Republic of Kenya – Ministry of Health



PostNatal Care (PNC) Register MOH 406

County:		
Sub-County:		
Health Facility:		
Туре:	Man. Agency:	
Start date:	End date:	

Edition: April 2019

Between the care is care given to both the mother and revolven to mission in order to reduce the incidence of complications and desirins a well as to promote the well are of the mother to desire the public formation in the case of the case in the	Column ID		Column Label	Column Description
B PNC Register Number (New Visits) PNC			Post-natal care is care given to both the mother and newbo	
PROC Registration Registration PROC Registration Registration PROC Registration Registration PROC Registration Registration Registration PROC Registration Registrati	A		Date of Visit	Enter the date the mother reports to the health facility after delivery in the format dd/mm/yy
Enter the clear's set in annex in the clear's full names in the clear's set in annex in the set in annex	_			This number is serially allocated to the mothers upon the initial (planned) visit. PNC number will be generated once and the format is YYYY-4MA-NNNN; PNC number will be generated once Fill-out the Postnatal Clinic Number in the format YYYY-MM-NNNN. Where YYYY is the year, Mill is the month and XXXV is the sequential visit order number for this client. For example, a client work makes the initial size in Federacy 2019 and is the 8th client of the month should be given the number; 2019-20-2000.
Enter the cleared face in scoreopined views as at last billiotine Feter the DOB of the clear as DDMM/YY Sub-County/County Enter the name of the subcounty if client resides with the county where facility is boarded. For the name of the subcounty if client resides with the county where facility is boarded. For the name of the subcounty if client resides with the county where facility is boarded. For the name of the subcounty if client resides with the county where facility is boarded. For the name of the subcounty if client resides and the county where facility is boarded. For the name of the subcounty if client resides and the county of the face the name of the village/estated Landmarkan where the client resides. Record the client or of the subcounty is client and the forms distinctly. July Signs My Postpartum Visit Timing Mother Record the extual time the Bobby reports for PNC services using the codes: 1 – 0.48 Hours. 2 – 3 days – 6 weeks 3 – more the name of the pulse of the mother on this visit. Ny Visit Signs Ny Visit Signs Record the extual time the Bobby reports for PNC services using the codes: 1 – 0.48 Hours. 2 – 3 days – 6 weeks 3 – more the name of the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the state of the uterus using the key provided 1 – contrained 2 – not contrained 3 – Services and the pulse of the mother on this visit. Post of the mother on this visit. Record the state of the uterus using the key provided 1 – contrained 2 – not contrained 3 – Services and the state of the uterus using the key provided 1 – contrained 2 – not contrained 3 – Services and the state of the uterus using the key provided 1 – contrained 2 – not contrained 3 – Services and the state of the uterus using the key provided 1 – the removal 2 – response 4 – services and 1				If this is a subsequent PNC visit, enter in this column the PNC number which was given to the client at her first postnatall visit.
Enter the name of the subcounty if cleant resides within the country where facility is located. Else, enter name of County if the facility is located. No. Vising Estate Landmark Telephone number Enter the name of the vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the cleant or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the client or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the client or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the client or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the client or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the client or of the Vising-lestated Landmarkan where the client resides. Record the Telephone numbers for the Client Client Landmarkan where the client resides. Record the Telephone numbers for the Client Client Landmarkan where the Client resides. Record the Telephone numbers for the Client Client Landmarkan where the Client resides. Record the strated fresh the mother reports for PNC services using the codes: 1 o-048 Hours 2 -3 days - 5 weeks 3 -more the Record the actual time the mother reports for PNC services using the codes: 1 o-048 Hours 2 -3 days - 5 weeks 3 -more the Record the properties residings, actual residing of the Telephone numbers for the Record the Strate of the Decord Landmark and the Client Client Landmark and the Clie		Information		
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Matemity-Hatory Mode of Delivery Indicates where the delivery coccurred using the codes: 1 in Earlith /2 in Home 2. b BBA				Enter the name of the village/estate/Landmarkan where the client resides.Record the Telephone numbers for the client or closest person to enable tracing or follow-ups
J Mode of Delivery Einer the method of delivery unite codes: 1-5 VD 2-CIS 3-Breach 4-AVD	н	Materials I Hater		
K Peagartum Visit Timing Mother Record the actual time the mother reports for PNC services using the codes: 1 o -48 Hours 2 - 3 days - 6 weeks 3 - more in Peagartum Visit Timing Baby Record the actual time the Babby reports for PNC services using the codes: 1 o -48 Hours 2 - 3 days - 6 weeks 3 - more in Peagartum Visit Timing Babby Record the actual time the Babby reports for PNC services using the codes: 1 o -48 Hours 2 - 3 days - 6 weeks 3 - more in Peagartum Visit Timing Babby Record the pulse of the mother on this visit. No Vital Signs Palet Record the pulse of the mother on this visit. Palet Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of the pulse of the mother on this visit. Record the pulse of t		iviaternity history		
L Designaturu Visal Timing Baby				
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Pute Record the pulse of the mother or this valid. No Second the blood pressure readings of the mother or this valid. Record the blood pressure readings of the mother or this valid. Record the blood pressure readings of the mother or this valid. Record the state of the breast. List seek provided 1 to mild. 2 emotivates, 3s severe includes YES if present. NO I useent. If Yes Liste key provided 1 to mild. 2 emotivation, 3s severe includes YES if present. NO I useent. If Yes Liste key provided 1 to mild. 2 emotivation, 3s severe includes YES if present. NO I useent. If Yes Liste key provided 1 to mild. 2 emotivation, 3s severe includes YES if present. NO I useent. If Yes Liste key provided 1 to mild. 2 emotivation 3s of the North Yes Liste key provided 3s of the State of the Liste value using the key provided 2s and contracted 3s of thems Specify. The Examinations Costinated 3s of the State of the Liste value using the key provided 2s and contracted 3s of thems Specify. The Examinations Costinated 3s of thems Specify. Record using the key provided 1-filleding; 2-hbornal, 3-inhected, 4-diageing, 5-hbA. Lochia Record using the key provided 1-filleding; 2-hbornal, 3-inhected, 4-diageing, 5-hbA. Lochia Record using the key provided 1-filleding; 2-hbornal, 3-inhected, 4-diageing, 5-hbA. X TB TS recensing Record using the key provided 2-filleding; 2-hbornal, 3-inhected, 4-diageing, 5-hbA. X TB TS recensing Record using the key provided 1 filleding; 2-hbornal, 3-inhected, 4-diageing, 5-hbA. X TB TS recensing Record the HIV status of client Pt propositive and Tbs. 2-hb signs, 3: On TB treatment, 4-hbS done A Record the HIV status of client Pt propositive and Tbs. 2-hb signs, 3: On TB treatment, 4-hbS done A Record the HIV status of client Pt propositive and No the final provided Pt for Positive result, Nor Negative, 1-filled Pt for Month Pt for Month Pt for Month Pt for				
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P Pallor		Vital Signs	Pulse	Record the pulse of the mother on this visit.
Reset Record the state of the breast. Use key provided: Incorrent 2-x capped rapple; 3-engaged; 4-engaged. 3-engaged rapple; 3-engaged. 3-e				Record the blood pressure readings of the mother on this visit
R S Potastatal T Desaminations				
PPH Record Iffere is PPH Luisin the Next. 1-protected: 2.4 Absent				
T Section Site C-Section Site Second using the key provided: 1-Biseeding: 2-Biseeding: 2-				
U V Episioteny Second using the key provided: 1-informal 2-FG at smelling, 3-if-zerostive W Fisioteny Second using the key provided 2-Ganging 3-informal, 4-feet and 5-8-WA Record VFF II Recompined feature Capings 3-informal, 4-feet and 6-8-WA X TB IIs cerening Record VFF II Vestionagined feature or VFF II Recompined feature or VFF II				
Epistotrony W Finals (VIF et VIR) Record Unit II to keep leven: 1-1 April 1-		Examinations		
Final (VPC or VVPC) Record VPF I Vestcoraginal facilia or PCPF I Rectionaginal facility I Record that PCPF I R				
X TB TB screening Record using the key provided: 1. Pressument TB 2. No signs, 3: On 15 treatment, 4-level done X HV Status Per Knoun Status Record the HV status of client P for positive and LV relative and LV treatment and LV relative relative to the relative science in the relative science i			Episiotomy	Record using the key given: 1=Repaired 2=Gaping 3=Infected ; 4=Healed, 5=N/A
Y Visitatus Pere Known Satusts Pere Victor Satusts Pere Victor Satusts Pere Known Satusts Pere Victor Satusts Pere Victor Satusts Pere Known Satusts Pere Victor Satusts Pere Victor Satusts Pere Known Satusts Pere Victor Satusts Pere Known Market Record using the key provided Y (Yes) N Noh NA (Net Applicable) R (Revisit) Pere Market Market Pere Code using the key provided Y (Yes) N Noh NA (Net Applicable) R (Revisit) Pere Market Market Pere Victor Satusts Pere Victor				Record VVF if Vesicovaginal fistula or RVF if Rectovaginal fistula or VVR if Vesicovaginal Reflux
Ested PRC Recults in PRC AC Results in PRC AC AC Results in PRC AC AC AC AC AC AC AC AC AC	х	TB	TB screening	Record using the key provided: 1= Pressumed TB, 2: No signs, 3: On TB treatment, 4=Not done
AA HIV Test 1 Indicate the Kit name, Lot no and the expiry Then indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate results using the key provided P for Positive result, N for Negative AB Partner Indicate P for Positive result, N for Negative AB Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative AB Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive result, N for Negative and N for not applicable. AN Partner Indicate P for Positive results and N for not Counseled AB Partner P for N for not Counseled AB Partner P for Positive results and N for not Counseled AB Partner P for N for not Counseled AB Partner P for N for not P for Positive results and N for not Counseled AB Partner P for Positive results and N for not Counseled AB Partner P for N for not P for Positive results and N for not C	Y	HIV Status	Prior Known Status	Record the HIV status of client P for positive and N for Negative and U for unknown
AB HIV Test 2 Indicate the Kit name, Lot no and the epity Then indicate results using the key provided P for Positive result, N for Negative AD A	z		Tested PNC	Record the HIV status of client P for positive and N for Negative and U for unknown
AC Results in PNC c-divised control and provided	AA		HIV Test 1	Indicate the Kit name, Lot no and the expiry Then indicate results using the key provided P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AB HAART A Infant Convolved Convolve	AB		HIV Test 2	Indicate the Kit name, Lot no and the expiry Then indicate results using the key provided P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AD Notes Indicate using the key provided P for Positive result. Not Nearthelp. IC for indicative and NA for not applicable. AE HART & Infant AG Testiment AG Tes	AC	Danisha ia DNO	c=8wks	<=6wks Indicate using the key given: P for Positive result. N for Negative, IC for indicative, and NA for not applicable.
HART & Inflam. AG AG AG AG AG AG AG AG AG A	AD	Results in PIVC	>6wks	
AG A	AE			NVP and AZT Baby Record using the key provided: Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AG Testment AH Service And AZT Baby. Record using the key provided YY (Yes) N (No) NA (Rot Applicable) R (Revisit) AL Outple Counselled? If the mother was counseled for HIV together with the patient, record Y if not record Y if the mother was counseled for HIV together with the patient, record Y if not record Y if the patient record Y if not Y if	AF		C-OWKS	HAART for Mother Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AH HAART for Mother Record using the key provided Y (Yes) N N(N) NA (Rot Applicable) R (Revisit) AJ Partner HIV CS Couple Counselled? If the mother was counselled for HIV opening with the partner, record Y in not record. Y in			-Awks	NVP and AZT Baby Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AJ Partner Tested in PNC AK AL Cervical cancer				
Results Record Cender Comment of Cender Comment Commen				
AL Cervical cancer AM screening AN PPFP Council of Ender Post Partum Family Planning AN PPFP Council of Modern Post Partum Family Planning AD PPFP AD Other maternal complications AD PPFP AD Other maternal complications AD PRESENTING AD OTHER MARKET AND ADDRESS AND ADDRE		Partner HIV C&T		
AN Defining Results Results Record the results as 1-Normal, 2-Suspected.3= Confirmed and 4= ND if not done AN PPFP Counseled on Modern Post Parturn Family Planning Record Yes if Quene All No if not Counseled AD PPFP Recorded Modern Post Parturn FPP Record Yes if Quene Post parturn Membra of it not given. (Details of the method given should be recorded in the FP reg AP Other material complications Record Yes if Quene Post parturn Membra of your examinations AG Hermatinics Hermatinics are dispensed, entirely Yor Yill not. Record Yes if Quene Yor Yor IV not. Record Yes if Quene Yor Yor IV not. Record Yes if Quene Post Parturn Membra of the method given should be recorded in the FP reg AR IV Not Post Parturn Membra of the membra			Results	Record the test results as follows: P for positive, N for negative, U for unknown and KP for known positive results before this visit
AN PPFP Counseled on Modern Post Partum Family Planning Record Yes if Sylven Post partum Method and No if not given, Details of the method given should be recorded in the FP reg AP Other maternal complice Other Maternal Complications Record Yes if Sylven Post partum Method and No if not given, Details of the method given should be recorded in the FP reg AP Other maternal complice Heamstrinics Heamstrinics and dependent Yes Yor N if not Record Yes if given Post partum Method and No if not given, Details of the method given should be recorded in the FP reg AP Other maternal complice Heamstrinics Heamstrinics Heamstrinics Heamstrinics Heamstrinics Heamstrinics Heamstrinics				If the patient has been screened for Cervical Cancer, enter Yes or No / then methods of assessment used (PAP/VIA/VILI/ND)
AO PPFP Received Modern Post Partum FP Record Yes if given Post partum Method and No if not given, (Details of the method given should be recorded in the FP reg AP Other maternal complice Other Maternal Complications Record or indicate the results of your examinations If haematinics If haematinics If haematinics If haematinics are dispensed, enter Y or N if not Record or per provided codes. 1 = TROM monthly Unit 2 = ROM Another Health facility 3 = Not Applicable				
AP Other maternal complice Other Maternal Complications Record or indicate the results of your examinations AQ Hamatinics Hamatinics are dispensed, enterly or N if not. Record as per provided codes: a.1 = RROM Committed Codes as 1.3 = RROM Code Code Code Code Code Code Code Code				
AQ Haematinics Haematinics II haematinics are dispensed, netry 7 Ni mot Record as per provided codes: a. 1 = RROM Community Unit 2 = RROM Another Health Facility 3 = Not Applicable				Record Yes if given Post parturn Method and No if not given. (Details of the method given should be recorded in the FP register)
AR From Record as per provided codes: a. 1 = FROM Community Unit 2 = FROM Another Health Facility 3 = Not Applicable				
AR		Haematinics		
	AR		rium	Record as per provided codes: a. 1 = FROM Community Unit 2 = FROM Another Health Facility 3 = Not Applicable
AS Referrals To Record as per provided codes: a.1 = TO Community Unit 2 = TO Another Health Facility 3 = Not Applicable	AS	Referrals	То	Record as per provided codes: a. 1 = TO Community Unit 2 = TO Another Health Facility 3 = Not Applicable
AT Reasons for referrall. specify	AT	Reasons for referralls	pecify	
AU Remarks Any other comments that will be beneficial to the client and service	AU	Remarks		Any other comments that will be beneficial to the client and service

Ministry of Health	h												Postnatal Register					Page 1	Ministry of Healt			
			Registration Information	1				Maternity Histo	ory	Postpartum Visit Timing Mother	Postpartum Visit Timing Baby		Vital Signs		F	Postnatal Exami	nations			Postnatal Examinations		
Date of Visit (dd/mm/yyyy)	PNC Number (New Visit)	PNC Number (Revisit)	Full Name(three names)	Age in Years	SubCounty/ County	Village/Estate/ Landmark Telephone number	(dd/mm/yyyy)	y Place of Delivery 1)Facility 2) Home 3) BBA)	Mode of Delivery 1) SVD 2) CS 3) Breech 4) AVD	2 = 3 days to 6 weeks	1= 0-48hrs 2= 3 days to 6 weeks 3=more than 6 weeks	Temp	Pulse	Blood Pressure	Pallor 1=mild 2=moderate (Y/N/)	Breast	Uterus	PPH	C-Section Site	Lochia	Episiotomy	Fistula
							_								(1,2,3)	(1,2,3,4)	(1,2,3)	(1,2)	(1,2,3,4,5)	(1,2,3)	(1,2,3,4,5)	VVF RVF or VVR
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(0)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
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New PNC Visit (c)
PNC Revisit (d)	
Total PNC Visits	

	Total
New PNC Visit within 48 hours	
New PNC Visit 3 days<6weeks	
New PNC Visit after 6weeks	

CLIENT AGE (f)	Total
10-14yrs	
15-19yrs	
20-24yrs	
25yrs Plus	
Totals	

PNC Visit Baby	Total	
New PNC Visit within 48 hours		
New PNC Visit 3 days<6weeks		
New PNC Visit after 6weeks		

Codes for Col (p)	Codes for Col (q)
1=Mild	1=Normal
2=Moderate	2=Cracked nipple
3=Severe	3=Engorged
	4=Mastitis
Codes for Col (r)	Codes for Col (s)
1=Contracted	1=Present
	1-1 100011
2=Not Contracted	2=Absent

Codes for Col (i)	Codes for Col (j)	Codes for col (t)	Codes for Col (u)
F=Facility	1=SVD	1=Bleeding	1=Normal
H=Home	2=CS	2=Normal	2=Foul smelling
BBA=Born Before Arrival	3=Breech	3=Infected	3=Excessive
	4=AVD	4=Gaping	
		5=NA	

	_
Codes for Col (v)	
1=Repaired	No. Initial test at PNC: (aa)
2=Gaping	No.HIV Positive results (ad) & (ae):
=Infected	Initial test at PNC_Male (i.e. Partners) (ak):
=Healed	No. Positive Adolesc+ents 10-19 yrs_PNC (ad)(f) & (ae)(f)
=NA	No. Started HAART Adolescents 10-19 yrs (ag)(f) & (ai)(f)
	No. Start HAART_PNC (ag) & (ai):

No.Infant ARV prophylaxis (af) & (ah):

							1						Postnatal F	Register							1
TB screening				HIV Status				HAART & Infant	Prophylaxis and	Treatment	Part	ner HIV status		Cervical Car	ncer Screening	Counseled on Modern Post Partum Family Planning	Received Modern Post Partum Family Planning	Other Maternal Complications	Haematinics	Reff	ferals
TB Screening 1=Presumed TB 2=No signs 3= On TB treatment	Prior Known HIV Status	Tested PNC	HIV Test 1	HIV Test 2	Results in	n PNC		<=6wks		>6wks	Couple Counselled	Partner Tested in PNC (Y/N/NA)	Results	Y/N	Results 1=Normal, 2=Suspected, 3= Confirmed,	Y/N	Y/N		(Y/N)		
4= Not done			Kit Name:	Kit Name:			NVP and AZT Baby	HAART for Mother	NVP and AZT Baby	HAART for Mother					4= Not done					From	То
			Lot No. Expiry	Lot No. Expiry	<=6wks	>6wks	-							Method Used						1 = Community Unit 2 = Another Health Facility	2 = Another Healt
	(P/N/U/KP)	(I/R/ND/NA)	(N,P,I,NA)	(N,P,I,NA)	(P/N/IC/NA)	(P/N/IC/NA)	(Y/N/NA/R)	(Y/N/NA/R)	(Y/N/NA/R)	(Y/N/NA/R)	(Y/N)	(I/R)	(P/N/NA/ KP)	(PAP/VIA/VILI/ HPV/ND)	(1,2,3,4)					3 = Not Applicable	Facility 3 = Not Applicable
(x)	(y)	(z)	(aa)	(ab)	(ac)	(ad)	(ae)	(af)	(ag)	(ah)	(ai)	(aj)	(ak)	(al)	(am)	(an)	(ao)	(ap)	(aq)	(ar)	(as)
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Screened for Cervical Cancer (PAP)(am)	
Screened for Cervical Cancer (VIA)(am)	
Screened for Cervical Cancer (VILI)(am)	
Screened for Cervical Cancer (HPV)(am)	
Received an FP method (am)	

Codes for Col (an)	
1=Normal	
2=Suspected	
3=Confirmed	
4=ND if not done	

HIV Test 1	Number	HIV Test 2	Number
N: Negative		N: Negative	
P: Positive		P: Positive	
I: Invalid		I: Invalid	
Wastage:		Wastage:	
Total:		Total:	