REPUBLIC OF KENYA – MINISTRY OF HEALTH

MINISTRY OF HEALTH

Division of Community
Health Services
"Afya Yetu, Jukumu Letu"

HOUSEHOLD REGISTER
MOH513

NAME OF CHU:		**COUNTY:**	
MCHUL CODE:		**SUB COUNTY:**	
LINK FACILITY:		**DIVISION:**	
NAME OF CHW:		**LOCATION:**	
NAME OF VILLAGE:		**SUB LOCATION:**	
START DATE:		**END DATE:**	

INSTRUCTIONS ABOUT THE USE OF THE TOOL

DESCRIPTION

✔The household register is a record where we **write major household events or services at the household registration and after every six months.**

✔The Head of the Household should be able to respond and give detailed information about the household.

What type of information collected?

✔The basic information collected is factual data on what was done or identified in the household to measure the actual CHW's outputs and outcomes as a result of household visitations.

✔Basically the tool collects information for individual members as well as collective information for the entire household.

Who should fill?

✔The CHWs

When and to whom it should be submitted?

✔The Household register should be updated with information from the household at the beginning and after every SIX (6) Months.

✔It should be submitted to the CHEW for further analysis and update of the Chalkboard.

Household Level Indicators

1	**Household Number**	Enter the number assigned to the current household- as determined during mapping
2	**Access to safe water**	Record by marking a tick (✔) when the household has access to safe water or (X) when the household does not have access to safe water
3	**Use of Treated Water**	Record by marking a tick (✔) when the household uses water that is treated or (X) when the household does not use treated water.
4	**Hand washing facilities**	Record by marking a tick (✔) when the household has hand washing facilities such as Tippy Tap and leaky Tin or hand wash basin or (X) when the household does not have hand washing facilities
5	**Functional latrine use**	Use a tick (✔) if the household uses a functional latrine or (X) if the household does not use a functional latrine. The description of functional latrine will depend on whether it is in an urban area (slum or not) or rural area
6	**Refuse Disposal Facility**	Record by marking a tick (✔) when the household has a refuse disposal facility or (X) when the household does not have a refuse disposal facility

Individual Level Indicators

A	**Date of Data Collection**	Record Date when the Household member was registered.(recorded as DD:MM:YY i.e. 11/12/2013).
B	**Individual Code**	The number assigned by CHW that individually identifies a member of the household
C	**Name of Household member**	Record the individual names that identify a household member - Record at least THREE names FOR EXAMPLE James Karani Bosire.
D	**Age in completed years**	Record the age of the household member at the last birth day, expressed in figures/ numbers. Age here must be indicated in years or months or days (months for < 1 year, days for less than 1 month)
E	**Sex (M/F)**	This should be recorded as M for male and F for female
F	**Relationship to HHH**	This should be recorded using the key, as 1 for Household head, 2 for spouse, 3 for Child by Birth, 4 for Child by Registration, 5 for grand child , 6 for brother or sister, and 7 for others
G	**Orphan**	Record by marking a tick (✔) when household member is an orphan. Record (X) if the household member is not an orphan
H	**Has birth certificate**	Record by marking a tick (✔) when household member has a birth certificate. Record (X) if the household member does not have a birth certificate

I	**In school**	Record by marking a tick (✓) when the household member is in school , or (X) when the household member is not going to school. It refers to children of school age (for primary education). This is the age of 6-18 years (Ministry of Education of Kenya)
J	**Pregnant**	Record by Indicating with a tick (✔) whether a household female member is pregnant or (X) if the household female member is not pregnant. The CHW should observe or ask the woman in the household
K	**Mother and Child Health Booklet**	Record with a tick (✔) if the household member has been issued with a mother and Child Health booklet. Record (X) if he household member has not been issued with a mother and Child Health booklet. It is for children of 0-59 months age and pregnant mothers
L	**ANC (4 + times)**	Record by marking with a tick (✓) if a household member who is a mother of a child of 0-11 months completed at least 4 Ante Natal Clinic (ANC) visits during the pregnancy period or mark with a (X) if a household member who is a mother of a child of 0-11 months did not complete at least 4 Ante Natal Clinic (ANC) visits during the pregnancy period
M	**Skilled Birth attendant**	Record by marking with a tick (✓) if delivery within the past 6 months was through skilled birth attendants or (X) if delivery within the past 6 months was not through skilled birth attendants
N	**Exclusively breastfeeding**	Record by marking a tick (✔) when the child in the household is less than 6 months and is exclusively breastfed, and put (X) when the child less than 6 months in the household was not exclusively breastfed,
O	**Using FP Methods**	Record one of the provided numbers (1 for Modern,2 for Traditional/ Natural, 3 for None) to indicate the family planning method used. This applies to women of reproductive age
P	**Penta1 given**	Record by marking a tick (✔) when a child aged 6 weeks -11 months in the household was given Penta1 or (X) if the child was not given Penta1
Q	**Penta 3 given**	Record by marking a tick (✔) when a child aged 14 weeks-11 months in the household was given Penta 3 or (X) if the child was not given Penta 3.
R	**Measles given**	Record by marking a tick (✔) when a child of 9-11 months age in the household was given Measles vaccination or (X) if the child was not given Measles vaccination
S	**Fully immunized**	Record by marking a tick (✓) when a child of 9-11 months of age in the household was given ALL vaccinations required or (X) if the child was not given ALL vaccinations required
T	**Vitamin A given**	Record by marking a tick (✓) when the child 6-59 months years in the household was given Vitamin A in the last 6 months or (X) if the child was not given Vitamin A in the last 6 months
U	**Children aged 6-23 Months receiving 3 or more food groups three times a day**	Record by marking a tick (✓) when the child in the household aged 6-23 months receives 3 or more food groups per day or (X) if the child does not receive 3 or more food groups per day. Ask what food the child was given over the past 24 hours and determine the food groups in the food provided. Ask question where there are children of less than 24 months of age.

V	**Severely Malnourished (MUAC indicating Red)**	Record by marking a tick (✓) when the household child's (6-59 months age) mid upper circumference (MUAC) is red or (X) when the child in the household has mid upper circumference (MUAC) that is not red.
W	**Moderately Malnourished (MUAC indicating Yellow)**	Record by marking a tick (✓) when the household child's (6-59 months age) mid upper circumference (MUAC) is yellow or (X) when the child in the household has mid upper circumference that is not yellow
X	**LLIN use**	Record by marking with tick (✓) whether the household member slept under a Long Lasting Insecticide Net (LLIN) the night before or (X) when the household member did not sleep under LLIN the night before.
Y	**Known chronic illness**	Record by use of tick (✔) in one or more of the numbered columns for any known chronic illness observed (1=Diabetes,2=Cancer, 3=Mental Illness,4=Hypertension,5=Chronic Respiratory Diseases) and (X) when the household member has not had the chronic illness. It is a chronic illness if someone has been unwell for 1 year or more without healing
Z	**Cough (2 Weeks and above)**	Record by marking a tick (✓) when the household member has chronic cough for 2 weeks or longer or (X) when the household member has not had chronic cough or had had it for less than 2 weeks
AA	**Knows HIV Status**	Record by marking a tick (✓) when the household member know his/her HIV status over the past 6 months, or (X) when the household member does not know his/her HIV status.
AB	**Disability**	Indicate by choosing one or more numbers out of the numbers given (1=Visual, 2=Hearing, 3=Speech,4=Physical, 5=Mental, 6=Other) of any identified kind or type of disability.
AC	**Remarks**	Write any remark which you think is important for follow-up
AD	**Date of Death**	Record date when the household member died (recorded as DD:MM:YY) for example 11/12/13.
B*	**Individual Code**	The number assigned by CHW that identifies an individual in the household (in this case, a dead member). The code might not be available in case of still births. But the death should be recorded
C*	**Name of Household member**	Record the individual names that identify a household member - Record at least THREE names. For example James Karani Bosire.
D*	**Age in completed years**	Record the age of the household member at the last birth day, expressed in figures/ numbers. Age here must be indicated in years or months or days (months for < 1 year, days for less than 1 month)
E*	**Sex**	This should be recorded as M for male and F for female
AE	**Comments**	Include comments e.g. stillbirths, neonates or any other information to make the entry more understandable such as reason why there is no individual code

1. Household Number _____

Household Register

MOH513

Date of Data Collection (Record as DD:MM:YY e.g. 16/09/2013)	Individual Code	Name of Household member	Age in completed years *Months for < 1 year, *Days for less than 1 month	Sex (M/F)	Relationship to HHH 1=HHH, 2=Spouse, 3=Child(B), 4= Child (R), 5=Grandchild, 6=Brother/Sister, 7=Others	Orphan (✔/X)	Birth certificate (✔/X)	In school (✔/X)	Pregnant (✔/X)	Mother and Child Health Booklet (✔/X)	ANC (4 + times) (✔/X)	Skilled birth attendant (✔/X)	Exclusively breastfeeding (✔/X)
A	B	C	D	E	F	G	H	I	J	K	L	M	N
Total													

Household indicators	✔
2. Access to safe water (✔)	
3. Use of Treated Water (✔)	
4. Hand washing facilities (✔)	
5. Functional Latrine use (✔)	
6. Refuse Disposal Facility (✔)	

DEATHS					
Date of Death	Individual Code	Name of Household member	Age	Sex	Comments e.g. neonates
AD	B*	C*	D*	E*	AE

B*, C*, D* and E* contain data similar to be B, C, D and E respectively.

Household Register MOH513

Using FP Methods 1=Modern, 2=Traditional/Natural 3=None	Penta1 given (✔/X)	Penta 3 given (✔/X)	Measles given (✔/X)	Fully immunized (✔/X)	Vitamin A given (✔/X)	Children 6-23 months receiving 3 or more food groups three times a day (✔/X)	Severely Malnourished (MUAC indicating Red) (✔/X)	Moderately Malnourished (MUAC indicating Yellow) (✔/X)	LLIN use (✔/X)	Known chronic illness 1=Diabetes, 2=Cancer, 3=Mental Illness, 4=Hypertension, 5=Chronic Respiratory Diseases	Cough (2 Weeks and above) (✔/X)	Knows HIV Status (✔/X)	Disability 1=Visual, 2=Hearing, 3=Speech, 4=Physical, 5=Mental, 6=Other	Others ( )	Remarks
P		Q	R	S	T	U	V	W	X	Y	Z	AA	AB		AC

DEATHS					
Date of Death	Individual Code	Name of Household member	Age	Sex	Comments e.g. neonates
AD	B*	C*	D*	E*	AE

B*, C*, D* and E* contain data similar to be B, C, D and E respectively.