

REPUBLIC OF KENYA – MINISTRY OF HEALTH



MINISTRY OF HEALTH



Community
Health Services
"Afya Yetu, Jukumu Letu"

SERVICE DELIVERY LOG BOOK
MOH514

| | | | |
|-----------------------|--|----------------------|--|
| NAME OF CHU: | | COUNTY: | |
| MCHUL CODE: | | SUB COUNTY: | |
| LINK FACILITY: | | DIVISION: | |
| NAME OF CHV: | | LOCATION: | |
| NUMBER OF HH: | | SUB LOCATION: | |
| START DATE: | | END DATE: | |

INSTRUCTIONS ABOUT THE USE OF THE TOOL

DESCRIPTION

- ✓ The Service Delivery Log Book is a **diary** that is used to collect information from the household during the period of offering a health service, health messages or defaulter traced.
- ✓ The Service Delivery Log Book gives the numerator for measuring the effort of the CHV.

What type of information is collected?

- ✓ The basic information collected is factual data based on what was done or identified in the community, among households and/or individual (s) served. The Service Delivery Log Book measures the actual CHV's effort and should be written or filled during the household visitation.

Who should fill?

- ✓ CHVs

When and to whom it should be submitted?

- ✓ The Service Delivery Log Book should be submitted to the CHEW for summarization by 2nd of the following month.

| COLUMN | | TITLE | DATA DEFINITIONS / EXPLANATIONS |
|------------------------------|---|--|---------------------------------|
| Basic Information | | | |
| A | Date | The date when the household member receives a service from a Community Health Volunteer. It is recorded as DD/MM/YY, for example, 31/07/14 | |
| B | Village Name | The name of the village where the household is located | |
| C | Household number | This is a unique identification number, which is assigned to a household during registration | |
| D | Name of household member | Record the individual names that identify a household member - Record at least THREE names FOR EXAMPLE James Karani Bosire. | |
| Mother Information | | | |
| E | Pregnant | Record by Indicating with a tick (✓) when a household female member is pregnant or (X) if the household female member is not pregnant. The CHV should observe or ask the woman in the household. Record N/A if the member is not a woman of reproductive age (15-49 years) | |
| F | Pregnant woman counselled on Individual Birth Plan (IBP) | Record by Indicating with a tick (✓) when the pregnant woman has been counselled on Individual Birth Plan (IBP) or (X) if not. Record N/A if the member is not a pregnant woman | |
| G | Woman delivered by unskilled attendant | Record by marking with a tick (✓) if delivery since the last visit was by an unskilled attendant. Note – traditional birth attendants (TBA) are considered unskilled. Record N/A if the member is not a woman who delivered since last visit | |
| H | Woman delivered by skilled attendant | Record by marking with a tick (✓) if delivery since the last visit was by skilled attendant. Note – traditional birth attendants (TBA) are considered not skilled attendants. Record N/A if the member is not a woman who delivered since last visit | |
| I | New-born visited at home within 48 hours of delivery | Record by Indicating with a tick (✓) if New-born (0-28 days) was visited at home within 48 hours of delivery or (X) if not. Record N/A if the member is not a new-born | |
| J | Mother with new-born counselled on Exclusive Breast Feeding (EBF) | Record by Indicating with a tick (✓) if a mother with new-born (0-28 days) is counselled on Exclusive Breast Feeding (EBF) or (X) if not. Record N/A if the household member is not a mother of a new-born | |
| K | Woman 15-49yrs provided with Family Planning commodities by CHVs | Record by Indicating with a tick (✓) if a Woman 15-49 years is provided with Family Planning commodities by CHVs or (X) if a woman of 15-49 years was not provided. Record N/A if the member is not a woman of reproductive age (15-49 years) | |
| Child Information | | | |
| L | Child 0-59 months participating in growth monitoring | Record by Indicating with a tick (✓) if a child 0-59 months is participating in growth monitoring or (X) if not. Record N/A if the household member is not a child of 0-59 months | |
| M | Child 6-59 months with MUAC (Red) indicating severe malnutrition | Record by Indicating with a tick (✓) if a child 6-59 months has MUAC (Red) indicating severe malnutrition or (X) if not. Record N/A if the household member is not a child of 6-59 months | |
| N | Child 6-59 months with MUAC (Yellow) indicating moderate malnutrition | Record by Indicating with a tick (✓) if a child 6-59 months has MUAC (Yellow) indicating moderate malnutrition or (X) if not. Record N/A if the household member is not a child of 6-59 months | |
| O | Child 12-59 months dewormed | Record by marking a tick (✓) when the child 12-59 months in the household was dewormed in the last 6 months or (X) if the child was not . Record N/A if the household member is not a child of 12-59 months | |
| Referrals Information | | | |
| P | Pregnant woman referred for ANC | Record by marking a tick (✓) when the pregnant woman is referred for ANC or (X) if not. Record N/A if the household member is not a pregnant woman | |
| Q | Pregnant women referred for skilled delivery | Record by marking a tick (✓) when the pregnant woman is referred for skilled delivery or (X) if not. Record N/A if the household member is not a pregnant woman | |
| R | Woman referred for family planning services | Record by marking a tick (✓) when the woman of 15-49 years is referred for family planning services or (X) if not. Record N/A if the household member is not a woman of 15-49 years | |
| R | Home delivery referred for Post Natal Care (PNC) Services | Record by marking a tick (✓) if a home delivery is referred for Post Natal Care (PNC) Services or (X) if not. Record N/A if the household member is not a mother who delivered at home | |
| S | Child 0-11 months referred for immunization | Record by marking a tick (✓) if a child 0-11 months is referred for immunization services or (X) if not. Record N/A if the household member is not a child of 0-11 months | |
| T | Child 6-59 months referred for Vitamin A supplementation | Record by marking a tick (✓) if a child between 6-59 months of age is referred for Vitamin A supplementation or (X) if not. Record N/A if the household member is not a child of 6-59 months | |
| U | Cough more than 2 weeks referred | Record by marking a tick (✓) if a chronic cough for two or more weeks is referred to a health facility or (X) if not. Record N/A when the household member has not had chronic cough or had had it for less than 2 weeks | |
| V | Referred for HIV Counselling and Testing (HCT) | Record by marking a tick (✓) if the household member is referred for HIV Counselling and Testing (HCT) or (X) if not. Record N/A for a small child | |

| COLUMN | | TITLE | DATA DEFINITIONS / EXPLANATIONS |
|------------------------|--|---|---------------------------------|
| W | Elderly (60 +) referred for routine health check-ups | Record by marking a tick (✓) if elderly (60 years and above) is referred to a health facility for routine check-ups or (X) if not. Record N/A if the member is not elderly with 60 or more years | |
| X | Known cases of chronic illness referred a=Diabetes, b=Cancer, c=Mental Illness, d=Hypertension, e=Others (specify in remarks), f=None | Indicate one or more numbers for a type of chronic illness with a corresponding tally of known cases of individuals referred to a health facility with that illness: a=Diabetes, b=Cancer, c=Mental Illness, d=Hypertension, e=Other, f=None. For example, e.g. d-2 for two people suffering from hypertension in the household. It is a chronic illness if someone has been unwell for 1 year or more without healing | |
| Defaulters Information | | | |
| Z | ANC defaulter referred | Record by marking a tick (✓) if an ANC defaulter is referred to a health facility or (X) if not. Record N/A if the member is not an ANC defaulter | |
| AA | Immunization defaulter referred | Record by marking a tick (✓) if a child 0-59 months of age who defaulted on immunization has been referred for immunization or (X) if not. Record N/A if the member is not a child of 0-59 months or is a child of 0-59 months but did not default on immunization | |
| AB | TB treatment defaulter traced and referred | Record by marking a tick (✓) if a Tuberculosis (TB) defaulter is referred to a health facility or (X) if not. Record N/A if the member has not had TB or has had TB but did not default | |
| AC | ART defaulter traced and referred | Record by marking a tick (✓) if an ART defaulter is traced and referred to a health facility or (X) if not. Record N/A if the member has not been on ART or has been on ART but has not defaulted | |
| AD | HIV exposed infant (HEI) defaulters traced and referred | Record by marking a tick (✓) if an HIV exposed infant (HEI) defaulter is traced and referred to a health facility or (X) if not. Record N/A if the member is not an HIV exposed infant (HEI) defaulter | |
| Death Information | | | |
| AE | Number of deaths in the month | a: 0-28 days - Record all deaths between zero to 28 days of age which occurred in the month b: 29 days-11 months - Record all deaths between 29 days to 11 months of age which occurred in the month c: 12-59 months - Record all deaths between 12-59 months of age which occurred in the month d: Maternal - Record all deaths of women during pregnancy or child birth or within 42 days after delivery which occurred in the month e: Other deaths - Record all deaths in the household and not counted above which occurred in the month | |
| Others | | | |
| AF | Remarks/other services provided | Write any remark which you think is important for follow-up or any other services provided not recorded among the indicators in the columns provided e.g. jigger management | |
| Household Information | | | |
| AG* | Date of Data Collection (repeated from last page) | The date when the household member receives a service from a Community Health Volunteer, recorded as DD/MM/YY. For example, 31/07/14 | |
| AH* | Village Name (repeated from last page) | The name of the village where the household is located | |
| AI* | Household Number | This is a unique identification number, which is assigned to a household during registration | |
| AJ | Household has a functional latrine in use | Observe and record with a tick (✓) if the household has a functional latrine in use or (X) if the household does not have a functional latrine in use. This also includes all types of toilets and whether they are functional or not | |
| AK | Household with hand washing facilities | Observe and record with a tick (✓) if the household has hand washing facilities (e.g. hand wash basin, tippy tap, leaky tin) or (X) if the household does not have hand washing facilities | |
| AL | Household using treated water | Ask and record with a tick (✓) if the household is always using treated water for drinking or (X) if the household is not always using treated water for drinking | |

HOUSEHOLD LEVEL INDICATORS

| Date of Data Collection | Village Name | Household Number | Household has a functional latrine in use (✓/X) | Household with hand washing facilities (✓/X) | Household using treated water (✓/X) |
|-------------------------|--------------|------------------|---|--|-------------------------------------|
| AG* | AH* | AI* | AJ | AK | AL |
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AG*, AH*, AI* contain data similar to A, B and C respectively.

Service Delivery Log Book

MOH514

HOUSEHOLD LEVEL INDICATORS

| Date of Data Collection | Village Name | Household Number | Household has a functional latrine in use (✓/X) | Household with hand washing facilities (✓/X) | Household using treated water (✓/X) |
|-------------------------|--------------|------------------|---|--|-------------------------------------|
| AG* | AH* | AI* | AJ | AK | AL |
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AG*, AH*, AI* contain data similar to A, B and C respectively.