

GOVERNMENT OF SIERRA LEONE



MINISTRY OF HEALTH AND SANITATION



Standard Operating Procedures for the Health Facility Registers and Summary Forms Data Management Procedures Manual II

April 2020



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CENTERS FOR DISEASE
CONTROL AND PREVENTION



U.S. President's Malaria Initiative



Standard Operating Procedures for the Health Facility Registers and Summary Forms

Data Management Procedures Manual II

April 2020

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The development of the Standard Operating Procedures for the Health Facility Registers and Summary Forms: Data Management Procedures Manual II was a thorough process in which individuals, institutions, and organizations were actively involved. Their invaluable contributions toward the successful completion of this exercise cannot be overemphasized.

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Rev. Canon Dr T.T Samba

Chief Medical Officer

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Health staff and team from the Directorate of Policy, Planning and Information reviewing health records and registers at Kingharman Road Maternal and Child Hospital, supported by MEASURE Evaluation. Photo by Stanley Muoghalu.

FOREWORD

The Ministry of Health and Sanitation (MOHS) recognizes the health management information system as an integral component for formulating policies and planning, coordinating, monitoring, and evaluating health interventions. Over the years, the health sector has experienced challenges relating to data management issues due to the lack of a Standard Operating Procedures for the Health Management Information System Manual. Notably, the recommendations from the assessment of the monitoring and evaluation capacity of Sierra Leone's National Malaria Control Programme at the national and district levels pointed out the need to revise and update the Data Management Procedures Manual.

In a bid to address these challenges, the MOHS, in collaboration with its partners, developed the Standard Operating Procedures for the Health Management Information System Manual through the Directorate of Policy Planning and Information.

The purpose of the manual is to provide a systematic method of conducting data management practices, with the view to guiding the peripheral health units, hospitals, district health management teams, programs, partners, and other data users in monitoring and evaluation processes of the health information system in Sierra Leone. The application of the Standard Operating Procedures for the Health Facility Registers and Summary Forms: Data Management Manual II requires effective coordination and oversight at all levels. I believe that the SOPs in this data management manual will greatly contribute to improving routine health services data quality for decision-making in the health sector and therefore solicit its use by all private and public healthcare workers.

In this regard, we wish to extend our sincere thanks and appreciation to USAID and PMI for providing financial support, and its implementing partner, MEASURE Evaluation, for providing technical assistance in the development of the Standard Operating Procedures for the Health Management Information System Manual. In addition, we appreciate UNICEF for their initial support in facilitating this document. Also, we thank the MOHS staff, who worked tirelessly to produce this document.



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CONTENTS

| | |
|---|-----|
| Acknowledgments..... | iii |
| Foreword..... | iv |
| Abbreviations | vi |
| Purpose..... | 1 |
| Intended Users | 1 |
| Standard Operating Procedures for Filling Health Registers..... | 2 |
| R1: Under-Five Register for Peripheral Health Unit—Age Up to Two Months | 2 |
| Under-Five Register for Peripheral Health Unit: Age Two Months to Five Years..... | 5 |
| Above-Five (General) Treatment Register..... | 9 |
| EPI/Under-Two Register..... | 11 |
| EPI Tetanus Diphtheria (TD) and HPV Register | 12 |
| Family Planning Register..... | 12 |
| Maternity and Delivery Register | 14 |
| Hospital Inpatient Register..... | 15 |
| Mother and Neonate Health Register..... | 16 |
| Standard Operating Procedures for Filling Monthly Summary Forms..... | 20 |
| HF1—Monthly Summary Outpatient Morbidity..... | 20 |
| HF2—Monthly Summary Child Preventive Services..... | 24 |
| HF3—Monthly Summary Reproductive Health Services | 28 |
| HF4—Monthly Summary Community Interventions | 35 |
| HF5—Monthly Summary Hospital Inpatient | 40 |
| HF6—Monthly Summary Hospital Outpatient..... | 43 |

ABBREVIATIONS

| | |
|-------|--|
| ACT | artemisinin-based combination therapy |
| ANC | antenatal care |
| CHW | community health worker |
| EDD | expected date of delivery |
| EPI | Expanded Program on Immunization |
| ICD | International Classification of Disease |
| IDSR | integrated disease surveillance and response |
| IPTp | intermittent preventive treatment in pregnancy |
| LLIN | long-lasting insecticide-treated net |
| LMP | last menstrual period |
| MOHS | Ministry of Health and Sanitation |
| MUAC | mid-upper arm circumference |
| NND | neonatal death |
| ORS | oral rehydration solution |
| PMI | U.S. President's Malaria Initiative |
| RDT | rapid diagnostic test |
| SAM | severe acute malnutrition |
| SOP | standard operating procedure |
| STI | sexually transmitted infection |
| USAID | United States Agency for International Development |

PURPOSE

The purpose of these standard operating procedures (SOPs) is to provide guidance in filling health facility registers and summary forms at the health facility level. These SOPs are an additional document to the Standard Operating Procedures for the Health Management Information System: Data Management Procedures Manual I.

INTENDED USERS

Intended users of these SOPs are as follows:

- All health facilities in Sierra Leone, both public and private
- District health management teams
- Partners supporting health facilities
- Ministry of Health and Sanitation staff

STANDARD OPERATING PROCEDURES FOR FILLING HEALTH REGISTERS

R1: Under-Five Register for Peripheral Health Unit—Age Up to Two Months

| Data element | Description (how to complete the register) |
|--------------------------------------|--|
| Name of facility | Write the name of the health facility in full |
| Type of facility | Clearly indicate the type of facility (e.g., community health center, community health post, maternal and child health post, clinic) |
| Chiefdom | State the chiefdom where the facility is located |
| Month | State the month of reporting |
| Year | State the year for which you are reporting |
| Date | Record the date the patient is seen |
| Serial number (S. no.) | Number given to patients at the beginning of the month and continues serially until the end of the month |
| Name | Write full name of child |
| Address | Write place where the patient stays |
| Age | Write age in completed weeks |
| Sex | Write the sex of the child |
| Temperature/anthropometry | Record the temperature of the patient and screening measurement |
| Temperature | Record the temperature of the patient in degrees Celsius (°C) |
| Weight | Record weight in kilograms (kg) |
| Length | Record length for children 0–23 months lying down using length board (record length in centimeters to one decimal point) |
| Weight for height Z-score (WHZ) | Record the weight for height using the Z-score chart |
| Weight for age Z-score (WAZ) | Record the weight for age plotting into the under-five card (NOTE: 0–36 months) |
| Presenting complaint (child problem) | Record the child's problem/symptoms observed by the mother |
| Breathing problems at birth | Circle all observed |
| Gasping | Circle if child is gasping |
| Breathing poorly | Circle if child is breathing poorly |
| Blue tongue/lips | Circle if child has blue tongue/lips |
| Gestational age | Record gestational age of the mother at birth |
| <32 weeks | Circle if mother's gestational age was <32 weeks when the child was delivered |
| 32– <37weeks | Circle if mother's gestational age was 32–<37weeks when the child was delivered |
| >=37weeks | Circle if mother's gestational age was >=37 weeks when the child was delivered |
| Weight (first 7 days) | Record weight of the child within the first 7 days |
| <1,500 gm | Circle child's weight if it is <1,500 gm |
| 1,500–<2,500 gm | Circle child's weight if it is 1,500–<2,500 gm |

| Data element | Description (how to complete the register) |
|--|---|
| >2,500 gm | Circle child's weight if it is >2,500 gm |
| Exclusive breastfeeding | Circle Yes if child has exclusively breastfed for 6 months after birth Circle No if child is not exclusively breastfed |
| Very severe disease (check all) | Circle all that observed |
| Stopped feeding well or not feeding at all | Circle if child has stopped feeding well or not feeding at all |
| Convulsions | Circle if child has convulsions |
| Severe chest indrawing | Circle if child has severe chest indrawing |
| Fever (37.5 C or above) | Circle if child has fever (37.5 C or above) |
| Low body temperature (<35.5 C) | Circle if child has low body temperature (<35.5 C) |
| Breathing count in one minute | Record breath count in one minute |
| Move only when stimulated | Circle if child moves only when stimulated |
| No movement when stimulated | Circle if child has no movement when stimulated |
| Umbilicus red or draining puss | Circle if child has umbilicus red or draining puss |
| Skin pustules | Circle if child has skin pustules |
| Jaundice (check all) | Circle all that observed |
| Yellow skin or face <24 hrs | Circle if child has yellow skin or face <24hrs |
| Yellow palm and sole at any age | Circle if child has yellow palm and sole at any age |
| Jaundice appearing after 24 hrs of age on soles and palm | Circle if child has jaundice appearing after 24 hrs of age on soles and palm |
| No jaundice | Circle if child has no jaundice |
| Diarrhea | Circle Yes if a child has diarrhea Circle No if there is no diarrhea |
| Days | Record number of days child had diarrhea |
| Blood in stool | Circle if the mother/caregiver tells you that there is blood in the child's stool |
| Restless/irritable | Circle if the child is restless or irritable on observation |
| Sunken eyes | Circle if the child has sunken eyes on observation |
| Skin pinch going back slowly, very slowly | Circle to identify the extent of skin elasticity after skin pinch |
| Check for HIV infection (check all) | Check the HIV status of the mother from the antenatal care (ANC) card |
| Infected | Circle if the infant has positive virological test |
| Exposed | Circle when mother is positive and child is negative Circle when the child has positive antibody test |
| HIV unlikely | Circle if the child and mother have negative test |
| Feeding problem (for all breastfeeding) | Circle all that is observed below |
| Any breastfeeding difficulty | Circle if there if any breastfeeding difficulty |
| <8 breastfeeds in 24hrs | Circle if the child had <8 breastfeeds in 24hrs |
| Switching breast frequently | Circle if the child switches breast frequently |

| Data element | Description (how to complete the register) |
|---|--|
| Not increasing breastfeeding during illness | Circle if the child is not increasing breastfeeding during illness |
| Receives other foods/drinks | Circle if the child receives other foods/drinks |
| Underweight (weight/age) | Record the weight for age after plotting in the under-five card; circle if the child is underweight(Less -2 to -3 and Less -3) |
| Mouth ulcers/thrush | Circle if the child's mouth has ulcers/thrush |
| Positioning (good/poor) | Circle if the child's positioning is good/poor |
| Attachments (good/poor/no) | Circle if the child's attachments is good/poor/no |
| Suckling (good/poor/no) | Circle if the child's suckling (good/poor/No) |
| No feeding problems | Circle if the child has no feeding problems |
| Feeding problem (for all non-breastfeeding) | Circle all that is observed below |
| Giving inappropriate replacement feeds | Circle if child is given inappropriate replacement feeds |
| Giving insufficient replacement feeds | Circle if child is given insufficient replacement feeds |
| Milk incorrectly or unhygienically prepared | Circle if child's milk is incorrectly or unhygienically prepared |
| Using feeding bottle | Circle if the child is using feeding bottle |
| An HIV-positive mother mixing breastmilk and other feeds | Circle if a HIV-positive mother mixing breastmilk and other feeds |
| Bottle feeding | Circle if child is bottle feeding |
| Low weight for age | Circle if child has low weight for age |
| Thrush | Circle if child has thrush |
| Immunization status <2 months | Ask mother for child's immunization status and under-five card |
| Up to date | Circle if the child is immunized for age as per immunization schedule |
| Not up to date | Circle if the child is a defaulter as per immunization schedule |
| Not started | Circle if the child has never been vaccinated |
| Other problems | State any other known medical problems |
| Disease classification | State your classification of the disease |
| Counsel mother | State the counseling messages given to the caregiver/mother |
| On exclusive breastfeeding | Circle if the child's mother was counselled on exclusive breastfeeding |
| Use of insecticide-treated net | Circle if the child's mother was counselled on the use of insecticide-treated net |
| Keeping the young infant warm | Circle if the child's mother was counselled on keeping the young infant warm |
| Child's immunization | Circle if the child's mother was counselled on child's immunization |
| On when to return | Circle if the mother was told when to return for follow-up visit |
| If referred, name of health facility | Write down the name of the facility you referred the patient |
| If referred, state pre-referral treatment provided | Write down the pre-treatment given to child before referral |

| Data element | Description (how to complete the register) |
|----------------|---|
| Follow-up date | Record the date the mother/caregiver should come for follow-up with the child |
| Outcome | Circle the outcome of the patient |
| Improved | Circle if the child has improved |
| The same | Circle if the child remain the same |
| Worst | Circle if the child's condition has worsened |
| Died | Circle if the child has died |

Under-Five Register for Peripheral Health Unit: Age Two Months to Five Years

| Data element | Description (how to complete the register) |
|--------------------------------------|---|
| Name of facility | Write the name of the health facility in full |
| Type of facility | Clearly indicate the type of facility (e.g., community health center, community health post, maternal and child health post, clinic) |
| Chiefdom | State the chiefdom where the facility is located |
| Month | State the month of reporting |
| Year | State the year of reporting |
| Date | Record the date the patient is seen |
| Serial number (S. No.) | Number given to patients at the beginning of the month and continues serially till the end of the month |
| Name | Write the full name of the child |
| Address | Write the place where the patient stays |
| Age | Write age in completed months |
| Sex | Write the sex of the child |
| Temperature/anthropometry | Record the temperature of the patient and screening measurement |
| Temperature | Record the temperature of the patient in degrees Celsius (°C) |
| Weight | Record weight in kilograms |
| Length | Record length for children 0–23 months lying down using length board (record length in centimeters to one decimal point) |
| Height | Record height for children 24 months and above standing using height board (record height in centimeters to one decimal point) |
| Mid-upper arm circumference | Record the mid-upper arm circumference (preferable the left upper arm) to one decimal point for children 6–59 months |
| Weight for height Z-score | Record the weight for height using the Z-score chart |
| Weight for age Z-score | Record the weight for age after plotting in the under-five card |
| Presenting complaint (child problem) | Record the child's problems/symptoms observed by the mother |

| Data element | Description (how to complete the register) |
|---|---|
| Exclusive breastfeeding (if child <6 months) | Circle Yes if child has exclusively breastfed at 6 months after birth Circle No if child is not exclusively breastfed at 6 months after birth Circle N/A if child is not breastfed at 6 months after birth |
| Continued breast feeding (if child 6–23 months) | Circle Yes if child continued with breastmilk and complementary food Circle No if child is only on complementary food Circle N/A if child is not breastfed |
| Type of visit | Circle new when a patient reports in a facility for a condition/screening for the first time within a month Circle follow-up when a patient reported for a subsequent visit within a month for the same condition |
| General danger signs (check all) | The signs a mother observed and complained that put the child under a high risk of survival |
| Unable to drink or breastfeed | Circle if caregiver tells you that the child is unable to drink or breastfeed |
| Vomiting everything | Circle if caregiver tells you that the child vomits everything |
| History of convulsion | Circle if caregiver tells you that there is a history of convulsion |
| Convulsing now | Circle if there is convulsion now |
| Lethargic or unconscious | Circle if caregiver tells you that there is a history of lethargy or unconsciousness |
| Cough or difficult breathing | Circle Yes if a child has cough or difficult breathing Circle No if there no cough or difficult breathing |
| Days | Record the number of days the child had cough or difficult breathing |
| Breathing per minute | Record the number of breaths per minute |
| Fast breathing | Circle Yes if a child has fast breathing |
| Chest indrawing | Circle Yes if a child has chest indrawing |
| Stridor | Circle Yes if a child has stridor |
| Diarrhea | Circle Yes if a child has diarrhea Circle No if there is no diarrhea |
| Days | Record the number of days the child had diarrhea |
| Blood in stool | Circle if the mother/caregiver tells you that there is blood in the child's stool |
| Lethargic or unconscious | Circle if the child is lethargic or unconscious on examination |
| Restless/irritable | Circle if the child is restless or irritable on observation |
| Sunken eyes | Circle if the child has sunken eyes on observation |
| Weak to drink | Circle if the child is weak to drink when given liquid to drink |
| Eager/thirsty | Circle if the child is eager or thirsty when given liquid to drink |
| Skin pinch going back slowly, very slowly | Circle to identify the extent of skin elasticity after skin pinch |
| Fever | Circle Yes if a child has fever Circle No if there is no fever |
| RDT positive | Circle if the child's RDT that was done was positive |
| RDT not done | Circle if the child's RDT was not done |

| Data element | Description (how to complete the register) |
|------------------------------------|---|
| RDT negative | Circle if the child's RDT that was done was negative |
| Measles in the last three months | Circle if mother or caregiver tell you child had measles in the last three months |
| Stiff neck/bulging fontanel | Circle if you observed the child has stiff neck or bulging fontanel on examination |
| Generalized rash of measles | Circle if you observed the child has generalized rash all over the body on examination |
| Cough/runny nose/red eyes | Circle if you observed the child coughs, has a running nose, and red eyes on observation |
| Corneal clouding | Circle if you observed the child has corneal clouding in the eyes on observation |
| | |
| Ear problem | Circle Yes if the mother tells you that the child has ear problem Circle No if there is no ear problem |
| Ear pain | Circle if ear pains on examination |
| Ear discharge | Circle if there is ear discharge on examination |
| Days | State the number of days the child had the ear problem |
| | |
| Malnutrition or anemia (check all) | Check for malnutrition and anemia and circle what is applicable below |
| <6 months | Circle if the child is <6 months old |
| Pitting edema of both feet | Circle if the child has pitting edema on both feet |
| Visible severe wasting | Circle if the child has severe visible wasting |
| >6 months | Circle if the child is >6months old |
| Pitting edema of both feet | Circle if the child has pitting edema on both feet |
| MUAC <11.5/11.5–<12.5/ >= 12.5 cm | Record the mid-upper arm circumference (MUAC) taken in cm |
| WHZ <-3, b/n -3 and -2, >=-2 | Circle the child's WHZ taken in cm |
| Pneumonia/fever | Circle if the child had pneumonia/fever |
| Watery diarrhea/dysentery | Circle if the child had watery diarrhea/dysentery |
| Appetite test pass/fail | Circle result of appetite test given to the child |
| Palmar pallor/severe palmar pallor | Circle the state of palmer pallor observed on comparing child and mother's palms on examination |
| | |
| HIV/AIDS (RDT) | Check HIV status of the mother from the ANC card |
| Mother | Check HIV status of the mother from the ANC card |
| Positive | Circle if mother's card shows she was positive |
| Negative | Circle if mother's card shows she was negative |
| Unknown | Circle if mother's status is unknown |
| Child | Ask if HIV status of the child is known |
| Positive | Circle if mother tells you the child was positive |
| Negative | Circle if mother tells you the child was negative |

| Data element | Description (how to complete the register) |
|--|---|
| Unknown | Circle if mother tells you the child's status is unknown |
| Immunization status<= 2 years | Ask mother for child's immunization status and under-five card |
| Completed | Circle if the child has completed the immunization schedule |
| Up to date | Circle if the child is immunized for age as per immunization schedule |
| Not up to date | Circle if the child is a defaulter as per immunization schedule |
| Not started | Circle if the child has never been vaccinated |
| Vitamin A/age >=6 months | |
| Within the last 6 months—vitamin A received Y/N | Circle yes or no if the child received vitamin A in the last six months |
| 6–11 months | Circle based on the age the child received vitamin A |
| 12–59 months | |
| Within the last 6 months—Albendazole received Y/N | Circle yes or no if the child received Albendazole in the last six months |
| 12–23 months | Circle based on the age the child received vitamin A |
| 24–59 months | |
| Other problems | State any other known medical problem |
| Disease classification | State your classification of the disease |
| Treatment given | Write down the treatments and other management done |
| Medicine | Write down the medications given |
| If classified malaria | Circle if the child was classified malaria |
| Treated within 24 hrs of onset | Circle if treatment given was within 24hrs of onset |
| Treated after 24 hrs of onset | Circle if treatment given was after 24hrs of onset |
| Counsel mother | State the counselling messages given to the caregiver/mother |
| On feeding | Circle if the child was counselled on feeding |
| On fluids | Circle if the child was counselled on fluids |
| On when to return | Circle if the mother was told on when to return for follow-up visit |
| If referred, name of health facility | Write down the name of the facility you referred the patient |
| If referred, state pre-referral treatment provided | Write down the pre-treatment given to the child before referral |

| Data element | Description (how to complete the register) |
|--|---|
| Follow-up date | Record the date the mother/caregiver should come for follow-up |
| Outcome | Circle the outcome of the patient |
| Improved | Circle if the child has improved |
| The same | Circle if the child remains the same |
| Worse | Circle if the child's condition has worsened |
| Died | Circle if the child has died |
| Drugs provided (no.) | Circle all drugs that were given to the child |
| Albendazole 400 mg | Circle if this drug was given to the child |
| Amoxicillin 250 mg | Circle if this drug was given to the child |
| ACT (AL-6 tab blister or ASAQ 3 tab (2–11 months) blister) | Circle if this drug was given to the child |
| ACT (AL-12 tab blister or ASAQ 3 tab [1–5 yrs] blister) | Write the dosage for ACT given to the child |
| ORS sachet | Write the dosage of oral rehydration solution (ORS) sachet given to the child |
| Paracetamol 100mg | Write the dosage of paracetamol given to the child |
| Zinc sulphate 20mg | Write the dosage of zinc sulphate given to the child |
| Rectal artesunate suppository | Write the dosage of artesunate suppository given to the child |
| Artesunate 60 mg/ml Inj, 1ml vial | Write the dosage of artesunate injection given to the child |
| Others specify | Write down any other drug given that is not above |
| Remarks | Write down any important information worth to be noted |

Above-Five (General) Treatment Register

| Data element | Description (how to complete the register) |
|---------------------------------------|--|
| Above-five general treatment register | Record patient information above 59 months |
| Name of facility | Record name of facility |
| Type of facility | Record type of facility (e.g., community health center, community health post, maternal and child health post, clinic) |
| Chiefdom | Record the chiefdom where the facility is located |
| Year | Write the current year of reporting |

| Data element | Description (how to complete the register) |
|---|--|
| Month | Write the current month of reporting |
| In facility (Please tick the box) | For health services provided at facility level (static or within the facility structure) |
| Outreach (Please tick the box) | For health services provided in communities outside the peripheral health unit structure |
| Serial number | Numbering of patients seen on monthly basis (first day of the month to the last day of the month) starting from no. 001, 002, etc. |
| Registration number | Unique code (lifetime no.) or number given to a patient accessing health services in a facility for the first time |
| Date Seen | Date patient visited the facility/outreach point to access health services (please use the format dd-mm-yyyy [e.g., 19-02-2020]) |
| Date of onset | Date the patient begin to manifest signs and symptoms of disease condition (this information comes from the patient/caregiver) |
| Patient name | Write the name of the patient (starting from the first name, other names, and last name) |
| Age in years | Write the age of the patient in completed years |
| Sex | Mark the space below male or female with a tick (√) |
| Address | Current address of the patient |
| Marital status | Mark the space below with a tick (√) to indicate S=single, M=married, D=divorced |
| Occupation | Write the main job/activity of the patient (information given by the patient) |
| Type of visit | Mark the appropriate space below with a tick (√) (N=new case, F=follow-up case) |
| Category of patient | Mark the appropriate spaces below with a tick (√) (Preg=pregnant woman, lactating mother, EVD surv., people living with disability, gen. case) |
| Diagnosis | |
| Malaria | Mark the appropriate space below with a tick (√) (fever case [suspected malaria], fever case tested for malaria [positive/negative], fever case tested for malaria microscopy [positive/negative], malaria treated at facility with ACT [<24hours/> 24hours], malaria treated at facility without ACT [<24hours/> 24hours]). (Please note: <=less than, >=greater than.) Refer to malaria treatment protocol. |
| Eye | Mark the appropriate space below with a tick (√) to indicate eye infection, eye condition (all type with the exception of eye infection). Refer to eye treatment protocol. |
| Notifiable medical condition—weekly eIDSR report, eCBDS reporting | Mark the space below with a tick (√) to indicate the specified priority disease conditions. Refer to IDSR disease guidelines. |
| Infectious | Mark the space below with a tick (√) indicating the specified conditions. Refer to appropriate protocols. |
| Internal medicine, non-communicable disease, and mental health | Mark the space below with a tick (√) indicating the specified conditions. Refer to appropriate protocols. |
| Neonatal | Mark the space below with a tick (√) indicating the specified conditions. Refer to appropriate protocols. |
| Surgical | Mark the space below with a tick (√) indicating the specified conditions. Refer to appropriate protocols. |
| Other surgical conditions | Specify (write the surgical condition in the appropriate space provided) |
| All other morbidities | Specify (write the disease conditions seen if not mentioned) |
| Tracer and life-saving medicines | Indicate the dosage (tabs/mils) of drugs administered for each condition treated. Refer to treatment protocol for each condition. |

| Data element | Description (how to complete the register) |
|-----------------------|---|
| Anti-malaria products | Indicate the dosage (in blister/mils) for AL and ASAQ and artesunate injection or number for long-lasting insecticide-treated nets (LLINS) given/administered. Refer to treatment protocol for each condition. |
| Medical supplies | Indicate the number of supplies used in the specified space provided for each commodity |
| Cost | Indicate the total cost of services/drugs provided to non-free health care categories using the cost recovery price list with the exception of anti-malaria commodities and services |
| Remarks | Write down any important information worthy to be noted |

EPI/Under-Two Register

| Data element | Description (how to complete the register) |
|-----------------------------------|--|
| EPI under-2 register | Record information for children 0–23 months |
| Name of facility | Record name of the facility |
| Type of facility | Record the type of facility (e.g., community health center, community health post, maternal and child health post, clinic) |
| Chiefdom | Record chiefdom where the facility is located |
| Year | Write the current year of reporting |
| Month | Write the current month of reporting |
| In facility (please tick the box) | For health services provided at facility level (static or within the facility structure) |
| Outreach (please tick the box) | For health services provided in communities outside the peripheral health unit structure |
| Serial number | Numbering of patient seen on monthly basis (first day of the month to the last day of the month), starting from no. 001, 002, etc. |
| Name of child | Write name of child (starting from first name, other names, and last name) |
| Date of birth (dd-mm-yyyy) | Indicate the date of birth of the child |
| Sex | Mark the space (M) for male or (F) for female |
| Mother/caregiver's name | Write name of child's mother/caregiver (starting from first name, other names, and last name) |
| Address | Write address of child's mother/caregiver as indicated below |
| Present address | Indicate the current residence of the patient |
| Previous address | Write the previous address of the patient |
| Protected at birth | Mark the specified space below with a tick (√) indicating that the mother of the child has taken at least two doses of TT (verify mother's card) |
| Antigen | Under each antigen, write the date a child was vaccinated in the specified space provided |
| Fully immunized | A child become fully immunized when he or she has received BCG, OPV 1-3, RVV 1-3, MR1, and Yellow Fever according to schedule |
| Vitamin A and deworming | Mark the specified space below with a tick (√) indicating that the child has received vitamin A and Albendazole |
| LLIN given at time of Penta3 | Mark the specified space below with a tick (√) indicating the supply of LLIN at the time of Penta3 immunization |
| Remarks/comments | Write down any important information worthy to be noted |

EPI Tetanus Diphtheria (TD) and HPV Register

| Data element | Description (how to complete the register) |
|--|--|
| EPI Tetanus Diphtheria (TD) and HPV Register | Record information about TT and HPV administered |
| Name of facility | Record name of facility |
| Type of facility | Record the type of facility (e.g., community health center, community health post, maternal and child health post, clinic) |
| Chiefdom | Record chiefdom where facility is located |
| Year | Write current year of reporting |
| Month | Write current month of reporting |
| In facility (please tick the box) | For health services provided at facility level (static or within the facility structure) |
| Outreach (please tick the box) | For health services provided in communities outside the peripheral health unit structure |
| Name of patient | Write the name of the patient (starting from first name, other names, and last name) |
| Mother/caregiver's name | Write name of child's mother, caregiver, or patient (starting from first name, other names, and last name) |
| Phone number | Write phone number of patient/mother/caregiver |
| Date of birth (dd-mm-yyyy) | Write date of birth of patient or child (person receiving vaccine) |
| Occupation | Write the main job/activity of patient or caregiver |
| Address | Write address of patient/caregiver as indicated below |
| Present address | Indicate current residence of patient |
| Previous address | Write previous address of patient |
| Place of vaccination | Write name of location where intervention was administered (in school or out of school) |
| HPV doses | Write date of administration |
| Tetanus diphtheria doses for non-pregnant | Write date of administration |
| Tetanus diphtheria doses for pregnant | Write date of administration |
| Tetanus diphtheria doses for school going | Write date of administration |

Family Planning Register

| Data element | Description (how to complete the register) |
|--------------------------------|--|
| Serial number (S. no.) | Numbering of patient seen on monthly basis (first day of the month to the last day of the month), starting from no. 001, 002, etc. |
| Registration number (Reg. no.) | Unique code (lifetime no.) or number given to a patient accessing health services in a facility for the first time |
| Date | Date of client's visit to facility |
| Name of client | Record client's given name (first name, middle name [if any], and surname) |
| Present address | Record contact details as follows: village/town: record the street address or name of the town/village where the client lives presently ; chiefdom: write the name of the chiefdom where the client lives, if applicable |

| Data element | Description (how to complete the register) |
|--|--|
| Contact details | Phone number: record the client's phone number. If patient has no number, please obtain client's next of kin' phone number, if applicable . |
| Sex | Record gender of client |
| Age | Record complete age of client. If unknown, please estimate age in years. |
| Occupation | Record occupation of client |
| Marital status | Record marital status of client (S=single, M=married, D=divorced, W=widowed) |
| Client type | New: 1. Tick (√) if client has never used any modern contraceptive and using one for the first time. 2. Tick (√) if client was using some modern contraceptive and had discontinued using it and has now again accepted to use a modern contraceptive. 3. Tick (√) if client switch method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. Continuing: Tick (√) If client wants to continue using the same or switch modern contraceptive (could be from the same provider/health facility or from a different provider/health facility) within the same year. |
| Postpartum family planning | <48 hours after delivery: Tick (√) if family planning was accepted within 48 hours postpartum. Ensure recording from delivery register as well. 49 hours–6 weeks after delivery: Tick (√) if family planning was accepted 49 hours–6 weeks postpartum. 7 weeks–1 year after delivery: Tick (√) if family planning was accepted 7 weeks–1 year postpartum. |
| Blood pressure | Measure and record blood pressure of client |
| Weight (kg) | Measure and record weight of client in kilograms |
| Height | Measure and record height of client in centimeters |
| Combined oral contraceptive | Microgynon: Tick (√) in column Microgynon if the client chose combined OCP of brand Microgynon. Others Specify: Record specific brand of combined OCP if brand of combined OCP is not Microgynon. |
| Progestin-only orals | Microlut: Tick (√) if client chose Progestin-only pill of brand Microlut. Others specify: Record the specific brand of Progestin only OCP isn't Microlut. |
| Injectable | Depo-Provera: Tick (√) if injectable the client chose is of Depo-provera brand. Sayana Press: Tick (√) if the injectable the client chose is of Sayana Press brand. Others Specify: Record the specific brand of injectable contraceptive if the brand is different from the aforementioned ones. |
| Intrauterine contraceptive device (IUCD) | Tick (√) if the client chose IUCD |
| Implants | Five-year implant (i.e., Jadelle): Tick (√) if the client chose Jadelle. Three-year implant (i.e., Levoplant): Tick (√) if the client chose Levoplant. Others specify: Record the specific brand and years of contraception if the brand is different from the aforementioned ones. |
| Condom | Male: Tick (√) if client chose male condom. Female: Tick (√) if client chose female condom. |
| Emergency contraceptive | Tick (√) if client received emergency contraceptive pills |
| Permanent method | Tubal ligation: Tick (√) if client underwent tubal ligation. Vasectomy: Tick (√) if client underwent vasectomy. |
| Other family planning specify | Record accordingly if any other contraceptives not listed were provided |
| Date of next appointment (dd-mm-yyyy) | Record date of next visit according to method of family planning accepted by client (e.g., after three months for Depo-Provera, three years for Levoplant). However, accompanied by explanation that the client can come back any time they want or have a problem. |

| Data element | Description (how to complete the register) |
|--------------------------------------|--|
| Referred in from CHW/facility (Y/N) | Record Y if client was referred to the health facility from other health facilities/CHWs. Record N if there was no referral. |
| Referred out to other facility (Y/N) | Record Y if client was referred from the health facility to other health facilities. Record N if there was no referral. |

Maternity and Delivery Register

| Data element | Description (how to complete the register) |
|--------------------------------|--|
| Serial number (S. no.) | Numbering of patients seen on monthly basis (first day of the month to the last day of the month), starting from no. 001, 002, etc. |
| Registration number (Reg. no.) | Unique code (lifetime no.) or number given to a patient accessing health services in a facility for the first time |
| Name of patient | Record patient's given name (first name, middle name [if any], and surname) |
| Age | Record complete age of patient. If unknown, please estimate age in years. |
| Address | Record as follows: village/town/street |
| Marital status | Record the marital status of the patient (single/married/divorced/widowed/separated) |
| Disabled | Record whether the patient is physically fit |
| Admission date | Record the date of admission of the patient's visit to the facility (date/month/year) |
| Admission time | Record the time of admission of the patient's visit to the facility in a 12-hour format (10:00 AM and 10:00 PM) |
| Referred from | Record the name of the health facility where the patient was referred from |
| Referred to | Record the name of the health facility where the patient is referred to |
| Gravida | Record the number of pregnancies that the woman has had, irrespective of the pregnancy outcome. Includes current pregnancy. Each pregnancy is counted as one, irrespective of number of fetus (e.g., twin/triplet pregnancy is counted as one). |
| Parity | Record the number of previous pregnancies that the women has had which reached a viable gestational age (28 weeks of pregnancy), including live and stillbirths. Each previous pregnancy crossing the viable period is counted as one, irrespective of number of fetus (e.g., twin/triplet pregnancy is counted as one). |
| Gestational age | Record the gestational age of the pregnancy using last menstrual period (LMP) in the format weeks + days. If the LMP is unknown, record the estimated gestational age based on per abdomen (P/A) examination. |
| Post-abortion care (PAC) | Tick (√) if PAC was carried out according to the following methods, indicate PAC type: Miso, combo (Miso+Mife), MVA, or surgical (D&C) |
| Time of start of labor | Record the time of onset of labor in a 12-hour format. Onset of labor can be identified by cervical effacement—the progressive shortening and thinning of the cervix during labor and cervical dilation—the increase in diameter of the cervical opening, measured in centimeters (at least 2 cm). These featured could be preceded by other signs, such as intermittent abdominal pain/contraction often associated with blood-stained mucous discharge (show) or watery vaginal discharge or a sudden gush of water, which are the signs of imminent onset of labor. |
| Presentation and position | Record the presentation and position of the fetus based on P/A examination |
| Date of delivery | Record date of delivery in is day/month/year format (when fetus and placenta have been expelled) |

| Data element | Description (how to complete the register) |
|--|---|
| Time of delivery | Record time of delivery in a 12-hour format (when fetus and placenta have been expelled) |
| Delivery type | Ensure that you only record deliveries that were conducted at your health facility and not those which you referred. Normal: Record ✓ for babies who were delivered normally. CS: Record ✓ for babies who were delivered through Caesarean section. Assisted: Record ✓ for babies who were delivered using vacuum or forceps. |
| Delivery outcome | Alive: Tick (✓) if the delivery outcome is a live birth. FSB: Tick (✓) if the delivery outcome is a fresh stillbirth. MSB: Tick (✓) if delivery outcome is a macerated stillbirth. (Note the visible difference between FSB and MSB is visible skin and soft tissue changes of putrefaction in MSB, which is lacking in FSB.) |
| Was partograph used | Record Y if partograph was used for monitoring the progress of labor and N if it was not used |
| Uterotonic given immediately after birth | Record Y if any uterotonic (Oxytocin or Misoprostol) was used immediately after birth. Record N if neither was given. |
| Newborn condition | Alive: Record Y if the baby is alive and N if the baby is not alive. Sex: Record sex of the baby (M=male and F=female). Weight: Record the birth weight of the baby in kg. APGAR score: Record the APGAR score of baby at birth, 5 mins, and 10 mins in a 0/5/10-min. format. Breast feeding initiated within 1 hour of birth: Record Y if breastfeeding was initiated within 1 hour of birth and N if breastfeeding was not initiated within 1 hour of birth. |
| Maternal diagnosis | Initial: Record the diagnosis at the admission using the International Classification of Disease (ICD) classifications. Final: Record the final diagnosis using the ICD classifications. |
| Postpartum family planning | Counselled on family planning before discharge: Record Y if the patient was counselled on using family planning before being discharged from the health facility. Record N if the patient was not counselled on family planning. Accepted and received a family planning before discharge: Record Y if the patient accepted a modern method of family planning before being discharged from the health facility. Ensure that the patient is also recorded in the Family Planning Register as postpartum family planning <48 hours of delivery. Record N if the patient did not accept any methods of family planning. |
| Maternal outcome | Refers to the state of the woman. Date: Record the date in a day/month/year format. Indicate whether discharged, referral, or morgue. |
| Delivery conducted by | HCW name: Record the name of the health workers who conducted the delivery. HCW cadre: Record the cadre of the health worker who conducted the delivery. Record only one cadre for each delivery. If two health workers of different cadre delivered the baby, record the most senior cadre as having conducted the delivery. |

Hospital Inpatient Register

| Data element | Description (how to complete the register) |
|--------------------------------|---|
| Hospital inpatient register | Captures information on hospital admissions. (This register deals with patients admitted in different wards.) It also captures information about relatives. |
| Serial Number (S. No.) | Numbering of patients seen on monthly basis (first day of the month to the last day of the month) starting from no. 001, 002, etc. |
| Registration number (Reg. No.) | Unique code (lifetime no.) or number given to a patient accessing health services in a facility for the first time |
| Patient name | Write name of patient (starting from the first name, other names, and last name) |

| Data element | Description (how to complete the register) |
|-------------------------|---|
| Address | Write address of child's mother/caregiver as indicated below |
| Present address | Indicate the current address of the patient |
| Previous address | Write the previous address of the patient |
| Age | Write the age of patient in completed years or months |
| Sex | Write M=male and F=female |
| Occupation | Write the main job/activity of the patient (information given by the patient) |
| Marital status | Write marital status of patients as single, married, divorced |
| Next of kin | Indicate patient next of kin information (write the name, address, and relationship of next of kin to the patient) |
| Diagnosis | Write diagnosis of patient in the specified spaces provided (provisional and final diagnosis). Refer to guidelines. |
| Remarks/outcome | Write outcome and any other important information about patient |
| Category | Indicate by ticking (√) the category of patient |
| Date of discharge/death | Write date patient discharged or died (dd-mm-yyyy) |

Mother and Neonate Health Register

| Data element | Description (how to complete the register) |
|--------------------------|--|
| Name of patient | Record the patient's given name (first name, other names [if any], and surname) |
| Patient number | This refers to a permanent number assigned to a patient. Note: It does not change. |
| Age | Record the complete age of the client. If unknown, please estimate the age in years. |
| Address | Record contact details as follows: Village/town: Record the street address or name of the town/village where the patient lives; if patient has no phone number, please obtain patient's next of kin phone number. |
| Responsible person | Record the name of the primary caretaker (husband, mother, father, mother-in-law, etc.) |
| Pregnancy history—Sickle | Tick (√) Yes if patient is diagnosed sickle cell. Otherwise tick (√) No if patient is not diagnosed sickle cell or has previous history. |
| Age 18–35 yrs | Tick (√) Yes if the patient's age is between 18–35 yrs. Otherwise tick (√) No. |
| Height <150 cm of 5 ft | Tick (√) Yes if the patient's height is below 150 cm. Otherwise tick (√) No. |
| Gravida | Record the number of pregnancies that the woman has had, irrespective of the pregnancy outcome. Includes current pregnancy. Each pregnancy is counted as one, irrespective of number of fetus (e.g., twin/triplet pregnancy is counted as one). |
| Parity | Record number of deliveries that the woman has had which reached a viable gestational age (28 weeks of pregnancy), including live and stillbirths. Each previous pregnancy crossing the viable period is counted as one, irrespective of number of fetus (e.g., twin/triplet pregnancy is counted as one). |
| No. still alive | Record present number of children alive for that patient |
| EVD survivor | Tick (√) Yes if patient is EVD survivor. Otherwise tick (√) No. |

| Data element | Description (how to complete the register) |
|--|---|
| Disability | Tick (√) Yes if the patient has any kind of disability. Disability can or cannot be visible. Check if client is visually impaired, deaf unable to speak, uses hearing aid, uses glasses to aid sights, difficulty to speak, difficulty to understand when one speaks, and if client has difficulty to work or take care of him or herself. Otherwise tick (√) No. |
| H9–H22 (Multiple delivery—breech delivery) | Tick (√) Yes if patient had experienced any of the events/conditions in her previous pregnancies and write down number of occurrences. Otherwise tick (√) No. |
| Present pregnancy—LMP | Ask and record the date of last menstruation for the woman. The format is day/month/year. |
| Expected date of delivery (EDD) | Calculate and record the EDD for the woman. Add 9 months 7 days (40 weeks) to LMP to get the EDD. The format is day/month/year. |
| Gestational age | Record gestational age of pregnancy as a measure of the woman's last menstrual period in weeks. |
| Date of ANC visit | Record date of ANC visits in day/month/year format. Follow the visit 1 through to 8. |
| Stage of ANC visit | Record the current stage of ANC visit (tick(√) one progressively for every visit) |
| P1–P18 | Tick (√) Yes during each visit if the examination/laboratory investigation/drug or commodity distribution was conducted during that specific visit. Otherwise tick (√) No. |
| Tested for syphilis | Tick (√) Yes if the woman was tested for syphilis. Otherwise tick (√) No. |
| Tested for HIV | Tick (√) Yes if the woman had undergone HIV testing. Tick (√) No if HIV test was not conducted. Record the date the test was conducted in the Test date column. Note: If P20 is No, then tick P21–P23 as N/A. |
| HIV results received | Tick (√) Yes if the woman got the HIV test results. Otherwise tick (√) No. |
| Refer for PMTCT | Tick (√) Yes if HIV-positive pregnant woman was referred for PMTCT. Otherwise tick (√) No. |
| ARV treatment started | Tick (√) Yes if HIV-positive pregnant woman was initiated treatment on ARV. Otherwise tick (√) No. |
| Labor/delivery—Normal duration (0–12 hrs) | Tick (√) Yes if the duration of labor was 0–12 hours. Otherwise tick (√) No. |
| Cephalic presentation | Tick (√) Yes if the baby had a cephalic presentation. Otherwise tick (√) No. |
| Date of labor onset | Record the date of labor onset in day/month/year format |
| Time of labor onset | Record the time of onset of labor in a 12-hour format |
| Date of delivery | Record the date of delivery in a day/month/year format |
| Time of delivery | Record the time of delivery in a 12-hour format |
| Delivery type | Tick (√) if delivery is normal. Tick (√) if delivery is assisted (vacuum). Tick (√) if delivery is caesarean. |
| Bleeding (500 ml or more) | Tick (√) Yes if bleeding is 500 ml or more. Otherwise tick (√) No. |
| Breech delivery | Tick (√) Yes if there is breech delivery. Otherwise tick (√) No. |
| Delivery conducted by | Tick (√) if delivery is conducted by doctor/midwife/CHO/CHA/SECHN/MCHA/TBA and others |
| Delivery at | Tick (√) if delivery is at peripheral health unit/hospital/community |
| Mother survived delivery | Tick (√) yes if mother survived delivery. Otherwise tick (√) No. |
| Live birth | Tick (√) Yes if baby is a live birth. Otherwise tick (√) No. |
| (If No to D13) Macerated stillbirth | Tick (√) Yes if baby is macerated stillbirth. Otherwise tick (√) No. |
| (If No to D13) Fresh stillbirth | Tick (√) Yes if baby is fresh stillbirth. Otherwise tick (√) No. |
| State of baby normal | Tick (√) Yes if baby is normal. Otherwise tick (√) No. |

| Data element | Description (how to complete the register) |
|--|--|
| Gestational age 36 weeks or less | Tick (√) Yes if gestational age is 36 weeks or less. Otherwise tick (√) No. |
| Multiple birth | Tick (√) Yes if multiple birth. Otherwise tick (√) No. |
| Sex of baby | Tick (√) if baby is male or female (if live birth is twins, remember to do the same for the second baby) |
| APGAR score at 5 min at birth | Record APGAR scores of baby five minutes after birth (if live birth is twins, remember to do the same for the second baby) |
| Birth weight under 2.5 kg | Tick (√) Yes if birth weight is less than 2.5kg. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Actual weight (kg) | Record actual weight of live births. (This can be down for baby 2 if twins.) |
| Delayed crying | Tick (√) Yes if baby delayed in crying. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Difficult breathing | Tick (√) Yes if baby had difficulty in breathing. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| If yes at D23/D24: Newborn resuscitated | Tick (√) Yes if newborn is resuscitated but only if Yes at D23/D24. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Live born breastfed within 1 hr | Tick (√) Yes if live born is breastfed within 1hr of birth. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Still alive after 24 hrs | Tick (√) Yes if baby is still alive after 24 hrs. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Baby referred to doctor | Tick (√) Yes if baby was referred to doctor. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Nevirapine syrup administered to baby—if HIV exposed | Tick (√) Yes if nevirapine was administered to baby—if HIV exposed. (This can be down for baby 2 if twins.) |
| Partograph was used | Tick (√) Yes if partograph was used to monitor the progress of labor during delivery |
| Initiated to kangaroo mother care | Tick (√) Yes if baby is initiated to kangaroo mother care. Otherwise tick (√) No. (This can be down for baby 2 if twins.) |
| Is mother alive 24 hrs after delivery | Tick (√) Yes if mother alive 24hrs after delivery. Otherwise tick (√) No. |
| State of the perineum | Tick (√) if the state of the perineum has episiotomy/tear. |
| If tear in D30 | Tick (√) if tear is first degree/second degree/third degree/fourth degree |
| Placenta and membrane complete | Tick (√) Yes if placenta and membrane complete. Otherwise tick (√) No. |
| Has there been excessive IPH (15 ml or more) | Tick (√) Yes if there has been excessive IPH (15 ml or more). Otherwise tick (√) No. |
| Was expulsion of placenta difficult | Tick (√) Yes if expulsion of placenta difficult. Otherwise tick (√) No. |
| Postpartum hemorrhage | Tick (√) Yes if there is postpartum hemorrhage. Otherwise tick (√) No. |
| Is lochia offensive | Tick (√) Yes if lochia offensive. Otherwise tick (√) No. |
| Is BP 130/90 and above | Tick (√) Yes if BP is 130/90 and above. Otherwise tick (√) No. Record actual BP taken. |
| General condition of mother | Tick (√) Yes if general condition of mother is good/fair/poor/very poor |
| Symptoms observed | Tick (√) if symptoms observed for anemia/eclampsia/fever/none if no symptoms. Record the temperature taken in degrees Celsius. |
| Has lactation been established | Tick (√) Yes if lactation has been established. Otherwise tick (√) No. |
| Does mother eat normally | Tick (√) Yes if mother eats normally. Otherwise tick (√) No. |
| Number of TT/Td doses taken so far | Record the number of TTs the patient had so far from the ANC card. |
| Has there been education about family planning | Tick (√) Yes if patient received education about family planning. Otherwise tick (√) No. |

| Data element | Description (how to complete the register) |
|--------------------------------------|--|
| Is mother referred to doctor | Tick (√) Yes if mother was referred to a doctor. Otherwise tick (√) No. |
| If yes, has the doctor been informed | Tick (√) Yes if doctor was informed about the referred mother. Otherwise tick (√) No. Record the name of the doctor. |
| Mother's postnatal care—Mother alive | Tick (√) Yes if mother alive <24hrs, 2–7days, 8–42 days. Otherwise tick (√) No. |
| If No—Date of death | Record date of death if mother died in this format day/month/year |
| Cause of death | Record cause of death for mother if died |
| Mother's BP (if >130/90 refer) | Record the actual BP taken for patient |
| If yes to PR1, weight | Record the actual weight taken for patient |
| Condition of breast good | Tick (√) Yes if condition of breast good. Otherwise tick (√) No. |
| Vaginal bleeding | Tick (√) Yes if there is vaginal bleeding. Otherwise tick (√) No. |
| Albuminuria present | Tick (√) Yes if albuminuria present. Otherwise tick (√) No. |
| Involution of uterus normal | Tick (√) Yes if involution of uterus normal. Otherwise tick (√) No. |
| Fever present | Tick (√) Yes if patient presents fever. Otherwise tick (√) No. |
| Anemia | Tick (√) Yes if patient presents anemia. Otherwise tick (√) No. |
| Persistent cough | Tick (√) Yes if patient has persistent cough. Otherwise tick (√) No. |
| Refer to doctor | Tick (√) Yes if patient was referred to doctor. Otherwise tick (√) No. |
| If yes, date | Record date if patient was referred to a doctor in this format day/month/year |
| Baby alive | Tick (√) Yes if baby alive. Otherwise tick (√) No. |
| If no—Date of death | Record date of death if baby died in this format day/month/year |
| Cause of death | Record cause of death for baby if died |
| Death registered | Tick (√) Yes if death was registered. Otherwise tick (√) No. |
| New born—Birth registered | Tick (√) Yes if newborn baby registered. Otherwise tick (√) No. |
| If yes to NN1, weight | Record weight of newborn in kg |
| Fever present | Tick (√) Yes if patient presents fever. Otherwise tick (√) No. |
| If yes to NN7, temperature | Record temperature in degrees Celsius if patient presents fever |
| Date of BCG | Record dates BCG given in this format day/month/year |
| Breastfeeding | Tick (√) Yes if baby on breastfeeding. Otherwise tick (√) No. |
| If yes to NN10, is it exclusive | Tick (√) Yes if baby is exclusively breastfed. Otherwise tick (√) No. |
| Suckling ability normal | Tick (√) Yes if baby's suckling ability normal. Otherwise tick (√) No. |
| Congenital defect | Tick (√) Yes if baby has congenital abnormality. Otherwise tick (√) No. |
| If yes to NN13, specify | Record by specifying congenital abnormality |
| Neonatal sepsis | Tick (√) Yes if baby has neonatal sepsis. Otherwise tick (√) No. |
| Diarrhea | Tick (√) Yes if baby has diarrhea. Otherwise tick (√) No. |
| Jaundice | Tick (√) Yes if baby has jaundice. Otherwise tick (√) No. |
| Cord healing satisfactory | Tick (√) Yes if cord healing is satisfactory. Otherwise tick (√) No. |
| Referred to doctor | Tick (√) Yes if baby referred to a doctor. Otherwise tick (√) No. |
| If referred, date of referral | Record date of referral if baby was referred to a doctor in the format day/month/year |

STANDARD OPERATING PROCEDURES FOR FILLING MONTHLY SUMMARY FORMS

HF1—Monthly Summary Outpatient Morbidity

| Data element | Data source | Calculation |
|---|--|---|
| Malaria | | |
| Fever case suspected malaria | 0–<2 months, 2 months–59 months, and general registers | Physical count of all suspected malaria cases disaggregated by age |
| Fever case tested for malaria–RDT | 0–<2 months, 2 months–59 months, and general registers | Physical count of all tested (RDT) malaria cases disaggregated by age whether positive or negative |
| Fever case tested for malaria—Microscopy | 0–<2 months, 2 months–59 months, and general registers | Physical count of all tested (microscopy) malaria cases disaggregated by age whether positive or negative |
| Malaria treated with ACT | 0–<2 months, 2 months–59 months, and general registers | Physical count of all positive cases treated with ACT within or after 24 hours disaggregated by age |
| Malaria treated without ACT | 0–<2 months, 2 months–59 months, and general registers | Physical count of all positive cases treated without ACT within or after 24 hours disaggregated by age |
| Sexually transmitted infection (STI) | | |
| Genital discharge | General register | Physical count of all genital discharge cases |
| Genital ulcer | General register | Physical count of all genital ulcer cases |
| Other STI | General register | Physical count of all other STI cases |
| Mental health | | |
| Mental health/Disorder new | 2 months–59 months and general registers | Physical count of all mental health/disorder new cases disaggregated by age |
| Mental health/Disorder follow-up | 2 months–59 months and general registers | Physical count of all mental health/disorder follow-up cases disaggregated by age |
| Epilepsy follow-up | 2 months–59 months and general registers | Physical count of epileptic follow-up cases disaggregated by age |
| NTD | | |
| Schistosomiasis | 2 months–59 months and general registers | Physical count of schistosomiasis cases disaggregated by age |
| Trachoma | 2 months–59 months and general registers | Physical count of trachoma cases disaggregated by age |
| Worm infestation | 2 months–59 months and general registers | Physical count of worm Infestation cases disaggregated by age |
| Onchocerciasis | 2 months–59 months and general registers | Physical count of onchocerciasis cases disaggregated by age |

| Data element | Data source | Calculation |
|-----------------------------------|---|---|
| Snake bite | 2 months–59 months and general registers | Physical count of snake bite cases disaggregated by age |
| Others | | |
| Emergency care trauma—RTA | 0–59 months and general registers | Physical count of emergency care trauma—RTA cases disaggregated by age |
| Emergency care trauma—Others | 0–59 months and general registers | Physical count of emergency care trauma—other cases disaggregated by age |
| Eye infection | 0–59 months and general registers | Physical count of eye infection cases disaggregated by age |
| All other morbidities | 0–59 months and general registers | Physical count of all the morbidity (not listed) cases disaggregated by age |
| Other conditions | | |
| Hepatitis (all types) | General register | Physical count of all hepatitis cases |
| Hypertension screening | General register | Physical count of all hypertension screening cases |
| Hypertension follow-up | General register | Physical count of all hypertension follow-up cases |
| Diabetes screening | General register | Physical count of all diabetes screening cases |
| Diabetes follow-up | General register | Physical count of all diabetes follow-up cases |
| Adverse drug reaction | Adverse drug reaction form/ all necessary registers | Physical count of all adverse drug reaction cases |
| Daily clinic attendance | | |
| Head count (all services) | All registers (0–<2 months register, 2 months–59 months register, under-2 [EPI] register, general register, mother and neonate register, family planning register, maternity and delivery register, TB register, HIV/AIDS register) | Physical count of all patients seen (0–<2 months register, 2 months–59 months register, under-2 [EPI] register, general register, mother and neonate register, family planning register, maternity and delivery register, TB register, HIV/AIDS register) |
| OPD (new and follow-up curative) | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers). Note: OPD should be less than head count. |
| Patient referred | Referral form and all necessary registers | Physical count of all patients referred disaggregated by age |
| Free healthcare | | |
| Child 0–59 months | 0–<2 months, 2 months–59 months registers | Physical count of all patients seen (0–<2 months, 2 months–59 months registers) |
| Antenatal client treated curative | General and mother and neonate registers | Physical count of all patients seen (general and mother and neonate registers) |
| Lactating mother treated curative | General and mother and neonate registers | Physical count of all patients seen (general and mother and neonate registers) |
| EVD survivor | General register | Physical count of all patients seen (general register) |
| Disabled patient | General register | Physical count of all patients seen (general register) |

| Data element | Data source | Calculation |
|--|---|--|
| Child health | | |
| Child seen curative care | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers) |
| Child with diarrhea | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients with diarrhea (0–<2 months, 2 months–59 months, and general registers) |
| Child with diarrhea treated with ORS and zinc | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen ((0–<2 months, 2 months–59 months, and general registers) |
| Child with diarrhea treated with ORS only | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers) |
| Child with acute respiratory infection | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers) |
| Child diagnosed with pneumonia | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients diagnosed (0–<2 months, 2 months–59 months, and general registers) |
| Child with pneumonia treated with antibiotics | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers) |
| Child with pneumonia treated without antibiotics | 0–<2 months, 2 months–59 months, and general registers | Physical count of all patients seen (0–<2 months, 2 months–59 months, and general registers) |
| Child mortality | | |
| Child death—diarrhea | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—diarrhea (0–<2 months, 2 months–59 months, and general registers) |
| Child death—pneumonia | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—pneumonia (0–<2 months, 2 months–59 months, and general registers) |
| Child death—other specific causes | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—other specific causes (0–<2 months, 2 months–59 months, and general registers) |
| Child death—malnutrition | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—malnutrition (0–<2 months, 2 months–59 months, and general registers) |
| Child death—HIV | HIV/ AIDS, 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—HIV (HIV/ AIDS, 0–<2 months, 2 months–59 months, and general registers) |
| Child death—trauma | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—trauma (0–<2 months, 2 months–59 months, and general registers) |
| Child death—others | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—others (0–<2 months, 2 months–59 months, and general registers) |
| Child death—cases unspecified | 0–<2 months, 2 months–59 months, and general registers | Physical count of all child death—cases unspecified (0–<2 months, 2 months–59 months, and general registers) |
| Child mortality | | |
| Death adolescent/ adult mortality | 0–<2 months, 2 months–59 months, and general registers | Physical count of all adolescent/adult death (general register) |

| Data element | Data source | Calculation |
|---------------------------------------|--|---|
| Death malaria 15+ yrs | General register | Physical count of all malaria death (general register) by sex |
| Death other 15+ yrs | General register | Physical count of all other death (general register) by sex |
| Death registered <5 yrs | 0–<2 months, 2 months–59 months, and general registers | Physical count of all registered death <5 years (0–<2 months and 2 months–59 months registers) |
| Death malaria 5+ yrs | General register | Physical count of all malaria death >5 years (general register) by sex |
| Neonatal | | |
| Asphyxia | 0–<2 months register | Physical count of asphyxia cases (0–<2 months register) |
| Hypothermia | 0–<2 months (for cases), 0–<2 months register (for deaths) | Physical count of hypothermia cases (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Respiratory distress syndrome | 0–<2 months (for cases), 0–<2 months register (for deaths) | Physical count of respiratory distress syndrome cases (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Possible serious bacterial infection | 0–<2 months (for cases), 0–<2 months and 2–59 months registers (for deaths) | Physical count of possible serious bacterial infection (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Jaundice | 0–<2 months (for cases), 0–<2 months register (for deaths) | Physical count of jaundice cases (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Diarrhea | 0–<2 months (for cases), 0–<2 months register (for deaths) | Physical count of diarrhea cases (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Neonatal death (NND)—birth trauma | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of NND—birth trauma (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—congenital defect | 0–<2 months (for cases), 0–<2 months and 2–59 months registers (for deaths), and 2–59 months registers | Physical count of congenital defect (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—convulsions/cerebral disorders | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of convulsions/cerebral disorders (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—disorders related to fetal growth | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of disorders related to fetal growth (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—infection | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of infection (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—complications intrapartum events | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of complication intrapartum events (0–<2 months [for cases], 0–<2 months register [for deaths]) |

| Data element | Data source | Calculation |
|---|---|---|
| NND—low birth weight and prematurity | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of low birth weight and prematurity (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—respiratory/ cardiovascular disorders | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of respiratory/cardiovascular disorders (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—other neonatal condition | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of other neonatal condition (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| NND—unspecified cause | 0–<2 months (for cases), 0–<2 months register (for deaths), and 2–59 months registers | Physical count of unspecified cause (0–<2 months [for cases], 0–<2 months register [for deaths]) |
| Gender-based violence | | |
| Gender-based violence | 0–<2 months, 2 months–59 months, and general registers | Physical count of all gender-based violence cases disaggregated by age |
| Sexual assault | 0–<2 months, 2 months–59 months, and general registers | Physical count of all sexual assault cases disaggregated by age |

HF2—Monthly Summary Child Preventive Services

| Data element | Data source | Calculation |
|---|-------------------------------------|--|
| Newborn was protected at birth against tetanus—verify from mother's TD record | TD register | Total number of newborns whose mother received more than two doses of TD before delivery |
| Bacillus Calmette-Guerin (BCG) | Age 0–2 months, 2–5 years registers | Total number of newborns immunized with BCG |
| Rotavirus vaccine (RVV) 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with RVV 1st dose |
| RVV 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with RVV 2nd dose |
| Pentavalent 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with Penta 1st dose |
| Pentavalent 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with Penta 2nd dose |
| IPTi 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants given IPTi 1st dose |
| Pentavalent 3rd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with Penta 3rd dose |
| IPTi 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants given IPTi 2nd dose at the end of the month |

| Data element | Data source | Calculation |
|--|-------------------------------------|---|
| IPV dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with IPV |
| Pneumococcal vaccine (PCV) 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with PCV 1st dose |
| PCV 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with PCV 2nd dose |
| PCV 3rd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with PCV 3rd dose |
| Oral polio vaccine (OPV) 0 dose | Age 0–2 months, 2–5 years registers | Total number of newborns immunized with OPV 0 dose |
| OPV 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with OPV 1st dose |
| OPV 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with OPV 2nd dose |
| OPV 3rd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with OPV 3rd dose |
| Measles/rubella (MR) vaccine 1st dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with MR 1st dose |
| IPTi 3rd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants given IPTi 3rd dose |
| MR 2nd dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with MR 2nd dose |
| Yellow fever dose | Age 0–2 months, 2–5 years registers | Total number of surviving infants immunized with yellow fever vaccine |
| Fully immunized after MR1. Verify if child has received BCG, OPV 1-3, PCV 1-3, Penta 1-3, RVV 1-2, MR1, and Y/Fever vaccines according to schedule | Age 0–2 months, 2–5 years registers | Total number of surviving infants recorded fully immunized |
| LLIN given at the time of Penta 3 immunization | Age 0–2 months, 2–5 years registers | Total number of surviving infants given LLIN at the time of Penta 3 immunization |
| Adverse event following immunization (AEFI) case—serious | Age 0–2 months, 2–5 years registers | Total number of surviving infants reporting serious AEFI cases |
| AEFI case—mild | Age 0–2 months, 2–5 years registers | Total number of surviving infants reporting mild AEFI cases at the end of the month |
| Vitamin A supplementation 6–11 months 100,000 IU (Blue) | Age 0–2 months, 2–5 years registers | Total number of surviving infants given vitamin A Blue (100,000 IU), fixed and outreach |
| Vitamin A supplementation 12–59 months 200,000 IU (Red) | Age 0–2 months, 2–5 years registers | Total number of children given vitamin A Red (200,000 IU), fixed and outreach |

| Data element | Data source | Calculation |
|---|-------------------------------------|---|
| Deworming child 12–59 months | Age 0–2 months, 2–5 years registers | Total number of children given albendazole, fixed and outreach |
| Child screened weight for age | Age 0–2 months, 2–5 years registers | Total number of children screened weight for age and record in the child health card (0–36 months) |
| Weight for age on or above -2 line (green) -z score -2 and above (normal) | Age 0–2 months, 2–5 years registers | Add number of children screened above -2 and record in the child health card (0–36 months) |
| Weight for age between -2 to -3 line (yellow) - z score between -2 to -3 (moderate) | Age 0–2 months, 2–5 years registers | Add number of children screened -2 to -3 and record in the child health card (0–36 months) |
| Weight for age below -3 line (red) - z score <-3 (severe) | Age 0–2 months, 2–5 years registers | Add number of children screened <-3 and record in the child health card (0–36 months) |
| Child screened weight for height | Age 0–2 months, 2–5 years registers | Total number of children screened using the z-score chart and record in the child health registers |
| Weight for height -2 and above (normal) | Age 0–2 months, 2–5 years registers | Add all the children screened above -2 that are recorded in the child health registers |
| Weight for height between -2 to -3 (moderate) | Age 0–2 months, 2–5 years registers | Add all the children screened between -2 to -3 that are recorded in the child health registers |
| Weight for height below -3 (severe) | Age 0–2 months, 2–5 years registers | Add all the children screened below -3 that are recorded in the child health registers |
| Child screened MUAC | Age 0–2 months, 2–5 years registers | Total number of children screened using MUAC tape from 6 to 59 months disaggregated by age |
| MUAC red | Age 0–2 months, 2–5 years registers | Add all the children identified with MUAC <11.5 from 6 to 59 months disaggregated by age |
| MUAC yellow | Age 0–2 months, 2–5 years registers | Add all the number of children identified with MUAC 11.5 to 12.4 from 6 to 59 months |
| MUAC green | Age 0–2 months, 2–5 years registers | Add all the number of children identified with MUAC 12.5 and above from 6 to 59 months disaggregated by age |
| Bilateral edema present | Age 0–2 months, 2–5 years registers | Total number of children recorded with pitting edema disaggregated by age |
| Child identified with severe acute malnutrition (SAM) | Age 0–2 months, 2–5 years registers | Total number of children identified with SAM |
| Weight for height | Age 0–2 months, 2–5 years registers | Add all the number of children identified <-3 z-score disaggregated by age |
| MUAC | Age 0–2 months, 2–5 years registers | Add all numbers of children identified < 11.5cm 6–59 months disaggregated by age |
| Edema | Age 0–2 months, 2–5 years registers | Add all numbers of children identified with bilateral pitting edema disaggregated by age |

| Data element | Data source | Calculation |
|---|-------------------------------------|---|
| Child identified with moderate acute malnutrition (MAM) | Age 0–2 months, 2–5 years registers | Total number of children identified with MAM disaggregated by age |
| Weight for height | Age 0–2 months, 2–5 years registers | Add all numbers of children between -2 to -3 z-score disaggregated by age |
| MUAC | Age 0–2 months, 2–5 years registers | Add all numbers of children identified < 11.5cm to 12.4cm 6–59 months disaggregated by age |
| Outpatient therapeutic program (OTP) | Age 2–5 years register | Total number of SAM cases without complications 6–59 months disaggregated by age and sex |
| Beginning of month | Age 2–5 years register | Total number of SAM children admitted at the start of the month in the IMAM program disaggregated by age and sex |
| New admission | Age 2–5 years register | Total number of children that have never been admitted into the IMAM program disaggregated by age and sex |
| Supplementary feeding program (SFP) | Age 2–5 years register | Total number of MAM cases without complications 6–59 months disaggregated by age and sex |
| Beginning of month | Age 2–5 years register | Total number of MAM children admitted at the start of the month in the IMAM program disaggregated by age and sex |
| New admission | Age 2–5 years register | Total number of children that have never been admitted into the IMAM program disaggregated by age and sex |
| OTP | Age 2–5 years register | |
| Cured | Age 2–5 years register | Total number of children reached discharge criteria |
| Defaulted | Age 2–5 years register | Total number of children absent from the OTP program for two consecutive weeks confirmed by home visit |
| Death | Age 2–5 years register | Total number of deaths in the month |
| Non-responder | Age 2–5 years register | Total number of children that failed to respond to treatment after investigation transferred to IPF but refused to go |
| Internal transfer | Age 2–5 years register | Total number of children in OTP and then transferred to IPF or to another facility |
| SFP | Age 2–5 years register | |
| Cured | Age 2–5 years register | Total number of children reached discharge criteria |
| Defaulted | Age 2–5 years register | Total number of children absent from the OTP program for two consecutive weeks confirmed by home visit |
| Death | Age 2–5 years register | Total number of deaths in the month |
| Non-responder | Age 2–5 years register | Total number of children that failed to respond to treatment after investigation transferred to IPF but refused to go |
| Internal transfer | Age 2–5 years register | Total number of children in OTP and then transferred to IPF or to another facility |

HF3—Monthly Summary Reproductive Health Services

| Data element | Data source | Calculation |
|--|-----------------------------|---|
| Antenatal care | | |
| ANC 1st visit | Mother and neonate register | Physical count of the total number of women who came for their 1st ANC visit in the reporting month |
| ANC 1st visit under 12 weeks | Mother and neonate register | Physical count of the total number of women who came for their 1st ANC visit before 12 weeks of gestational age in the reporting month. The number should be less than or equal to the number of women who came for their ANC 1st visit. |
| ANC 4th visit (booked) | Mother and neonate register | Physical count of the total number of women who came for their 4th ANC visit in the reporting month |
| ANC 8th visit (booked) | Mother and neonate register | Physical count of the total number of women who came for their 8th ANC visit in the reporting month |
| ANC 1st visit—hemoglobin done | Mother and neonate register | Physical count of the total number of women who had their HB tested in their 1st ANC visit in the reporting month. The number should be less than or equal to the number of women who came for their ANC 1st visit. Report only if HB was tested in the 1st ANC visit. If no HB test was conducted, then it should be zero. |
| ANC 1st visit LLIN given | Mother and neonate register | Physical count of the total number of women who were given LLIN during their 1st ANC visit in the reporting month. The number should be less than or equal to the number of women who came for their ANC 1st visit. Report only if LLIN was given in the 1st ANC visit. If not, then it should be zero. |
| ANC iron folic acid supplementation 3rd repeat | Mother and neonate register | Physical count of the total number of pregnant women who received iron folic acid supplementation for the third time in the reporting month. Report one woman only one time and only if she has received iron folic acid Supplementation for the third time. |
| ANC deworming medication | Mother neonate register | Physical count of the total number of women who received deworming medication (albendazole) in the reporting month |
| ANC 1st visit—screened for syphilis | Mother neonate register | Physical count of the total number of women who were tested for syphilis in their 1st ANC visit in the reporting month. The number should be less than or equal to the number of women who came for their ANC 1st visit. Report only if syphilis was tested in the 1st ANC visit. |
| ANC IPTp 1st dose | Mother neonate register | Physical count of the total number of women who received 1st dose of ANC intermittent preventive treatment in pregnancy (IPTp) in the reporting month |
| ANC IPTp 2nd dose | Mother neonate register | Physical count of the total number of women who received 2nd dose of ANC IPTp in the reporting month |
| ANC IPTp 3rd dose | Mother neonate register | Physical count of the total number of women who received 3rd dose of ANC IPTp in the reporting month |

| Data element | Data source | Calculation |
|--|--|---|
| Delivery in the facility | | |
| Delivery by doctors, midwife, SACHO, SECHN, midwife (skilled) | Maternity and delivery and mother and neonate registers | Physical count of the total number of the birth attendants. Record only one cadre for each delivery. If two health workers of different cadre delivered the baby, record the most senior cadre as having conducted the delivery. |
| Delivery by CHO, CHA, SECHN, MCH aides (trained but not skilled) | Maternity and delivery and mother and neonate registers | Physical count of the total number of the birth attendants. Record only one cadre for each delivery. If two health workers of different cadre delivered the baby, record the most senior cadre as having conducted the delivery. |
| TBAs and others | Maternity and delivery and mother and neonate registers | |
| Delivery monitored with partograph | Maternity and delivery and mother and neonate registers | Physical count of the total number of partographs whose labor and delivery was monitored using partograph in the reporting month. The number should be equal to the number of deliveries. |
| Uterotonic prophylactic given immediately after delivery (oxytocin/ misoprostol) | Maternity and delivery register | Physical count of the total number of women who received oxytocin/misoprostol after delivery in the reporting month |
| Outcome of delivery in the facility | | |
| Live birth in the facility | Mother and neonate register Maternity and delivery register | Physical count of the total number of live births in the health facility in the reporting month |
| Fresh stillbirth in the facility | Mother and neonate register Maternity and delivery register | Physical count of the total number of fresh stillbirths in the health facility in the reporting month |
| Macerated stillbirth in the facility | Mother and neonate register Maternity and delivery register | Physical count of the total number of macerated stillbirths in the health facility in the past month |
| Birth weighed within 24 hrs of birth | Mother and neonate register Maternity and delivery register | Physical count of the total number of babies born alive and weighed within 24 hrs of birth in the reporting month. Note: The number should be equal to or less than the number of live births. |
| Birth weight <2.5 kg | Mother and neonate register Maternity and delivery register | Physical count of the babies born alive and weighed less than 2.5 kgs at birth in the past month |
| Live birth ≤36 wks gestation | Mother and neonate register Maternity and delivery register | Physical count of the number of babies born alive and were born less than 36 weeks of gestation in the reporting month |
| Breastfed within 1 hr of birth | Mother and neonate register Maternity and delivery register | Physical count of the total number of babies who were breastfed within 1 hr of birth in the reporting month |
| Tetanus toxoid (Td) | | |
| Td 1st dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either pregnant, non-pregnant, or in school) who were administered with Td 1st dose. Note: The number for in school should be less than the number for non-pregnant. |

| Data element | Data source | Calculation |
|------------------------------------|---|---|
| Td 2nd dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either pregnant, non-pregnant, or in school) who were administered with Td 2nd dose. Note: The number should be equal to or less than Td 1st dose. |
| Td 3rd dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either pregnant, non-pregnant, or in school) who were administered with Td 3rd dose. Note: The number should be equal to or less than Td 2nd dose. |
| Td 4th dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either pregnant, non-pregnant, or in school) who were administered with Td 4th dose. Note: The number should be equal to or less than Td 3rd dose. |
| Td 5th dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either pregnant, non-pregnant, or in school) who were administered with Td 5th dose. Note: The number should be equal to or less than Td 4th dose. |
| HPV 1st dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either non-pregnant or in school) who were administered with HPV 1st dose. |
| HPV 2nd dose | EPI tetanus diphtheria (Td) and HPV register | Physical count of the total number of women (either non-pregnant or in school) who were administered with HPV 2nd dose. Note: The number should be equal to or less than HPV 1st dose. |
| Method of delivery | | |
| Normal delivery | Maternity and delivery and mother and neonate registers | Physical count of the total number of women who had normal vaginal delivery at the health facility in the reporting month |
| Assisted vaginal delivery | Maternity and delivery and mother and neonate registers | Physical count of the total number of women who had vacuum or forceps delivery at the health facility in the reporting month |
| Cesarean section | Maternity and delivery and mother and neonate registers | Physical count of the total number of women who had cesarean section at the health facility in the reporting month |
| Family planning services | | |
| Combined oral contraceptives (COC) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for COC in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Progestin-only pills (POP) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for POP in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive |

| Data element | Data source | Calculation |
|-----------------------------------|--------------------------|---|
| | | and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Injectable (Depo) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for injectable (Depo) in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Injectable (Sayana Press) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for injectable (Sayana Press) in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| IUDs | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for IUDs in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Implants (3 years) (Levoplant) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for implants (3 years) (Levoplant) in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of |

| Data element | Data source | Calculation |
|------------------------------|--------------------------|--|
| | | <i>modern contraceptive at the beginning of a new year. Note: All these apply within a year.</i> |
| Implants (5 years) (Jadelle) | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for implants (5 years) (Jadelle) in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Male condoms | Family planning register | Physical count of the number of clients (either new or continuing) |
| Female condoms | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for female condoms in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again accepted to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Emergency contraceptives | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for emergency contraceptives in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Tubal ligations | Family planning register | Physical count of the number of clients (either new or continuing or postpartum total [<48 hours after delivery + 49 hours–6 weeks + 7 weeks–1 year]) for combined tubal ligations in the reporting month. Ensure that the clients are counted in their respective age groups required. New: 1. Record ✓ if the client has never used any modern contraceptive and is using one for the first time. 2. Record ✓ if the client was using some modern contraceptive and had discontinued using it and has now again agreed to use a modern contraceptive. 3. Record ✓ if the client switched method of |

| Data element | Data source | Calculation |
|--|---------------------------------|--|
| | | modern contraceptive at the beginning of a new year. Note: All these apply within a year. |
| Vasectomy | Family planning register | Physical count of the number of clients |
| Postnatal care | | |
| Postnatal visit (within 24 hrs) | Mother and neonate register | Addition of the total number of women and babies who had a postnatal visit within 24 hours of giving birth in the past month from the mother and neonate register. Ensure that all women who delivered (for mothers) and all live births (for babies) at the facility are counted in this. |
| Postnatal visit (within 2–7 days) | Mother and neonate register | Addition of the total number of women and babies who had a postnatal visit within 2–7 days of giving birth in the past month from the mother and neonate register |
| Postnatal visit (within 8 days–6 wks) | Mother and neonate register | Addition of the total number of women and babies who had a postnatal visit within 8 days–6 weeks of giving birth present or in the past month from the mother and neonate register |
| Post-abortion care | | |
| Misoprostol ONLY | Maternity and delivery register | Physical count of the total number of women who received oxytocin/misoprostol after abortion in the reporting month |
| Combined (misoprostol and mifepristone) | Maternity and delivery register | Physical count of the total number of women who received misoprostol and mifepristone after abortion in the reporting month |
| Manual vacuum aspiration | Maternity and delivery register | Physical count of the total number of women who received manual vacuum aspiration after abortion in the reporting month |
| Surgical (dilatation and curettage) | Maternity and delivery register | Physical count of the total number of women who received dilatation and curettage after abortion in the reporting month |
| Maternal cases and deaths in the facility | | |
| Obstetric—pregnancy abortive | Maternity and delivery register | Addition of cases of specific maternal complications that occurred in the past month. Cases include those women who were managed at the health facility, referred to other health facilities, or died at the health facility, and should be aggregated according to the diagnosis on the left column (complication). |
| Obstetric—pregnancy induced hypertension | Maternity and delivery register | Addition of the cases of maternal deaths at the health facility in the past month aggregated according to the cause and as per the age group |
| Obstetric—hemorrhage | Maternity and delivery register | Physical count of the total number of pregnant women dying due to obstetric hemorrhage in the reporting month |
| Obstetric—pregnancy-related infection | Maternity and delivery register | Physical count of the total number of pregnant women dying due to obstetric pregnancy-related infections in the reporting month |
| Obstetric—ruptured uterus | Maternity and delivery register | Physical count of the total number of pregnant women dying due to obstetric ruptured uterus in the reporting month |
| Obstetric—ectopic pregnancy | Maternity and delivery register | Physical count of the total number of pregnant women dying due to ectopic pregnancy in the reporting month |

| Data element | Data source | Calculation |
|---|---------------------------------|--|
| Obstructed labor | Maternity and delivery register | Physical count of the total number of pregnant women dying due to obstructed labor in the reporting month |
| Indirect—malaria | Maternity and delivery register | Physical count of the total number of pregnant women dying due to malaria complications in the reporting month |
| Indirect—anemia | Maternity and delivery register | Physical count of the total number of pregnant women dying due to anemia in the reporting month |
| Indirect other obstetric complications | Maternity and delivery register | Physical count of the total number of pregnant women dying due to maternal complications in the reporting month |
| Obstetric—other complications | Maternity and delivery register | Physical count of the total number of pregnant women dying due to other obstetric complications in the reporting month |
| Unknown or undetermined | Maternity and delivery register | Physical count of the total number of pregnant women dying due to unknown obstetric cause in the reporting month |
| Maternal conditions and complications | | |
| Malaria in 1st trimester treated | General register | Physical count of the total number of pregnant women who received quinine for malaria treatment in first trimester |
| Malaria in 2nd and 3rd trimester treated | General register | Physical count of the total number of women who received artemether-lumefantrine for malaria treatment during second or third trimester |
| Obstetric fistula | General register | Physical count of the total number of women who are affected with fistula after delivery complications in the reporting month |
| Maternal health community (visited facility within 48 hrs) | | |
| Delivery community | Mother and neonate register | Physical count of the total number of deliveries conducted in the community in the reporting month |
| Live birth community | Maternity and delivery register | Physical count of the total number of live births conducted in the community in the reporting month |
| Birth and death registration | | |
| Live birth registered <90 days | Mother and neonate register | Physical count of the total number of live births registered within 90 days in the reporting month |
| Postpartum family planning | | |
| Postnatal women pre-discharge family planning counselled | Delivery register | Addition of the total number of women who were counselled on family planning before being discharged from the health facility among those who delivered at the facility in the past month from the postpartum family planning section of the delivery register |
| Postnatal women pre-discharge family planning accepted | Delivery register | Addition of the total number of women who accepted a family planning method before being discharged from the health facility among those who delivered at the facility in the past month from the postpartum family planning section of the delivery register |

HF4—Monthly Summary Community Interventions

| Data element | Data source | Calculation |
|--|---|---|
| Fever cases suspected malaria | CHW register (ICCM section) | Total number of all malaria suspected cases recorded in the register (disaggregated by ages: 0–59 M, 5–14 yrs, and 15+ yrs) per month |
| Referrals cases | CHW register (ICCM section) | Total number of referrals made by the CHW to the health facilities for further management recorded in the register |
| Fever cases tested for malaria (RDT) | | |
| Fever cases tested for malaria (RDT) positive | CHW peer supervisor's summary register (ICCM) | Total number of all RDT positive case recorded in the summary register |
| Fever cases tested for malaria (RDT) negative | CHW peer supervisor's summary register (ICCM) | Total number of all RDT negative case recorded in the summary register |
| Malaria treated in community with ACT | | |
| Malaria treated in community <24 hrs (less than 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all RTD malaria positive cases treated and recorded from the CHW peer supervisor's summary register <24 hrs (less than 24 hours) disaggregated by age |
| Malaria treated in community >24 hrs (above 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all RTD malaria positive cases treated and recorded from the CHW peer supervisor's summary register (above 24 hrs) disaggregated by age |
| Diarrhea treated in community with ORS and zinc | | |
| Diarrhea treated in community with ORS and zinc <24 hrs (less than 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all diarrhea case treated and recorded from the CHW peer supervisor's summary register with ORS and zinc <24 hrs (less than 24 hrs) |
| Diarrhea treated in community with ORS and zinc >24 hrs (above 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all diarrhea case treated and recorded from the CHW peer supervisor's summary register with ORS and zinc >24 hrs (above 24 hrs) |
| Diarrhea treated in community with ORS only | | |
| Diarrhea treated in community with ORS only <24 hrs (less than 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all diarrhea cases treated and recorded in the CHW peer supervisor's summary register <24 hrs (less than 24 hrs) with ORS only |
| Diarrhea treated in community with ORS only >24 hrs (above 24 hours) | CHW peer supervisor's summary register (ICCM) | Total number of all diarrhea cases treated and recorded in the CHW peer supervisor's summary register >24 hrs (above 24hrs) with ORS only |
| Child with bloody diarrhea | CHW peer supervisor's summary register (ICCM) | Total number children recorded with bloody diarrhea in the CHW peer supervisor's summary register |
| Child with cough | CHW peer supervisor's summary register (ICCM) | Total number of children that presented with cough seen and recorded by CHWs summarized in the peer supervisor's summary register |
| Child with chest indrawing | CHW peer supervisor's summary register (ICCM) | Total number of children that presented with chest indrawing treated, recorded, and summarized in the CHW peer supervisor's summary register |
| Child with pneumonia | CHW peer supervisor's summary register (ICCM) | Total number of children assessed and recorded for pneumonia and summarized in the CHW peer supervisor's summary register |

| Data element | Data source | Calculation |
|--|--|---|
| Child with pneumonia treated with antibiotics | CHW peer supervisor's summary register (ICCM) | Total number of pneumonia case treated with antibiotics recorded and summarized in the CHW peer supervisor's summary register |
| Child with pneumonia referred | CHW peer supervisor's summary register (ICCM) | Total number of children referred by the CHWs to health facilities with pneumonia recorded and summarized in the CHW peer supervisor's summary register |
| IRS structures sprayed | CHW peer supervisor's summary register (pending) | Total number of structures sprayed per month recorded and summarized in the CHW peer supervisor's summary register |
| IRS community covered | CHW peer supervisor's summary register (pending) | Total number of communities covered per month recorded and summarized in the CHW peer supervisor's summary register |
| Postnatal care 1st promotional visit (24–48 hours) | CHW peer supervisor's summary register (routine promotional visit) | Total number of home visits made by CHWs to lactating mothers within 24–48 hours after delivery recorded and summarized in the CHW peer supervisor's summary register |
| Postnatal care 2nd promotional visit (3–5 days) | CHW peer supervisor's summary register (routine promotional visit) | Total number of home visits made by CHWs to lactating mothers within 3–5 days after delivery recorded and summarized in the CHW peer supervisor's summary register |
| Postnatal care 2nd promotional visit (6+ days) | CHW peer supervisor's summary register (routine promotional visit) | Total number of home visits made by CHWs to lactating mothers within 6+ days after delivery recorded and summarized in the CHW peer Supervisor's summary register |
| Newborn referred | CHW peer supervisor's summary register (routine promotional visit) | Total number of newborns referred |
| Postnatal client referred | CHW peer supervisor's summary register (routine promotional visit) | Total number of postnatal clients referred by CHWs to health facilities recorded and summarized in the CHW peer supervisor's summary register |
| Defaulters identified and linked with CHWs | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of defaulters linked to CHWs for follow-up |
| PHUs that gave list of child defaulters to CHWs—PS | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of peripheral health units that linked defaulters with CHWs for follow-up |
| Child defaulted unscheduled immunization (0–15 months) | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of defaulted unscheduled immunization (0–15 months) recorded and summarized in the CHW peer supervisor's summary register |
| Child defaulted and traced by CHW and PS | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of defaulters traced by CHWs recorded and summarized in the CHW peer supervisor's summary register |
| PS child defaulted traced and referred by CHW—PS | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of children traced and referred to the health facility by CHWs recorded and summarized in the CHW peer supervisor's summary register |

| Data element | Data source | Calculation |
|--|--|--|
| MNCH home visit CHW made | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of MNCH home visits made by CHWs recorded and summarized in the CHW peer supervisor's summary register |
| Immunization counselling sessions CHWs conducted during MNCH home visits | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of immunization counselling sessions made by CHWs recorded and summarized in the CHW peer supervisor's summary register |
| CHWs that supported facility outreach | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of CHWs that supported facility outreach sessions |
| CHWs supported facility outreach with EPI included | CHW peer supervisor's summary register (CH-EPI indicators for CHWs) <i>pending</i> | Total number of EPI outreach sessions supported by CHWs |
| Child assess with MUAC red | CHW peer supervisor's summary register (malnutrition) | Total number of children recorded for MAUC red and referred to health facility summarized in the CHW peer supervisor's summary register |
| Child assess with MUAC yellow | CHW peer supervisor's summary register (malnutrition) | Total number of children recorded for MAUC yellow counselled by CHW and referred to health facility summarized in the CHW peer supervisor's summary register |
| Child assess with MUAC green | CHW peer supervisor's summary register (malnutrition) | Total number of children recorded for MAUC green summarized in the CHW peer supervisor's summary register |
| Child malnutrition follow-up visit | CHW peer supervisor's summary register (malnutrition) | Total number of children with malnutrition followed up by CHWs recorded and summarized in the CHW peer supervisor's summary register |
| Antenatal client 1st promotional visit | CHW peer supervisor's summary register (ANC promotional home visit) | Total number 1st contact visit made by CHWs to pregnant women recorded and summarized in the CHW peer supervisor's summary register |
| Antenatal client 2nd promotional visit | CHW peer supervisor's summary register (ANC promotional home visit) | Total number 2nd contact visit made by CHWs to pregnant women recorded and summarized in the CHW peer supervisor's summary register |
| Antenatal client 3rd promotional visit | CHW peer supervisor's summary register (ANC promotional home visit) | Total number 3rd contact visit made by CHWs to pregnant women recorded and summarized in the CHW peer supervisor's summary register |
| Antenatal client referred | CHW peer supervisor's summary register (ANC promotional home visit) | Total number pregnant women referred by CHWs to health facilities for ANC services recorded and summarized in the CHW peer supervisor's summary register |
| Mother delivered in facility | CHW peer supervisor's summary register (ANC promotional home visit) | Total number of pregnant women referred by CHWs and delivered in health facility recorded and summarized in the CHW peer supervisor's summary register |

| Data element | Data source | Calculation |
|--------------------------------|---|--|
| ANC IPTp 1st dose in community | CHW peer supervisor's summary register (ANC promotional home visit) | Total number of pregnant women who received 1st dose of SP at community level from CHWs recorded and summarized in the CHW peer supervisor's summary register |
| ANC IPTp 2nd dose in community | CHW peer supervisor's summary register (ANC promotional home visit) | Total number of pregnant women who received 2nd dose of SP at community level from CHWs recorded and summarized in the CHW peer supervisor's summary register |
| ANC IPTp 3rd dose in community | CHW peer supervisor's summary register (ANC promotional home visit) | Total number of pregnant women who received 3rd dose of SP at community level from CHWs recorded and summarized in the CHW peer supervisor's summary register |
| Death in community | CHW peer supervisor's summary register (community-based surveillance) | Total number of community deaths recorded and reported by CHWs summarized in the CHW peer supervisor's summary register |
| Death clustered | CHW peer supervisor's summary register (community-based surveillance) | Total number of clustered deaths in community reported by CHWs recorded and reported by CHWs summarized in the CHW peer supervisor's summary register |
| Death 0–28 days | CHW peer supervisor's summary register (community-based surveillance) | Total number of neonatal deaths (0–28 days) recorded and reported by CHWs in community summarized in the CHW peer supervisor's summary register |
| Death 1–59 months | CHW peer supervisor's summary register (community-based surveillance) | Total number of under-five (1–59 months) deaths recorded and reported by CHWs in community summarized in the CHW peer supervisor's summary register |
| Maternal deaths | CHW peer supervisor's summary register (community-based surveillance) | Total number of maternal deaths record and reported in community by CHWs summarized in the CHW peer supervisor's summary register |
| Death Ebola survivors | CHW peer supervisor's summary register (community-based surveillance) | Total number of Ebola survivor deaths recorded and report in community by CHWs summarized in the CHW peer supervisor's summary register |
| Neonatal tetanus | CHW peer supervisor's summary register (community-based surveillance) | Total number of neonatal tetanus suspected and reported by CHWs summarized in the CHW peer supervisor's summary register (refer to IDSR technical guidelines for case definition) |
| Polio suspected | CHW peer supervisor's summary register (community-based surveillance) | Total number of children with suspected polio and reported by CHWs summarized in the CHW peer supervisor's summary register (refer to IDSR technical guidelines for case definition) |
| Measles suspected | CHW peer supervisor's summary register (community-based surveillance) | Total number of children with suspected measles and reported by CHWs summarized in the CHW peer supervisor's summary register (refer to IDSR technical guidelines for case definition) |

| Data element | Data source | Calculation |
|---|---|--|
| Cholera suspected | CHW peer supervisor's summary register (community-based surveillance) | Total number of children with suspected cholera and reported by CHWs summarized in the CHW peer supervisor's summary register (refer to IDSR technical guideline for case definition) |
| Yellow eyes with fever | CHW peer supervisor's summary register (community-based surveillance) | Total number of children with suspected yellow eyes with fever and reported by CHWs summarized in the CHW peer supervisor's summary register (refer to IDSR technical guideline for case definition) |
| Delivery in community | CHW peer supervisor's summary register (community-based surveillance) | Total number of community deliveries recorded and reported by CHWs summarized in the CHW peer supervisor's summary register |
| Live birth in community | CHW peer supervisor's summary register (community-based surveillance) | Total number of live births delivered in community recorded and reported by CHWs summarized in the CHW peer supervisor's summary register |
| Drugs supplies, consumption, and stockout | CHW peer supervisor's summary register (CHW drug inventory book/register) | Indicate total of CHW for any of the following commodities under drugs supplies, consumption, and stockout |
| Postnatal child visit at 1 month | CHW peer supervisor's summary register (young child visit by CHW) | Total number of children visited at one month in community by CHWs recorded and reported summarized in the CHW peer supervisor's summary register |
| Child seen 2–59 months | CHW peer supervisor's summary register (young child visit by CHW) | Total number of children 2–59 months visited by CHWs at community recorded and reported summarized in the CHW peer supervisor's summary register |
| Child visit at 9 months | CHW peer supervisor's summary register (young child visit by CHW) | Total number children visited at 9 months in community recorded and reported summarized in the CHW peer supervisor's summary register |
| Child visit at 15 months | CHW peer supervisor's summary register (young child visit by CHW) | Total number children visited at 15 months in community recorded and reported summarized in the CHW peer supervisor's summary register |
| Child refer to facility | CHW peer supervisor's summary register (young child visit by CHW) | Total number of children in community referred to health facility by CHWs recorded and reported summarized in the CHW peer supervisor's summary register |
| CHW under 3 km from facility who reported | CHW peer supervisor's summary register (CHW overall reporting) | Total number CHWs residing less than 3 km from the health facility who reported in the month summarized in the CHW peer supervisor's summary register |
| CHW over 3 km from facility who reported | CHW peer supervisor's summary register (CHW overall reporting) | Total number CHWs residing over 3 km from the health facility who reported in the month summarized in the CHW peer supervisor's summary register |
| CHW who received at least one supervision visit by PS | CHW peer supervisor's summary register (CHW overall reporting) | Total number CHWs supervised at least once in a month by peer supervisor recorded and reported summarized in the CHW peer supervisor's summary register |
| CHW who permanently left the program (attrition) | CHW peer supervisor's summary register (CHW overall reporting) | Total numbers of CHWs who permanently left the program recorded and reported by peer supervisor summarized in the CHW peer supervisor's summary register |

HF5—Monthly Summary Hospital Inpatient

| Data element | Data source | Calculation |
|--|--|---|
| Pediatric | | |
| Inpatient—child 1–59 months | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Inpatient—child with diarrhea | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Inpatient—child with pneumonia | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Inpatient—child with malaria 0–59 months | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Inpatient—child with malaria 5–14 years | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Inpatient malaria 15+ years | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Medical | | |
| Inpatient—Ebola survivors | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Psychiatric | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| TB | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Surgical | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Maternity | Inpatient morbidity register for hospitals | Indicate total number for each heading (admission, discharge, death, and transfer out) |
| Inpatient—antenatal client with malaria | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Stabilization center | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Intensive care | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Special care baby unit | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |
| Totals | Inpatient morbidity register for hospitals | Indicate total number for each heading (beds, inpatient days, admission, discharge, death, and transfer out) |

| Data element | Data source | Calculation |
|-------------------------------|---|--|
| Operating theater | | |
| Minor surgery | Inpatient morbidity register for hospitals | Total number of minor surgeries done in the hospital per month |
| Major surgery | Inpatient morbidity register for hospitals | Total number of major surgeries done in the hospital per month |
| Cataract surgery | Inpatient morbidity register for hospitals | Total number of cataract surgeries done in the hospital per month |
| Blood transfusion | | |
| Unit transfused | Inpatient morbidity register for hospitals | Total number of blood units transfused in the hospital per month |
| Physiotherapy | | |
| New clients | Outpatient and inpatient morbidity register for hospitals | Total number of new clients registered for physiotherapy per month |
| Follow-up clients | Outpatient and inpatient morbidity register for hospitals | Total number of follow-up clients registered for physiotherapy per month |
| Death registration | Inpatient morbidity register for hospitals | Total number of deaths occurred in the hospital and recorded for the month (disaggregated by age and sex) |
| Child mortality | | |
| Child death—diarrhea | Inpatient morbidity register for hospitals | Total number of children who died of diarrhea recorded in the hospital specified by age category (5–9 years and 10–14 years) |
| Child death—pneumonia | Inpatient morbidity register for hospitals | Total number of children who died of pneumonia recorded in the hospital specified by age category (5–9 years and 10–14 years) |
| Child death—malaria | Inpatient morbidity register for hospitals | Total number of children who died of malaria recorded in the hospital specified by age category (5–9 years and 10–14 years) |
| Child death—malnutrition | Inpatient morbidity register for hospitals (IPF) | Total number of children who died of malnutrition recorded in the hospital specified by age category (1–59 months, 5–9 years, and 10–14 years) |
| Child death—HIV | Inpatient morbidity register for hospitals | Total number of children who died of HIV recorded in the hospital specified by age category (1–59 months, 5–9 years, and 10–14 years) |
| Child death—trauma | Inpatient morbidity register for hospitals | Total number of children who died of trauma recorded in the hospital specified by age category (1–59 months, 5–9 years, and 10–14 years) |
| Child death—other causes | Inpatient morbidity register for hospitals | Total number of children who died of other causes recorded in the hospital specified by age category (1–59 months, 5–9 years, and 10–14 years) |
| Child death—cause unspecified | Inpatient morbidity register for hospitals | Total number of children who died of unspecified causes recorded in the hospital specified by age category (1–59 months, 5–9 years, and 10–14 years) |
| Neonatal | | |
| Asphyxia | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths due to asphyxia recorded in the hospital specified by age category (0–28 days) |

| Data element | Data source | Calculation |
|--|--|--|
| Hypothermia | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| Respiratory distress syndrome | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| Possible serious bacterial infection | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| Jaundice | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| Diarrhea | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| Neonatal deaths (NND)—births trauma | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—congenital defects | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—convulsion/ cerebral disorders | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—disorders related to fetal growth | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—infection | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—complications intrapartum events | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—low birth weight and prematurity | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—respiratory/ cardiovascular distress | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—other neonatal condition | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |
| NND—unspecified cause | Inpatient morbidity register for hospitals | Total number of neonatal cases or deaths recorded in the hospital disaggregated by age for the specified condition |

HF6—Monthly Summary Hospital Outpatient

| Data element | Data source | Calculation |
|--|----------------------------------|---|
| Fever case—suspected malaria | Under-five and general registers | Total number of fever cases reported by age bracket |
| Fever case tested for malaria (RDT) | Under-five and general registers | Total number of fever cases tested for malaria using RDT by age bracket |
| Positive | Under-five and general registers | Total number of fever cases tested positive for malaria using RDT by age bracket |
| Negative | Under-five and general registers | Total number of fever cases tested negative for malaria using RDT by age bracket |
| Fever case tested for malaria (microscopy) | Under-five and general registers | Total number of fever cases tested for malaria using microscopy by age bracket |
| Positive | Under-five and general registers | Total number of fever cases tested positive for malaria using microscopy by age bracket |
| Negative | Under-five and general registers | Total number of fever cases tested negative for malaria using microscopy by age bracket |
| Malaria treated with ACT | | |
| <24 hrs | Under-five and general registers | Total number of malaria cases treated with ACT <24 hrs by age bracket |
| >24 hrs | Under-five and general registers | Total number of malaria cases treated with ACT >24 hrs by age bracket |
| Malaria treated without ACT | | |
| <24 hrs | Under-five and general registers | Total number of malaria cases treated without ACT <24 hrs by age bracket |
| >24 hrs | Under-five and general registers | Total number of malaria cases treated without ACT >24 hrs by age bracket |
| Child health | | |
| Child seen curative care | Under-five and general registers | Total number of children seen for curative care by age bracket |
| Child with diarrhea | Under-five and general registers | Total number of children seen with diarrhea by age bracket |
| Child with diarrhea treated with ORS and zinc | Under-five and general registers | Total number of children with diarrhea treated with ORS and zinc by age bracket |
| Child with diarrhea treated with ORS only | Under-five and general registers | Total number of children with diarrhea treated with ORS only by age bracket |
| Child with acute respiratory infection | Under-five and general registers | Total number of children seen with acute respiratory infection by age bracket |
| Child diagnosed with pneumonia | Under-five and general registers | Total number of children diagnosed with pneumonia by age bracket |
| Child with pneumonia treated with antibiotics | Under-five and general registers | Total number of children with pneumonia treated with antibiotics by age bracket |
| Child with pneumonia treated without antibiotics | Under-five and general registers | Total of children with pneumonia treated without antibiotic by age bracket |
| Sexually transmitted infection (STI) | | |
| Genital discharge | General register | Total of patients with genital discharge by age bracket |
| Genital ulcer | General register | Total of patients with genital ulcer by age bracket |
| Other | General register | Total of patients seen with other STI by age bracket |

| Data element | Data source | Calculation |
|-------------------------------------|----------------------------------|---|
| Mental health/disorder new | Under-five and general registers | Total number of new mental health/disorder by age bracket |
| Mental health/disorder follow-up | Under-five and general registers | Total number of mental health/disorder follow-up cases by age bracket |
| Schistosomiasis | Under-five and general registers | Total number of schistosomiasis by age bracket |
| Trachoma | Under-five and general registers | Total number of trachoma cases by age bracket |
| Worm infestation | Under-five and general registers | Total number of worm infestation cases by age bracket |
| Onchocerciasis | Under-five and general registers | Total number of onchocerciasis by age bracket |
| Snakebite | Under-five and general registers | Total number of snakebite cases by age bracket |
| Emergency care trauma | | |
| RTA | Under-five and general registers | Total number of RTA cases by age bracket |
| Burns | Under-five and general registers | Total number of burn cases by age bracket |
| Trauma | Under-five and general registers | Total number of trauma cases by age bracket |
| Medical emergency | Under-five and general registers | Total number of medical emergency cases by age bracket |
| Other | Under-five and general registers | Total number of other medical emergency cases by age bracket |
| All other morbidities | Under-five and general registers | Total number of other morbidity cases by age bracket |
| Other conditions | | |
| Hepatitis (all types) | Under-five and general registers | Total number of all types of hepatitis cases |
| Hypertension screening | General register | Total number of hypertension cases screened |
| Hypertension started treatment | General register | Total number of hypertension cases that have started treatment |
| Hypertension follow-up | General register | Total number of hypertension cases that came for follow-up treatment |
| Diabetes screening | General register | Total number of diabetes cases screened |
| Diabetes started treatment | General register | Total number of diabetes cases that have started treatment |
| Diabetes follow-up | General register | Total number of diabetes cases that came for follow-up treatment |
| Epilepsy new | Under-five and general registers | Total number of new epilepsy cases seen |
| Epilepsy follow-up | Under-five and general registers | Total number of follow-up epilepsy cases seen |
| Adverse drug reaction | Under-five and general registers | Total number of cases seen with adverse drug reaction |
| Specialist clinic | | |
| Eye/ophthalmology | Under-five and general registers | Total number of eye and ophthalmology cases seen |
| Dental/oral health | Under-five and general registers | Total number of dental/oral health cases seen |
| Medical | Under-five and general registers | Total number of medical cases seen |
| Surgical | Under-five and general registers | Total number of surgical cases seen |
| Gynecological | Under-five and general registers | Total number of eye and gynecological cases seen |
| Orthopedic | Under-five and general registers | Total number of eye and orthopedic cases seen |
| Ears, nose, and throat | Under-five and general registers | Total number of ear, nose, and throat cases seen |
| Mental health/disorders/psychiatric | Under-five and general registers | Total number of mental health/disorders/psychiatric cases seen |

| Data element | Data source | Calculation |
|---|---|---|
| Free health care | | |
| Child 0–59 months | Under-five register | Total number of children 0–59 months cases seen |
| Antenatal client treated curative | Mother and neonate register General register | Total number of ANC clients treated |
| Lactating mother treated curative | General register | Total number of lactating mothers treated |
| EVD survivor | General register | Total number of EVD survivors seen |
| Disabled patient | General register | Total number of disabled patients seen |
| Gender-based violence (GBV) | | |
| Gender-based violence | Under-five and general registers | Total number of GBV cases seen by age category |
| Sexual assault | Under-five and general registers | Total number of sexual assault cases seen by age category |
| Daily clinic attendance (from headcount reg) | | |
| Headcount (all services) | Under-five, mother and neonate, family planning, delivery, under-two, and general registers | Total number of patients seen for all services during the month |
| OPD (new and follow-up curative) | Under-five and general registers | Total number of patients seen for outpatient services both new and follow-up curative cases |
| Patient referred | Under-five and general registers | Total number of patients referred to other facility for all services |

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