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

USAID FROM THE AMERICAN PEOPLE

CDC Centers for Disease Control and Prevention

U.S. President's Malaria Initiative

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MEASURE Evaluation

Standard Operating Procedures for the Health Facility Registers and Summary Forms

Data Management Procedures Manual II

April 2020

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Consequently, we wish to extend our gratitude to all those who served in diverse ways toward the successful development of the manual. We would also like to mention the high level of cooperation and collaboration from the United States Agency for International Development (USAID) and the U.S. President's Malaria Initiative (PMI) for providing financial support, and its implementing partner, MEASURE Evaluation, for providing technical assistance in the development of this manual. We also appreciate UNICEF for supporting the initial process of this development. We hope that this spirit of cooperation and support will continue to flourish from strength to strength.

Last but not least, let me acknowledge the staff of the Directorate of Policy, Planning and Information, the National Malaria Control Programme, Community Health Worker Hub, Reproductive Health & Family Planning, National AIDS Secretariat, National Leprosy Tuberculosis Control Programme, Expanded Program on Immunization/Child Health, District Health Management Teams, and health development partners for their commitment demonstrated in the development of this manual, which indeed is commendable.

Rev. Canon Dr T.T Samba

Chief Medical Officer

Ministry of Health and Sanitation

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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

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 fontanels	Circle if you observed the child has stiff neck or bulging fontanels 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 breast feeding 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		
Schistosomiases	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 moths [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
		modern contraceptive at the beginning of a new year. Note: All these apply within a year.
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 2–7days 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	Genera 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) pending	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) pending	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) pending	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) pending	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) pending	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) pending	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) pending	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) pending	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) pending	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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