSTRUCTIONS FOR COMPLETING QUARTERLY ASSESSMENT REPORT

### 1. Fill in Data and Calculate Indicators

The Health Centre quarterly assessment indicators were selected to provide insight into the accessibility and quality of care, as well as Utilisation and health status.

In order to complete the report, you must first have completed the Health Unit Population Report (HMIS 109). The HMIS 109 report provides the denominators for many of the variables in this report (HMIS 106b).

Next you must have completed the three months data in the database for the quarter. These provide the data to calculate the numerators in this report.

You then calculate the indicator. For percentages, this means dividing the numerator by the denominator and then multiplying this figure by 100 to reach a percent.

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100 = \text{Indicator}$$

**Note:** A Health indicator is a characteristic of an individual, population or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).

Health indicators may include measurements of illness or disease which are more commonly used to measure health outcomes, or positive aspects of health (such as quality of life, life skills, or health expectancy), and of behaviors and actions by individuals which are related to health.

To calculate the Couple Year Protection (CYP) Indicator, use the formulae given in the table below;

CYP for each contraceptive method = B X C where B is the CYP factor for that contraceptive method and C is the total units dispensed.



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CYP Indicator = Total CYP for all the contraceptive methods

| (A)<br>CONTRACEPTIVE METHOD      | (B)<br>CYP FACTOR | (C)<br>Total Units<br>Dispensed | CYP<br>=BxC |
|----------------------------------|-------------------|---------------------------------|-------------|
| Lo-feminal cycles                | 0.0143            |                                 |             |
| Microgynon cycles                | 0.0143            |                                 |             |
| Ovrette cycles                   | 0.0143            |                                 |             |
| Other Oral contraceptives cycles | 0.0143            |                                 |             |
| Condoms pieces                   | 0.002             |                                 |             |
| Foam Tablets pieces              | 0.0013            |                                 |             |
| IUD inserts                      | 5                 |                                 |             |
| Injections (Depo-provera)        | 0.25              |                                 |             |
| Tubal Ligation procedures        | 12.5              |                                 |             |
| Vasectomy procedures             | 12.5              |                                 |             |
| Implant inserts                  | 3.5               |                                 |             |
| Total CYPs                       |                   |                                 |             |

**For comparison among two quarters you only subtract the two figures and do not multiply.**

**See example below.**

### Variable 1 – Variable 2 = Indicator

| Item   | Description                | Value |
|--|----------------------------|-------|
| Variable 1                                   | Number of CYP this quarter |       |
| Variable 2                                   | Number of CYP last quarter |       |
| Comparison                                   | Variable 1 – Variable 2    |       |
| Comparison (Target set)                      |                            |       |
| Answer to management question above (Yes/No) |                            |       |

To calculate the drop out rate, you subtract the figure for DPT3 doses given to children under 1 year from DPT 1 to get the numerator, then divide the numerator by the denominator (DPT 1) and multiply by 100 to obtain the rate.

$$\text{Drop Out Rate of DPT} = \frac{\text{DPT 1} - \text{DPT 3}}{\text{DPT 1}} \times 100$$

To calculate the Tuberculosis notification rate the numerator (Number of TB cases notified in the quarter) is divided by the denominator (Expected number of TB cases) and multiply by 100.

Expected number of TB cases in a quarter = Catchment population x 0.003/4  
In Uganda the annual risk of infection is on average 0.003

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### 2. Enter Target/Comparison Values

Annual targets for key health indicators should be set at the beginning of each financial year for each health unit. It's these annual targets that are used to get the quarterly targets.

To get the quarterly targets you divide the annual target by 4 e.g. if the annual target for DPT 3 is 90% of the target population say equal 900 children then the quarterly target will be 90% which is equivalent to 225 (see formulae below)

$$\text{Annual Target} = 90/100 \times 1000 = 900$$

$$\text{Quarterly Target} = 900/4 = 225$$

Targets can either be set based on national, district or HSD priorities, or set based on previous year's performance. For purposes of monitoring the achievements of the HSSP, only national targets for comparison will be used.

### 3. Analysis

Compare the Indicator value with the Target. If the indicator is not meeting the target, in which case your answer to the management question is "NO", analyse the principal causes of the problem. This should be done together with the health centre staff as a group. The staff should formulate a response to problems identified. The indicators that show a "warning signal" require a more in-depth analysis. The Indicator Manual can provide some insights. Combining the information from different indicators can reveal the underlying cause of the problem. Quality Assurance Guidelines may also prove useful.

The response (actions to be taken) is highly dependent on the causes found for the change in indicator value. Probably most of the time, several factors contribute to a change. If there are clear indications from the analysis that service delivery factors have deteriorated (for example, a shortage of drugs) appropriate actions are obvious: improve service delivery. If service delivery factors are stable or even improving and indicator values are still deteriorating, there is need for further study. "*What is causing the deterioration in the indicator values?*" Sometimes it may be necessary to discuss the problems with representatives of neighborhood health committees and other community members, in order to plan for a joint response to the problem. These activities can range from stepping up a vaccination Programme, improving supply of safe water, to nutrition education and AIDS/STD information campaigns, depending on the analysis of the problem. Based on the review together with supervisors from the HSD the health centre staff make adjustments in the plan of activities, in order to improve the performance.

# HMIS FORM 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT

**Instructions:**

If your answer to the question is “NO”, analyse the principal causes of the problem, then indicate actions you have taken or will take to help improve the situation during the next quarter.

## I. OPD UTILISATION AND DISEASE BURDEN

### 1. Is the OPD being sufficiently utilised by children under 5?

| Item   | Description                                   | Value |
|--|---|-------|
| Numerator                                    | OPD new cases <5 years                        |       |
| Denominator                                  | Health unit catchment population < 5 years /4 |       |
| Indicator                                    | Numerator x 100 / Denominator                 |       |
| Comparison/Target                            |   |       |
| Answer to management question above (Yes/No) |   |       |

*Actions for next quarter:*

### 2. Is the OPD being sufficiently utilised by people' 5 years and above?

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | OPD new cases 5 years and above                       |       |
| Denominator                                  | Health unit catchment population 5 years and above /4 |       |
| Indicator                                    | Numerator x 100 / Denominator                         |       |
| Comparison/Target                            |   |       |
| Answer to management question above (Yes/No) |   |       |

*Actions for next quarter:*

### 3. Are there major changes in the pattern of outpatient diagnoses?

#### 3 (a)

| TOP 5 Causes of Morbidity this Quarter for Children under 5 |                                 | # of new diagnoses same quarter last year | TOP 5 Causes of Morbidity this Quarter for persons 5 years and older |                                 | # of new Diagnoses same quarter last year |
|---|---------------------------------|---|--|---------------------------------|---|
| Disease/Condition   | # of new Diagnoses this quarter |   | Disease/ Condition   | # of new Diagnoses this quarter |   |
| 1.  |                                 |   | 1.   |                                 |   |
| 2.  |                                 |   | 2.   |                                 |   |
| 3.  |                                 |   | 3.   |                                 |   |
| 4.  |                                 |   | 4.   |                                 |   |
| 5.  |                                 |   | 5.   |                                 |   |
| Total rest of Diagnoses                                     |                                 |   | Total rest of Diagnoses  |                                 |   |
| Total all Diagnoses   |                                 |   | Total all Diagnoses  |                                 |   |

Plot the quarterly figures for this year and for last year on the same graph and compare to see which one has higher figures.

Answer to management question above (Yes/No)

*Actions for next quarter*

## Technical Module 7: Information Systems and Routine Reporting

### 3 (b) Is the CFR for each of the top 5 causes of mortality acceptable?

| TOP 5 Causes of Mortality this Quarter for Children under 5 |                                    |                                     | (c)<br>(C)=(B)/(A)<br>x100<br>Case Fatality Rate (CFR) | TOP 5 Causes of Mortality this Quarter for persons 5 years and older |                                    |                                     | (F)<br>(F)=(E)/(D)x<br>100<br>Case Fatality Rate (CFR) |
|---|------------------------------------|-------------------------------------|--|--|------------------------------------|-------------------------------------|--|
| Disease/Condition   | (A)<br># of new cases this quarter | (B)<br># of new Deaths this quarter |  | Disease/Condition  | (D)<br># of new cases this quarter | (E)<br># of new Deaths this quarter |  |
| 1.  |                                    |                                     |  | 1.   |                                    |                                     |  |
| 2.  |                                    |                                     |  | 2.   |                                    |                                     |  |
| 3.  |                                    |                                     |  | 3.   |                                    |                                     |  |
| 4.  |                                    |                                     |  | 4.   |                                    |                                     |  |
| 5.  |                                    |                                     |  | 5.   |                                    |                                     |  |
| <b>Total rest of Diagnoses</b>                              |                                    |                                     |  | <b>Total rest of Diagnoses</b>                                       |                                    |                                     |  |
| <b>Total all Diagnoses</b>                                  |                                    |                                     |  | <b>Total all Diagnoses</b>   |                                    |                                     |  |

Answer to management question above (Yes/No)

*Actions for next quarter*

### 4. Is the number of Tuberculosis cases expected being notified?

| Item   | Description                    | Value |
|--|--------------------------------|-------|
| Numerator                                    | Number of TB cases notified    |       |
| Denominator                                  | Catchment population x 0.003/4 |       |
| Indicator                                    | Numerator x 100 / Denominator  |       |
| Comparison/Target ( <i>National Target</i> ) |                                |       |
| Answer to management question above (Yes/No) |                                |       |

*Actions for next quarter:*

## II. REPRODUCTIVE HEALTH

### 5. Is the proportion of pregnant women attending ANC the 4th time meeting the target?

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | Number of clients who attended the 4 <sup>th</sup> antenatal visit this quarter |       |
| Denominator                                  | Expected number of pregnancies for the year/4                                   |       |
| Indicator                                    | Numerator x 100 / Denominator   |       |
| Comparison/Target                            |   |       |
| Answer to management question above (Yes/No) |   |       |

*Actions for next quarter:*

### 6. Is the proportion of pregnant women receiving two doses of IPT meeting the target?

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | Number of 2nd doses of Fansidar administered this quarter |       |
| Denominator                                  | Number of new antenatal clients this quarter              |       |
| Indicator                                    | Numerator x 100 / Denominator                             |       |
| Comparison/Target                            |   |       |
| Answer to management question above (Yes/No) |   |       |

*Actions for next quarter:*

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### 7. Is the percentage of deliveries taking place in health institutions meeting the target?

| Item   | Description  | Value |
|--|--|-------|
| Numerator                                    | Number of deliveries in the institution this quarter |       |
| Denominator                                  | Expected number of births for the year/4             |       |
| Indicator                                    | $\text{Numerator} \times 100 / \text{Denominator}$   |       |
| Comparison/Target                            |  |       |
| Answer to management question above (Yes/No) |  |       |

*Actions for next quarter:*

### 8. Is the CYP increasing?

| Item   | Description                | Value |
|--|----------------------------|-------|
| Variable 1                                   | Number of CYP this quarter |       |
| Variable 2                                   | Number of CYP last quarter |       |
| Comparison                                   | Variable 1 – Variable 2    |       |
| Comparison                                   |                            |       |
| Answer to management question above (Yes/No) |                            |       |

*Actions for next quarter:*

## **INDICATOR #10 FOR LEVEL IV HEALTH CENTRES AND HOSPITALS**

### 9. Is the Level IV Health Centre or hospital fulfilling its role in providing surgical delivery (Caesarean)?

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | Number of Caesarean sections performed this quarter |       |
| Denominator                                  | Total deliveries in the unit this quarter           |       |
| Indicator                                    | $\text{Numerator} \times 100 / \text{Denominator}$  |       |
| Comparison/Target ( <i>National target</i> ) |   |       |
| Answer to management question above (Yes/No) |   |       |

*Actions for next quarter:*

### **Maternal & Perinatal Deaths:**

List the maternal and perinatal deaths that occurred in your health facility or the parishes you served in this quarter. Describe the circumstances and any actions you have taken.

| Location | Cause of Death/Circumstances | Action taken |
|----------|------------------------------|--------------|
|          |                              |              |
|          |                              |              |
|          |                              |              |
|          |                              |              |

### III. CHILD HEALTH AND IMMUNISATION

#### 10. Is the coverage with 3rd dose of DPT in children under 1 meeting the target?

| Item   | Description  | Value |
|--|--|-------|
| Numerator                                    | Number of DPT 3 doses given to children < 1 this quarter |       |
| Denominator                                  | Number of children under one year/4                      |       |
| Indicator                                    | Numerator x 100 / Denominator                            |       |
| Comparison/Target ( <i>national target</i> ) |  |       |
| Answer to management question above (Yes/No) |  |       |

Actions for next quarter:

#### 11. Is the coverage with measles immunisation in children under 1 meeting the target?

| Item   | Description  | Value |
|--|--|-------|
| Numerator                                    | Number of measles doses given to children < 1 this quarter |       |
| Denominator                                  | Number of children under one year/4                        |       |
| Indicator                                    | Numerator x 100 / Denominator                              |       |
| Comparison/Target ( <i>national target</i> ) |  |       |
| Answer to management question above (Yes/No) |  |       |

Actions for next quarter:

#### 12. Is the drop out rate between DPT 3 and measles immunisation less than the target?

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | (Number of DPT 3 doses given to children under one year this quarter) minus (No of measles vaccine doses given to children under one year this quarter) |       |
| Denominator                                  | Number of DPT 3 doses given to children < 1 this quarter  |       |
| Indicator                                    | Numerator x 100/ Denominator  |       |
| Comparison/Target ( <i>national target</i> ) |   |       |
| Answer to management question above (Yes/No) |   |       |

Actions for next quarter:

#### 13. Is the percentage of underweight children measured at measles vaccination increasing?

| Item   | Description                                 | Value |
|--|---|-------|
| Numerator  | Number below the bottom line in the quarter |       |
| Denominator  | Number weighed in the quarter               |       |
| Indicator  | Numerator x 100 / Denominator               |       |
| Comparison: Compare <i>indicator figure this quarter</i> with <i>indicator figure last quarter</i> |   |       |
| Answer to management question above (Yes/No)   |   |       |

Actions for next quarter:

## IV. OUTREACH TO THE COMMUNITY

### 14. Are all the planned outreach visits being conducted?

| Item   | Description  | Value |
|--|--|-------|
| Numerator                                    | Number of outreach visits conducted during the quarter |       |
| Denominator                                  | Number of outreach visits planned for the quarter      |       |
| Indicator                                    | $\text{Numerator} \times 100 / \text{Denominator}$     |       |
| Comparison/Target                            | 100%   |       |
| Answer to management question above (Yes/No) |  |       |

*Actions for next quarter:*

## V. RESOURCE MANAGEMENT

### 15. Is there a problem with the availability of drug and medical supplies?

| Drug                                  | Out of stock at least one day in the quarter (Yes/No) |         |         | Comment (e.g. total # days out of stock) |
|---------------------------------------|---|---------|---------|--|
|                                       | Month 1   | Month 2 | Month 3 |  |
| First Line drug for Malaria           |   |         |         |  |
| Measles vaccine                       |   |         |         |  |
| ORS                                   |   |         |         |  |
| Cotrimoxazole                         |   |         |         |  |
| Sulphadoxine-Pyrimethamine (Fansidar) |   |         |         |  |
| Depo Provera                          |   |         |         |  |
| Other:                                |   |         |         |  |

*Actions for next quarter:*

### 16. Is there a problem with the payment of staff salaries and wages?

| Number of staff paid on time (i.e. at end of month) |             |             |                     | Total Number of staff in the health unit x 3 (E) | Indicator D/E x 100 |
|---|-------------|-------------|---------------------|--|---------------------|
| Month 1 (A)   | Month 2 (B) | Month 3 (C) | Quarter D = (A+B+C) |  |                     |
|   |             |             |                     |  |                     |

*Actions for next quarter:*

**VI. HMIS REPORTING**

**17. Did you send your monthly HMIS reports on time?**

| Month 1   |   | Month 2   |   | Month 3   |   |
|-----------|---|-----------|---|-----------|---|
| Date Sent | Within 7 days after end of month?<br>(yes/no) | Date Sent | Within 7 days after end of month?<br>(yes/no) | Date Sent | Within 7 days after end of month?<br>(yes/no) |
|           |   |           |   |           |   |

If the answer was **NO**, describe possible reasons and actions to be taken for next quarter:

**18. Did you report suspected outbreak of epidemic prone disease within 2 days of surpassing the epidemic threshold? Target > 80%**

| Item   | Description   | Value |
|--|---|-------|
| Numerator                                    | Number of suspected outbreaks of epidemic prone diseases notified to the next higher level within 2 days of surpassing the epidemic threshold |       |
| Denominator                                  | Total number of suspected outbreak notified to the next higher level  |       |
| Indicator                                    | Numerator x 100/ Denominator  |       |
| Comparison/Target ( <i>national target</i> ) |   |       |
| Answer to management question above (Yes/No) |   |       |

If the answer was **NO**, describe possible reasons and actions to be taken for next quarter:

**VII. SUPPORT FUNCTIONS**

**18. Did the health unit hold all the monthly staff meetings?** Yes/No

**19. Did HUMC meet as scheduled?** Yes/No

Use the space provided and the back of this form (if necessary) to elaborate on any of the comments you have made earlier and/or add additional issues to be discussed with the HSD.

Name of in charge \_\_\_\_\_ Signature \_\_\_\_\_

Date of report \_\_\_\_\_

----- HSD use below this line -----

|                            |  |
|----------------------------|--|
| Date received or discussed |  |
| Reviewed by                |  |

**Actions to be taken by HSD:**



## **TABLE 19: HEALTH UNIT QUARTERLY INDICATOR SUMMARY**

### **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To summarise the key health unit indicators on a quarterly basis

**Copies:** One kept in the health unit database

**Responsibility:** Health Unit In-Charge

### Quarterly Procedure:

#### **FROM THE HEALTH UNIT QUARTERLY ASSESSMENT REPORT (HMIS 106b)**

- After completing the Health Unit Quarterly Assessment Report (HMIS 106b), copy the respective indicators and fill in the Health Unit Quarterly Indicator Summary Table (Table 15).

**TABLE 19: HEALTH UNIT QUARTERLY INDICATOR SUMMARY**

| No. | Indicator Description   | Annual Target % (No.) | Quarterly Target | Achieved Quarter 1 | Achieved Quarter 2 | Achieved Quarter 3 | Achieved Quarter 4 | Annual Achievement |
|-----|---|-----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1.  | OPD utilised by children under 5years   |                       |                  |                    |                    |                    |                    |                    |
| 2.  | OPD utilised by people' 5 years and above   |                       |                  |                    |                    |                    |                    |                    |
| 3.  | Tuberculosis cases expected being notified  |                       |                  |                    |                    |                    |                    |                    |
| 4.  | Proportion of pregnant women attending ANC the 4th time                                     |                       |                  |                    |                    |                    |                    |                    |
| 5.  | Proportion of pregnant women receive of IPT   |                       |                  |                    |                    |                    |                    |                    |
| 6.  | Percentage of deliveries taking place in health facilities                                  |                       |                  |                    |                    |                    |                    |                    |
| 7.  | Couple Years of Protection (CYP)  |                       |                  |                    |                    |                    |                    |                    |
| 8.  | Health Centre IV or hospital fulfilling its role in providing surgical delivery (Caesarean) |                       |                  |                    |                    |                    |                    |                    |
| 9.  | Maternal Deaths   |                       |                  |                    |                    |                    |                    |                    |
| 10. | Coverage with 3rd dose of DPT in children under 1 year                                      |                       |                  |                    |                    |                    |                    |                    |
| 11. | Coverage with measles immunization in children under 1 year                                 |                       |                  |                    |                    |                    |                    |                    |
| 12. | Drop-out rate between DPT 3 and measles immunization  |                       |                  |                    |                    |                    |                    |                    |
| 13. | Percentage of underweight children measured at measles vaccination                          |                       |                  |                    |                    |                    |                    |                    |
| 14. | Planned outreach visits being conducted   |                       |                  |                    |                    |                    |                    |                    |
| 15. | Availability of drugs and medical supplies  |                       |                  |                    |                    |                    |                    |                    |
| 16. | Payment of staff salaries and wages   |                       |                  |                    |                    |                    |                    |                    |
| 17. | Timeliness of monthly HMIS reports  |                       |                  |                    |                    |                    |                    |                    |
| 18. | Monthly staff meetings held   |                       |                  |                    |                    |                    |                    |                    |
| 19. | HUMC meeting held as scheduled  |                       |                  |                    |                    |                    |                    |                    |

# HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

## DESCRIPTIONS AND INSTRUCTIONS

**Objective:** To summarize information on the overall performance of the Health Unit in the Financial Year

**Timing:** Due 7th August

**Copies:** **Four.** One stays at the health unit, one is sent to the HSD, one is sent to the District and one to Local Council Health Committee. For General Hospitals, Referral Hospitals and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.

**Responsibility:** Health unit In-Charge

## PROCEDURE:

1. All health units are to complete the HEALTH UNIT ANNUAL REPORT.
2. Page 1 contains general information about the health unit.
  - Item 1:** Indicate the health unit authority which can be Government, NGO or Private.
  - Item 2:** Write the name of the health unit managing agency or owner (e.g. NGO, owner: Church of Uganda).
  - Item 3:** Catchment Population and Community
  - Item 3.1:** Copy information from the Health Unit Population Report (HMIS 109).
3. Page 2 contains information about NGO projects/Civil Society Organisations supporting HMIS activities found within the health unit catchment area
  - Item 3.2:** Write in the table the details of NGO projects/Civil Society Organisations that supported HMIS activities within the health unit catchment area in the last financial year.
4. Page 3 contains information on targets and coverage estimations:
  - Item 3.3:** Copy information from the Health Unit Population Report (HMIS 109).
5. Page 4 contains information on health services offered at the health unit:
  - Item 4.1- 4.3:** Indicate "Y" for "Yes", "N" for "No" and NA for "Not Applicable" for each service that is provided at the health facility, as of June 30th of the year.
  - Item 4.4:** Write five main health education and promotion activities carried out.
  - Item 4.5-4.6:** Indicate "Y" for "Yes" or "N" for "No" for each service that is provided at the health facility, as of June 30th of the year.
6. Page 5 contains information on health services offered at the health unit:
  - Item 4.7:** Indicate "Y" for "Yes" or "N" for "No" and NA for "Not Applicable" if rehabilitation services are offered at the health facility, as of June 30th of the year.
  - Item 4.8:** Write the number of outreaches planned and those conducted during the previous financial year
  - Item 4.9:** Indicate "Y" for "Yes" or "N" for "No" whether the health facility was supervised by the DHMT in the last 12 months, also indicate the number of support supervision visits conducted to your facility by the National Team, District Health Team, Health Sub-District and Implementing Partners.

## Technical Module 7: Information Systems and Routine Reporting

Indicate “Y” for “Yes” or “N” for “No” whether the health facility has written copies of the reports/plans of action from supervision, has financial guidelines for spending PHC conditional grants, whether there is any Fee offered for Service charges and whether there is a functional Health Unit Management Committee (one that meets regularly and takes action for issues raised).

**Item 4.10:** Write down other services provided by the health facility which are not captured under items 4.1 – 4.9.

7. Page 6 and 7 contain:

**Item 5.1:** Count the category totals of staff from the HEALTH UNIT STAFF LISTING. For each post provided, indicate the number of different cadres of staff that have been recruited to occupy the posts, e.g. Medical Officer Specialist, Registered Nurse, Registered Midwife, Enrolled Nurse, etc.

**Item 5.2:** Indicate the number of staff who had In-service training in the year under the respective specialty

8. Page 8 contains information on water sources in the Health Unit Catchment Area

**Item 6:** Record information on the available water sources for each parish in the health unit catchment area under this section.

9. Page 9 and 10 contains information on the health status in schools/institutions and the health unit In-charge’s overall comments about provision of health services within the health unit catchment;

**Item 7:** This section is used for recording information on the health status in schools/institutions while section 11 is used for recording comments about the findings on the health status in schools.

**Item 8:** This section is used for recording comments about the findings on the health status in schools/institutions.

**Item 9:** The health unit In-charge writes his/her overall comments about provision of health services within the health unit catchment area under this section.

**HMIS FORM 107: HEALTH UNIT ANNUAL REPORT**

Financial Year: \_\_\_\_\_ Health Unit \_\_\_\_\_ Level \_\_\_\_\_ Health Unit Code \_\_\_\_\_  
 District \_\_\_\_\_ HSD \_\_\_\_\_ Sub-county \_\_\_\_\_ Parish \_\_\_\_\_  
 Postal address of the Health Unit \_\_\_\_\_  
 Email address of the Health Unit \_\_\_\_\_  
 Contact Telephone number of the Health Unit (Landline and mobile) \_\_\_\_\_  
 Designation of Health Unit In-charge: \_\_\_\_\_

**1. Authority:**            **GOVERNMENT**    **NGO**    **PRIVATE (Circle what is applicable)**

**2. Managing Agency/Owner (e.g Uganda Catholic Medical Bureau, Orthodox Church, Police, Prison, UPDF, Govt, Community etc):**  
 \_\_\_\_\_

**3. Catchment Population and Community**

3.1 The list of parishes in the health facility catchment area as designated by the District Health Team in the respective year.

The catchment population for the respective parishes in the catchment area can be obtained from the sub-county headquarters, Health Sub-District, District Health Office or the District Planning Department.

Once this information is provided, complete the rest of the table. Additional information to complete this table can also be obtained from the Health Assistant.

| Name of Parish | Number Villages        | Population (A) | Number of Households | Number of Households with clean and safe latrine | Number of VHTs | Number of trained VHTs | VHTs Number Active | Number Active Community Health Workers |
|----------------|------------------------|----------------|----------------------|--|----------------|------------------------|--------------------|--|
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
|                |                        |                |                      |  |                |                        |                    |  |
| <b>Totals</b>  | <b>Number parishes</b> |                |                      |  |                |                        |                    |  |

*VHT: Village Health Teams*



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

3.3 TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area

Total population in the service area:

| NO. | POPULATION GROUP  | FORMULAE            | ESTIMATED POPULATION                                     |
|-----|---|---------------------|--|
| (B) | Women in childbearing age in the service area           | $(A) \times 0.202$  | <input style="width: 150px; height: 30px;" type="text"/> |
| (C) | Number of pregnancies in the service area               | $(A) \times 0.05$   | <input style="width: 150px; height: 30px;" type="text"/> |
| (D) | Number of births in the service area:                   | $(A) \times 0.0485$ | <input style="width: 150px; height: 30px;" type="text"/> |
| (E) | Number of children under one year in the service area   | $(A) \times 0.043$  | <input style="width: 150px; height: 30px;" type="text"/> |
| (F) | Number of children under five years in the service area | $(A) \times 0.202$  | <input style="width: 150px; height: 30px;" type="text"/> |
| (G) | Suspected tuberculosis in the service area:             | $(A) \times 0.003$  | <input style="width: 150px; height: 30px;" type="text"/> |
| (H) | People under 15 years of age:                           | $(A) \times 0.46$   | <input style="width: 150px; height: 30px;" type="text"/> |

| Programme / Attendance                     | (H)<br>Attendance<br>last year | (I)<br>Target attendance<br>this year * | "Coverage" if target number reached |                |
|--|--------------------------------|---|-------------------------------------|----------------|
|  |                                |   | Formula                             | "Coverage" (J) |
| Pregnant women attending ANC the 4th time  |                                |   | $(I) \times 100 / (C)$              |                |
| Deliveries taking place in the health unit |                                |   | $(I) \times 100 / (D)$              |                |
| Children dewormed                          |                                |   | $(I) \times 100 / (H)$              |                |
| BCG -under 1 year                          |                                |   | $(I) \times 100 / (H)$              |                |
| DPT 3 - under 1 year                       |                                |   | $(I) \times 100 / (H)$              |                |
| Measles - under 1 year                     |                                |   | $(I) \times 100 / (H)$              |                |
| FP New Acceptors                           |                                |   | $(I) \times 100 / (B)$              |                |
| FP First visits of year (clients)          |                                |   | $(I) \times 100 / (B)$              |                |
| OPD new cases (0-4 years)                  |                                |   | $(I) \times 100 / (F)$              |                |
| OPD new cases (5 years and older)          |                                |   | $(I) \times 100 / (A - F)$          |                |
| Tuberculosis new cases                     |                                |   | $(I) \times 100 / (G)$              |                |

**HMIS FORM 107: HEALTH UNIT ANNUAL REPORT**

**4. SERVICES CURRENTLY PROVIDED: (Fill Y for Yes, N for No and NA for Not Applicable)**

**4.1 CURATIVE / CLINICAL SERVICES**

|   |                          |                   |                          |
|---|--------------------------|-------------------|--------------------------|
| Outpatient diagnosis and treatment (OPD)    | <input type="checkbox"/> | TB Treatment      | <input type="checkbox"/> |
| Treatment of mental health conditions       | <input type="checkbox"/> | Care for Injuries | <input type="checkbox"/> |
| Functional Laboratory for TB diagnosis      | <input type="checkbox"/> | Dental /oral care | <input type="checkbox"/> |
| Functional Laboratory for Malaria diagnosis | <input type="checkbox"/> | STI treatment     | <input type="checkbox"/> |
| Treatment of severe Malaria                 | <input type="checkbox"/> | IMCI              | <input type="checkbox"/> |
| Anti-Retro Viral Therapy                    | <input type="checkbox"/> |                   |                          |

**4.2 PREVENTIVE SERVICES**

|                                     |                          |   |                          |
|-------------------------------------|--------------------------|---|--------------------------|
| School health                       | <input type="checkbox"/> | Prevention of STI/HIV                       | <input type="checkbox"/> |
| Environmental Health and Sanitation | <input type="checkbox"/> | Epidemics and disaster prevention Childhood | <input type="checkbox"/> |
| Immunizations                       | <input type="checkbox"/> | Tetanus Immunization in pregnancy           | <input type="checkbox"/> |
| Growth monitoring                   | <input type="checkbox"/> | Nutrition                                   | <input type="checkbox"/> |
| HCT: HIV counseling                 | <input type="checkbox"/> | Adolescent Counseling                       | <input type="checkbox"/> |

**4.3 SURVEILLANCE FOR SPECIAL DISEASES**

|                   |                          |                                     |                          |
|-------------------|--------------------------|-------------------------------------|--------------------------|
| AFP/Poliomyelitis | <input type="checkbox"/> | Neonatal tetanus                    | <input type="checkbox"/> |
| Leprosy           | <input type="checkbox"/> | Weekly epidemiological surveillance | <input type="checkbox"/> |
| Measles           | <input type="checkbox"/> | Injuries                            | <input type="checkbox"/> |

**4.4 HEALTH EDUCATION AND PROMOTION**

List five main activities in health education and promotion in the year?

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**4.5 MATERNAL AND CHILD HEALTH**

|                                    |                          |                                       |                          |
|------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Maternity services                 | <input type="checkbox"/> | 13 Steps to successful Infant feeding | <input type="checkbox"/> |
| Antenatal care                     | <input type="checkbox"/> | Family Planning Services              | <input type="checkbox"/> |
| Intermittent presumptive treatment | <input type="checkbox"/> | PMTCT                                 | <input type="checkbox"/> |

**4.6 IN PATIENT SERVICES (Indicate Yes if available, No if not available)**





HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

5.0 HUMAN RESOURCE FOR HEALTH (HRH)

5.1 Current staffing Level

Indicate in the table below the number of staff by Post in the Health Facility;

| Cadre   | Number | Cadre                        | Number |
|---|--------|------------------------------|--------|
| District Health Officer (DHO)                     |        | Physiotherapist              |        |
| Medical Officer Principal                         |        | Occupational Therapist       |        |
| Assistant DHO Environmental Health                |        | Orthopaedic Officer          |        |
| Assistant DHO Maternity/ Child Health/ Nursing    |        | Health Educator Assistant    |        |
| Medical Officer Special Grade (Community)         |        | Anaesthetic Officer          |        |
| Medical Officer Special Grade (Obs & Gynes)       |        | Laboratory Technologist      |        |
| Medical Officer Special Grade (Internal Medicine) |        | Laboratory Technician        |        |
| Medical Officer Special Grade (Surgery)           |        | Clinical Officer             |        |
| Medical Officer Special Grade (Paediatrics)       |        | Steno-Secretary              |        |
| Medical Officer Senior                            |        | Accounts Assistant Senior    |        |
| Nursing Officer Principal                         |        | Theatre Assistant            |        |
| Environmental Health Officer Senior               |        | Cold Chain Technician        |        |
| Health Educator Senior                            |        | Stores Asst G1               |        |
| Hospital Administrator Senior                     |        | Enrolled Comp. Nurse         |        |
| Medical Officer                                   |        | Anaesthetic Assistant        |        |
| Dental Surgeon                                    |        | Enrolled Nurse               |        |
| Pharmacist  |        | Enrolled Nurse Psychiatry    |        |
| Nursing Officer Senior                            |        | Enrolled Midwife             |        |
| Clinical Officer Senior                           |        | Laboratory Assistant         |        |
| Health Educator                                   |        | Health Assistant             |        |
| Laboratory Technologist Senior                    |        | Stores Assistant             |        |
| Biostatisticians                                  |        | Records Assistant            |        |
| Hospital Administrator                            |        | Accounts Assistant           |        |
| Personnel Officer                                 |        | Cold Chain Assistant         |        |
| Medical Social Worker                             |        | Office Typist                |        |
| Nutritionist                                      |        | Nursing Assistants           |        |
| Supplies Officer                                  |        | Dental Attendant             |        |
| Reg. Comp. Nurse                                  |        | Theatre Attendant/ Assistant |        |
| Public Health Dental Officer                      |        | Office Attendant             |        |
| Dispenser   |        | Driver                       |        |
| Nursing Officer (Nursing)                         |        | Darkroom Attendant           |        |
| Nursing Officer (Midwifery)                       |        | Mortuary Attendant           |        |
| Public Health Nurse                               |        | Cooks                        |        |
| Nursing Officer (Psychiatry)                      |        | Guards                       |        |
| Psychiatric Clinical Officer                      |        | Artisan                      |        |
| Ophthalmic Clinical Officer                       |        | Support                      |        |
| Health Inspector                                  |        |                              |        |
| Medical Entomology Officer                        |        |                              |        |
| Radiographer                                      |        | <b>Total number of staff</b> |        |

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

5.2 Staff In-Service Training

Indicate in the table below the number of staff who had In-service training in the year in various specialities;

| SPECIALITY  | NUMBER | SPECIALITY                       | NUMBER |
|---|--------|----------------------------------|--------|
| <b>POST -BASIC DIPLOMA QUALIFICATION</b>                                  |        | <b>OTHER HEALTH SPECIALITIES</b> |        |
| Child Health (Paediatric) Nursing   |        |                                  |        |
| Palliative Care Nursing   |        |                                  |        |
| Public health   |        |                                  |        |
| Reproductive health   |        |                                  |        |
| Cardio-Thoracic Nursing   |        |                                  |        |
| Critical Care Nursing   |        |                                  |        |
| Trauma and Emergency (Ambulatory) Nursing                                 |        |                                  |        |
| Theatre Nursing   |        |                                  |        |
| Orthopaedic Nursing   |        |                                  |        |
| Neurology Nursing   |        |                                  |        |
| Oncology Nursing  |        |                                  |        |
| Neonatal Nursing  |        |                                  |        |
| Nephrology Nursing  |        |                                  |        |
| Infection Control Nursing   |        |                                  |        |
| Geriatric Nursing   |        |                                  |        |
| Transfusion Nursing   |        |                                  |        |
| <b>POST GRADUATE LEVEL EDUCATION</b>                                      |        |                                  |        |
| Master of Nursing Science in a specialized field of nursing or midwifery: |        |                                  |        |
| Adult Health Nursing  |        |                                  |        |
| Child Health Nursing  |        |                                  |        |
| Midwifery   |        |                                  |        |
| Mental Health Nursing   |        |                                  |        |
| Public/Community Health Nursing   |        |                                  |        |
| Palliative Care Nursing   |        |                                  |        |
| Geriatric Nursing   |        |                                  |        |
| Critical Care Nursing   |        |                                  |        |
| Leadership and Management   |        |                                  |        |
| Other qualifications in Nursing   |        |                                  |        |
|   |        |                                  |        |
|   |        |                                  |        |
|   |        |                                  |        |





**HMIS FORM 107: HEALTH UNIT ANNUAL REPORT**

**8. COMMENTS ON HEALTH STATUS IN SCHOOLS / INSTITUTIONS**

**9. COMMENTS FROM HEALTH FACILITY IN-CHARGE**

Name of In-charge \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date of Report: \_\_\_\_\_

----- (District/HSD use below this line) -----

|                           |     |    |
|---------------------------|-----|----|
| Date received             |     |    |
| Received by 7th of August | Yes | No |
| Checked by (signature)    |     |    |
| Date Entered              |     |    |
| Name of Data Entrant      |     |    |

**COMMENTS BY HSD:**

# ANNEX

## ANNEX I: HMIS 018b1 – NMS/JMS: GENERAL LABORATORY REPORT AND ORDER FORM

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| Name of Health unit: _____ Date: _____ |  | Funding Source (Tick)                |  |
| HSD: _____ District: _____             |  | Credit Line <input type="checkbox"/> |  |
| Requisition made By: _____             |  | PHC <input type="checkbox"/>         |  |
|  |  | Others <input type="checkbox"/>      |  |
|  |  | Specify: _____                       |  |
| Authorized By: _____                   |  |                                      |  |

| Code No.                       | Item Description         | Basic Unit | A               | B                  | C                         | D                         | E                                  | G                       | H               | I                  | Issues/ Requests Remarks |
|--------------------------------|--------------------------|------------|-----------------|--------------------|---------------------------|---------------------------|------------------------------------|-------------------------|-----------------|--------------------|--------------------------|
|                                |                          |            | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance A+B-C (+/-D) | Qty To Order (C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) |                          |
| <b>Vital Prepared reagents</b> |                          |            |                 |                    |                           |                           |                                    |                         |                 |                    |                          |
| 151 800US                      | 2%TURKS SOLUTION         | 500ml      |                 |                    |                           |                           |                                    |                         | 3600            |                    |                          |
| 151 801US                      | 0.04 Ammonia Solution    | 500ml      |                 |                    |                           |                           |                                    |                         | 5724            |                    |                          |
| 151 802US                      | 0.1M HCL                 | 1000ml     |                 |                    |                           |                           |                                    |                         | 5400            |                    |                          |
| 151 803US                      | 10%Formal Saline         | 1000ml     |                 |                    |                           |                           |                                    |                         | 4230            |                    |                          |
| 151 804US                      | 0.1% Neutral Red         | 1000ml     |                 |                    |                           |                           |                                    |                         | 6500            |                    |                          |
| 151 805US                      | Leishman's stain         | 1000ml     |                 |                    |                           |                           |                                    |                         | 25,200          |                    |                          |
| 151 806US                      | Cary-Blair Trans. Medium | 5ml Bottle |                 |                    |                           |                           |                                    |                         | 554             |                    |                          |
| 151 807US                      | Stuart Transport Medium  | 5ml Bottle |                 |                    |                           |                           |                                    |                         | 552             |                    |                          |

| Code No.                                       | Item Description                 | Basic Unit | A               | B                  | C                         | D                         | E                                     | G                          | H               | I                  | Issues/ Requests Remarks |
|--|----------------------------------|------------|-----------------|--------------------|---------------------------|---------------------------|---------------------------------------|----------------------------|-----------------|--------------------|--------------------------|
|  |                                  |            | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance<br>A+B-C (+/-D) | Qty To Order<br>(C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) |                          |
| 151 808US                                      | 50% Acetone-Alcohol Decolouriser | 1000mls    |                 |                    |                           |                           |                                       |                            | 14,580          |                    |                          |
| 151 809US                                      | Field Stain A                    | 1000mls    |                 |                    |                           |                           |                                       |                            | 12,240          |                    |                          |
| 151 810US                                      | Field Stain B                    | 1000ml     |                 |                    |                           |                           |                                       |                            | 12,240          |                    |                          |
| 151 811US                                      | 0.8% Physiological Saline        | 1000ml     |                 |                    |                           |                           |                                       |                            | 4500            |                    |                          |
| 151 812US                                      | 3% Sulphosalicylic Acid          | 1000ml     |                 |                    |                           |                           |                                       |                            | 8100            |                    |                          |
| 151 813US                                      | Gram Iodine                      | 1000ml     |                 |                    |                           |                           |                                       |                            | 17,100          |                    |                          |
| 151 814US                                      | 20% Crystal Violet               | 500ml      |                 |                    |                           |                           |                                       |                            | 16,200          |                    |                          |
| <b>General TEST KITS</b>                       |                                  |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| 151 815US                                      | Anti Serum A                     | 10ml       |                 |                    |                           |                           |                                       |                            | 2,358           |                    |                          |
| 151 816US                                      | Anti Serum B                     | 10ml       |                 |                    |                           |                           |                                       |                            | 2,358           |                    |                          |
| 151 817US                                      | Anti Serum AB                    | 10ml       |                 |                    |                           |                           |                                       |                            | 2,052           |                    |                          |
| 151 818US                                      | Anti Serum D                     | 10ml       |                 |                    |                           |                           |                                       |                            | 4,158           |                    |                          |
| 151 819US                                      | Anti Human Globulin Serum        | 5ml        |                 |                    |                           |                           |                                       |                            | 2,826           |                    |                          |
| 151 820US                                      | Pregnancy Test Kit               | 100 Tests  |                 |                    |                           |                           |                                       |                            | 14,220          |                    |                          |
| 151 821US                                      | Glucose Oxidize Colorimetric Kit | 50 Tests   |                 |                    |                           |                           |                                       |                            | 14,400          |                    |                          |
| 151 822US                                      | RPR Antigen Kit                  | 100 Tests  |                 |                    |                           |                           |                                       |                            | 10,134          |                    |                          |
| 151 823US                                      | Urine Test Strips 3Parameter     | 50 Strips  |                 |                    |                           |                           |                                       |                            | 5,850           |                    |                          |
| <b>VITAL FULL SUPPLY TUBERCULOSIS REAGENTS</b> |                                  |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| 151 846US                                      | Immersion Oil                    | 1000mls    |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| 151 847US                                      | Microscopic Slides               | 72 pieces  |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| 151 848US                                      | Sputum Containers                | 500 pieces |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| 151 849US                                      | Strong Carbol Fuchsin            | 1000ml     |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| 151 850US                                      | 20% Sulphuric Acid               | 1000ml     |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| 151 851US                                      | 0.5% Methylene Blue Solution     | 1000ml     |                 |                    |                           |                           |                                       |                            | Free            |                    |                          |
| <b>Heamatolgy reagents</b>                     |                                  |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | Hgb Lyse                         |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | WBC Lyse                         |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | Diluent                          |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | Rinse                            |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | Fix                              |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|  | Controls                         |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |



| Code No.  | Item Description  | Basic Unit | A               | B                  | C                         | D                         | E                                     | G                          | H               | I                  | Issues/ Requests Remarks |
|---|---|------------|-----------------|--------------------|---------------------------|---------------------------|---------------------------------------|----------------------------|-----------------|--------------------|--------------------------|
|   |   |            | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance<br>A+B-C (+/-D) | Qty To Order<br>(C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) |                          |
| <b>Vital Clinical Chemistry reagents</b>  |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|   | The following kit reagents can be ordered from JMS/NMS: Sodium, Potassium, Calcium, AST, Creatinine, ALT, Bilirubin total, Glucose, Calibrators, Albumin, Urea, Total Protien, LDH, HDH, Alkaline Phosphatase, Carbondioxide, Amylase, Lactose, etc. Full details on item code will be provided by JMS & NMS.   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|   |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| <b>Vital CD3/CD<sub>4</sub> /CD8 Test kits</b>  |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|   | The following reagents can be ordered from JMS/NMS: FACS count CD3/CD4/CD8 reagent kit, FACS count controls, FACS clean, FACS Flow and Thermal print paper. Reagents for PARTEC include CD4 essay count kit, Count check beads, Sheath fluid, cleaning solution, PARTEC test tubes and decontamination solution. Full details on item code will be provided by JMS & NMS. |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|   |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| <b>Other Essential Supplies (list to be provided by NMS/JMS)</b>  |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
|   |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| <b>Total Amount</b>   |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |
| Ordered by : Name _____ Sign _____ Designation _____ Date _____<br>Aproved by : Name _____ Sign _____ Designation _____ Date _____<br>Confirmed by : Name _____ Sign _____ Designation _____ Date _____ |   |            |                 |                    |                           |                           |                                       |                            |                 |                    |                          |



# ANNEX II: HMIS FORM 089c – REQUEST FORM FOR SPUTUM EXAMINATION

**(FRONT VIEW)**  
**UGANDA NATIONAL TUBERCULOSIS/LEPROSY PROGRAMME**  
**REQUEST FORM FOR SPUTUM EXAMINATION**

Name of Treatment Unit: \_\_\_\_\_ OPD/Ward----- Date: \_\_\_\_\_  
 Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Sex 

|   |   |
|---|---|
| M | F |
|---|---|

Address of Patient: County \_\_\_\_\_ Sub-County \_\_\_\_\_  
 Parish \_\_\_\_\_ Village (LC 1) \_\_\_\_\_ Telephone.....

Reason for Examination: Suspect  Follow –up of **A. 2months B. 5 months C.8 months** Treatment

Specimen Identification No: \_\_\_\_\_ District TB. No: \_\_\_\_\_  
 Date of Sputum collection: \_\_\_\_\_ Unit TB No: \_\_\_\_\_

Signature and Name of person who requests Examination: \_\_\_\_\_

**(BACK VIEW)**  
**RESULT (To be completed at Laboratory)**

Specimen Lab. No.: \_\_\_\_\_  
 Aspect of specimen on inspection:

**Write the specimen number in the box**

Muco – purulent 

|  |
|--|
|  |
|  |
|  |

 Bloodstained Saliva 

|  |
|--|
|  |
|  |
|  |

 Muco – Salivary 

|  |
|--|
|  |
|  |
|  |

 Saliva 

|  |
|--|
|  |
|  |
|  |

Microscopy:

| Date | Specimen number | Results * | Positive grading  |
|------|-----------------|-----------|---|
|      |                 |           | +++    ++    +    scanty (1-9)  |
|      | 1               |           | <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> |
|      | 2               |           | <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> |
|      | 3               |           | <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> |

\* Indicate Neg. or Pos. Examination carried out by (signature) \_\_\_\_\_

Date: \_\_\_\_\_

*The completed form (with results) should be sent to the treatment centre that requested it.*

*The Request form for sputum examination is divided into the front and back of the form. The front is the request section and the back is for the results. At this stage of the course we are interested in the request section.*



# REQUEST FORM FOR SPUTUM EXAMINATION

HEALTH UNIT TB No.: \_\_\_\_\_

DISTRICT TB No.: \_\_\_\_\_

## NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAMME

### REQUEST FORM FOR CULTURE AND SENSITIVITY TESTS FOR M. TUBERCULOSIS

#### 1.0 Patient Identification:

NAME OF PATIENT: -----Sex-----Age-----

HOSPITAL/HEALTH CENTRE: ----- DISTRICT:-----

(Name of referring facility)

#### 2.0 Type of patient:

|             |                          |              |                          |                              |                          |
|-------------|--------------------------|--------------|--------------------------|------------------------------|--------------------------|
| New Patient | <input type="checkbox"/> | Failure case | <input type="checkbox"/> | Other (specify)              | <input type="checkbox"/> |
| Defaulter   | <input type="checkbox"/> | Relapse      | <input type="checkbox"/> | <b>Mark appropriate box.</b> |                          |

#### Reasons for Culture and sensitivity: .....

| ANTI-TUBERCULOSIS TREATMENT RECEIVED | FROM  | TILL  |
|--------------------------------------|-------|-------|
| Isoniazid                            | ----- | ----- |
| Streptomycin                         | ----- | ----- |
| Rifampicin                           | ----- | ----- |
| Ethambutol                           | ----- | ----- |
| Pyrazinamide                         | ----- | ----- |

#### 3.0 Specimen Details: Specimen type:..... Collection Date: ----- H/U LabNo \_\_\_\_\_

Specimen collected at (Tick):  0 Months  2Months  5Months  8Months  .Months

Requested by (Name): -----Phone-----

Signature:..... Date: -----

#### FOR NTRL LABORATORY USE ONLY

NTRL Lab No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

#### 4.0 Laboratory Results:

| Test | Date | Smear Results(Pos/Neg) | Grading (AFB No.; 1+; 2+; 3+) | Culture Result to follow on date | Sensitivity results to follow in on date |
|------|------|------------------------|-------------------------------|----------------------------------|--|
| ZN   |      |                        |                               |                                  |  |
| *FM  |      |                        |                               |                                  |  |

\*Fluorescent Microscopy

#### 5.0 Culture and Anti-TB Drug Sensitivity Test Results:

| Culture results |         | Sensitivity results |              |                              |
|-----------------|---------|---------------------|--------------|------------------------------|
| Date            | Results | Date                | Drug         | Sensitive (S) /Resistant (R) |
|                 |         |                     | Streptomycin |                              |
|                 |         |                     | Isoniazid    |                              |
|                 |         |                     | Rifampicin   |                              |
|                 |         |                     | Ethambutol   |                              |
|                 |         |                     | Pyrazinamide |                              |

Culture Result Key: 1-100 colonies; IC= Innumerable colonies; CG= Confluent Growth

Tech Name: -----Signature: -----Date----- Lab Name: -----

Verified by: Name-----Signature: ----- Date: -----



# ANNEX III: HMIS FORM 116 - POLIOMYELITIS/ACUTE FLACCID PARALYSIS INVESTIGATION FORM- ACUTE ILLNESS

(Complete this form for all cases occurring within the previous 12 months)

Circle or fill the form as appropriate

EPID No: (for UNEPI only) \_\_\_\_\_ FACILITY \_\_\_\_\_

DISTRICT OF ONSET \_\_\_\_\_ (District of onset = where the child was leaving when infected(2 weeks prior to onset of paralysis)

1. Child's First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

2. Date of this visit: \_\_\_/\_\_\_/\_\_\_ 3. Date of Birth: \_\_\_/\_\_\_/\_\_\_

4. Referring Facility: \_\_\_\_\_ 4.1 Is the child admitted? [Y / N/ U ]

4.2: Date of admission \_\_\_/\_\_\_/\_\_\_

5. Age (Record all ages in months): \_\_\_\_\_ 6. Sex: \_\_\_\_\_ (Male/Female)

7. Residence: Name of head of household where the child lives: \_\_\_\_\_ Phone \_\_\_\_\_

District \_\_\_\_\_ Sub County \_\_\_\_\_

Parish \_\_\_\_\_ LC1 \_\_\_\_\_

### CLINICAL

8. Date onset of fever: \_\_\_/\_\_\_/\_\_\_ 9. Date onset of paralysis: \_\_\_\_\_

10 Type of paralysis: (Y= Yes; N= No; U =Unknown)

Sudden onset [ ] Asymmetrical [ ] Sensation Loss [ ]

11. Site of Paralysis: (Y= Yes; N= No; U= Unknown)

Left Leg [ ] Left Arm [ ] Right Leg [ ] Right Arm [ ]

11.2. Diminished reflexes [Y / N/ U ] Diminished muscle tone [Y / N/ U ]

11.3 Muscle wasting [Y / N/ U ] Muscle weakness [Y / N/ U ]

11.4 Respiratory Muscles [ ] Face [ ] Stiff neck [ ] Convulsions [ ]

Headache [ ] Vomiting [ ] Diarrhea [ ] Other sites \_\_\_\_\_

12 History of recent injection before the onset of paralysis: [Y / N/ U ]

Total number of injections received before onset of paralysis \_\_\_\_\_

If YES, dates of injection \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_

Type of injection (name of drug or vaccine) \_\_\_\_\_

Site (s) of the injection \_\_\_\_\_

Name of the facility giving the injection (s) \_\_\_\_\_

### IMMUNIZATION HISTORY

13. Total number of OPV doses received [ ] Immunization card Seen / Not seen

Date of the last OPV received \_\_\_/\_\_\_/\_\_\_

### SPECIMEN COLLECTION - VIRUS ISOLATION STUDIES

(Only for patients reported within 60 days of onset of paralysis.)

|             | Date Collected | Date Sent to UVRI | Date Received | Date of Result | Result |
|-------------|----------------|-------------------|---------------|----------------|--------|
| Specimen 1: | ___/___/___    | ___/___/___       | ___/___/___   | ___/___/___    | _____  |
| Specimen 2: | ___/___/___    | ___/___/___       | ___/___/___   | ___/___/___    | _____  |

PERSON RECORDING \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

FOLLOW UP VISIT (After 60 days of onset) To be done by a medical officer or clinical officer

15. Date of follow-up \_\_\_/\_\_\_/\_\_\_

16. Diminished reflexes (Yes/No) Diminished Muscle tone (Yes/No)

Muscle wasting (Yes/No) Muscle weakness (Yes/No)

17. Residual Paralysis: (Yes/No)

If YES, was the child referred for rehabilitation?(Yes/No) If yes, where? \_\_\_\_\_

### REMARKS:

RECORDING OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

# ANNEX IV: HMIS FORM 119 - MEASLES CASE INVESTIGATION FORM

EPID No. \_\_\_\_\_

Lab No. \_\_\_\_\_ (For Lab Use Only)

**Demographic Details**

1. District of onset \_\_\_\_\_ Reporting Health Unit \_\_\_\_\_
2. Name of Patient \_\_\_\_\_ Sex \_\_\_\_\_
3. Age (in months) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Home: Name of head of household where the child lives: \_\_\_\_\_  
 Guardian's occupation \_\_\_\_\_ District \_\_\_\_\_  
 Sub-county \_\_\_\_\_ Parish \_\_\_\_\_  
 LC1 (zone) \_\_\_\_\_ LC 1 Chairman's name \_\_\_\_\_

**Clinical History**

5. Date of this visit \_\_\_\_/\_\_\_\_/\_\_\_\_ In/Out Patient \_\_\_\_\_ (1 = In-patient, **No** \_\_\_\_\_)  
 (2 = Out-patient, **No** \_\_\_\_\_)

**Symptoms:** (circle as appropriate)

Fever: Yes/No Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_ Temperature \_\_\_\_\_ degrees  
 Rash: Yes/No **Date of onset** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cough: Yes/No Red eyes: Yes/ No Running nose: Yes/No  
 Other complications: Yes/No  
 If yes, specify \_\_\_\_\_

**Outcome:** \_\_\_\_\_ (1 = Alive 2 = Dead 3 = Unknown)

6. Date Health Unit Notified District \_\_\_\_/\_\_\_\_/\_\_\_\_

Was vitamin A given during the current illness Yes/No No of doses \_\_\_\_\_

**Immunisation History** Card seen/not seen

7. Number of measles doses \_\_\_\_\_ Date of last measles vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Diagnosis written in the register \_\_\_\_\_

**Specimens**

**a) Blood:**

|                    |                      |                |                 |
|--------------------|----------------------|----------------|-----------------|
| Date of collection | Date sent to the lab | Date received  | Spec. condition |
| ____/____/____     | ____/____/____       | ____/____/____ | _____           |

**b) Urine:**

|                    |                      |                |                 |
|--------------------|----------------------|----------------|-----------------|
| Date of collection | Date sent to the lab | Date received  | Spec. condition |
| ____/____/____     | ____/____/____       | ____/____/____ | _____           |

**Investigators**

Name: (person filling form) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Results**

**Serology:** IgM \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent to EPI \_\_\_\_/\_\_\_\_/\_\_\_\_

**Virus Isolation:** Urine \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Final Classification** \_\_\_\_\_ (1 = confirmed, 2 = Epidemiological linkage)  
 (3 = Probable/Compatible, 4 = Discarded, 5 = Suspected)

Date results sent to district \_\_\_\_/\_\_\_\_/\_\_\_\_

# ANNEX V: HMIS FORM 120 - MATERNAL DEATH AUDIT FORM

Serial No.



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

*CONFIDENTIAL*

## MATERNAL DEATH AUDIT FORM

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| For Official use only: Ministry of Health National Case number |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

**NOTE:**

*Ensure a Maternal Death Notification form was filled within 24 hours.*

*The Maternal Death Audit form must be completed for all maternal deaths*

*Mark with a tick (✓) where applicable;*

*Where information is not available from the records please interview mother or next-of-kin if available. Add an asterisk (\*) where information was obtained by interview.*

*Complete the form in duplicate within 7 days of a maternal death. The original remains at the institute where the death occurred. The copy will be for regional confidential inquiry purposes.*

**SECTION 1: LOCALITY WHERE DEATH OCCURRED:**

1.1 District

1.2 Health sub-District

1.3 Facility name

1.4 Type of facility:

| National referral hospital | Regional referral hospital | General hospital | HCIV | HCIII | Others (specify) |
|----------------------------|----------------------------|------------------|------|-------|------------------|
|                            |                            |                  |      |       |                  |

Ownership: a) Gov  b) Private  c) PNFP

**SECTION 2: DETAILS OF THE DECEASED:**

2.1 Surname .....Other names

2.2 Inpatient number

2.3 Residence address: a. Village (LCD):

b. Parish (LCII):

c. Sub-county (LCIII):

d. District

2.4 Age (years):  yrs

2.5 Next of kin ..... (relationship)



2.5 1. Marital status (1. MR= Married ; 2. SI= Single never married ; 3. S= Separated ;

4. W = Widowed ; 5. NK= Not known )

2.6.1 At time of admission:

i) Gravida   Para +  ii) Gestation (weeks)

2.6.2 At time of death:

i) Gravida   Para  +  ii) Gestation (weeks)

Days since delivery/ abortion (if not applicable enter 99)

**SECTION 3: ADMISSION AT HEALTH FACILITY WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED**

3.1 Date of admission: dd mm yyyy

3.2 Time of admission (12hrs):  am  pm

3.3 Date of death: dd mm yyyy

3.4 Time of death 12hrs:  am  pm

3.5 Duration of stay in facility before death: days hrs mins

3.6 Referred: 1. Yes  2. No

3.7. a) If Yes from:

Home  3. Health Centre  5. Others

TBA  4. Hospital

b) Specify name .....

3.8 Condition on admission (Tick appropriate response):

| Category             | Conditions   |
|----------------------|--|
| 1. Abortion          | i) Stable (normal vital signs) <input type="checkbox"/><br>ii) Critically ill <input type="checkbox"/><br>iii) Dead on arrival <input type="checkbox"/><br>iv) Other – specify |
| 2. Ectopic pregnancy | i) Stable (normal vital signs) <input type="checkbox"/><br>ii) Critically ill <input type="checkbox"/><br>iii) Dead on arrival <input type="checkbox"/><br>iv) Other – specify |
| 3. Antenatal         | i) Stable (normal vital signs) <input type="checkbox"/><br>ii) Critically ill <input type="checkbox"/><br>iii) Dead on arrival <input type="checkbox"/><br>iv) Other – specify |
| 4. Intrapartum       | i) Stable (normal vital signs) <input type="checkbox"/><br>ii) Critically ill <input type="checkbox"/><br>iii) Dead on arrival <input type="checkbox"/><br>iv) Other – specify |
| 5. Postpartum        | i) Stable (normal vital signs) <input type="checkbox"/><br>ii) Critically ill <input type="checkbox"/><br>iii) Dead on arrival <input type="checkbox"/><br>iv) Other – specify |

3.8 Reason for admission (complaints):

3.9 Diagnosis on admission:

3.10 Status of pregnancy at the time of death:

1. Abortion  2. Ectopic pregnancy  3. Not in labour  4. In labour  5. Postpartum

SECTION 4: ANTENATAL CARE

4.1 Did she receive antenatal care? 1. Yes  2. No

4.2 If "Yes", total number of ANC visits

4.3 Type of health facility (*tick all applicable*):

1. National Referral Hospital   
 2. Regional Referral Hospital   
 3. General hospital   
 4. HC IV   
 5. HC III   
 6. Other, specify:

4.4 Antenatal risk factors (*tick all applicable*)

| Risk history                  | 1. Yes                   | 2. No                    | 3. Unknown               |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Hypertension               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bleeding                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Proteinuria                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Glycosuria                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Anaemia                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Abnormal lie               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Previous Caesarean section | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other, specify             |                          |                          |                          |

Comments on ANC – List any medication



## SECTION 5: DELIVERY AND PUERPERIUM INFORMATION

5.1 Did labour occur? 1. Yes  2. No  3. Unknown

If No go to section 6

5.2 Was a partogram filled? 1. Yes  2. No

5.3 If "Y", was a partogram correctly used? Yes  2. No

5.4 Duration of labour. Tick appropriate answers in the table below:

| 1. Latent phase | 2. Active phase | 3. Second phase | 4. Third phase |
|-----------------|-----------------|-----------------|----------------|
| Not known       | Not known       | Not known       | Not known      |
| < or = 8 hours  | < 4 hours       | < 5 minutes     | < 5 minutes    |
| > 8 hours       | 4 – 6 hours     | 5 – 30 minutes  | 6 – 30 minutes |
|                 | > 7 hours       | 31 – 60 minutes | > 30 minutes   |
|                 |                 | > 1 hour        |                |

Mode of delivery (tick appropriate box)

1. Undelivered
2. Vaginal (spontaneous vertex)
3. Vaginal assisted (breech, shoulder dystocia)
4. Instrumental vaginal (vacuum/forceps)
5. Caesarean Section
6. Destructive operations

Main Assistant at delivery (tick appropriate box):

1. Nursing assistant
2. Midwife
3. Trained TBA
4. Untrained TBA
5. Member of the family
6. Self
7. Doctor
8. Other, specify

Place of delivery

5.8. Ownership

- |  |                                     |
|--|-------------------------------------|
| 1. National referral hospital <input type="checkbox"/> | 1. Govt <input type="checkbox"/>    |
| 2. Regional referral hospital <input type="checkbox"/> | 2. Private <input type="checkbox"/> |
| 3. General hospital <input type="checkbox"/>           | 3. PNFP <input type="checkbox"/>    |
| 4. HC IVs. HC III <input type="checkbox"/>             |                                     |
| 5. Other, specify:                                     |                                     |

Puerperal conditions (tick all applicable):

1. PPH
2. Sepsis
3. Eclampsia
4. Ruptured uterus
5. Shock/sudden collapse
6. Other, specify: .

5.10 Comments on labour, delivery and puerperium

## SECTION 6: INTERVENTIONS

### 6.1 Tick all applicable

| 1. Early pregnancy |  | 2. Antenatal          |  | 3. Intrapartum             |  | 4. Postpartum                 |  | 5. Other                         |  |
|--------------------|--|-----------------------|--|----------------------------|--|-------------------------------|--|----------------------------------|--|
| 1. Evacuation/MVA  |  | 1. Transfusion        |  | 1. Instrumental delivery   |  | 1. Evacuation                 |  | 1. Anaesthesia-GA                |  |
| 2. Laparotomy      |  | 2. Anti-hypertensives |  | 2. Symphysiotomy           |  | 2. Laparotomy                 |  | 2. Epidural                      |  |
| 3. Hysterectomy    |  | 3. Anti-Malarials     |  | 3. Caesarean section       |  | 3. Hysterectomy               |  | 3. Spinal                        |  |
| 4. Transfusion     |  | 4. Anticonvulsants    |  | 4. Hysterectomy            |  | 4. Transfusion                |  | 4. Local                         |  |
|                    |  |                       |  | 5. Transfusion             |  | 5. Manual removal of Placenta |  | 5. Intensive Care Unit admission |  |
|                    |  |                       |  | 6. Anticonvulsants         |  | 6. Anticonvulsants            |  |                                  |  |
|                    |  |                       |  | 7. Uterotonics (oxytocics) |  | 7. Uterotonics (oxytocics)    |  |                                  |  |
| 5. Others, specify |  | 5. Others, specify    |  | 8. Others, specify         |  | 8. Others, specify            |  | 6. Others, specify               |  |

### 6.2 Comments on interventions

## SECTION 7: HIV STATUS

### 7.1 HIV/AIDS status

1. HIV test during present pregnancy:  Yes  No  Unknown

2. HIV test results:  positive  Negative  Unknown

3. If HIV positive:

i) No ARV prophylaxis taken

ii) ARV (Nevirapine/Combivar taken

iii) On HAART

iv) Others, specify

7.2 If HIV Positive, CD4 count

.....

## SECTION 8: CAUSE OF DEATH (See guidelines)

*(Note AIDS is NOT a primary cause of death – if a woman has AIDS please give the condition which killed her, e.g. TB, pneumonia, meningitis, malaria, abortion, puerperal sepsis, etc.)*

8.1 Primary (underlying) cause of death: Specify

8.2 Final and contributory (or antecedent) cause of death: Specify (refer to guide):

**SECTION 9: USING INFORMATION DERIVED FROM THE INTERVIEWS AND REVIEW OF THE CASE NOTES, WERE ANY OF THESE FACTORS PRESENT?**

9.1

| System                                   | Example  | 1.<br>Y | 2.N | 3.<br>Unk-<br>now<br>n | If yes please specify:<br>(additional space below) |
|--|--|---------|-----|------------------------|--|
| A. Personal/<br>Family/<br>Woman factors | Delay of the woman seeking help                  |         |     |                        |  |
|  | Lack of partner support                          |         |     |                        |  |
|  | Refusal of treatment or admission                |         |     |                        |  |
|  | Herbal medication                                |         |     |                        |  |
|  | Refused transfer to higher facility              |         |     |                        |  |
|  | Others, specify:                                 |         |     |                        |  |
| B. Logistical systems                    | Lack of transport from home to health facilities |         |     |                        |  |
|  | Lack of transport between health facilities      |         |     |                        |  |
|  | Other, specify:                                  |         |     |                        |  |
| C. Health service                        | Health service communication breakdown           |         |     |                        |  |
|  | Lack of blood products ,supplies &consumables    |         |     |                        |  |
|  | Other, specify:                                  |         |     |                        |  |
| D. Health personnel problems             | Absence of critical human resource               |         |     |                        |  |
|  | Inadequate numbers of staff                      |         |     |                        |  |
|  | Staff misguided action                           |         |     |                        |  |
|  | Staff over-sight                                 |         |     |                        |  |
|  | Staff non-action                                 |         |     |                        |  |
|  | Staff lack of expertise                          |         |     |                        |  |
|  | Other, specify:                                  |         |     |                        |  |

Others, specify:

9.2 Comments on potential avoidable factors, missed opportunities and sub-standard care.

9.3 Quality of medical records:

9.3.1 Comment on the key data elements missing from the patient's file.

9.3.2 Legibility: 1.Good  2. Poor



**SECTION 10: AUTOPSY/ POST MORTEM:**

10.1 Performed: 1. Yes  2. No  3. Unknown

If performed please report the gross findings

**SECTION 11: CASE SUMMARY** (Please supply a short summary of the events surrounding the death)

**SECTION 12: RECOMMENDATIONS** (Please supply a short summary of the recommendations and follow-up actions to address audit findings)

**SECTION 13: THIS FORM WAS COMPLETED BY:**

|              |                      |                     |
|--------------|----------------------|---------------------|
| Name (print) | <input type="text"/> | Other Team Members: |
| Telephone    | <input type="text"/> |                     |
| E-mail       | <input type="text"/> |                     |

Date: dd mm yyyy

Signature: .....

The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address [hmisatabank@yahoo.com](mailto:hmisatabank@yahoo.com)



# ANNEX VI: HMIS FORM 120a - Maternal Death Notification Form

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| For Official use only: Ministry of Health National Case Number |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### Instructions:

1. This form is filled by the health worker on duty at the time of death
2. Complete the Maternal Death Notification form in quadruplicate within 24 hours (One for the unit, one for the health sub-district, one for the DHO and one for MoH).
3. Handover the form to the In-charge of the unit
4. Perform the audit within 7 days.

Name of reporting facility..... Level..... District .....

Names of deceased.....Inpatient

Number.....

Village of residence ( LC 1) .....Sub-county (LC 111) .....District .....

Age of deceased.....yrs                      Next of kin .....

Gestational Age (wks) .....                      Duration of stay at facility before death: .....days.....hrs.....mins

Date of Death: .....dd.....mm .....yr.

Possible cause(s) of death: .....

Date of filling form .....Date of dispatching form .....

Delivered by ( Name) .....                      Date .....

Received by ( Name) .....                      Date .....

The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address [hmisatabank@yahoo.com](mailto:hmisatabank@yahoo.com)

# ANNEX VII: HMIS FORM 121 – NEWBORN/ PERINATAL DEATH AUDIT FORM



The Republic of Uganda  
MINISTRY OF HEALTH

*CONFIDENTIAL*

## NEWBORN/PERINATAL DEATH AUDIT FORM

For Official use only: Ministry of Health National Case Number

Note:

The Perinatal Death Audit form must be completed for all perinatal/newborn deaths

Mark with a tick (✓) where applicable;

Where information not available from the records please interview mother or next-of-kin if available.

Add an asterisk (\*) where information was obtained by interview.

Complete the form in duplicate within 48 hours of a perinatal/newborn death. The original is used to the Facility audit committee and the copy will be used during Confidential inquiry purposes.

Health Facility Case Identification Number:

### SECTION 1: LOCALITY WHERE DEATH OCCURRED:

1.1 District

1.2 Health sub-District

1.3 Facility name

1.31 Facility Code:

1.4 Type of facility:

| National referral hospital | Regional referral hospital | General hospital     | HCIV                 | HCIII                | Others (specify)     |
|----------------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/>       | <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

1.5 Ownership: a) Gov  b) Private  c) PNFP  Health Professional

### SECTION 2: DETAILS OF THE DECEASED:

2.1 In-patient number (mother):

2.12 In-patient number (baby):

2.2 Type of pregnancy: i) Singleton  ii) Twin

2.3 If twin, order of delivery: i) Cephalic/cephalic ii) Breech/breech iii) Cephalic/breech iv) Breech/cephalic v) Cephalic/transverse

2.4 Date of Birth: 1.   dd   mm     yyyy

2. not known

2.5 Date of Death: 1.   dd   mm     yyyy

2. unknown

2.6 Time of Death: 1.     am     pm

2. unknown

2.7 Gestation Age at delivery: 1.   weeks

2. unknown

2.8 Age (newborn) at time of death:   days   hrs   mins

### 3: DETAILS OF THE DECEASED's MOTHER

3.1 Surname ..... Other names

3.2 Inpatient number

3.3 Residence address: a. Village (LCI):

b. Parish (LCII):

c. Sub-county (LCIII):

d. District .....

3.4 Age (years):   yrs

3.5 Next of kin ..... (relationship) .....

3.6 Marital status (1. MR= Married ; 2. SI= Single never married ; 3. S = Separated ;

4. W = Widowed ; 5. NK= Not known

3.71 Mother's Parity  +

3.72 No. of mother's living children

3.8 Past Obstetric History (put numbers):

1. Abortions  2. Previous stillbirth / newborn death  3. Assisted delivery  if assisted specify .....
4. Caesarean section

4. PREGNANCY PROGRESS AND CARE (Get the information from the ANC card and/or ANC register)

4.1 Did mother attend ANC: 1. Yes  2. No

4.2 If yes, no. of visits .....

4.3 Lab investigations done (tick all applicable):

Syphilis test

Urine protein

HIV test

Hb level

4.4 Interventions done : (tick all applicable)

IPTp  IPT  1 IPT  2  IPT  3  if HIV +

Tetanus Toxoid

HIV: Positive  Negative

4.5 Medical conditions or infections in present Pregnancy (tick all applicable):

1. Antepartum Haemorrhage  2. History of trauma  3. Hypertension

4. Diabetes mellitus  5. Pre labour rupture of membranes  6. UTI

7. Malaria  8. Anaemia  9. Multiple pregnancy

10. Post dates (more than forty two weeks)

11. HIV/AIDS 1. Yes  2. No

If HIV positive: No ARV prophylaxis taken  ARVs (NVP) Combivir  HAART

Others specify.....

12. HAART 1. Yes  2. No

13. Other infections/conditions, state

14. Other Medicines given/ taken during pregnancy

5.0 LABOUR:

5.1 Place of labour: 1. Home  2. TBA  3. Health facility

Specify name of facility.....

5.2 Referred: 1. Yes  2. No

5.3 If Yes from:

1. Home  2. Health Centre  3. TBA  4. Hospital

5. Others Specify.....

5.4 If referred from health facility give name of the facility.....

5.5 On admission, were foetal heart sounds present? 1. Yes  2. No  Not accessed

5.6 Was labour 1. spontaneous  2. Induced  Unknown

5.7 Was Partograph used? 1. Yes  2. No  3. Unknown

If "Y", was a partogram correctly used? Yes  2. No

5.8 Duration of labour (hours: minutes)

| 1. Latent phase                          | 2. First Stage                             | 3. Second stage                           | 4. Third stage                             |
|--|--|---|--|
| Not Known <input type="checkbox"/>       | Not Known <input type="checkbox"/>         | Not Known <input type="checkbox"/>        | Not Known <input type="checkbox"/>         |
| Less than 8hrs <input type="checkbox"/>  | Less than 4 hrs <input type="checkbox"/>   | Less than 5 mins <input type="checkbox"/> | Less than 5mins <input type="checkbox"/>   |
| More than 8 hrs <input type="checkbox"/> | Hrs <input type="text"/>                   | 5-30 mins <input type="checkbox"/>        | 5-30 mins <input type="checkbox"/>         |
|  | More than 7 hours <input type="checkbox"/> | 31-60 mins <input type="checkbox"/>       | More than 30 mins <input type="checkbox"/> |
|  |  | More than 1 hour <input type="checkbox"/> |  |



Mode of delivery (tick appropriate box)

- 1. Undelivered
- 2. Vaginal (spontaneous vertex)
- 3. Vaginal assisted (breech, shoulder dystocia)
- 4. Instrumental vaginal (vacuum/forceps)
- 5. Caesarean Section
- 6. Destructive operations

5.10 Main Assistant at delivery (tick appropriate box):

- 1. Nursing assistant
- 2. Midwife
- 3. TBA
- 5. Member of the family
- 6. Self
- 7. Doctor
- 8. Other, specify .....

5.11 Place of delivery 5. 12. Ownership

- 1. National referral hospital  1. Govt
- 2. Regional referral hospital  2. Private
- 3. General hospital  3. PNFP
- 4. HC IVs. HC III

5. Other, specify: .....

5.13 Comments on labour, delivery and puerperium (tick all applicable):

- 1. Normal  2. Prolonged  3. Obstructed
- 4. Foetal distress  5. Prolonged rupture of membranes

Other

Section 6.0 Condition of baby at Birth:

- 6.1 1. Alive  2. Fresh stillbirth  3. Macerated stillbirth
  - 6.2 If alive, 1. APGAR score at 1min  2. APGAR score at 5 mins  3. APGAR score unknown
  - 6.3 Did baby cry at birth: 1. Yes  2. No  3. Don't know
  - 6.4 Breathing: 1. Spontaneous  2. Gasping  3. Don't know
  - 6.5 Resuscitation at birth (tick where applicable)
  - 6.6.1 Resuscitation done Yes  No , if yes (tick where applicable)
  - 1. Stimulation Yes  No  2. Clearing airway Yes  No
  - 3. Oxygen Yes  No  4. Bag and mask Yes  No
  - 5. Cardiac massage Yes  No  6. Suction Yes  No
  - 6.7 Resuscitation with good outcome  2. Resuscitation with poor outcome
  - 6.8 Birth weight:  kg 3.4 Sex: F M
  - 6.9 Congenital abnormality: 1. Yes  2. No
- If yes, describe

6.10 Problems after birth up to or on Day 6: (tick all applicable)

- 1. Difficult feeding (baby problems)  2. Difficult feeding (maternal problems)
- 3. Jaundice  4. Anaemia  5. Difficult breathing  6. Hypoglycaemia
- 7. Bleeding (cord, circumcised, false tooth extraction)  8. Septicaemia  9. Hypothermia
- 10. Bulging Fontanelle:  11. Bleeding disorder specify cause .....
- 12. Fever  13. Convulsions
- 14. Other conditions (specify)

For a baby born to HIV+ve mother: Baby reviewed  ARV Prophylaxis Yes  No  if Yes Specify .....

6.11 Maternal Condition at the time the baby died: (tick all applicable)

- 1. Alive and well  2. Anaemia  3. Fever  4. PPH
- 5. Obstetric Fistula  6. Puerperal Infection  7. Shock
- 8. Dead  9. Others, specify .....



Section 7: Probable cause of death of baby

Final causes of death

- 1. Birth asphyxia
- 2. Complications of pre-maturity and fetal growth retardation ()
- 3. Infections
  - 3.1 Septicaemia
  - 3.2. Pneumonia
  - 3.3 Tetanus
  - 3.4. Meningitis
  - 3.5 congenital syphilis
  - 3.6 HIV infection
  - 3.7 diarrhoea
  - 3.8 Other
- 4. Hemorrhagic or hematological disease  5. Birth trauma (sub dural haemorrhage, CNS/scalp injuries)
- 6. Hypothermia  7. Bleeding accidents (cord, circumcision)

8. Other (state)

Section 8.0 Underlying factors:

8.1. Maternal:

- Maternal conditions unrelated to the pregnancy( Diabetes, hypertension, renal disease, respiratory disease)
- Maternal complications of pregnancy( polyhydramnios, multiple pregnancy, maternal death, pre eclampsia and eclampsia)
- Complications of placenta ( abruption, placenta praevia)

8.2 Foetal:

- 1. Prematurity
- 2. Congenital abnormalities
- 5. Small for dates
- 6. Large for dates (macrosomia)
- 7. Post-maturity
- 9. Unexplained stillbirth
- 11. Other (specify) .....

Complications of the cord( prolapse, cord around the neck etc)

Maternal infections( HIV/AIDS, Malaria, Syphilis, TB)

Complications of labor and delivery(breech and vacuum extraction, obstructed labor, forceps delivery, caesarian section, precipitate labour)

Others, (specify) .....

SECTION 9: AUTOPSY/ POST MORTEM:

Performed: 1. Yes  2.No  3. Unknown

4. If performed please report the gross findings and send the detailed report later.

10.0: Avoidable factors/ missed opportunities/ substandard care using the information derived from the interview and review of the case notes were any of these factors present?

| System                                      | Example   | 1.Y | 2.N | If yes please specify:<br>(additional space below) |
|---|---|-----|-----|--|
| A. Personal/<br>Family/<br>Woman<br>factors | Delay of the mother seeking help                    |     |     |  |
|   | Lack of partner support                             |     |     |  |
|   | Refusal of treatment or admission                   |     |     |  |
|   | Herbal medication                                   |     |     |  |
|   | Refused transfer to higher facility                 |     |     |  |
|   | Others, specify:                                    |     |     |  |
| B. Logistical<br>systems                    | Lack of transport from home to health care facility |     |     |  |
|   | Lack of transport between health care facility      |     |     |  |
|   | Other, specify:                                     |     |     |  |



Ministry of Health

|                              |  |  |  |  |
|------------------------------|--|--|--|--|
| C. Health service            | Health service communication breakdown                                     |  |  |  |
|                              | Lack of resuscitation equipment, supplies & drugs including blood products |  |  |  |
|                              | Other, specify:  |  |  |  |
| D. Health personnel problems | Absence of critical human resource   |  |  |  |
|                              | Inadequate numbers of staff  |  |  |  |
|                              | Staff misguided action   |  |  |  |
|                              | Staff over-sight   |  |  |  |
|                              | Staff non-action   |  |  |  |
|                              | Staff lack of expertise  |  |  |  |
|                              | Other, specify:  |  |  |  |

Comment on avoidable factors/ missed opportunities and substandard care:

Section 11 Quality of medical records:

11.1 Comment on the key data elements missing from the patient's file.

11.2 Legibility: 1. Good  2. Poor

Section 12: Recommendations:

H. CONFIRMATION OF DETAILS

THIS FORM WAS COMPLETED BY:

|              |                      |
|--------------|----------------------|
| Name (print) | <input type="text"/> |
| Telephone    | <input type="text"/> |
| E-mail       | <input type="text"/> |

Other Team Members:

.....  
 .....

Date: dd mm yyyy

Signature: .....

NOTES:

Premature – born after 28 weeks but before 37 weeks of gestation.

Poor Obstetric History – two or more previous miscarriages, a previous stillborn baby, early neonatal death and previous difficult deliveries resulting in neonatal morbidity, especially those affecting the central nervous system.

The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address [hmisatabank@yahoo.com](mailto:hmisatabank@yahoo.com)



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

# ANNEX VIII: HMIS FORM 071b - ANTENATAL CARD

Health Unit: \_\_\_\_\_ Reg no. \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Age: \_\_\_\_\_ LC1: \_\_\_\_\_  
 Village: \_\_\_\_\_ Parish \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Education: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 Married/Single/Widow  
 Next-of-kin: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ Abortions: \_\_\_\_\_

**PREVIOUS ILLNESS:**

**Medical:** Cardiac Disease:  
 Kidney Disease:  
 Hypertension:  
 TB:  
 Asthma:  
 STI:  
 Sickle Cell Disease:  
 Epilepsy (seizures):  
 Diabetes:  
**Surgical:** Operations:  
 Blood Transfusions:  
 why?  
 Fractures of pelvis, spine and femur:  
**OBS/GYN:** D & C  
 Ectopic pregnancy:  
 Caesarean Section:  
 Vacuum Extraction, Forceps  
 Retained Placenta  
 PPH  
 Operations on the uterus  
 Cervical circlage (Shridkor Mc Donald)

**SOCIAL HISTORY:**

Smoking  
 Alcohol  
 Health of the husband

**FAMILY HISTORY:**

Diabetes

Comment(s) about previous pregnancies:

Hypertension:  
 Sickle Cell Disease  
 Epilepsy:  
 Twins:  
 Husband's health:

**MENSTRUAL AND CONTRACEPTIVE HISTORY:**

Length of menses (no. of days she bleeds)  
 Amount: Heavy/Normal  
 Family Planning method ever used:  
 When and why was it discontinued?  
 If never used, why?

**PRESENT PREGNANCY:**

First Day of LNMP \_\_\_\_\_  
 EDD: \_\_\_\_\_  
 Period of Gestation: \_\_\_\_\_  
 Complications of Pregnancy if any: \_\_\_\_\_  
 Any hospitalisation? YES \_\_\_ NO \_\_\_ for \_\_\_\_\_  
 Bleeding  
 Excessive vomiting  
 Has any of the following been present for one month?  
 Fever: \_\_\_\_\_ Diarrhoea: \_\_\_\_\_  
 Cough: \_\_\_\_\_ Weight loss: \_\_\_\_\_  
 Others:  
 Does the mother know her HIV status? YES/NO  
 Does she want to test for HIV? YES/NO  
 If cough for more than 3weeks and weight loss  
 Assess for TB

**PHYSICAL EXAMINATION:**

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg  
 BP: \_\_\_\_\_ Pulse: \_\_\_\_\_  
 Temp: \_\_\_\_\_

**Nutritional status:** \_\_\_\_\_

**Examine and comment on:**

Wt: \_\_\_\_\_ MUAC: \_\_\_\_\_  
 Oral Thrush: **Anaemia**  
 Teeth: Eyes:  
 Neck: Nails:  
 Breasts: Palms:  
 Legs: **Jaundice:**  
 Deformities: **Heart:**  
 Lymph Glands: **Lungs:**  
 Herpes zooster:

| Preg-nancy | Year | ABORTIONS    |          | TYPE OF DELIVERIES |      |                  |                   | CHILD       |            |              |     |              |        |                  |
|------------|------|--------------|----------|--------------------|------|------------------|-------------------|-------------|------------|--------------|-----|--------------|--------|------------------|
|            |      | Below 12 wks | Above 12 | Pre-Mat            | Full | Type of Delivery | Place of delivery | Third Stage | Puer perlu | Alive SB/NND | Sex | Birth Weight | Immune | Health Condition |
| 1          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 2          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 3          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 4          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 5          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 6          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |
| 7          |      |              |          |                    |      |                  |                   |             |            |              |     |              |        |                  |

PREVIOUS OBSTETRIC HISTORY

# ANNEX IX: HMIS FORM 081a - LINKAGE TO HIV SERVICES WITHIN THE HEALTH FACILITY FORM

Complete a separate form for EACH patient. If referring a pregnant woman for both mother-baby and ART clinic services, fill two separate forms one for the mother and one for the unborn baby.

**Referred From:** \_\_\_\_\_ Clinic To \_\_\_\_\_ Clinic **Date of Appointment** \_\_\_/\_\_\_/\_\_\_

**Reason for referral:**

Reason for referral: (Tick only one)

- HIV – exposed infant** referred to mother-baby Care Point for testing /care
- HIV – Positive Pregnant Woman (Unborn Baby)** referred to EID Care point for DBS testing after delivery  
 Expected Date of Delivery (EDD): \_\_\_/\_\_\_/\_\_\_
- HIV – Positive Pregnant Woman** referred to ART Clinic for care/ treatment (from PMTCT)  
 PMTCT Regimen: \_\_\_\_\_ Most recent CD4 Count: \_\_\_\_\_
- HIV – Positive child or adult** referred to ART Clinic for care/ treatment
- Initiating care/treatment at an HIV clinic (new patient)
- Already in care/treatment at an HIV clinic (transfer patient)
- HIV- Positive child or Adult** referred to TB Clinic for care / treatment

Patient Information

Name of Patient: \_\_\_\_\_ Surname First Name Age: \_\_\_\_\_ Sex:  M  F

ANC #: \_\_\_\_\_ Pre-ART #: \_\_\_\_\_ ART #: \_\_\_\_\_ EXP #: \_\_\_\_\_ TB No: \_\_\_\_\_  
Referred from ANC Transfer or Initiating ART Transfer patient HIV-exposed infant

Patient Care & Treatment History:

\*Date of enrollment at ART clinic: \_\_\_/\_\_\_/\_\_\_  
 \*Has patient been started on ART?  Yes  No  
 If yes, date of initiation: \_\_\_/\_\_\_/\_\_\_ Current regimen: \_\_\_\_\_  
 WHO Staging:  1  2  3  4  Not Documented  
 Most recent CD4 count: \_\_\_\_\_ %: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
\*Complete only if patient has already been enrolled at an ART Clinic

Patient/Caregiver Follow-Up Information

Name of Caregiver (if child patient): \_\_\_\_\_ Common name used: \_\_\_\_\_

Patient/Caregiver's telephone number: \_\_\_\_\_ If child patient, caregiver's ANC #: \_\_\_\_\_

**Technical Module 7: Information Systems and Routine Reporting**

District: \_\_\_\_\_ County: \_\_\_\_\_ Sub County: \_\_\_\_\_ Village: \_\_\_\_\_  
Parish: \_\_\_\_\_ LC1 Zone: \_\_\_\_\_ LC1 Chairman: \_\_\_\_\_  
\_\_\_\_\_ -

Directions to patient's home:

Alternate Contact Person

Name: \_\_\_\_\_ Telephone #:

Relationship: \_\_\_\_\_ Has this person been disclosed to?  Yes  No

|  |  |
|--|--|
| To be completed by destination ART or pre-ART Clinic:                        |  |
| Date Received: ____/____/____  | Receiving Officer: _____   |
| Did patient attend? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, was follow-up initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First follow-up attempt: _____   | Date: ____/____/____ Outcome: _____  |

# ANNEX X: HMIS FORM 055b - HIV COUNSELLING AND TESTING CLIENT CARD



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH  
HCT CLIENT CARD

SECTION A:

Reg. No. \_\_\_\_\_

Date / / \_\_\_\_\_

Name of Health Unit: \_\_\_\_\_ HSD: \_\_\_\_\_ District: \_\_\_\_\_

Is the Centre static or an outreach? 1. Static  2.Outreach  and specify where.....

Point of testing: e.g. Ward, OPD, Clinic

Client's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

If Child (Below 12years), Accompanied by: 1[ ] Mother 2[ ] Father 3[ ] Care taker

Address: Village: \_\_\_\_\_ Parish: \_\_\_\_\_ County \_\_\_\_\_

SECTION B

Pre-test counseling done/information given: Yes =1  No =2

Counseled as: Individual=1  Couple=2  Group =3

Approach: CICT  PITC

HCT Entry Point: (a) Facility based  (b) Work place  (c) HBHCT  (d) For Pregnant

(e) PMTCT  (f) HCT for PEP  (g) HCT for Circumcision (SMC)  (h) MARPS

Marital status: Married/cohabiting  Divorced/separated  Widowed  Never married

Have you ever tested for HIV before? Yes =1  No =2

How many times have you tested in the last 12 months.....

Number of sexual partners in the last 12 months.....

What was the test result the last time you tested: Positive  Negative

Has your spouse/ partner been tested for HIV before? Yes =1  No=2

Don't know=3

If yes what were the results?

1. Positive  2.Negative  3.Don't know



## Technical Module 7: Information Systems and Routine Reporting

*Back page of HCT card*

### CONSENT

I \_\_\_\_\_ having received information about testing for HIV from my counselor and understood. I here by voluntarily decide and consent  /assent if (12-<18 years) for an HIV test.

Signature.....

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_

### TEST RESULTS:

|   |   |   |  |   |
|---|---|---|--|---|
| HIV Test-1<br>Kit Name: Determine<br>Lot No. _____<br>Expiration Date __<br>/___/___<br>(Circle one) (refer to B) | HIV Test-2<br>Kit Name: Stat Pack<br>Lot No. _____<br>Expiration Date __<br>/___/___<br>(Circle one) (refer to B) | HIV Test-3<br>Kit Name: Unigold<br>Lot No. _____<br>Expiration Date __<br>/___/___<br>(Circle one) (refer to B) | HIV final test<br>results (Circle<br>one) (refer to B) | Check if Sent to EQA<br>or Confirmatory<br>Laboratory |
| NR   R   INV<br>NT  | NR   R   INV<br>NT  | NR   R   INV<br>NT  | NEG   POS<br>INC   NT                                  | <input type="checkbox"/>                              |

Results Received: Yes       No

Results Received as a couple: Yes       No

Couple results: Discordant       Concordant

Is there suspicion of TB (Current cough, fever, weight loss and night sweats)? Yes       No

Has client started Co-trimoxazole prophylaxis?    Yes       No

Has client been linked to care or any other service? Yes     No     Where? \_\_\_\_\_

CD4 count results if applicable: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



# ANNEX XI: HMIS FORM 122a - HIV CARE/ART CARD



THE REPUBLIC OF UGANDA

## HIV CARE/ART CARD

No: \_\_\_\_\_

Unique # \_\_\_\_\_  
 District \_\_\_\_\_ Health Unit \_\_\_\_\_  
 Date Confirmed HIV +ve (DD/MM/YYYY) \_\_\_\_\_  
 Test Type  Ab  PCR Where \_\_\_\_\_  
 Name: Surname \_\_\_\_\_ Given name \_\_\_\_\_ Pt Clinic # \_\_\_\_\_  
 Sex: M  F  DOB (DD/MM/YYYY) \_\_\_\_\_ Age (if <2yrs, write in mths) \_\_\_\_\_ Marital Status \_\_\_\_\_

Address District \_\_\_\_\_ Division/Sub-County \_\_\_\_\_  
 Parish/Ward \_\_\_\_\_ Village/zone/Cell \_\_\_\_\_

Telephone (whose) \_\_\_\_\_

Care Entry Point:  eMTCT  TB  YCC  SMC  Outreach   
 Out Patient  STI  Inpatient  Other (specify) \_\_\_\_\_

Treatment supporter/Medicine pick-up if ill: \_\_\_\_\_

Address District \_\_\_\_\_ Division/Sub-County \_\_\_\_\_  
 Parish/Ward \_\_\_\_\_ Village/zone/Cell \_\_\_\_\_

Telephone (whose) \_\_\_\_\_

Home Based care Provided by: \_\_\_\_\_

| Name of family members and Partners | Age (if ≤ 2yrs, write in mths) | HIV U/N/P   | HIV Care Y/N | Unique No: |
|-------------------------------------|--------------------------------|-------------|--------------|------------|
|                                     |                                | U<br>N<br>P |              |            |
|                                     |                                | U<br>N<br>P |              |            |
|                                     |                                | U<br>N<br>P |              |            |
|                                     |                                | U<br>N<br>P |              |            |
|                                     |                                | U<br>N<br>P |              |            |

| Exposed infant Follow-up |     |                       |        |                       |                                    |              |                          |
|--------------------------|-----|-----------------------|--------|-----------------------|------------------------------------|--------------|--------------------------|
| Exposed infant (Name#)   | DOB | Infant feeding Status |        | CTP started by 2 mths | Date of 1 <sup>st</sup> PCR/Result | Final Status | (If confirm + Unique ID) |
|                          |     | <6mths                | ≥6mths |                       |                                    |              |                          |
|                          |     |                       |        |                       |                                    |              |                          |
|                          |     |                       |        |                       |                                    |              |                          |
|                          |     |                       |        |                       |                                    |              |                          |
|                          |     |                       |        |                       |                                    |              |                          |
|                          |     |                       |        |                       |                                    |              |                          |

Drug allergies

Relevant medical Conditions

| ART Care                               | COHORT:  | M | YY |
|--|--|---|----|
|  |  | M | YY |
| Date (DD/MM/YYYY)                      | Start ART 1 <sup>st</sup> line Initial Regimen _____   |   |    |
| At Start ART: Wt _____ Lactating _____ | CI. Stage _____ CD4 _____ Preg _____   |   |    |
| Date (DD/MM/YYYY)                      | ART transfer in from _____ ARVs _____  |   |    |
| Date (DD/MM/YYYY)                      | Substitution within 1 <sup>st</sup> line New Regimen _____ Why _____                                   |   |    |
| Date (DD/MM/YYYY)                      | New Regimen _____ Why _____  |   |    |
| Date (DD/MM/YYYY)                      | Switch to 2 <sup>nd</sup> line (or Substitution with 2 <sup>nd</sup> -line New Regimen _____ Why _____ |   |    |
| Date (DD/MM/YYYY)                      | New Regimen _____ Why _____  |   |    |
| Date (DD/MM/YYYY)                      | New Regimen _____ Why _____  |   |    |

| ART Treatment interruptions – STOP or Missed drug pick-up |              |              |              |              |              |              |              |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Stop or Lost (Circle)                                     | Stop Lost    | Stop Lost    | Stop Lost    | Stop Lost    | Stop Lost    | Stop Lost    | Stop Lost    |
| Date  | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |
| Why   |              |              |              |              |              |              |              |
| Date if Restart/ Re-activated                             | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |

| Status                   | Date         | Where |
|--------------------------|--------------|-------|
| Transfer out             | (DD/MM/YYYY) | _____ |
| Lost to follow-up (drop) | (DD/MM/YYYY) | _____ |
| Dead                     | (DD/MM/YYYY) | _____ |

Infant Feeding Practice on infant cards:  
 Exclusive Breast Feeding  
 Replacement Feeding  
 Mixed Feeding OR Complementary Feeding

Why Stop Codes:  
 1 Toxicity/Side effects  
 2 Treatment failure  
 3 Poor adherence

|  |                          |              |                        |
|--|--------------------------|--------------|------------------------|
| <b>Prior ART:</b> Yes <input type="checkbox"/> None <input type="checkbox"/> |                          |              |                        |
| <b>Y (✓)</b>   | <b>Prior ART</b>         | <b>Date</b>  |                        |
|  | PEP                      | (dd/mm/yyyy) | Where _____ ARVs _____ |
|  | Hep-B                    | (dd/mm/yyyy) | Where _____ ARVs _____ |
|  | PMTCT                    | (dd/mm/yyyy) | Where _____ ARVs _____ |
|  | Earlier ARV Not transfer | (dd/mm/yyyy) | Where _____ ARVs _____ |

|  |
|--|
| <b>HIV-exposed infant final status at 18 months:</b>     |
| DEAD If dead(Write in date of death if known)            |
| P if positive N if negative and no longer breast feeding |
| N/BF If negative and still breast feeding                |
| U If status unknown                                      |

- 4 Illness, hospitalization
- 5 Drugs out of stock
- 6 Patient lacks finances
- 7 Other patient decision
- 8 Planned Rx interruption
- 9 Excluded HIV infection in
- 10 Other (specify)

|                    |              |  |
|--------------------|--------------|--|
| <b>HIV Care</b>    | <b>Date</b>  |  |
| HIV enrolled       | (DD/MM/YYYY) | <input type="checkbox"/> HIV care transfer in from _____   |
| Eligible for ART   | (DD/MM/YYYY) | <input type="checkbox"/> Clinical stage _____ CD4 _____ <input type="checkbox"/> TB  |
| Eligible and ready | (DD/MM/YYYY) | <input type="checkbox"/> Presumptive clinical HIV Diagnosis of severe HIV infection in infant<br><input type="checkbox"/> PCR in infant <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Pregnancy |

|                                       |  |
|---------------------------------------|--|
| <b>Why SUBSTITUTE or SWITCH codes</b> | <b>Reasons for SWITCH to 2nd-line regimen only</b> |
| 1 Toxicity/side effects               | 6 Clinical failure                                 |
| 2 Due to new TB                       | 7 Immunological failure                            |
| 3 New Drug available                  | 8 Virological failure                              |
| 4 Drug out of stock                   |  |
| 5 Other reasons (Specify)             |  |

|                             |
|-----------------------------|
| <b>Marital Status codes</b> |
| 0 = Child                   |
| 1 = Never Married           |
| 2 = Married                 |
| 3 = Living Together         |
| 4 = Divorced / Separated    |
| 5 = Widowed                 |

**Follow-up education, Support and Preparation for ARV therapy**

|   | Date/Comments  | Date/Comments | Date/Comments |
|---|--|---------------|---------------|
| <b>Educate on basics, prevention, disclosure</b>        | <b>Basic HIV Education, transmission</b>                                   |               |               |
|   | <b>Prevention: Abstinence, safer sex, condoms</b>                          |               |               |
|   | <b>Prevention: Household Precautions, what is safe</b>                     |               |               |
|   | <b>Post test counselling: Implications of results</b>                      |               |               |
|   | <b>Positive Living, Nutrition</b>  |               |               |
|   | <b>Testing Partners</b>  |               |               |
|   | <b>Disclosure, to whom disclosed (list)</b>                                |               |               |
|   | <b>Family / Living situation</b>   |               |               |
|   | <b>Shared Confidentiality</b>  |               |               |
|   | <b>Reproductive Choices, elimination MTCT, Family Planning</b>             |               |               |
| <b>Progression, support, monitor, Rx on ART</b>         | <b>Child's blood test</b>  |               |               |
|   | <b>Progression of Disease</b>  |               |               |
|   | <b>Malaria Prevention, IPT, LLIN</b>                                       |               |               |
|   | <b>Available treatment / prophylaxis (CPT, INH)</b>                        |               |               |
|   | <b>Follow -Up Appointments, clinical team</b>                              |               |               |
|   | <b>ART—Educate on essentials</b>   |               |               |
|   | <b>Why complete adherence is needed</b>                                    |               |               |
|   | <b>Adherence Preparation, Indicate visit</b>                               |               |               |
|   | <b>Indicate when READY for ART : DATE /result Clinical team discussion</b> |               |               |
|   | <b>Explain dose, when to take</b>  |               |               |
| <b>Home-based Care</b>                                  | <b>What can Occur, how to manage side effects</b>                          |               |               |
|   | <b>What to do if one forgets dose</b>                                      |               |               |
|   | <b>What to do when travelling</b>  |               |               |
|   | <b>Adherence plan (Schedule, aids, explain dairy)</b>                      |               |               |
|   | <b>Treatment supporter preparation</b>                                     |               |               |
|   | <b>ARV Support Group</b>   |               |               |
|   | <b>How to contact clinic</b>   |               |               |
| <b>Symptom management / Palliative care at home</b>     |  |               |               |
| <b>Caregiver booklet</b>                                |  |               |               |
| <b>Support groups including community support group</b> |  |               |               |

This is the back side of the HIV care/ART card.

# HIV CARE/ART CARD

Unique # \_\_\_\_\_  
Current Address: \_\_\_\_\_ District \_\_\_\_\_

Division/Sub-County \_\_\_\_\_

Name: \_\_\_\_\_  
Parish/Ward \_\_\_\_\_ Village/zone/Cell \_\_\_\_\_

| Date<br>Tick small box if scheduled. | Next Appointment Date | Duration in months since first starting ART/ since starting current regimen | Wt       | If Pregnant EDD/eMTCT? Write gestation in weeks and ANC # | TB Status                      | Potential SIDE EFFECTS | New OI, Other PROBLEMS                  | Functional Status                | WHO clinical stage | CPT/Dapsone                               | INH  | Other Meds dispensed (including nutritional supplements) | ARV drugs |    | Investigations |  | Refer or consult or link/provide (including nutritional support and infant feeding)<br>If Hospitalized, # of days | Name of Attending Clinician |  |
|--------------------------------------|-----------------------|---|----------|---|--------------------------------|------------------------|---|----------------------------------|--------------------|---|--|--|-----------|----|----------------|--|---|-----------------------------|--|
|                                      |                       |   | Ht.      | FP/no FP If FP write method(s)                            | If TB Rx, Start/Stop (mm/yyyy) | Work/Playing Amb Bed   | Adhere # of pills Dispensed / # of days | # of Pills Dispensed / # of days | Adhere / Why       | Regimen/ # of pills / # of days Dispensed | # CD4 < 15% write minus(-) if CD4 >15 write plus (+) | Hgb, RPR, CXR, TB sputums, Infant Ab/PCR, other          |           |    |                |  |   |                             |  |
| <input type="checkbox"/>             |                       |   | Wt       |   | TB Status                      |                        |   |                                  |                    | # of Pills                                | # of Pills   |  | AD        | Wh | REGIMEN        |  |   |                             |  |
|                                      |                       |   | Ht       |   | MM/YYYY                        |                        |   |                                  |                    | # of Days                                 | # of Days  |  | H         | y  | # of Pills     |  |   |                             |  |
|                                      |                       |   | MUAC +/- |   | Reg No                         |                        |   |                                  |                    |   |  |  |           |    | # of Days      |  |   |                             |  |
| <input type="checkbox"/>             |                       |   | Wt       |   | TB Status                      |                        |   |                                  |                    | # of Pills                                | # of Pills   |  | AD        | Wh | REGIMEN        |  |   |                             |  |
|                                      |                       |   | Ht       |   | MM/YYYY                        |                        |   |                                  |                    | # of Days                                 | # of Days  |  | H         | y  | # of Pills     |  |   |                             |  |
|                                      |                       |   | MUAC +/- |   | Reg No                         |                        |   |                                  |                    |   |  |  |           |    | # of Days      |  |   |                             |  |
| <input type="checkbox"/>             |                       |   | Wt       |   | TB Status                      |                        |   |                                  |                    | # of Pills                                | # of Pills   |  | AD        | Wh | REGIMEN        |  |   |                             |  |
|                                      |                       |   | Ht       |   | MM/YYYY                        |                        |   |                                  |                    | # of Days                                 | # of Days  |  | H         | y  | # of Pills     |  |   |                             |  |
|                                      |                       |   | MUAC +/- |   | Reg No                         |                        |   |                                  |                    |   |  |  |           |    | # of Days      |  |   |                             |  |
| <input type="checkbox"/>             |                       |   | Wt       |   | TB Status                      |                        |   |                                  |                    | # of Pills                                | # of Pills   |  | AD        | Wh | REGIMEN        |  |   |                             |  |
|                                      |                       |   | Ht       |   | MM/YYYY                        |                        |   |                                  |                    | # of Days                                 | # of Days  |  | H         | y  | # of Pills     |  |   |                             |  |
|                                      |                       |   | MUAC +/- |   | Reg No                         |                        |   |                                  |                    |   |  |  |           |    | # of Days      |  |   |                             |  |
| <input type="checkbox"/>             |                       |   | Wt       |   | TB Status                      |                        |   |                                  |                    | # of Pills                                | # of Pills   |  | AD        | Wh | REGIMEN        |  |   |                             |  |
|                                      |                       |   | Ht       |   | MM/YYYY                        |                        |   |                                  |                    | # of Days                                 | # of Days  |  | H         | y  | # of Pills     |  |   |                             |  |
|                                      |                       |   | MUAC +/- |   | Reg No                         |                        |   |                                  |                    |   |  |  |           |    | # of Days      |  |   |                             |  |

**Pregnancy/family planning status if woman is of childbearing age:**  
P = Pregnant  
If pregnant, give estimated due date (EDD), write eMTCT if referred to eMTCT and record gestational age in weeks and ANC #  
FP = On family planning  
If using FP, note methods (note: more than 1 method may be recorded)  
No FP = not using FP

**Codes for TB status (check on each visit):**  
1 No signs = no signs or symptoms of TB  
2 Suspect = TB refer or sputums sent (Record sputum sent & results in lab col; record referral in Refer col)  
3 TB Diagnosed = Diagnosed with TB disease  
4 TB Rx = currently on TB treatment. Record i) month/year started and stopped and ii) district TB reg # (Record INH in INH col and TB treatment regimen in Other meds col)

**Nutritional support and infant feeding:**  
Therapeutic Feeding  
Infant Feeding Counselling (if <2yrs)  
Nutrition Counselling only (if > 2yrs)  
Food Support

**Codes for potential side effect or other problems:**  
Nausea R ash Headache  
Diarrhoea Anaemia\* Jaundice\*  
Fatigue\* ABDominal pain\* Vomiting  
FAT changes  
BN burning/numb/tingling  
CNS: dizzy, anxiety, nightmare, depression  
Other (specify)

**Codes for Family Planning for Women and Men**  
1 Condoms  
2 Oral Contraceptive pills  
3 Injectable / Implantable hormones eg (depoprovera)  
4 Diaphragm / Cervical Cap  
5 Intra uterine device (IUD)  
6 Vasectomy / tubal ligation

**Codes for new OI or other problems:**  
Zoster  
Pneumonia  
Dementia / Enceph  
Thrush-oral/vaginal  
COUGH\*  
FEVER\*  
DB difficult breathing  
Weight loss\*  
UD urethral discharge  
PID pelvic inflammatory disease  
Ulcers-mouth or other  
GUD genital ulcer disease  
KS Kaposi sarcoma  
CCM Cryptococcal Meningitis  
IRIS Immune reconstitution inflammatory syndrome

Symptoms with \* are suggestive of TB  
**Ok**  
Moderate Acute Malnutrition - Green  
Severe Acute Malnutrition - Yellow  
Severe Acute Malnutrition with Oedema - Red  
Poor Weight Gain/ Poor Appetite

**Codes for CTX/ART adherence:**  
% Adhere = no. of pills taken x 100  
Total no. of pills expected to have been taken  
(Add all the drugs in the regimen)

| Adherence | %      | Missed doses per month |                 |
|-----------|--------|------------------------|-----------------|
|           |        | 1x daily dosing        | 2x daily dosing |
| G(good)   | ≥95%   | <2 doses               | ≤3 doses        |
| F(fair)   | 85-94% | 2-4 doses              | 4-8 doses       |
| P(poor)   | < 85%  | ≥5 doses               | ≥9 doses        |

**Codes for why poor/ fair adherence:**  
1 Toxicity/side effects  
2 Share with others  
3 Forgot  
4 Felt better  
5 Too ill  
6 Stigma, disclosure or privacy issues  
7 Drug stock out  
8 Patient lost/ran out of pills  
9 Delivery/travel problems  
10 Inability to pay  
11 Alcohol  
12 Depression  
13 Pill burden  
14 Lack of food  
15 Other (specify)

To be printed separately

# HIV CARE/ART CONTINUATION CARD No: \_\_\_\_\_

Name: \_\_\_\_\_

Pt Clinic # \_\_\_\_\_  
Current Address: \_\_\_\_\_ District \_\_\_\_\_

Division/Sub-County \_\_\_\_\_

Parish/Ward \_\_\_\_\_

Village/zone/Cell \_\_\_\_\_

| Date<br>Tick small box if scheduled. | Next Appointment Date | Duration in months since first starting ART/ since starting current regimen | Wt                    | If Pregnant EDD/PM TCT? Write gestation in weeks and ANC # | TB Status                      | Potential SIDE EFFECTS | New OI, Other PROBLEMS | Functional Status                       | WHO clinical stage              | CPT/Dapsone  | INH (H)                                 | Other Meds dispensed (including nutritional supplements) | ARV drugs   |   | Investigations             | Refer or consult or link/provide (including nutritional support and infant feeding) | Name of Attending Clinician |
|--------------------------------------|-----------------------|---|-----------------------|--|--------------------------------|------------------------|------------------------|---|---------------------------------|--------------|---|--|---|---|----------------------------|---|-----------------------------|
|                                      |                       |   | Ht.                   | FP/no FP If FP write method(s)                             | If TB Rx, Start/Stop (mm/yyyy) | PROBLEMS               | Work/Playing Amb Bed   | Adhere # of pills Dispensed / # of days | # of Pills Dispensed /# of days | Adhere / Why | Regimen/ of pills / # of days Dispensed | #  | If CD4 < 15% write minus(-) if CD4 >15 write plus (+) | Hgb, RPR, CXR, TB sputums, Infant Ab/PCR, other | If Hospitalized, # of days |   |                             |
|                                      |                       |   | MUAC/Oedema Write +/- | Age in months if below 2 yrs                               | District TB Reg #              |                        |                        |   |                                 | # of Pills   | # of Pills                              |  | AD  | Why   | REGIMEN                    |   |                             |
| <input type="checkbox"/>             |                       |   | Wt                    |  | TB Status                      |                        |                        |   |                                 | # of Pills   | # of Pills                              |  | AD  | Why   | REGIMEN                    |   |                             |
|                                      |                       |   | Ht                    |  | MM/YYYY                        |                        |                        |   |                                 | # of Days    | # of Days                               |  |   |   | # of Pills                 |   |                             |
|                                      |                       |   | MUAC +/-              |  | Reg No                         |                        |                        |   |                                 |              |   |  |   |   | # of Days                  |   |                             |
| <input type="checkbox"/>             |                       |   | Wt                    |  | TB Status                      |                        |                        |   |                                 | # of Pills   | # of Pills                              |  | AD  | Why   | REGIMEN                    |   |                             |
|                                      |                       |   | Ht                    |  | MM/YYYY                        |                        |                        |   |                                 | # of Days    | # of Days                               |  |   |   | # of Pills                 |   |                             |
|                                      |                       |   | MUAC +/-              |  | Reg No                         |                        |                        |   |                                 |              |   |  |   |   | # of Days                  |   |                             |
| <input type="checkbox"/>             |                       |   | Wt                    |  | TB Status                      |                        |                        |   |                                 | # of Pills   | # of Pills                              |  | AD  | Why   | REGIMEN                    |   |                             |
|                                      |                       |   | Ht                    |  | MM/YYYY                        |                        |                        |   |                                 | # of Days    | # of Days                               |  |   |   | # of Pills                 |   |                             |
|                                      |                       |   | MUAC +/-              |  | Reg No                         |                        |                        |   |                                 |              |   |  |   |   | # of Days                  |   |                             |
| <input type="checkbox"/>             |                       |   | Wt                    |  | TB Status                      |                        |                        |   |                                 | # of Pills   | # of Pills                              |  | AD  | Why   | REGIMEN                    |   |                             |
|                                      |                       |   | Ht                    |  | MM/YYYY                        |                        |                        |   |                                 | # of Days    | # of Days                               |  |   |   | # of Pills                 |   |                             |
|                                      |                       |   | MUAC +/-              |  | Reg No                         |                        |                        |   |                                 |              |   |  |   |   | # of Days                  |   |                             |

**Pregnancy/family planning status if woman is of childbearing age:**  
P = Pregnant  
If pregnant, give estimated due date (EDD), write eMTCT if referred to eMTCT and record gestational age in weeks and ANC #  
FP = Not pregnant and on family planning  
If using FP, note methods (note: more than 1 method may be recorded)  
No FP = Not pregnant and not using FP

**Codes for TB status (check on each visit):**  
1 No signs = no signs or symptoms of TB  
2 Suspect = TB refer or sputums sent (Record sputum sent & results in lab col; record referral in Refer col)  
3 TB Diagnosed = Diagnosed with TB disease  
4 TB Rx = currently on TB treatment. Record i) month/year started and stopped and ii) district TB reg # (Record INH in INH col and TB treatment regimen in Other meds col)

**Nutritional support and infant feeding:**  
Therapeutic Feeding  
Infant Feeding Counselling (if <2yrs)  
Nutrition Counselling only (if > 2yrs)  
Food Support

**Codes for potential side effect or other problems:**  
Nausea R ash Headache  
Diarrhoea Anaemia\* Jaundice\*  
Fatigue\* ABdominal pain\* Vomiting  
FAT changes  
BN burning/numb/tingling  
CNS: dizzy, anxiety, nightmare, depression  
Other (specify)

**Codes for Family Planning for Women & Men**  
1 Condoms  
2 Oral Contraceptive pills  
3 Injectable / Implantable hormones eg (depoprovera)  
4 Diaphragm / Cervical Cap  
5 Intra uterine device (IUD)  
6 Vasectomy / tubal ligation

**Codes for new OI or other problems:**  
Zoster  
Pneumonia  
Dementia / Enceph  
Thrush-oral/vaginal  
COUGH\*  
FEVER\*  
DB difficult breathing  
Weight loss\*  
UD urethral discharge  
PID pelvic inflammatory disease  
Ulcers-mouth or other\_\_\_\_  
GUD genital ulcer disease  
KS Kaposi sarcoma  
CCM Cryptococcal Meningitis  
IRIS Immune reconstitution inflammatory syndrome  
Symptoms with \* are suggestive of TB

**Ok** - Green  
**Moderate Acute Malnutrition** - Yellow  
**Severe Acute Malnutrition** - Red  
**Severe Acute Malnutrition with Oedema**  
**Poor Weight Gain/ Poor Appetite**

**Codes for CTX/ART adherence:**  
% Adhere = no. of pills taken: x 100  
Total no. of pills expected to have been taken  
(Add all the drugs in the regimen)

| Adherence | %      | Missed doses per month |                 |
|-----------|--------|------------------------|-----------------|
|           |        | 1x daily dosing        | 2x daily dosing |
| G(good)   | ≥95%   | <2 doses               | ≤3 doses        |
| F(fair)   | 85-94% | 2-4 doses              | 4-8 doses       |
| P(poor)   | < 85%  | ≥5 doses               | ≥9 doses        |

**Codes for why poor/ fair adherence:**  
1 Toxicity/side effects  
2 Share with others  
3 Forgot  
4 Felt better  
5 Too ill  
6 Stigma, disclosure or privacy issues  
7 Drug stock out  
8 Patient lost/ran out of pills  
9 Delivery/travel problems  
10 Inability to pay  
11 Alcohol  
12 Depression  
13 Pill burden  
14 Lack of food  
15 Other (specify)

# ANNEX: XII: HMIS FORM 122b - COMPREHENSIVE CARE PATIENT CARD

## COMPREHENSIVE CARE PATIENT CARD

Front side

| Unique# <input style="width: 100px;" type="text"/><br>District.....<br>Health Unit .....<br>Clinical Team Leader.....<br>Name.....Pt Clinic NO.....<br>Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age.....DOB.....Marital Status.....<br>Address: SubCounty.....Parish.....<br>Village.....<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Other Medicines List</th> <th style="text-align: center;">Tick</th> <th style="text-align: center;">Start Date</th> </tr> </thead> <tbody> <tr> <td>1. CPT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Start Date _____</td> </tr> <tr> <td>2. TB</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Start Date _____</td> </tr> <tr> <td>3. Fluconazole</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Start Date _____</td> </tr> <tr> <td>4. INH(H)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Start Date _____</td> </tr> </tbody> </table> Treatment Supporter/Med pick-up.....<br>Address.....<br>Phone.....<br>Home-Based care provided by..... | Other Medicines List     | Tick             | Start Date | 1. CPT | <input type="checkbox"/> | Start Date _____ | 2. TB | <input type="checkbox"/> | Start Date _____ | 3. Fluconazole | <input type="checkbox"/> | Start Date _____ | 4. INH(H) | <input type="checkbox"/> | Start Date _____ | Date _____<br>Enrolled in HIV case<br>ART Therapy<br>Medically eligible clinical stage _____<br>Why eligible: _____<br>Medically eligible and ready for ART<br>Start ART First-line-original regimen _____<br>At start ART Weight <input type="checkbox"/> Function <input type="checkbox"/> Clinical Stage <input type="checkbox"/><br>Transferred in from _____ ART Started _____<br><div style="border: 1px solid black; padding: 2px; width: 20px; float: left; margin-right: 5px;">1st Line</div> Substitute within first-line<br>New Regimen _____ Why _____<br>New Regimen _____ Why _____<br>New Regimen _____ Why _____<br><div style="border: 1px solid black; padding: 2px; width: 20px; float: left; margin-right: 5px; margin-top: 10px;">2nd Line</div> Switch to 2 <sup>nd</sup> line (or Substitute within 2 <sup>nd</sup> line):<br>New Regimen _____ Why _____<br>New Regimen _____ Why _____<br>New Regimen _____ Why _____<br>Transferred Out To where _____<br>New Regimen _____ Why _____<br>Transferred Out To where _____ |
|--|--------------------------|------------------|------------|--------|--------------------------|------------------|-------|--------------------------|------------------|----------------|--------------------------|------------------|-----------|--------------------------|------------------|---|
| Other Medicines List   | Tick                     | Start Date       |            |        |                          |                  |       |                          |                  |                |                          |                  |           |                          |                  |   |
| 1. CPT   | <input type="checkbox"/> | Start Date _____ |            |        |                          |                  |       |                          |                  |                |                          |                  |           |                          |                  |   |
| 2. TB  | <input type="checkbox"/> | Start Date _____ |            |        |                          |                  |       |                          |                  |                |                          |                  |           |                          |                  |   |
| 3. Fluconazole   | <input type="checkbox"/> | Start Date _____ |            |        |                          |                  |       |                          |                  |                |                          |                  |           |                          |                  |   |
| 4. INH(H)  | <input type="checkbox"/> | Start Date _____ |            |        |                          |                  |       |                          |                  |                |                          |                  |           |                          |                  |   |

This is the back of the Patient card

| Record Month/Year |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Appointment Date /CD4 |
|-------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------------|
|                   | * |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | ) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | * |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | ) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | * |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | ) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | * |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | ) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | * |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |
|                   | ) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                       |

## ANNEX XIII: HMIS FORM 035b - SAFE MALE CIRCUMCISION CLIENT CARD



Ministry of Health

If you experience any of the following signs or symptoms please go to the nearest health facility or call: \_\_\_\_\_

|                        |          |                   |
|------------------------|----------|-------------------|
| Name:                  |          | Age               |
| Date of circumcision:  |          | Series ID         |
| Village /LC 1:         |          | Facility Name:    |
| Parish:                |          | Facility Level:   |
| Sub county:            |          |                   |
| District:              |          |                   |
| Client's Telephone:    |          |                   |
| Next of Kin Telephone: |          |                   |
| Appointment Date       | Facility | Activity          |
|                        |          | 48 hour follow-up |
|                        |          | 7 day follow-up   |
|                        |          | 6 weeks follow-up |
|                        |          |                   |

|                         |                               |
|-------------------------|-------------------------------|
| Unbearable pain         | Excessive Swelling            |
| Continuous bleeding     | Pus/discharge from wound site |
| Difficulty in urination | Persistent fever              |

BACK OF CARD

FRONT OF CARD

# ANNEX XIV: HMIS FORM 035a - SAFE MALE CIRCUMCISION CLIENT FORM



## MINISTRY OF HEALTH

Date:

Entry time:

Serial ID:

|                                |                                 |   |  |
|--------------------------------|---------------------------------|---|--|
| <b>A: FACILITY INFORMATION</b> |                                 |   |  |
| Facility Name                  |                                 | Facility Level                            |  |
| Site Type                      | Static <input type="checkbox"/> | Outreach/ Mobile <input type="checkbox"/> |  |
| District                       |                                 | Sub-county                                |  |

|   |   |                    |  |
|---|---|--------------------|--|
| <b>B: CLIENT INFORMATION</b>            |   |                    |  |
| First Name                              |   | Last Name          |  |
| Date of Birth                           |   | Age                |  |
| District of Residence                   |   | Marital Status     |  |
| Sub-county                              |   | Client's Telephone |  |
| Parish                                  |   | Next of Kin's Name |  |
| Village/LC1                             |   | Kin's Telephone    |  |
| What was the Source of your Information | Friend/Family <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> HCW Referral <input type="checkbox"/><br>Other (Please Specify) |                    |  |
| Care Entry Point                        | HCT <input type="checkbox"/> HB-HCT <input type="checkbox"/> Other<br>(Specify).....  |                    |  |



|   |   |   |  |
|---|---|---|--|
| <b>C: CLIENT MEDICAL HISTORY</b>                  |   |   |  |
| <b>C1: Knowledge of HIV Status</b>                |   |   |  |
| Sexually Active                                   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  |
| Client tested for HIV in the past 4 weeks?        |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  |
| HCT offered to the Client?                        |   | Yes <input type="checkbox"/> No <input type="checkbox"/> Opted out <input type="checkbox"/> |  |
| Client HIV test results                           |   | Negative <input type="checkbox"/> Positive <input type="checkbox"/>                         |  |
| HCT offered to Partner?                           |   | Yes <input type="checkbox"/> No <input type="checkbox"/> Opted out <input type="checkbox"/> |  |
| Partner HIV test results                          |   | Negative <input type="checkbox"/> Positive <input type="checkbox"/>                         |  |
| Tested as Couple for HIV during this appointment? |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  |
| <b>C2: Medical History</b>                        |   |   |  |
| Bleeding disorder?                                | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Genital ulcers?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Urethral Discharge?                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Penile warts?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pain on urination?                                | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Difficulty in retracting foreskin?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Swelling of scrotum?                              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Erectile dysfunction?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sickle Cell Disease                               |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                    | Other Specify:   |
| <b>C3: Client Undergoing Treatment</b>            |   |   |  |
| Hypertension?                                     | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Anaemia?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diabetes?   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | HIV/AIDS?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other (Specify):                                  |   |   |  |
| <b>C4: Known Allergies</b>                        |   |   |  |
| Local Anesthetics?                                | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Antiseptics?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |   |                                |  |   |
|---|---|--------------------------------|--|---|
| <b>Any other medication (Specify):</b>  |   |                                |  |   |
| <b>C5: Physical Exam</b>  |   |                                |  |   |
| <b>BP:</b>  | <b>Pulse:</b>   | <b>Temp:</b>                   | <b>Weight:</b>   | <b>Jaundice: Yes <input type="checkbox"/> No <input type="checkbox"/></b> |
| <b>Urethra Discharge?</b>   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Adhesions?</b>              | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| <b>Anatomical abnormalities?</b>  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Genital Ulcer Disease?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| <b>Balanitis?</b>   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Genital Warts</b>           | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| <b>Surgical disorders?</b>  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Other STI/ abnormality?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| <b>Other (Specify):</b>   |   |                                |  |   |
| <b>CONSENT:</b>   |   |                                |  |   |
| <b>Client's CONSENT/ASSENT: I _____ have received information regarding Safe Male Circumcision and I understand the benefits and risks of Safe Male Circumcision. I thereby consent to be circumcised at this site.</b><br><b>Signature: _____</b>                      |   |                                |  |   |
| <b>Parent/Guardian CONSENT: I _____ have received information regarding Safe Male Circumcision and I understand the benefits and risks of Safe Male Circumcision. I thereby consent for my child/ person to be circumcised at this site.</b><br><b>Signature: _____</b> |   |                                |  |   |

|   |  |
|---|--|
| <b>D: ELIGIBILITY FOR CIRCUMCISION</b>  |  |
| <b>Client Counseled about SMC?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Informed consent/ assent for SMC given?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Client eligible for circumcision after history/physical exam?</b>                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Client in good health?</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>NB: PROCEED WITH CIRCUMCISION ONLY IF ALL BOXES IN SECTION D HAVE BEEN CHECKED "YES"</b> |  |

| <b>E: CIRCUMCISION PROCEDURE</b>   |  |  |                 |
|--|--|--|-----------------|
| <b>Date of circumcision</b>  |  |  |                 |
| <b>Start time (12 hr clock):</b>   | <b>End time (12 hr clock):</b>   |  |                 |
| <b>Type of Anesthesia</b>  | <b>Local:</b>  | <b>Lignocaine 1%</b><br>____ mls<br><b>Bupivacaine 0.25</b><br>%____ mls | <b>General:</b> |
| <b>Type of circumcision Procedure</b>  | <b>Forceps guided method</b> <input type="checkbox"/> <b>Dorsal slit method</b> <input type="checkbox"/> <b>Sleeve method</b> <input type="checkbox"/> <b>Other (Specify).</b> |  |                 |
| <b>Name of Circumciser:</b>  | <b>Cadre:</b>  | <b>Signature:</b>  |                 |
| <b>Name of Assistant:</b>  | <b>Cadre:</b>  | <b>Signature:</b>  |                 |
| <b>List Pre Operative medication given</b>   |  |  |                 |
| <b>Adverse events during procedure?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                 |
| <b>If yes Type of AE: 1) Excessive skin removal</b> <input type="checkbox"/> <b>2) Damage to penis</b> <input type="checkbox"/> <b>3) Excessive bleeding</b> <input type="checkbox"/> <b>4) Anesthetic-related</b> <input type="checkbox"/> <b>5) Other</b> <input type="checkbox"/> |  |  |                 |
| <b>Severity: Moderate</b> <input type="checkbox"/> <b>Severe</b> <input type="checkbox"/>  |  |  |                 |
| <b>Treatment given:</b>  |  |  |                 |
| <b>Post Operation Management (After 30 minutes):</b>   |  |  |                 |
| <b>BP:</b>   | <b>Pulse:</b>  | <b>RR:</b>   |                 |
| <b>List Post Operative medication given</b>  |  |  |                 |
| <b>Client given postoperative instructions?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                 |
| <b>Exit Time:</b>  |  |  |                 |

|  |
|--|
| <b>F: CIRCUMCISION FOLLOW UP VISITS</b>  |
| <b>F1: First Follow up Visit</b>   |
| <b>Date:</b>   |
| <b>Type of Visit: Routine <input type="checkbox"/> Client initiated/unscheduled <input type="checkbox"/> recommended by physician <input type="checkbox"/></b>   |
| <b>Presence of AE: 1) Damage to penis/Urethra <input type="checkbox"/> 2) Excessive bleeding <input type="checkbox"/> 3) Pus discharge <input type="checkbox"/> 4) Excessive Swelling <input type="checkbox"/> 5) Infection <input type="checkbox"/> 6) Other (Specify)</b>  |
| <b>Severity: Moderate <input type="checkbox"/> Severe <input type="checkbox"/></b>   |
| <b>Treatment given:</b>  |
| <b>F2: Second Follow up Visit</b>  |
| <b>Date:</b>   |
| <b>Type of Visit: Routine <input type="checkbox"/> Client initiated/unscheduled <input type="checkbox"/> recommended by physician <input type="checkbox"/></b>   |
| <b>Presence of AE: 1) Damage to penis/Urethra <input type="checkbox"/> 2) Excessive bleeding <input type="checkbox"/> 3) Pus discharge <input type="checkbox"/> 4) Excessive Swelling <input type="checkbox"/> 6) Infection <input type="checkbox"/> 7) Other (Specify).</b> |
| <b>Severity: Moderate <input type="checkbox"/> Severe <input type="checkbox"/></b>   |
| <b>Treatment given:</b>  |
| <b>F3: Third Follow up Visit</b>   |
| <b>Date:</b>   |
| <b>Type of Visit: Routine <input type="checkbox"/> Client initiated/unscheduled <input type="checkbox"/> recommended by physician <input type="checkbox"/></b>   |
| <b>Presence of AE: 1) Damage to penis/Urethra <input type="checkbox"/> 2) Excessive bleeding <input type="checkbox"/> 3) Pus discharge <input type="checkbox"/> 4) Excessive Swelling <input type="checkbox"/> 6) Infection <input type="checkbox"/> 7) Other (Specify).</b> |
| <b>Severity: Moderate <input type="checkbox"/> Severe <input type="checkbox"/></b>   |
| <b>Treatment given:</b>  |

# ANNEX XV: HMIS FORM 073c - HPV VACCINATION CARD

All girls who will receive the HPV vaccine will be given an HPV immunisation card. The card will be filled by the health worker at the immunisation post.

Front page

Inner page 1

Inner page 2

Back page



|  |   |      |                 |                       |   |
|--|---|------|-----------------|-----------------------|---|
|  <p><b>Ministry of Health<br/>GOVERNMENT OF UGANDA</b></p>  <p><b>HPV (CERVICAL CANCER)<br/>VACCINATION CARD</b></p> <p><i>Keep this card safely and<br/>produce it when you come<br/>for the subsequent doses</i></p> | Serial No.<br>_____   | Dose | Date vaccinated | Next vaccination date | <p><b>FACTS ABOUT HPV and CERVICAL CANCER)</b></p> <p>HPV vaccine prevents human papillomavirus (HPV) infection<br/>The HPV virus causes cervical cancer<br/>Cervical cancer is the biggest cancer killer of women in Uganda<br/>HPV vaccine prevents most cervical cancer<br/>HPV1 is given to P.4 girls in school and 10 year old girls out of school (in community)<br/>HPV2 is given 2 month after HPV1<br/>HPV3 is given 4 months after HPV2</p> |
|  | Name<br>_____   | HPV1 |                 |                       |   |
|  | Date of Birth<br>_____  | HPV2 |                 |                       |   |
|  | Name of Household head<br>_____   | HPV3 |                 |                       |   |
| Name of school<br>_____  | <p><b><i>You must receive<br/>all three doses to<br/>be protected</i></b></p> |      |                 |                       |   |
| Class in school<br>_____   |   |      |                 |                       |   |
| Village<br>_____   |   |      |                 |                       |   |
| Parish<br>_____  |   |      |                 |                       |   |
| Sub- county<br>_____   |   |      |                 |                       |   |
| District<br>_____  |   |      |                 |                       |   |

Figure 8: Draft sample of HPV vaccination card

# ANNEX XVI: HMIS FORM 055c - LABORATORY REQUEST FORM

Referring/Requesting facility..... Requesting  
dep't.....

|            |  |
|------------|--|
| Bar code   |  |
| Lab No     |  |
| Patient No |  |

|   |  |  |  |  |  |  |  |     |   |                      |                 |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|-----|---|----------------------|-----------------|--|--|--|--|--|--|--|--|--|
| PATIENT'S SURNAME (please write patient's names in capital letters) |  |  |  |  |  |  |  |     |   | PATIENT'S FIRST NAME |                 |  |  |  |  |  |  |  |  |  |
| Age/DOB   |  |  |  |  |  |  |  | Sex | M | F                    | Address/village |  |  |  |  |  |  |  |  |  |

Requested by.....Date & Time..... Collected by.....Date & Time.....  
Transported by.....Date & Time..... Received by..... Date & Time.....

Reason for request:  Routine  Stat  Waiting  Fasting  Non-Fasting  Urgent  Follow up

Patient category (please Tick): Pregnant: Yes  No  TB status: Positive  Negative

If HIV positive, please fill the table below;

|                 |                                   |                                    |   |
|-----------------|-----------------------------------|------------------------------------|---|
| <b>PRE ART:</b> | Baseline <input type="checkbox"/> | Follow up <input type="checkbox"/> | [(.....yrs) (.....months) (.....weeks)] |
| <b>ART:</b>     | Baseline <input type="checkbox"/> | Follow up <input type="checkbox"/> | [(.....yrs) (.....months) (.....weeks)] |
| <b>PMTCT:</b>   | Baseline <input type="checkbox"/> | Follow up <input type="checkbox"/> | [(.....yrs) (.....months) (.....weeks)] |

Specimen type:  Blood  Urine  stool,  swab  CSF,  skin scraping,  Tissue  others  
specify).....

## Clinical Notes ;

.....  
.....  
.....

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| <b>TESTS</b> {(Please tick against the test requested(on the left hand side of the box)} |  |   |                                   |
| <b>HEMATOLOGY and BT</b>   |  | CSF Crag                                  |                                   |
| Blood Group & Cross match ..... units  |  | Sputum examination (ZN,FM)                | <b>ROUTINE SEROLOGY</b>           |
| Hb   |  | Gram                                      | HIV 1&2 antibody test             |
| ESR  |  | Routine culture and sensitivity (C/S)     | RPR                               |
| WBC (Total / Diff)   |  | KOH (Mycology)                            | TPHA                              |
| CBC  |  | <b>CHEMISTRY</b>                          | β-HCG                             |
| Film comment   |  | Serum electrolytes (K+, Na+Cl-)           | Widal test                        |
| Malaria parasites(MPs)   |  | Urea                                      | Brucella Agglutination test (BAT) |
| ESR  |  | Creatinine                                | Rheumatoid factor (RF)            |
| <b>MICROBIOLOGY</b>  |  | AST                                       | Toxoplasmosis                     |
| <b>Urine examination</b>   |  | ALT                                       | <b>IMMUNOLOGY</b>                 |
| Urine Biochemistry   |  | Gamma-GT                                  | Absolute CD4/CD8 counts           |
| Urine deposit  |  | Serum ALP                                 | Percent CD4/CD8                   |
| <b>Stool examination</b>   |  | Total protein                             | <b>MOLECULAR BIOLOGY</b>          |
| Stool microscopy   |  | Albumin                                   | Qualitative HIV DNA PCR           |
| Occult blood   |  | Total Bilirubin                           | Quantitative HIV RNA (Viral Load) |
| <b>CSF</b>   |  | Direct Bilirubin                          | <b>OTHER TESTS:</b>               |
| Biochemistry (Glucose/Protein)   |  | Amylase                                   |                                   |
| Blood counts   |  | Glucose                                   |                                   |
| Micro (Wet/ Gram/ ZN/ India ink)   |  | Lipid profile(Total Chol, HDL, LDL, Trig) |                                   |
| Serum Crag   |  |   |                                   |



## ANNEX XVIII: HMIS FORM 089d - INTENSIFIED TB CASE FINDING GUIDE



Ministry of Health

Use the guide to identify presumptive TB:

In HIV Clinic, OPD, IPD and Congregate settings

**This guide should be administered by either a health care provider or lay provider at the health facility.**

### STEP 1: The person conducting the assessment asks the following questions:

|    |  |     |    |
|----|--|-----|----|
| 1. | Has the patient been coughing for 2 weeks or more? ( <i>for known HIV patients assess cough regardless of duration</i> )       | Yes | No |
| 2. | Has the patient had persistent fevers for 2 weeks or more?   | Yes | No |
| 3. | Has the patient had noticeable weight loss (more than 3 kg)  | Yes | No |
| 4. | Has the patient had excessive night sweats for 3 weeks or more? ( <i>for adults</i> )  | Yes | No |
| 5. | Has the child had poor weight gain in the last one month*? ( <i>ask for children &lt; 5 years</i> )                            | Yes | No |
| 6. | Has the child had contact with a person with Pulmonary Tuberculosis or chronic cough? ( <i>ask for children &lt; 5 years</i> ) | Yes | No |

\***poor weight gain** (Weight loss, **or** very low weight (weight-for-age less than  $-3$  z-score), **or** underweight (weight-for-age less than  $-2$  z-score), **or** confirmed weight loss ( $>5\%$ ) since the last visit, **or** growth curve flattening)

### STEP 2: Guide for Actions to take

- If **yes to question 1** request for sputum test and refer to clinician for further investigations. **Direct the patient to a designated area for people with chronic cough.**
- If **no to question 1 and yes to any other question**; refer to clinician for further investigations
- If **no to all questions**: repeat TB Assessment at subsequent visits

\*For Children who are unable to produce sputum, refer to clinician for further investigations

### STEP 3: Record of Information at Health facility level

1. If you are in a clinic attending to patients enrolled in HIV care record this information on the comprehensive ART card; this information should then be transferred to the Pre ART or ART register.
2. If you are in a clinic setting (not attending to patients enrolled in HIV care e.g. OPD) and presumptive TB case is found, record the information in a presumptive TB register.





**I. INITIAL PHASE**

Put an X in the appropriate box after the drug has been directly observed, or a ( ) if given for self administration and (o) if the dose was missed.

| Day   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Monthly weight |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|--|--|--|--|--|
| Month |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |

**II. CONTINUATION PHASE**

Date started: \_\_\_\_\_

|  |  |  |   |  |
|--|--|--|---|--|
| <b>Prescribed regimen and dosages</b><br><br>Indicate number of tablets per dose | <b>CAT 1</b><br><i>New case (All types)</i>  | <b>CAT 2</b><br><i>Retreatment (All types)</i>   | <b>CAT 3</b><br><i>Children (0-14) years</i>  | <b>Special CAT 1:</b><br><i>TBM and Bone TB</i>  |
|  | <input type="checkbox"/><br><input style="width: 50px; height: 20px;" type="text"/><br>4 RH /6EH | <input type="checkbox"/><br><input style="width: 50px; height: 20px;" type="text"/><br>5 RHE | <input type="checkbox"/><br><input style="width: 50px; height: 20px;" type="text"/><br>4 RH | <input type="checkbox"/><br><input style="width: 50px; height: 20px;" type="text"/><br>10 RH |

R: Rifampicin Z: Pyrazinamide E: Ethambutol S: Streptomycin H: Isoniazid

| Day   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Monthly weight |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|--|--|--|--|--|--|
| Month |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |  |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                |  |  |  |  |  |  |  |

Put an X on day of supervised drug administration. Draw a horizontal line (--) to indicate the number of days that drugs were collected for self administered treatment and (O) on the day drugs were not swallowed.

# ANNEX XX: HMIS FORM 114: DOCUMENTATION JOURNAL FOR QI ACTIVITIES



|                                  |
|----------------------------------|
| <b>IMPROVEMENT<br/>OBJECTIVE</b> |
|                                  |

Name of the Facility \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Team Members: \_\_\_\_\_

Start Date for Improvement Project: \_\_\_\_\_ End date: \_\_\_\_\_

|  |  |
|--|--|
| <p><b>Improvement Objective:</b></p> <p>1. _____</p> <p>_____</p> <p>_____</p> | <p><b>Indicator for the Objective:</b></p> |
|--|--|

**Description of Problem:**

Briefly describe the problem being addressed and gaps between the current situation and your improvement objectives. State the differences between the MoH standard of care and the current practices. Also describe some of the challenges with the current situation.

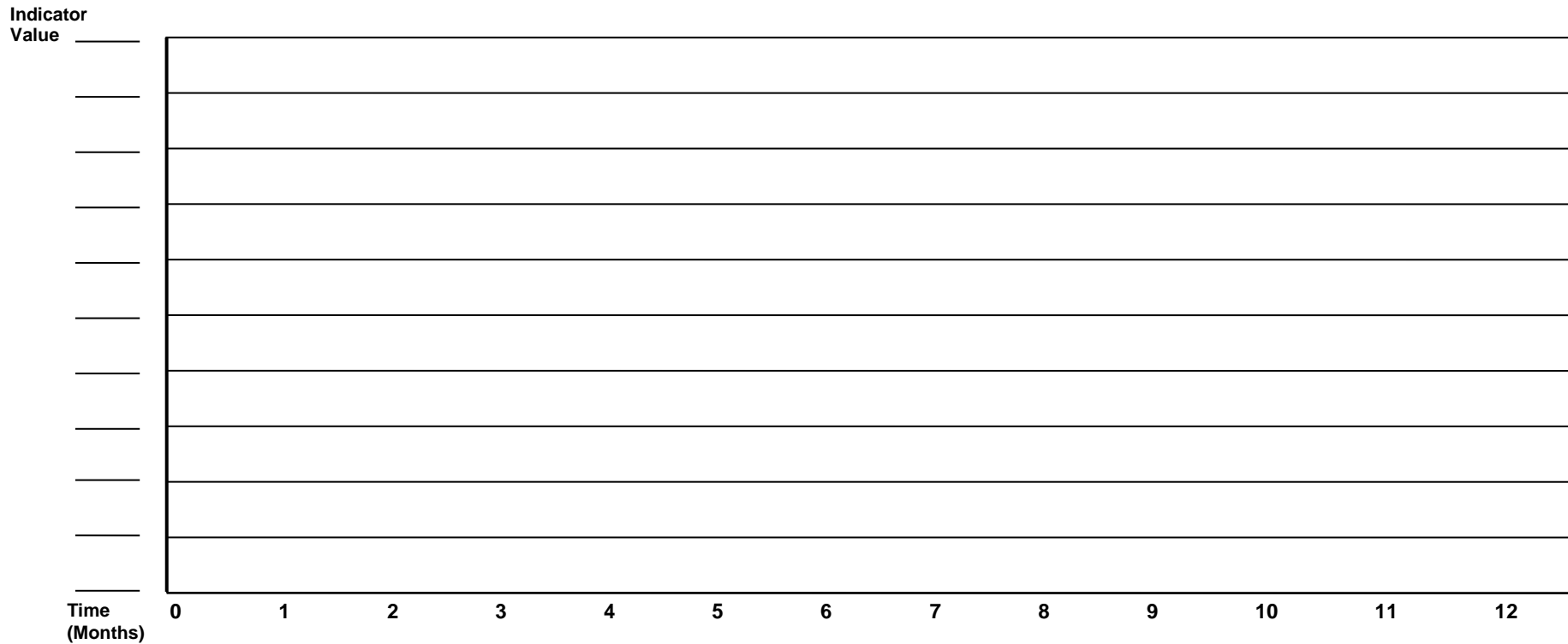
**Part 2: Changes Worksheet – QI Team Activities:** Please list below the changes that the team has tried out in order to achieve the improvement objective. Write all changes, whether effective or not. Also note when it was started and when it ended (where applicable) to enable you to annotate the results.

| <b>Planned and Tested Changes:</b><br>In the space below, list all of the changes that you are implementing to address the improvement objective. Use 1-2 sentences to briefly describe the tested change. | <b>Start Date:</b><br>DD/MM/YY | <b>End Date</b><br>(if applicable)<br>DD/MM/YY | <b>Was there any improvement registered?</b><br>(Yes/No) | <b>Comments:</b><br>Note here any potential reasons why the change did or did not yield improvement; also indicate any change in indicator value observed related to this change. |
|--|--------------------------------|--|--|---|
| 1.   |                                |  |  |   |
| 2.   |                                |  |  |   |
| 3.   |                                |  |  |   |
| 4.   |                                |  |  |   |
| 5.   |                                |  |  |   |
| 6.   |                                |  |  |   |
| 7.   |                                |  |  |   |
| 8.   |                                |  |  |   |

**Part 3: Graph Template – Annotated Results:**

- Use the graph below to document your progress. Indicate the value of the numerator and denominator.

TITLE: \_\_\_\_\_



|             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Numerator   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Denominator |  |  |  |  |  |  |  |  |  |  |  |  |  |
| %           |  |  |  |  |  |  |  |  |  |  |  |  |  |

|             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Numerator   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Denominator |  |  |  |  |  |  |  |  |  |  |  |  |  |
| %           |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Notes on the Indicator:** Write down any additional comments you may have on the performance of indicators. Write anything derived from the changes worksheet and the graph template that might explain the performance trends of the improvement objective. \_\_\_\_\_

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**Notes on Other Observed Effects (lessons learnt):** Please write here any effects (positive or negative) you are *currently* observing as a result of the quality improvement effort such as comments from patients, changes in your performance or motivation, improved efficiency or the survival story of a sick patient. You may use your notes to tell the complete story at the next learning session(s).

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# ANNEX XXI: HMIS FORM 055a - PCR DRIED BLOOD SPOT DISPATCH FORM

Batch Number:



To be filled in Triplicate -- White copy sent with samples to testing lab; Pink copy sent to EID care point in health unit (if different from dispatch point); Yellow copy remains at dispatch point in health unit

Site Return Address

Health Unit: \_\_\_\_\_ District: \_\_\_\_\_ Name of Sender: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(Specify clinic/dept):

Comments/Issues:

All information entered into the Dispatch Form should be copied directly from the Exposed Infant Register

| No | Date of Collection | Infant Name | EXP Number | Sex (M/F) | Age in months | Caregiver Telephone Number | Entry Point Clinic | 1st or 2nd  | Breastfeeding (Y/N) | Mother PMTCT ARVs (use codes below) |           |            | Infant PMTCT ARVs (use codes) | Testing Lab No. | Result (Pos / Neg / Ind) |
|----|--------------------|-------------|------------|-----------|---------------|----------------------------|--------------------|-------------|---------------------|-------------------------------------|-----------|------------|-------------------------------|-----------------|--------------------------|
|    |                    |             |            |           |               |                            |                    | PCR? (tick) |                     | Ante-natal                          | Deli-very | Post-natal |                               |                 |                          |
| 1  |                    |             |            |           |               |                            |                    | 1st / 2nd   |                     |                                     |           |            |                               |                 |                          |
| 2  |                    |             |            |           |               |                            |                    | 1st / 2nd   |                     |                                     |           |            |                               |                 |                          |
| 3  |                    |             |            |           |               |                            |                    | 1st / 2nd   |                     |                                     |           |            |                               |                 |                          |
| 6  |                    |             |            |           |               |                            |                    | 1st / 2nd   |                     |                                     |           |            |                               |                 |                          |

Mother's PMTCT Codes: ANTENATAL: 1) Lifelong ART 2) No ART 3) Unknown     DELIVERY: 1) Lifelong ART 2) No ART 3) Unknown     POSTNATAL: 1) Lifelong ART 2) No ART 3) Unknown  
 Infant's PMTCT Codes: 1) Daily NVP from birth to 6 weeks 2) Daily NVP given after birth 3) No ARVs taken 4) Unknown

**TO BE COMPLETED AT HEALTH UNIT:**

Date Samples Dispatched \_\_\_\_\_

Date Results Received from Testing Lab \_\_\_\_\_

How will results be transported back to the site? (Circle) 1. Posta Uganda 2. Pick from Lab  
Directly Tel No. for notification of results: \_\_\_\_\_

TO BE COMPLETED AT TESTING LAB:

Name of Testing Lab \_\_\_\_\_ Date samples Received \_\_\_\_\_  
Date Results Packed for Dispatch \_\_\_\_\_

\*To order EID supplies or ask any questions, immediately call the National EID Coordinating Office on  
**0772 391 676 or 0800 221 100**

**REMINDER: Samples should be sent to lab once each week if ANY samples have  
been collected -- DO NOT WAIT!!!**



# ANNEX XXII: HMIS FORM 082a - EXPOSED INFANT CLINICAL CHART



Health Facility: \_\_\_\_\_ District: \_\_\_\_\_

| EI Number                               | E | X | P   |  |                       |         |                            | Date Chart Opened: |       | TESTING INFORMATION       |                              |                              |        |                                |  |  |  |  |
|---|---|---|---|--|-----------------------|---------|----------------------------|--------------------|-------|---------------------------|------------------------------|------------------------------|--------|--------------------------------|--|--|--|--|
| Infant Name:                            |   |   |   |  |                       |         | Entry Point (Clinic/Ward): |                    | Sex:  | Test                      | Test Date                    | Feeding Method               | Result | Date Result Given to Caregiver |  |  |  |  |
| Date of Birth:                          |   |   | Age (mo):   |  | Date of NVP Start:    |         | Date of CTX Start:         |                    |       |                           |                              |                              |        |                                |  |  |  |  |
| MOTHER/CAREGIVER FOLLOW-UP INFORMATION  |   |   |   |  |                       |         |                            |                    |       | 1 <sup>st</sup> PCR       |                              |                              |        |                                |  |  |  |  |
| Mother's Name:                          |   |   |   |  | Common Name:          |         |                            |                    |       | 2 <sup>nd</sup> PCR       |                              |                              |        |                                |  |  |  |  |
| Telephone No:                           |   |   | District:   |  |                       | County: |                            |                    |       | Repeat PCR (if necessary) |                              |                              |        |                                |  |  |  |  |
| Sub County:                             |   |   | Village:  |  |                       | Parish: |                            |                    |       | 18 Month Rapid Test       |                              |                              |        |                                |  |  |  |  |
| LC1 Zone:                               |   |   | How should outreach workers introduce themselves? |  |                       |         |                            |                    |       | Final HIV Status:         | <input type="checkbox"/> POS | <input type="checkbox"/> NEG |        |                                |  |  |  |  |
| LC1 Chairman:                           |   |   |   |  |                       |         |                            |                    |       |                           |                              |                              |        |                                |  |  |  |  |
| Directions to caregiver's home address: |   |   |   |  |                       |         |                            |                    |       | LINKAGE TO CARE/TREATMENT |                              |                              |        |                                |  |  |  |  |
| Referred to ART Clinic?                 |   |   |   |  |                       |         | Y / N                      |                    | Date: |                           |                              |                              |        |                                |  |  |  |  |
| Enrolled at ART Clinic?                 |   |   |   |  |                       |         | Y / N                      |                    | Date: |                           |                              |                              |        |                                |  |  |  |  |
| Pre-ART No                              |   |   |   |  | Presumptive Referral? |         |                            |                    |       | Y / N                     |                              |                              |        |                                |  |  |  |  |
| FOLLOW-UP SECTION                       |   |   |   |  |                       |         |                            |                    |       |                           |                              |                              |        |                                |  |  |  |  |

|   |  |                                    |                   |                 |                |   |         |                                      |  |
|---|--|------------------------------------|-------------------|-----------------|----------------|---|---------|--------------------------------------|--|
| Alternate Contact Person:   |  | Relationship:                      |                   | First Attempt   | Date:          | Method:   |         |                                      |  |
| Telephone No:   |  | Has this person been disclosed to? |                   |                 | Outcome:       |   |         |                                      |  |
| <b>MOTHER'S HISTORY</b>   |  |                                    |                   |                 |                |   |         |                                      |  |
| Place of Delivery:  |  |                                    | Mode of Delivery: |                 | Second Attempt | Date:   | Method: |                                      |  |
| Mother received ARVs for PMTCT? Yes / No / Unknown  |  |                                    | Mother's ANC No   |                 |                | Outcome:  |         |                                      |  |
| Mother's PMTCT ARVs Antenatal: _____ During labour/delivery: _____ Postnatal: _____   |  |                                    |                   | Third Attempt   | Date:          | Method:   |         |                                      |  |
| Infant's PMTCT ARVs <input type="checkbox"/> Daily NVP from birth to 6 wks <input type="checkbox"/> No ARVs taken at birth <input type="checkbox"/> Unknown |  |                                    |                   |                 | Outcome:       |   |         |                                      |  |
| Mother in care at an ART clinic? Yes / No   |  | ART Clinic:                        |                   | Mother's ART No | FINAL OUTCOME  | Discharged Negative <input type="checkbox"/>    |         | Transferred <input type="checkbox"/> |  |
|   |  |                                    |                   |                 |                | Referred to ART Clinic <input type="checkbox"/> |         | Died <input type="checkbox"/>        |  |

|                                 |             | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Visit 5 | Visit 6 | Visit 7 | Visit 8 | Visit 9 | Visit 10 |
|---------------------------------|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| Date of Appointment             |             |         |         |         |         |         |         |         |         |         |          |
| Date of Visit                   |             |         |         |         |         |         |         |         |         |         |          |
| Age (months)                    |             |         |         |         |         |         |         |         |         |         |          |
| HIV Test (PCR or antibody test) |             |         |         |         |         |         |         |         |         |         |          |
| Infant Feeding Code             |             |         |         |         |         |         |         |         |         |         |          |
| Immunization Codes              |             |         |         |         |         |         |         |         |         |         |          |
| Growth Measures                 | Height (cm) |         |         |         |         |         |         |         |         |         |          |
|                                 | Weight (kg) |         |         |         |         |         |         |         |         |         |          |
|                                 | Z-Scores    |         |         |         |         |         |         |         |         |         |          |

|   |                                    |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------------|--|--|--|--|--|--|--|--|--|--|
|   | MUAC (cm)                          |  |  |  |  |  |  |  |  |  |  |
| Clinical Assessment for Signs & Symptoms of HIV (use codes) |                                    |  |  |  |  |  |  |  |  |  |  |
| Developmental Assessment for Evidence of Delay              | Development Milestones (use codes) |  |  |  |  |  |  |  |  |  |  |
|   | Head Circumference                 |  |  |  |  |  |  |  |  |  |  |
| Prophylaxis   | Cotrim (Y/N)                       |  |  |  |  |  |  |  |  |  |  |
|   | NVP (Y/N)                          |  |  |  |  |  |  |  |  |  |  |
| Refill of ART for the Mother?<br>Y/N                        |                                    |  |  |  |  |  |  |  |  |  |  |
| Other Medications / Care Items                              |                                    |  |  |  |  |  |  |  |  |  |  |
| ACTION(S) TAKEN if any care indicators are a concern        |                                    |  |  |  |  |  |  |  |  |  |  |

|  |   |  |  |
|--|---|--|--|
| <b>Infant Feeding Codes:</b><br>EBF: Exclusive Breastfeeding<br>RF: Replacement Feeding ( <i>never breastfed</i> )<br>MF: Mixed Feeding ( <i>below 6 months</i> )<br>CF: Complimentary Feeding ( <i>above 6 months</i> )<br>W: Wean from breastfeeding<br>NLB: No Longer Breastfeeding | <b>Immunization Codes:</b><br>BCG      OPV-0      OPV-1<br>OPV-2      OPV-3      DPT-<br>HepB+Hib1<br>DPT-HepB+Hib2      DPT-<br>HepB+Hib3<br>Vitamin A      Measles      De-Worming<br><i>If immunizations have not been done, write "Not Done" and specify which ones</i> | <b>Clinical Assessment Codes</b><br><b>(Indicate ALL that apply):</b><br>WELL: no clinical signs and symptoms<br>LN: Palpable Lymph Nodes in more than one place<br>WL: Weight loss      G: Poor growth (height)      PNEU: Pneumonia<br>F: Fever      C: Coughing      RASH: Skin Rash<br>OT: Oral thrush      ADR: Acute Diarrhea      PDR: Persistent<br>Diarrhea<br>EI: Ear Infection      RDR: Recurrent Diarrhea      O: Other (specify) | <b>Developmental Assessment Codes</b><br><b>(Check for milestones based on infant's age &amp; indicate ALL that apply):</b><br>SMI: Smiling      ROLL: Rolling Over      SIT: Sitting<br>CRA: Crawl      ST: Stand<br>W: Walk<br>HEAD: Controlling the head<br>TOB: Transferring objects from hand to hand<br>COG: Cognition (point to 3 familiar objects) |
|--|---|--|--|

## ANNEX XXIII: HMIS FORM 036a - POST EXPOSURE PROPHYLAXIS CLIENT CARD

|  |  |  |
|--|--|--|
| <p>POST EXPOSURE PROPHYLAXIS CLIENT CARD</p> <p>Date.....</p> <p>Serial No.....</p> <p>Name of Facility.....</p> <p>Name of Exposed person.....</p> <p>Age: ..... Sex: .....</p> <p>.....</p> <p>Village..... Parish.....</p> <p>.....</p> <p>Sub-County.....</p> <p>.....</p> <p>Ministry of Health, Uganda, P.O. Box 7272, Kampala</p> | <p>POST EXPOSURE PROPHYLAXIS CLIENT CARD</p> <p>Date.....</p> <p>Serial No.....</p> <p>Name of Facility.....</p> <p>Name of Exposed person.....</p> <p>Age: ..... Sex: .....</p> <p>.....</p> <p>Village..... Parish.....</p> <p>.....</p> <p>Sub-County.....</p> <p>.....</p> <p>Ministry of Health, Uganda, P.O. Box 7272, Kampala</p> | <p>POST EXPOSURE PROPHYLAXIS CLIENT CARD</p> <p>Date.....</p> <p>Serial No.....</p> <p>Name of Facility.....</p> <p>Name of Exposed person.....</p> <p>Age: ..... Sex: .....</p> <p>.....</p> <p>Village..... Parish.....</p> <p>.....</p> <p>Sub-County.....</p> <p>.....</p> <p>Ministry of Health, Uganda, P.O. Box 7272, Kampala</p> |
|--|--|--|

# ANNEX XXIV: HMIS FORM 036b - POST EXPOSURE PROPHYLAXIS FORM

## MINISTRY OF HEALTH PEP Client Form

### Section A

Name of health facility.....Level of facility.....District.....  
Ownership (NGO/private for profit/public).....  
Name of client .....Age.....Sex.....Serial No.....  
Village (LC zone).....Parish.....Sub-county.....  
County.....  
Next of kin..... Telephone contact of next of kin.....  
Telephone Contact of exposed person.....  
Occupation/cadre of exposed person (for occupational exposures).....  
Place where injury took place (for occupational exposures).....  
Date of exposure (dd/mm/yyyy)..... Time of exposure.....  
Date reported (dd/mm/yyyy)..... Time reported.....

### Section B HIV Counseling and Testing for PEP

Source person tested for HIV? If tested, indicate results

Yes  No

If tested Positive  Negative

If not tested, give reasons.....  
.....

Exposed person tested for HIV? If tested, indicate HIV results

Yes  No  Positive  Negative

*If HIV results of the exposed person are Positive, stop here and refer for HIV care*

If exposed person refuses the HIV test, give reasons for refusal.....  
.....

If HIV results of exposed person are Negative continue as below,

(Tick)✓) as appropriate in the table below

| Particulars about exposure  | Yes | No |
|---|-----|----|
| <b>Type of Exposure</b>   |     |    |
| Needle stick injury   |     |    |
| <b>Type of needle/device</b>  |     |    |
| Solid   |     |    |
| Narrow bore   |     |    |
| Wide bore needle  |     |    |
| Sharp equipment   |     |    |
| <b>Splash exposure</b>  |     |    |
| Splash with blood/liquor or other body fluids on intact skin/membrane                                 |     |    |
| Splash with blood/liquor or other body fluids with broken skin/membrane                               |     |    |
| <b>Sexual exposure</b>  |     |    |
| Sexual Violence (Rape/defilement)   |     |    |
| Presence of lesions in the exposed sites (tears, wounds)  |     |    |
| <b>Other injuries ( specify)</b>  |     |    |
| <i>For the exposure you have ticked, briefly describe the circumstances in which it occurred.....</i> |     |    |
| <b>Baseline Laboratory Investigations</b>   |     |    |
| HIV rapid test  |     |    |
| HBV HBsAg   |     |    |
| <b>Risk assessment of source person</b>   |     |    |
| Terminally ill  |     |    |
| HIV positive but asymptomatic   |     |    |
| HIV positive and symptomatic (indicate WHO stage; I, II, III, IV)                                     |     |    |
| Unknown HIV but symptomatic (indicate WHO stage; I, II, III, IV)                                      |     |    |
| On ART 1 <sup>st</sup> or 2 <sup>nd</sup> line<br>(specify).....                                      |     |    |
| Known HBV patient   |     |    |
| Other infection<br>(specify).....   |     |    |
| <b>Risk of HIV exposure to client</b>   |     |    |
| No risk   |     |    |
| Low risk  |     |    |
| High risk   |     |    |
| Give reasons for your decision<br>.....   |     |    |
| <b>Eligibility to PEP</b>   |     |    |
| Exposed person eligible to PEP  |     |    |
| If client is not eligible for PEP, give reasons.....  |     |    |

| <b>Particulars about exposure</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| <b>Further investigations for clients eligible to PEP</b>  |            |           |
| Pregnancy test for females between 12-49yrs (indicate result).....   |            |           |
| Liver Function Tests (indicate results)  |            |           |
| Renal Function Tests (indicate results)  |            |           |
| Complete Blood Count (indicate results)  |            |           |
| Other tests (indicate results)   |            |           |
| <b>Counseling/ education for the exposed person before prescribing HIV PEP</b>   |            |           |
| Exposed person/next of kin counseled on exposure and PEP   |            |           |
| Exposed person educated on the need of protective sex measures during the next six months of surveillance                                |            |           |
| Breast feeding mothers advised to continue breast feeding their infants  |            |           |
| The exposed person is informed about possible side effects of PEP drugs  |            |           |
| The exposed person is advised to report back to the health facility in case of any side effects; and not discontinue PEP on his/her own. |            |           |
| The exposed person has understood and is willing to take PEP for the prescribed time of four weeks.                                      |            |           |
| The exposed person is willing to come for 1 week,4 weeks, 3 months and 6 months follow up  |            |           |
| Exposed person/next of kin consent to PEP  |            |           |
| <b>Administration of ARVs for PEP</b>  |            |           |
| ARVs administered for PEP<br><i>If yes, indicate regimens.....</i>   |            |           |
| <i>ARVs not administered? Give reasons</i><br>.....  |            |           |
| Date of starting PEP.....<br>Time of starting PEP.....   |            |           |
| <b>Supportive management of exposed person</b>   |            |           |
| Emergency Contraception (12-49yrs who have a negative pregnancy test)  |            |           |
| Tetanus toxoid vaccine   |            |           |
| STI treatment  |            |           |
| Condom provision   |            |           |
| Family planning (sexually active females)  |            |           |
| <b>Link to other services</b>  |            |           |
| Psychosocial support (indicate service and referral facility).....   |            |           |
| <b>Client Follow up</b>  |            |           |

| <b>Particulars about exposure</b>           | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| <b><i>Follow up at 1 week</i></b>           |            |           |
| Adverse effects at one week                 |            |           |
| Counseling on safer sex                     |            |           |
| Counseling on drug adherence                |            |           |
| <b>Return Date.....</b>                     |            |           |
| <b><i>Follow up at 4 weeks</i></b>          |            |           |
| HIV Rapid test (indicate results).....      |            |           |
| Counseling on safer sex                     |            |           |
| Psycho-social support and counseling        |            |           |
| Completion of 28 day ARV regimen            |            |           |
| Psychological symptoms                      |            |           |
| Any other treatment given<br>(specify)..... |            |           |
| <b>Return Date.....</b>                     |            |           |
| <b><i>Follow up at 3 months</i></b>         |            |           |
| HIV Rapid test (indicate results).....      |            |           |
| Counseling on safer sex                     |            |           |
| Psycho-social support and counseling        |            |           |
| Psychological symptoms                      |            |           |
| Any other treatment given<br>(specify)..... |            |           |
| <b>Return Date.....</b>                     |            |           |
| <b><i>Follow up at 6 months</i></b>         |            |           |
| HIV Rapid test (indicate results).....      |            |           |
| Counseling on safer sex                     |            |           |
| Psycho-social support and counseling        |            |           |
| Psychological symptoms                      |            |           |
| Client free of HIV                          |            |           |
| Client free of psychological symptoms       |            |           |

Name of attending Clinician /Midwife/ Nurse (Print Name)

.....

Signature.....Date (dd/mm/yyyy)...../...../...../



**PEP Consent Form and Check list**

Name ..... Age ..... Sex..... Serial No .....

I understand that I have/my.....has had an exposure incident that may be a risk for HIV transmission.

I have been given the following information relating to the use of Post-Exposure Prophylaxis:

- The risk of HIV transmission with and without it;
- The benefits and risks of taking post-exposure prophylaxis;
- The use of post-exposure prophylaxis during pregnancy;
- The risks of taking post-exposure prophylaxis if I already have HIV before this exposure;
- That post-exposure prophylaxis is not guaranteed to prevent HIV transmission;
- The possible side effects of the post-exposure prophylaxis medicine;
- The benefits of HIV testing: now and again at three and six months;
- Other recommended blood tests;
- That the usual course of post-exposure prophylaxis is four weeks and that I can stop at anytime, although this will reduce the effectiveness;
- The importance of taking the correct dose of the medicine at the right time;
- The importance of taking precautions to prevent HIV transmission (such as using condoms and not sharing needles) for the next six months;
- Not to donate blood, semen or body tissues for the next six months; and
- *[For health care workers:]* any safe work practices necessary for the next six months.

***Client declaration***

I confirm that I have been provided information about Post-Exposure Prophylaxis and I have understood the information. I have been given the opportunity to ask questions and the answers I received are satisfactory and convincing.

I voluntarily consent to post-exposure prophylaxis.

I decline post-exposure prophylaxis.

Name ..... Signature .....

Date .....

***Health worker declaration***

I confirm that I have provided information about Post-Exposure Prophylaxis as listed above to the best of my knowledge.

Name ..... Signature .....

Position ..... Date .....

# ANNEX XXV: HMIS 084b: ARV AND E-MTCT MEDICINES ORDER FORM AND PATIENT REPORT

## ARV and E-MTCT Medicines Order Form and Patient Report

(Page 1 of 2)

February 2014 Version - IN PACKS

Facility Name:

Report Period (2 months):

District:

Start date:

Warehouse:

End date:

Delivery Zone:

Date Prepared:

| Drug Formulation and Strength  | Basic Unit   | OPENING BALANCE at start of 2 Month Cycle | QUANTITY RECEIVED during 2 Month Cycle | ANC CONSUMPTION during 2 Month Cycle | ART CONSUMPTION during 2 Month Cycle | LOSSES / ADJUSTMENTS (+ / -) | CLOSING BALANCE (Physical Count in Stores + Pharmacy) | MONTHS OF STOCK ON-HAND = $F / ((C + D) / 2)$ | QUANTITY REQUIRED FOR CURRENT PATIENTS = $(2 \times (C + D)) - F$ | ESTIMATED NUMBER OF NEW ART PATIENTS for the Next Cycle | ESTIMATED NUMBER OF NEW HIV+ PREGNANT WOMEN for the Next Cycle | Notes |
|--------------------------------|--|---|--|--------------------------------------|--------------------------------------|------------------------------|---|---|---|---|--|-------|
|                                |  | A   | B                                      | C                                    | D                                    | E                            | F   | G   | H   | I   | J  |       |
| <b>ADULT FORMULATIONS</b>      |  |   |  |                                      |                                      |                              |   |   |   |   |  |       |
| 1                              | Tenofovir/Lamivudine/Efavirenz (TDF/3TC/EFV) 300mg/300mg/600mg   | Pack of 30                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 2                              | Zidovudine/Lamivudine/Nevirapine (AZT/3TC/NVP) 300mg/150mg/200mg | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 3                              | Tenofovir/Lamivudine (TDF/3TC) 300mg/300mg                       | Pack of 30                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 4                              | Zidovudine/Lamivudine (AZT/3TC) 300mg/150mg                      | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 5                              | Abacavir/Lamivudine (ABC/3TC) 600mg/300mg                        | Pack of 30                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 6                              | Efavirenz (EFV) 600mg  | Pack of 30                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 7                              | Nevirapine (NVP) 200mg   | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 8                              | Atazanavir/Ritonavir (ATV/r) 300mg/100mg                         | Pack of 30                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 9                              | Lopinavir/Ritonavir (LPV/r) 200mg/50mg                           | Pack of 120                               |  |                                      |                                      |                              |   |   |   |   |  |       |
| 10                             | Zidovudine (AZT) 300mg   | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| <b>PAEDIATRIC FORMULATIONS</b> |  |   |  |                                      |                                      |                              |   |   |   |   |  |       |
| 1                              | Abacavir/Lamivudine (ABC/3TC) 60mg/30mg                          | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 2                              | Zidovudine/Lamivudine/Nevirapine (AZT/3TC/NVP) 60mg/30mg/50mg    | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 3                              | Zidovudine/Lamivudine (AZT/3TC) 60mg/30mg                        | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 4                              | Efavirenz (EFV) 200mg  | Pack of 90                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 5                              | Nevirapine (NVP) 50mg  | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 6                              | Lopinavir/Ritonavir (LPV/r) 80mg/20ml oral susp.                 | Bottle of 60ml                            |  |                                      |                                      |                              |   |   |   |   |  |       |
| 7                              | Lopinavir/Ritonavir (LPV/r) 100mg/25mg                           | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |
| 8                              | Abacavir (ABC) 60mg  | Pack of 60                                |  |                                      |                                      |                              |   |   |   |   |  |       |

# ARV and E-MTCT Medicines Order Form and Patient Report

Report Period (2 months):

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February 2014 Version - IN PACKS

Facility Name: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Warehouse: \_\_\_\_\_  
 Delivery Zone: \_\_\_\_\_

Cycle: \_\_\_\_\_  
 Start date: \_\_\_\_\_  
 End date: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_

| Drug Formulation and Strength | Basic Unit | OPENING BALANCE at start of 2 Month Cycle | QUANTITY RECEIVED during 2 Month Cycle | ANC CONSUMPTION during 2 Month Cycle | ART CONSUMPTION during 2 Month Cycle | LOSSES / ADJUSTMENTS (+ / -) | CLOSING BALANCE (Physical Count in Stores + Pharmacy) | MONTHS OF STOCK ON-HAND = $F / ((C + D) / 2)$ | QUANTITY REQUIRED FOR CURRENT PATIENTS = $(2 \times (C + D)) - F$ | ESTIMATED NUMBER OF NEW ART PATIENTS for the Next Cycle | ESTIMATED NUMBER OF NEW HIV+ PREGNANT WOMEN for the Next Cycle | Notes |
|-------------------------------|------------|---|--|--------------------------------------|--------------------------------------|------------------------------|---|---|---|---|--|-------|
|                               |            | A   | B                                      | C                                    | D                                    | E                            | F   | G   | H   | I   | J  |       |

**E-MTCT ONLY FORMULATIONS**

|   |                                     |              |  |  |  |  |  |  |  |  |  |  |
|---|-------------------------------------|--------------|--|--|--|--|--|--|--|--|--|--|
| 1 | Nevirapine (NVP) 10mg/ml oral susp. | Bottle 100ml |  |  |  |  |  |  |  |  |  |  |
|---|-------------------------------------|--------------|--|--|--|--|--|--|--|--|--|--|

**OTHER FORMULATIONS**

|   |                        |                     |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|
| 1 | Cotrimoxazole 960mg    | Pack of 1000        |  |  |  |  |  |  |  |  |  |  |
| 2 | Cotrimoxazole 120mg    | Pack of 1000        |  |  |  |  |  |  |  |  |  |  |
| 3 | Fluconazole 200mg      | Pack of 28          |  |  |  |  |  |  |  |  |  |  |
| 4 | Fluconazole oral susp. | Bottle of 35ml      |  |  |  |  |  |  |  |  |  |  |
| 5 | Fluconazole IV         | IV 100ml            |  |  |  |  |  |  |  |  |  |  |
| 6 | Dapsone 100mg          | Pack of 1000        |  |  |  |  |  |  |  |  |  |  |
| 7 | Isoniazid 300mg        | Pack of 24 blisters |  |  |  |  |  |  |  |  |  |  |
| 8 | Isoniazid 100mg        | Pack of 100         |  |  |  |  |  |  |  |  |  |  |

**SUMMARY: ART PATIENTS PER TREATMENT REGIMEN (Existing and New Enrollments):**

| ADULT ART PATIENTS          |   |  | PREGNANT WOMEN                            |                                      |
|-----------------------------|---|--|---|--------------------------------------|
| 1st Line Regimens           | No. Existing (at start of previous cycle) | No. New (enrolled during the last cycle) | No. Existing (at start of previous cycle) | No. New (enrolled in the last cycle) |
| 1. TDF/3TC/NVP              |   |  |   |                                      |
| 2. TDF/3TC/EFV              |   |  |   |                                      |
| 3. AZT/3TC/NVP              |   |  |   |                                      |
| 4. AZT/3TC/EFV              |   |  |   |                                      |
| 5. ABC/3TC/NVP              |   |  |   |                                      |
| 6. ABC/3TC/EFV              |   |  |   |                                      |
| 7. TDF/3TC/AZT              |   |  |   |                                      |
| 8. ABC/3TC/AZT              |   |  |   |                                      |
| 2nd Line Regimens           |   |  |   |                                      |
| 1. TDF/3TC/ATV/r            |   |  |   |                                      |
| 2. TDF/3TC/LPV/r            |   |  |   |                                      |
| 3. AZT/3TC/ATV/r            |   |  |   |                                      |
| 4. AZT/3TC/LPV/r            |   |  |   |                                      |
| 5. ABC/3TC/ATV/r            |   |  |   |                                      |
| 6. ABC/3TC/LPV/r            |   |  |   |                                      |
| <b>TOTAL ADULT PATIENTS</b> |   |  |   |                                      |

| PAEDIATRIC ART PATIENTS (below 15 years) |   |                                      |
|--|---|--------------------------------------|
| 1st Line Regimens                        | No. Existing (at start of previous cycle) | No. New (enrolled in the last cycle) |
| 1. ABC/3TC/NVP                           |   |                                      |
| 2. ABC/3TC/EFV                           |   |                                      |
| 3. AZT/3TC/NVP                           |   |                                      |
| 4. AZT/3TC/EFV                           |   |                                      |
| 5. AZT/3TC/ABC                           |   |                                      |
| 2nd Line Regimens                        |   |                                      |
| 1. ABC/3TC/LPV/r                         |   |                                      |
| 2. AZT/3TC/LPV/r                         |   |                                      |
| <b>TOTAL PAEDIATRIC PATIENTS</b>         |   |                                      |

**SUMMARY: INFORMATION ON OPPORTUNISTIC INFECTIONS**

| NUMBER OF PATIENTS TREATED WITH FLUCONAZOLE                     |        |                           |
|---|--------|---------------------------|
| Condition   | Adults | Children (under 15 years) |
| Acute cryptococcal meningitis                                   |        |                           |
| Cryptococcal meningitis patients treated on maintenance therapy |        |                           |
| Esophageal candidiasis  |        |                           |

| NUMBER OF PATIENTS ON THE FOLLOWING DRUGS |        |                         |
|---|--------|-------------------------|
| Drug                                      | Adults | Children (under 15 yrs) |
| Cotrimoxazole (Pre-ART and ART)           |        |                         |
| Dapsone                                   |        |                         |
| Isoniazid                                 |        |                         |

**FACILITY CONTACT INFORMATION**

Name: ..... Signature: .....

## ANNEX XXVI: LIST OF INDIVIDUALS WHO CONTRIBUTED TO THE HMIS REVIEW

| NAME & TITLE/ORGANISATION                         | NAME & TITLE/ORGANISATION                   | NAME & TITLE/ORGANISATION         |
|---|---|-----------------------------------|
| Dr. Jacinto Amandua – CHS/CS                      | Dr. Yayi Alfred – DHO Yumbe                 | Dr. Kisambu – Prisons             |
| Ms. Enid Mwebaza – Ag. CHS/Nursing                | Dr. Jimmy Opigo – DHO Moyo                  | Nabatanzi Florence - Prisons      |
| Dr. Eddie Mukooyo – ACHS/RC                       | Dr. Richard Mugahi – DHO Kabarole           | Dr. Nakaketo – Private Sector     |
| Dr. Collins Tusingwiire – ACHS/RH                 | Dr. Dyogo Nantamu – DHO Jinja               | Mulindwa James – IDI              |
| Dr. Jesca Nsungwa – ACHS/CH                       | Dr. Florence Tugumisirize – Dir. Masaka RRH | Nawoova Betty - UBOS              |
| Dr. Sarah Byakika – ACHS/QA                       | Dr. Batiibwe Paul – Dir. Soroti RRH         | Dr. Ann Akiteng – MOH/ NCDs       |
| Dr. George Bagambisa – ACHS/P                     | Roselyn Ocokoru – Biostat Koboko            | Dr. Ario Alex – NC/ACP            |
| Dr. Robert Mayanja – PM/UNEPI                     | Mabuya Mugerwa Ali – Biostat Tororo         | PR Peter Mukasa K.                |
| Dr. Joshua Musunguzi – PM/ACP                     | Ayebare Sylvia – Biostat Mbarara            | Dr. Taasi Geoffrey - ACP          |
| Dr. Frank Mugabe – PM/NTLP                        | Ssali Dennis – Biostat Kalungu              | Vento Ogora Auma - META           |
| Dr. Shiela Ndyanabangi – PMO/Mental Health        | Opio Dennis Nixon – Biostat Dokolo          | Mwesigwa Ivan                     |
| Dr. Jacinta Sabiiti – PMO/CS                      | Mugabi Simon Peter- Biostat Kyenjojo        | Abel Kusemerera - CDC             |
| Dr. Francis Adatu – PMO/ESD                       | Mwesigwa Geoffrey – Biostat Kamuli          | Sheila Kyomugasho - META          |
| Dr. Benard Opar – PMO/CS                          | Mary Namuyomba – HMIS/FP Kayunga            | Daniel Kasule – CPHL              |
| Dr. Nabbanja Juliet – PMO/CS                      | Peace Nyiransaba – HMIS/FP Kisoro           | Kainamura Mbiro Innocent - UBTS   |
| Dr. Stanley Bubikire – PMO/Disability             | Kayanja Edward – HMIS/FP Luwero             | Ms. Catherine Ndagire - Nutrition |
| Mrs. Kyozi Caroline Kafuko – PB/RC                | Namutamba Sarah – HMIS/FP Iganga            | Ms. Carolyn Balwanaki - RC        |
| Mr. Mugagga Malimbo – PB/ESD                      | Wanyama Boniface – R/O Mbale RRH            | Mr. John Kissa - Statistician     |
| Mr. Morries Seru – Pr.Pharmacist                  | Kazibwe Lawrence- HMIS/FP Buikwe            | Mr. Micheal Lyavara - RC          |
| Mr. Thomas Obua – Sr. Pharmacist                  | Herbert Muliira - MEEPP                     | Mr. Allan Nsubuga - RC            |
| Sr. Christine Odeke – CS                          | Eliab Natumanya – STAR SW                   | Mr. Edmond Muyingo - RC           |
| Ms. Agnes Candia Bakku – Head Nutrition           | Ronald Kimuli –STAR EC                      | Mr. Chris Balwanaki- RC           |
| Mrs. Samalie Namukose Bananuka – Sn. Nutritionist | Alfred Etwom – TRACK TB                     | Mr. Martin Bulamu - RC            |
| Dr. Linda Kisakye – SMO/ACP                       | Dennis Muwonge – Data Manager- MOH/NTLP     | Ms. Mariam Nakisendo - RC         |
| Dr. Benson Tumwesigye – SMO/ACP                   | Timothy Muhereza –MOH                       | Mr. Isabirye Peter - RC           |
| Dr. Godfrey Kayita – SMO/ACP                      | Dr. Joseph Imoko – WHO/NTLP                 | Moses Tugume - RC                 |
| Dr. Godfrey Makanga – SMO/CS                      | Dr. Juliet Bataringaya - WHO                | Dr. Gerald Sekitto - MCHIP        |
| Dr. Mabumba Eldad – SMO/NTLP                      | Nasan Natseri - WHO                         | Jonathan Miyingo – UPMB           |

| <b>NAME &amp; TITLE/ORGANISATION</b>         | <b>NAME &amp; TITLE/ORGANISATION</b> | <b>NAME &amp; TITLE/ORGANISATION</b> |
|--|--------------------------------------|--------------------------------------|
| Dr. Henry Luzze – SMO/UNEPI                  | Bright Asiimwe – SMP                 | Charles – UCMB                       |
| Dr. Annet Nagudi – Epidemiologist/NLTP       | Martin Kiyingi – NUHITES             | Dr. Harold Bisasa - PPP              |
| Mr. Kenneth Bagarukayo – Data Mgr/NLTP       | Dr. Charles Matsiko - NUHITES        | Dr. Eswemu Kaggwa - Prisons          |
| Dr. Norah Namuwenge – SMO/ACP                | Joseph Muhangi – USAID               | Dr. Gerald Sekitto - MCHIP           |
| Dr. Barbara Nanteza – SMO/ACP                | Dr. Frank Kaharuza - MakSPH          | Didacus Namanya – Geographer         |
| Dr. Rosette Kesande – National Newborn Cord. | Elinne Burke – CDC                   | Susan Najjuko - Economist            |
| Dr. Dennis Rubahika – SMO/NMCP               | Dr. Nelson Musoba - MEEPP            | Betty Irwasi - UNEPI                 |
| Dr. Humphrey Wanziri -                       | Fitti Weissglas – META               | Pamela Zaninka – UNEPI               |
| Dr. Timothy Musila – SHP                     | Muhereza Timothy- MoH                | Mr. Moses Doka – Sn. Librarian       |
| Walimbwa Aliyi – SHP                         | BK Kapella – CDC                     | Dr. Christopher Oleke                |
| Mr. James Mugisha - SHP                      | Tinkitina Benjamin – Vector Control  | Dr. Betty Atai – UACP                |
| Nathan Lubowa - Mildmay                      | Dr. Kyokusingura Sarah -MEEPP        | Mrs. Bongole Rose                    |
| Daniel Mwehire - Mildmay                     | Ms.Vento Ogora Auma - META           |                                      |