



Community-Based Health Planning and Services (CHPS) Initiative

COMMUNITY HEALTH OFFICERS (CHO) MIS REGISTERS INSTRUCTION MANUAL

Policy Planning Monitoring and Evaluation Division (PPMED)

Accra



CHPS-TA

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CONSULTING REGISTER

The CHOs are supposed to use the GHS service OPD consultation register at the CHC. Given the size of this register it is not convenient to carry it along when making home visits. It is in this respect that the home consultation register was developed. The CHO will carry this register along

on home visitations and on her return transcribe all entries onto the regular register that will be stationed at the CHC.

FACILITY/ZONE

Write the name of the facility or the name of the CHPS zone

SUB-DISTRICT

Write the name of the sub district in which the zone is demarcated

DISTRICT

Write the name of the district in this space

YEAR

Write the year in which the register is being used e.g. 1996, 2004.

SERIAL NUMBER (S/NO)

This is the number according to your records and will indicator number of clients you have attended to. For ease of record tracing indicate the serial number on the client's card

DATE

Write the date that the client visited facilities. Use the day, month and year format.

OUT PATIENT NUMBER

This number is on the patient's OPD card which is issued at their first visit. If the patient has never visited the CHC then he/she will not have this number in which case you should give him/her one or leave the space blank.

HEALTH INSURANCE/NATIONAL IDENTIFICATION NUMBER (HI/NI)

If the mother has registered with the NHIS write the registration number in the space. In the case where the national identification number is applicable then it can be use

NAME

Write the patient's name in this space. Write the client's full name and as much as possible avoid names like Sister Atta, Maame Adjua, Antie Afia, Wofa Yaw etc. but you can add an alias to help trace the person when the need arises.

ADDRESS (LOCATION/COMMUNITY /HOUSE NUMBER)

Indicate the name of the town, community and the house number. In case the client cannot remember the house number, she should give the name of any most popular landmark near the house – a church, school etc. can be used for easy identification of the house.

AGE

Write the exact age of the patient in years, but if you have to guess for the person please use as near an estimate as possible. A major event may help you in this quest. Just probe and you will find what to use.

SEX

If the patient is a male write M and if a Female write F.

VITAL SIGNS

Indicate the BP, Pulse, Temperature, Weight and Respiration of the client in the appropriate space. This will help to assess the health status of the client, therefore, it should not be omitted

NEW CASE (TICK)

A new case is a patient who has never reported the ailment before. In other words the patient is not under treatment by the CHO and is being treated for that particular ailment the first time.

OLD CASE (TICK)

By old case it means that the CHO is aware of the ailments and has previously offered some treatment even if it was First AID. You should indicate the status for each visit for old cases.

History

Write in this space a brief history of the condition presented by the client.

PRINCIPAL DIAGNOSIS

The principal diagnosis is the condition which is mainly responsible for the client seeking outpatient care or is the reason for hospital admission. In this space indicate the original or main diagnosis as reported by the patient and examined by you.

ADDITIONAL DIAGNOSIS

Apart from the principal or original diagnosis which the patient presented, other developments could lead to opportunistic conditions or disease that is secondary to the main ailments or diagnosis. For example a patient that was diagnosed and treated for malaria could develop anemia as an additional diagnosis. Again, a patient might present with malaria as main diagnosis but with cough, toothache or skin rashes as additional diagnosis.

TREATMENT GIVEN

For each visit write the treatment that was given for that day – this should include the medication(s) and doses as well as any other advice you might give the patient towards improving his/her condition. For example in addition to the medications you may advise physical exercises.

REFERRED (YES/NO)

Depending on the severity or complications of the condition it might be necessary to refer the patient for further examination by a more qualified provider. Write Y for “Yes” and N for “No” depending on whether the patient was referred or not respectively.

OUTCOME OF REFERRAL

If the client was referred indicate the outcome of the referral, that is, whether the client was referred, admitted, discharged, or .

COST OF TREATMENT

This is the total amount that reflects the treatment of the ailment that was presented and treated. The total amount should be quoted here.

REMARKS

Give appropriate remarks and comment that will better inform the patient's conditions. For example, if it is an old case you might want to comment on progress, and if you considered referral you can say why the patient was referred.

FOOTNOTE FOR CHILDHOOD ILLNESSES

For children less than five years check for the following:

1. Temperature for fever
2. Respiration for pneumonia
3. Palmar pallor for anemia
4. Pulse rate for stridor, malaria, and pneumonia
5. Blood in stool for dysentery
6. Bulging fontanel for infection
7. Elasticity of skin for dehydration
8. Skin rashes
9. Reddening of cord for cord infection
10. Signs of convulsion or history of convulsion
11. Lethargy

DANGER SIGNS FOR REFERRAL

1. Indrawing chest
2. Temperature 38°C and above
3. Convulsion
4. Pneumonia
5. Lethargy
6. Severe palmar palor

IMMUNIZATION REGISTER

FACILITY/ZONE

Write the name of the facility or the name of the CHPS zone

SUB-DISTRICT

Write the name of the sub district under which the zone falls

DISTRICT

Write the name of the district under which the zone falls

YEAR

Write the year in which the register is being filled, i.e. 2008

SERIAL NUMBER (will be pre-numbered)

Write the serial number starting from 1, 2, 3... etc. where necessary write each person's serial number on his or her card to facilitate easy location and defaulter tracing.

DATE

Write the date on which the immunization is given; in the format day, month and year i.e. dd/mm/yy (e.g. 24/12/08).

CHILD'S REGISTRATION NUMBER

Write the child's registration number in this space

NATIONAL IDENTIFICATION NUMBER (NI)

This is for the national identification number of the child if it has been given.

MOTHER'S NAME

Write the child's mother's full name and as much as possible avoid names like Sister Atta, Maame Adjua, Antie Afia, Madam Fusie etc.

PARITY

Parity is the number of deliveries a woman has had, including both live and stillbirths. By law in Ghana a delivery is the expulsion of the fetus after twenty-eight (28) weeks of gestation, while an abortion is the expulsion of a foetus on or before the 28 week of gestation. For example, for a pregnant woman who at the time of visit has had a total of four (4) previous pregnancies which resulted in two live births, -one (1) stillbirth and one abortion, you should write Gravia 5 and Para 3 (G4P3).

NB: In other countries abortion is defined as expulsion of the foetus before the 24 weeks of gestation.

ADDRESS (LOCATION/COMMUNITY/HOUSE NUMBER)

In answering this question write the popular name of the area, the name of the community and the house number. If the client cannot remember the house number or in the absence of the house number, the client should give the name of any popular place near the house e.g. a church, school or any work place by which the house can easily be located.

DATE OF 1ST REGISTRATION

Write the date of the first day on which the child was brought for immunization or in other words the date of the first attendance. If the child was registered at another facility before coming to the CHC refer to the child's immunization card and quote the date of registration.

DATE OF BIRTH (DoB)

Write the birth date of the child; the day, month and year in which the child was born in the form dd/mm/yy.

SEX

Indicate whether child is male (M) or female (F) by writing the appropriate letter

WEIGHT (KILOGRAM)

Write the weight of the child in kilograms; this should be the exact weight of the child on the day of the immunization.

VITAMIN A (Vit A)

On that day if the child has received Vitamin A supplement write the DATE in the cell provide. If the child did not receive Vit A supplement then, leave blank.

BCG

If the child is given BCG vaccine, then write the DATE in the cell, provided.

Batch Number

Here you are to write the batch number of the vaccine

POLIO (OPV0, OPV1, OPV2, OPV3)

Write the DATE of vaccination in the cell of any type of the polio vaccine that the child receives on the day of the visit.

Batch Number

Here you are to write the batch number of the vaccine

PENTA (1, 2 and 3)

If the child receives any of these vaccines during the visit, write DATE in the appropriate space provided.

Batch Number

Here you are to write the batch number of the vaccine

MEASLES

Write DATE in the space if the child receives the measles vaccine on that day.

Batch Number

Here you are to write the batch number of the vaccine

YELLOW FEVER (YF)

If the child receives the yellow fever vaccine on that day indicate the DATE in the cell.

Batch Number

Here you are to write the batch number of the vaccine

CEREBRO-SPINAL MENINGITIS (CSM)

Indicate with the word **GIVEN** if the child is given the CSM vaccine.

Batch Number

Here you are to write the batch number of the vaccine

INSECTICIDE TREATED BED NET USE (ITN)

Indicate **YES** if the child has been provided with the ITN or the child is already using one.

REMARKS

Give any comment that is appropriate

Note: Each row is to be used for the first year of the child's immunization life

FAMILY PLANNING CLIENT REGISTER

FACILITY/ZONE

Write the name of the facility or the name of the CHPS zone

SUB-DISTRICT

Write the name of the sub district in which the zone is demarcated

DISTRICT

Write the name of the district in this space

YEAR

Write the year in which you are filling the register in the form yyyy

SERIAL NUMBER

This is the number according to your records and will indicator number of clients you have attended to.

DATE

Write the date that the client visited facilities. Use the day, month and year format.

HEALTH INSURANCE/NATIONAL IDENTIFICATION NUMBER (HI/NI)

If the mother has registered with the NHIS write the registration number in the space. In the case where the national identification number is applicable then it can be use

CLIENT CARD NUMBER

Locate this number on the client family planning card and transcribe it onto the register.

NAME

Write the client's name in this space as it appeared on the family planning card. Write the client's full name and as much as possible avoid names like Sister Atta, Maame Adjua, Antie Afia, Wofa Yaw etc.

MARITAL STATUS

Indicate in this space the marital status of the client. Write Married or Single or Divorced or In Union or Separated. Single means the person is not in any kind of relation or union.

SEX

Indicate whether client is a male (M) or a female (F).

ADDRESS (LOCATION/COMMUNITY /HOUSE NUMBER)

Indicate the name of the town, community and the house number. In case the client cannot remember the house number, she should give the name of any most popular landmark near the house – a church, school etc. can be used for easy identification of the house.

METHOD OF CHOICE

After the appropriate professional counseling on the methods available, the client will have to make a choice that best suit his/her condition. Write the method chosen by the client and which you have provided.

1ST EVER USE (YES/NO)

Indicate in this space whether the client is using this method for the first time. Write “Y” for yes, first ever use and “N” for not first time use of the method. Note that the question refers to the current method and does not matter if the client has ever used other methods or not.

AGE (CIRCLE IF <20 OR >35 YEARS)

First, write the age in years of the client in this space. Next, draw a circle around the age (without covering the number) if it is less than 20 or more than 35years. This category of clients needs special care so this will allow for easy identification.

PARITY (CIRCLE IF >4)

In this context parity means number of children the client has so far. If the parity is greater than 4 children draw a circle around the number. Again this is for special reason as the clients may need a long term method of family planning.

MONTHS (JANUARY TO DECEMBER)

Mark under each month the type of contraceptive method and the number of units issued to the client. For example If 3 Lo-fem units were issued just write “Lo-fem 3”. Similarly for 30 pieces of condom just write “Condom 30”. Write referred if the client was counseled and referred for any reason. Put a circle against the month if the client is supposed to return in the future. This will help you identify defaulters for follow-up. For each subsequent visit record the woman’s BP and Weight

REMARKS

Write any additional comments or remarks that will be useful for the promotion of family planning practices in the community. For example did the client come with his/her partner? Did you observe any interesting attributes of the client that suggest further follow-up?

ANTENATAL CARE REGISTER

FACILITY/ZONE

Write the name of the facility or the name of the CHPS zone

SUB-DISTRICT

Write the name of the sub district under which your zone has fallen

DISTRICT

Write the name the district in this space

YEAR

Write the year that you started filling the register in the form yyyy.

SERIAL NUMBER

This is the number according to your records and will indicator number of clients you have attended to. For ease of record tracing indicate the serial number on the client's card

DATE

Write the date that the client visited the ante natal clinic. Use the day, month and year format.

REGISTRATION NUMBER

Indicate client's registration number here.

HEALTH INSURANCE/NATIONAL IDENTIFICATION NUMBER (HI/NI)

If the mother has registered with the NHIS write the registration number in the space. In the case where the national identification number is applicable then it can be use

NAME

Write the name of the woman /mother in this space and add any alias or aka that may help in identifying her.

ADDRESS (LOCATION /COMMUNITY, HOUSE NUMBER)

This should include where the house is located, the name of the community and the house number. If the client does not remember the house number or does not have any then she should give the name of any popular place where the house is closer to, e.g. a church, school or a drinking spot. This address is very useful in times of home visits so it is important to get the correct directions from the client.

AGE

You should write the age of the mother in this space. Use completed years only.

PARITY (refer to parity under immunization)

BP

Indicate the client's blood pressure here.

HEIGHT (HT cm)

Measure and write the height (in cm) of the mother in this space.

WEIGHT (WT kg)

Indicate the weight of the client here in kilograms.

GESTATION

This means the maturity of the pregnancy on that day of the visit. It is written in weeks, and is calculated from the last normal menstrual period. For example, if a pregnant woman reports on 21 November, 2008 and her last normal menstrual period started on 2 August, 2008 her gestation is 16 weeks. .

FUNDAL HEIGHT (Fht)

Indicate the fundal height here.

EXPECTED DAY OF DELIVERY (EDD)

This is usually calculated by using the last menstrual period or by ultrasound result. The woman may not know so you will have to probe to find out when she last had her menses, from which you can determine the gestation in weeks.

Note: To get expected date of delivery

Get L. M. P and count 9months forward from the L M P then add 7 days to get EDD

HEMOGLOBIN LEVEL AT REGISTRATION

At the time of registration the client has to do initial HB checking. Write the results in the 'HB at Reg' space.

HEMOGLOBIN LEVEL AT 36 WEEKS

At the 36 weeks of gestation the mother has to undertake another HB test and the results for this should be indicated in the 'HB at 36' space. Remember to write the HB at the 36 WEEKS GESTATION.

URINE TEST/SUGAR AND PROTEIN IN URINE

Indicate the result of the urine test here. Test the sugar and protein content of the woman's urine and record the value in this space. Indicate test result as read on the multistix.

BLOOD GROUP

Record the blood group of the woman in this space.

SICKLING

- Status: Indicate whether client is positive or negative
- Type: If positive indicate the type that is either AS, SS, or SC

VENEREAL DISEASE RESEARCH LABORATORY

Here if the client has done the test indicate the result obtained as reactive or non-reactive. It is necessary for every pregnant woman to do this test so that all the venerable diseases especially syphilis can be identified or ruled out.

Note that VENEREAL Diseases are the same as STIs such as gonorrhea, syphilis and Chlamydia. Syphilis is used as a proxy for STIs as of now.

PMTCT

- Pre-Test Counseling: Tick if a pre-test counseling was done
- Test Result: Indicate positive or negative
- Post-Test Counseling: Tick if a post-test counseling was done
- ARV: Tick if woman is given Anti Retroviral Drug (ARV)

Blood Film

Indicate whether malaria parasite is present or not present in the blood

MALE INVOLVEMENT

Indicate if husband or male partner is accompanied client to access the services

TRIMESTER

Trimester measures the month of the pregnancy – 1 means the first three months of pregnancy, 2 means between 4 to 6 months of pregnancy and 3 means between 6 to 9 months of pregnancy.

SUBSEQUENT VISITS

Usually, the client will make several visits for ANC. Use the spaces labeled 2-12 to indicate the number of the visits. Fill all the space for all indicators for the subsequent visits.

TT

Pregnant women are supposed to receive at least 2 doses of TT during the pregnancy. Put a tick under each space whenever you give her TT. If you give a booster then put the mark under the Booster space. If woman is already protected mark under protected

Note: first and second doses are given on contact 4weeks apart,
3rd dose is given 6months after 2nd dose
4th dose is given 1 year after 3rd dose
5th dose is given 1 year after the 4th dose is given

IPT

Pregnant women are very vulnerable to malaria attack. For each pregnancy the woman should receive three doses of IPT. Depending on which dose she receives put a tick in the appropriate space.

ITN USE

Scientifically, people sleeping under ITN are less likely to get malaria than those not sleeping under them. It is therefore recommended that pregnant woman should use ITN. On her first visit ask her whether she sleeps under an ITN. If she does then write "Y" in the space otherwise write "N". If her response is NO then counsel her and let her understand the benefits of using an ITN. If possible assist her to acquire one. For those who were not using ITN as at their previous visit(s) ask them in their subsequent visits

COMPLAINTS/ REMARKS

Write briefly specific complaints made by client and or general remarks

DELIVERY REGISTER

FACILITY /ZONE

Write the name of the institution/CHPS zone where this register is been filled.

SUB-DISTRICT

Write the name of the sub districts under which the facility falls.

DISTRICT

Write the name of the district.

YEAR

Write the year that the patient /client visited the postnatal clinics or when you saw the client, the date should form yyyy.

SERIAL NUMBER (S/No)

This is the number according to your records and will indicator number of clients you have attended to.

DATE

Write the date on which the client visited the clinic. Use the format Day, Month and Year.

NHIS REGISTRATION NUMBER or NATIONAL IDENTIFICATION (HI/NI)

Refer to the NHIS card of the client and write the registration number in the space provided. In the case where the National Identification number is applicable please use it. Write N/A if the client does not have any of these.

NAME

Write the name of the client as it is written on the OPD card or the folder

ADDRESS (LOCATION /COMMUNITY /HOUSE NUMBER)

The nurse will write here the address of the client, that is the community in which the client lives and if possible the house number.

Where the client cannot provide the house number, she must indicate any popular place or land mark near her house by which the house can easily be located.eg a church, market, store, or a school.

AGE

Write the age of the client in this space

PARITY

For parity under PNC we are interested in the number of pregnancies (GRAVIDA) and number of live births (PARA). Therefore, you must indicate the number of pregnancies the client has ever had as well as the number of children alive. For example a mother who at the time of visit has had a total of four (4) pregnancies (excluding current pregnancy) two (2) of which resulted in live births

you should write G4P2. Similarly for a mother who had three pregnancies all of which resulted in live births you should write G3P3.

DURATION OF PREGNANCY

The CHO should write the maturity of the pregnancy in this space. By doing the palpation and asking the client about the gestation or the last menstrual period you can deduce the duration of the pregnancy

DATE OF DELIVERY

Indicate the exact date the woman gave birth.

DATE DISCHARGED/REFERRED

If the patient has been seen, treated and discharged, the date of discharge should be written in this space. But if after examination and/or treatment the client/patient is referred to a higher health institution for further examination, then the date of the referral should be written in the referral space.

OUTCOME OF DELIVERY

LIVE BIRTH (SINGLE /MULTIPLE)

Live birth means the outcome of the pregnancy shows signs of life, by crying or movement of the limbs even if it died shortly afterwards.

If client has delivered single child indicate M or F in the space. For multiple births, indicate (1M, 1F) for a single male and a single female, (2M, 1F) for two male and one female, (2M, 2F) for two males and 2 females, etc.

STILL BIRTH (FRESH/MACERATED))

Stillbirth on the other hand means the baby was born dead and it did not show any sign of life. Fresh still birth is the death that occurred during the delivery process, but macerated still birth usually occurs in the uterus before delivery. You should indicate the appropriate choice by ticking the space.

BIRTH WEIGHT

Write the birth weight of the child in kilogram (kg) in the space provided.

MODE OF DELIVERY

In this space indicate the method, through which the pregnancy was delivered, Spontaneous Vaginal Delivery (SVD), Forceps, Cesarean Section (CS), etc.

NB: Probe to find out about important events that occurred during delivery and the immediate post-partum period.

APGAR SCORE

The Apgar score is to be indicated in this space. The Apgar is scored from 0-10.

LENGTH OF BABY

Measure the length of the baby in cm and indicate here.

HEAD CIRCUMFERENCE OF BABY

Measure the length of the head of the baby in cm and indicate here.

BCG

If BCG is given at birth please record it here.

Polio 0

If polio 0 is given indicate that here.

BREASTFEEDING INITIATION

Indicate whether breastfeeding was initiated within 1 hour or after one hour.

VITAL SIGNS

Indicate the vital signs for both mother and baby.

The signs for the MOTHER include the **BP, Pulse, Temperature, Weight and Fundal Height.**

For the baby check temperature and weight.

Record vital signs at first and second post-natal care visits and record them.

DELIVERED BY WHOM?

In this space you should write the position or qualification of the person who supervised the delivery of the child. For example, was it a trained midwife, Physician, a CHO (non-midwife), TBA etc?

BLOOD LOSS

Measure the blood loss and indicate here including the clots.

PERINEAL CARE (E/T)

What was done should be indicated here.

OXYTOCIN/EGOMETRIN

Out of the two, the one that was given should be indicated here.

POSTPARTUM VITAMIN A

Indicate whether postpartum vitamin A is given.

PLACENTA EXAMINATION

Indicate "Yes" or "No" for placenta examination.

STATUS OF MOTHER

Indicate whether the mother is alive or dead here.

COMPLAINS/REMARKS

Indicate complaints or remarks here.

POST NATAL FAMILY PLANNING

ACCEPTER

Has the client accepted to practice any of the family planning method? If YES to this question then write Y, and if NO write N. Note that if the client is an acceptor then you must indicate the method she is using else you should leave the method space blank.

METHOD

Specify the actual method that the client accepted to use for family planning. Write the exact name of the contraceptive method in the space provided.

MATERNAL VITAMIN A (Vit A)

The CHO should indicate by writing Y for YES and N for NO in the space if the mother was given vitamin A supplementation after delivery.

NB: Give first dose of 200,000 iu 24 hours after the first dose
Give the second dose within the first 8weeks after delivery.
Do not give post partum Vit. A 8weeks after delivery date.

INSECTICIDE TREATED BED NET (ITN)

Indicate with the letter Y for YES or N for NO if during pregnancy and post natal the mother and the child have been sleeping under an insecticide treated bed net.

LOCHIA

Lochia is the vaginal discharge after delivery or abortion. Characteristic of the lochia which should be observed are the number of days of flow, the color, odor, content and the quantity. After delivery,

- The lochia flows for at most nine days, after which the normal vaginal discharge starts.
- The lochia color changes from red to brownish and finally becomes creamy.
- The lochia odor may be offensive or non-offensive.
- The lochia may or may not contain products of conception.
- The quantity of the flow should decrease normally.

STATUS OF MOTHER

It is important to know the status or condition of the mother after the pregnancy. In this context you should indicate the status of the mother, ie. Whether she survived the pregnancy or she died. Even if the client traveled elsewhere to deliver you should make an effort to get her status after delivery.

REMARKS/COMPLAINTS

Indicate remarks or complaints here

BABY HEALTH WORKER CONTACT

Find out if baby was seen by a health worker in the first 7days of life.

PNC REGISTER

FACILITY /ZONE

Write the name of the institution/CHPS zone where this register is been filled.

SUB-DISTRICTS

Write the name of the sub districts under which the facility falls.

DISTRICTS

Write the name of the district.

YEAR

Write the year that the patient /client visited the postnatal clinics or when you saw the client, the date should form yyyy.

SERIAL NUMBER (S/No)

This is the number according to your records and will indicator number of clients you have attended to.

DATE

Write the date on which the client visited the clinic. Use the format Day, Month and Year.

NHIS REGISTRATION NUMBER or NATIONAL IDENTIFICATION (HI/NI)

Refer to the NHIS card of the client and write the registration number in the space provided. In the case where the National Identification number is applicable please use it. Write N/A if the client does not have any of these.

NAME

Write the name of the client as it is written on the OPD card or the folder

ADDRESS (LOCATION /COMMUNITY /HOUSE NUMBER)

The nurse will write here the address of the client, that is the community in which the client lives and if possible the house number.

Where the client cannot provide the house number, she must indicate any popular place or land mark near her house by which the house can easily be located.eg a church, market, store, or a school.

AGE

Write the age of the client in this space

PARITY

For parity under PNC we are interested in the number of pregnancies (GRAVIDA) and number of live births (PARA). Therefore, you must indicate the number of pregnancies the client has ever had as well as the number of children alive. For example a mother who at the time of visit has had a

total of four (4) pregnancies (excluding current pregnancy) two (2) of which resulted in live births you should write G4P2. Similarly for a mother who had three pregnancies all of which resulted in live births you should write G3P3.

DURATION OF PREGNANCY

The CHO should write the maturity of the pregnancy in this space. By doing the palpation and asking the client about the gestation or the last menstrual period you can deduce the duration of the pregnancy

DATE OF DELIVERY

Indicate the exact date the woman gave birth.

DATE DISCHARGED/REFERRED

If the patient has been seen, treated and discharged, the date of discharge should be written in this space. But if after examination and/or treatment the client/patient is referred to a higher health institution for further examination, then the date of the referral should be written in the referral space.

OUTCOME OF DELIVERY

LIVE BIRTH (SINGLE /MULTIPLE)

Live birth means the outcome of the pregnancy shows signs of life, by crying or movement of the limbs even if it died shortly afterwards.

If client has delivered single child indicate M or F in the space. For multiple births, indicate (1M, 1F) for a single male and a single female, (2M, 1F) for two male and one female, (2M, 2F) for two males and 2 females, etc.

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Stillbirth on the other hand means the baby was born dead and it did not show any sign of life. Fresh still birth is the death that occurred during the delivery process, but macerated still birth usually occurs in the uterus before delivery. You should indicate the appropriate choice by ticking the space.

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NB: Probe to find out about important events that occurred during delivery and the immediate post-partum period.

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Indicate the vital signs for both mother and baby.

The signs for the MOTHER include the **BP, Pulse, Temperature, Weight and Fundal Height**.
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Polio 0

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POST NATAL FAMILY PLANNING

ACCEPTER

Has the client accepted to practice any of the family planning method? If YES to this question then write Y, and if NO write N. Note that if the client is an acceptor then you must indicate the method she is using else you should leave the method space blank.

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INSECTICIDE TREATED BED NET (ITN)

Indicate with the letter Y for YES or N for NO if during pregnancy and post natal the mother and the child have been sleeping under an insecticide treated bed net.

LOCHIA

Indicate lochia here

STATUS OF MOTHER

It is important to know the status or condition of the mother after the pregnancy. In this context you should indicate the status of the mother, ie. Whether she survived the pregnancy or she died.

Even if the client traveled elsewhere to deliver you should make an effort to get her status after delivery.

REMARKS/COMPLAINTS

Indicate remarks or complaints here

BABY HEALTH WORKER CONTACT

Find out if baby was seen by a health worker in the first 7 days of life.

COMMUNITY HEALTH PROMOTION REGISTER

One critical function of the CHO is to create awareness that will prevent the occurrence of diseases within the catchment areas they operate. Health promotion on different topics can take various forms and for specific groups of people in the community. It is important that records of health promotion activities are documented, analyzed and used for better future planning.

FACILITY/ZONE

Write the name of the facility or the name of the CHPS zone

SUB-DISTRICT

Write the name of the sub district in which the zone is demarcated

DISTRICT

Write the name of the district in this space

YEAR

Write the year in which the register is being used in the form yyyy.

DATE

Write the date that the client visited facilities. Use the day, month and year format.

ADDRESS (LOCATION/COMMUNITY /HOUSE NUMBER/SCHOOL)

Indicate the name of the town, community and the house number, school or church where the event was organized. Give any other relevant popular landmark near the house, church, school etc. that can be used for easy identification of the location.

PARTICIPANTS

Indicate the number of participants by disaggregating them into male and female

TARGET /AUDIENCE

A target group or audience is the cohort group that the health promotion activities are organized for. It could be pregnant mothers, school pupil or a women group in church, pregnant mothers, Breastfeeding mothers, married couples etc.

HEALTH TALK / MEETING

TOPIC

Write the exact topic treated at the meeting or durbar in this space. Examples are personal hygiene, use of ITN, Exclusive breastfeeding, Family Planning, Malaria control, HIV/AIDS transmission and prevention, Adolescent pregnancy, STIs in adolescents, unsafe abortion etc. Note that youth clubs are important audiences.

PURPOSE

Usually the health promotion topic should be chosen from any prevailing health problem. The purpose or objective of the meeting should address a particular health need of the people including young people. Write concisely the main purpose or objective of the activity in this space.

PLACE / LOCATION

Five possible places or locations have been suggested for the activity to take place. You should tick the box corresponding to the right place or location. In case the name of the place is not among the pre-defined locations then you should write it on the REMARKS space.

SCHOOL HEALTH SERVICES PROVIDED (IF ANY)

Children are the most vulnerable group of health problems. Therefore, the CHO is supposed to design activities that will specifically target school children. Examples of school health are immunization, oral health inspection, Inspection of finger and toe nails, Vitamin A supplementation etc. If during the activity the CHO provided some services then she should write the kind of services provided on that day.

SUPERVISION

Sometime it is necessary for the CHO to devote time for supervising the volunteers or TBAs who might be undertaking a serious health activity. Indicate in the appropriate space which group or groups of people were supervised on that day.

REMARKS

Give appropriate remarks or comments on any relevant issues that came up during the day.

DISEASE SURVEILLANCE REGISTER

FACILITY/ZONE

Write the name of the health institution where this register is being used.

SUB-DISTRICT

Write the name of the sub district where the institution belongs.

YEAR

Write the year in which the register is being filled

DISTRICT

Write the name of the district.

DATE

Write the date when the client is seen/disease condition is was first seen or reported

DISEASE / CONDITION

Write the name of the disease or the condition in question

NUMBER OF CASES (ESTIMATE)

Write the total number of cases detected so far. If the exact number is not accessible give an estimated number.

INFORMANT (WHO FIRST REPORTED DISEASE)

Write the name of the first person who reported the outbreak either to any family member or any health worker.

WHERE DISEASE WAS FIRST IDENTIFIED? ADDRESS (LOCATION/

COMMUNITY, EG.CHC)

Here the nurse has to indicate the exact location where the disease was first identified; that is the name of the community or the health institution where the disease was first reported.

DATE SUB-DISTRICTS /DISTRICT WAS NOTIFIED

Write in full the date that the sub district or the district was notified about the disease for the first time.

DATE SUSPECTED OUTBREAK WAS INVESTIGATED BY THE DISTRICT

Write the date that investigations started in the district about the suspected outbreak.

NUMBER OF CASES ACTUALLY IDENTIFIED

Write number of cases identified; this includes those reported at the CHPS compound as well as those reported from the community during home visits and from any other source.

DATE OUTBREAK BEGUN (DATE ONSET INDEX CASE /DATE CROSSED THRESHOLD OR FIRST CLUSTER)

INDEX CASES: The index case is the first occurrence of the disease. Write the date when the first case of the disease occurred in the community.

THRESHOLD: The threshold is dependent on the type of disease observed. It is important to keep count of the number of cases occurring and once the threshold is reached you record the date in the column provided. If you are not sure what the threshold is for the disease then contact your supervisor or the District Disease Control Officer as soon as possible.

DATE CASE WAS FIRST SEEN AT A HEALTH FACILITY

In this question you are required to write the date a patient first reported with this condition to the CHC.

DATE APPROPRIATE INTERVENTION BEGAN

Appropriate intervention in this context means case reporting, treatment and preventive measures. Write the date when these interventions began.

TYPE OF APPROPRIATE INTERVENTION THAT WAS BEGAN

Write the exact intervention that was carried out.eg case reporting or type of treatment or preventive measures were taken to address the outbreak.

DATE CHO/SUB DISTRICT RECEIVED DISTRICT RESPONSE

This response could be in the form of district sending a facts finding or treatment team to assess the situation, sending treatment package, actions to prevent further spread or any other health intervention. Use the date format Day Month and Year.

REMARKS

Give any remark appropriate

CONCLUSION

This manual is only a guide to assist the CHOs in completing the registers and does not cover all the issues. For example, under immunization, quantity supplied, used and wastage are not captured by the registers. In this case the CHO should use the existing system to record these events. If there is any thing you are not sure of please contact your supervisor or the district CHPS Coordinator or the district Health Information Officer for assistance.

Note that the Registers are not meant to replace the reporting system already existence. They are to enable the CHOs to gather accurately and timely information that they will need to meet their monthly and quarterly data requirements for the routine reporting.