The background of the page features a repeating pattern of the Ghana Health Service logo. The logo consists of a yellow map of Ghana with a red 'H' and 'S' inside, surrounded by a green circular border with the text 'GHANA HEALTH SERVICE' and 'Your Health Our Concern' below it.

Health Information Management System

Standard Operating Procedures

4th Edition 2020

FORWARD

It is the belief of the Ghana Health Service that achievement of the Sustainable Development Goals (SDGs) is highly reliant on having quality data to guide decision making across all levels of the health system. Consequently, the Service is committed to periodically updating the existing Standard Operation Procedures (SOPs) for Health Information Practices into a more standardised and comprehensive document that will guide and ensure uniform health information practices nationwide.



The first edition of the SOP provided a document to guide the process for the capturing, collation and analysing data in the Service. The second edition trained health workers in public, faith-based, quasi-government and private sectors, created awareness about the availability of information, stimulated a better understanding of health information management issues, engendered the production of quality data and stimulated the use of information for decision making by managers. The third edition of the SOP sought to enhance information use for decision-making, improve efficiency in service delivery, improve supervision and monitoring, and contribute to pre-service training of health workers.

This fourth edition of the HIMS SOP seeks to revise and update the previous editions to reflect current realities such as the introduction of digitised registers at the lower level, agreed strategic information indicators with partners, how this is derived and generated in DHIMS2, update the programme indicators over the past two years as well all MCH respective datasets and monthly reports that have been revised and updated but not available in the current GHS HIMS SOP.

There are new guidelines on automating respective data sets from other systems to DHIMS 2. Hence, information about the newly introduced systems such as Ghana Integrated Logistics Management Information System (GiLHMIS), Human Resource Information Management Software (HRIMS) and the Planning and Budget Management Information System (PBMIS) for the Service will be included in this SOP to guide how these systems' data is captured and integrated with the DHIMS2. The SOP will also include a detailed description of the routine methods and activities of programmes and systems for managing data within the health sector. This would ensure that the specified supervisory personnel responsible for the monitoring and evaluation of all services follow the requisite standard procedures for data management without ambiguity.

A key milestone for this edition is the Ada declaration on DHIMS2 data lock from the current 90-day stratagem to a much-reduced stratagem of 60 days to push districts and facilities and programmes to take up much greater oversight and support the guiding principles for data verification and validation as stipulated in the SOPs is produced on time.

I am hopeful that this SOP will reflect the data quality improvement that has taken place in the Service and direct the way managers use the health service data for improved decision making.

DR. PATRICK KUMA-ABOAGYE
Director General, Ghana Health Service

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We acknowledge the staff of the Policy Planning Monitoring Evaluation Division especially the Information Monitoring and Evaluation Department and the Centre for Health Information Management (CHIM) who put together the first edition and coordinated the subsequent editions of the SOP. We appreciate with much gratitude the effort of all the Divisions, Programs, Regional and District Health Directorates of the Ghana Health Service and Christian Health Association of Ghana who provided and reviewed definitions for each element on the reporting forms and contributed immensely to the compilation of this very important document. We are also very grateful to Mr. Daniel Darko the past head of CHIM whose contribution to all the four editions cannot be over emphasized.

We further acknowledge the financial and technical assistance of the following donor partners and programs in the development of the various editions of the SOP.

Editions

First Edition

Contributors

World Health Organization (WHO)
Policy Planning Monitoring and Evaluation Division
USAID Focus Region Health Project

Second Edition

Global Fund
National Malaria Control Programme (NMCP)
Policy Planning Monitoring and Evaluation Division
Malaria Care
Population Council

Third Edition

Global Fund
Policy Planning Monitoring and Evaluation Division
USAID Systems for Health Project

Fourth Edition

USAID Accelerate Project
Global Fund
Policy Planning Monitoring and Evaluation Division

LIST OF ABBREVIATIONS

ACT	Artemisinin Combination Therapy
AERF	Adverse Event Reporting Form
AFP	Acute Flaccid Paralysis
ADH	Adolescent Health
ADHD	Attention Deficit Hyperactive Disorder
ALOS	Average Length of Stay
ANC	Ante Natal Clinic
ARV	Anti-Retroviral
BF	Blood Film
BMC	Budget Management Centre
BMI	Body Mass Index
BOR	Bed Occupancy Rate
BP	Blood Pressure
BTR	Bed Turnover Rate
CBSV	Community Based Surveillance Volunteer
CHAG	Christian Health Association of Ghana
CHIM	Centre for Health Information Management
CHO	Community Health Officer
CHPS	Community-Based Health Planning and Services
CHRC	Child Health Record Card
CIC	Community Initiated Clinics
CoD	Cause of Death
CSO	Civil Society Organization
CWC	Child Welfare Clinic
DG	Director General
DDHS	District Director of Health Services
DHIMS	District Health Information Management System
DHIO	District Health Information Officer
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DQA	Data Quality Audit
EBF	Exclusive Breast Feeding
EPI	Expanded Programme on Immunization
FH	Foetal Heart
FHD	Family Health Division
FP	Family Planning
FPG	Fasting Plasma Glucose
GHS	Ghana Health Service
GF	Global Fund
GoG	Government of Ghana
GRMA	Ghana Registered Midwife Association
Hb	Haemoglobin concentration
HIO	Health Information Officer
HITWG	Health Information Technical Working Group
HIV	Human Immuno-Deficiency Virus

HPG	Hour Plasma Glucose
ICD	Institutional Care Division
IGF	Internally Generated Fund
IME	Information Monitoring and Evaluation
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
LWR	Labour Ward Register
MCCD	Medical Certificate of Cause of Death
MDA	Ministries Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MTMSG	Mother-to-Mother Support Group
MUAC	Mid- Upper Arm Circumference
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
OPD	Out-Patient Department
OPV	Oral Polio Vaccine
PC	Personal Computer
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PPFP	Post-Partum Family Planning
PPMED	Policy Planning Monitoring Evaluation Division
RDHS	Regional Director of Health Services
RHIO	Regional Health Information Officer
RHMT	Regional Health Management Team
SD	Standard Deviation
SDP	Service Delivery Point
SHR	School Health Register
SP	Sulphurdoxine Perimethamine
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TD	Tetanus Diphtheria
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization
WIFA	Women in Fertility Age

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CHAPTER ONE

INTRODUCTION TO STANDARD OPERATING PROCEDURES FOR HEALTH INFORMATION MANAGEMENT

PURPOSE

This Standard Operating Procedures (SOPs) provides a formalized system to guide data collection, collation, storage, analysis, reporting and utilization. These standard procedures start before data collection and continue after reporting and utilization. These standard procedures start before data collection and continue after reporting and utilization, requiring ongoing coordination and oversight.

These procedures outline how to manage data to obtain quality information to facilitate decision making in the service.

It also specifies the minimum data quality and quantity requirement as well as the procedures that will be used to analyse and report those data.

AIM

The aim of these SOPs is to reach maximum accuracy, completeness, integrity, and traceability of the data generated and collated by Ghana Health Service (GHS) and other health implementing agencies.

OBJECTIVES

1. Provides guidelines for maintaining a reliable data management system for the health sector.
2. Provides guidelines for ensuring complete, accurate and timely data for health service, its donor partners and the other stakeholders
3. Provides guidelines for monitoring and evaluation
4. Provides guidance to support program implementation

GUIDING PRINCIPLE

At all levels in the health service, staff are involved in data management. Also, there are other personnel responsible for monitoring and evaluation. This SOP is a written description of the routine methods and activities for managing data in the health sector.

This SOP ensures that all service providers follow the same procedures in all facilities. These procedures should not change as a result of change of personnel. All health personnel should be thoroughly familiar with this SOP. Deviation from the SOP will affect data quality and integrity.

FLOW OF DATA

Ghana's Health Management Information System is organised into four levels: facility, Sub District, District, Region and national. To improve access to healthcare, the health sector is opened up to a wider range of providers, both public and private, at all levels. Health interventions are packaged and delivered in communities, health facilities, districts, and tertiary and teaching hospitals.

Figure 1 illustrates the flow of health data and information from the health facilities to sub districts, districts through the regions to the national system. It also illustrates the feedback mechanism from the national level through regions and districts to health facilities at the Sub District level.

The Health Sector requirement is that all health facilities both private and public report on all services provided according to the agreed respective schedule. Facilities are to report through the Districts / Municipals / Sub-Metropolitan/ Metropolitan Health Directorates in which they are located as specified in Ghana Health Service Act, 525.

The District Health Information Management System (DHIMS) shall serve as the final destination for all routine Health service data. All health facilities using Electronic Medical Record System (EMRs) shall follow approved guidelines in procuring these system to allow for them to be automated into DHIMS :

The Teaching Hospitals Information Management System (THIMS) shall be the repository of routine health data for all teaching Hospitals in Ghana. THIMS will receive routine reports from EMRs being used by the hospital manually entered or automated base on standard protocol and compatibility.

Facility summaries of all data collected are verified by In-charges and documented. Facilities shall validate their data for entry into District Health Information Management System (DHIMS).

Facilities using eTracker for MCH, HIV and TB shall have their data validated and automated into DHIMS on the 5th of the ensuing month.

Facilities without access to computers shall submit their verified data to the sub-district for verification and data entry. Districts are to collate quarterly activity reports of sub-districts/facilities and submit to regions. Regions are to collate quarterly activity reports from districts and submit to National level.

Regional Hospitals and some specialized health facilities perform day-to-day duties without the direct oversight of the District Health Directorates in which they are located. These reports are transmitted manually or electronically through the Region to the National level.

The GHS shall give periodic report to MOH on THIMS to deliver as feedback to all teaching hospitals while the rest of other health facilities; public and private shall receive feedback from GHS/Programs/CHIM through the districts and regions.

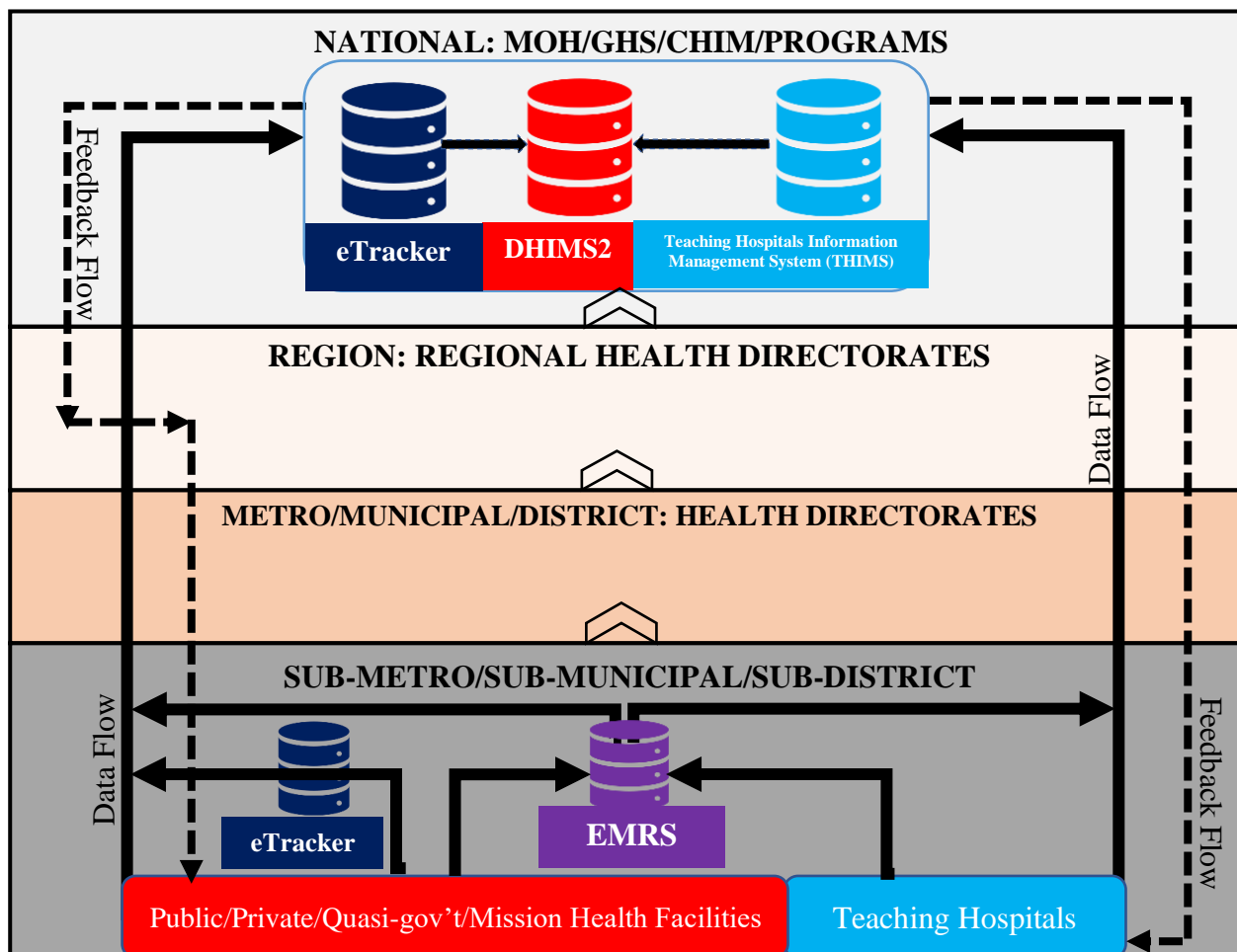


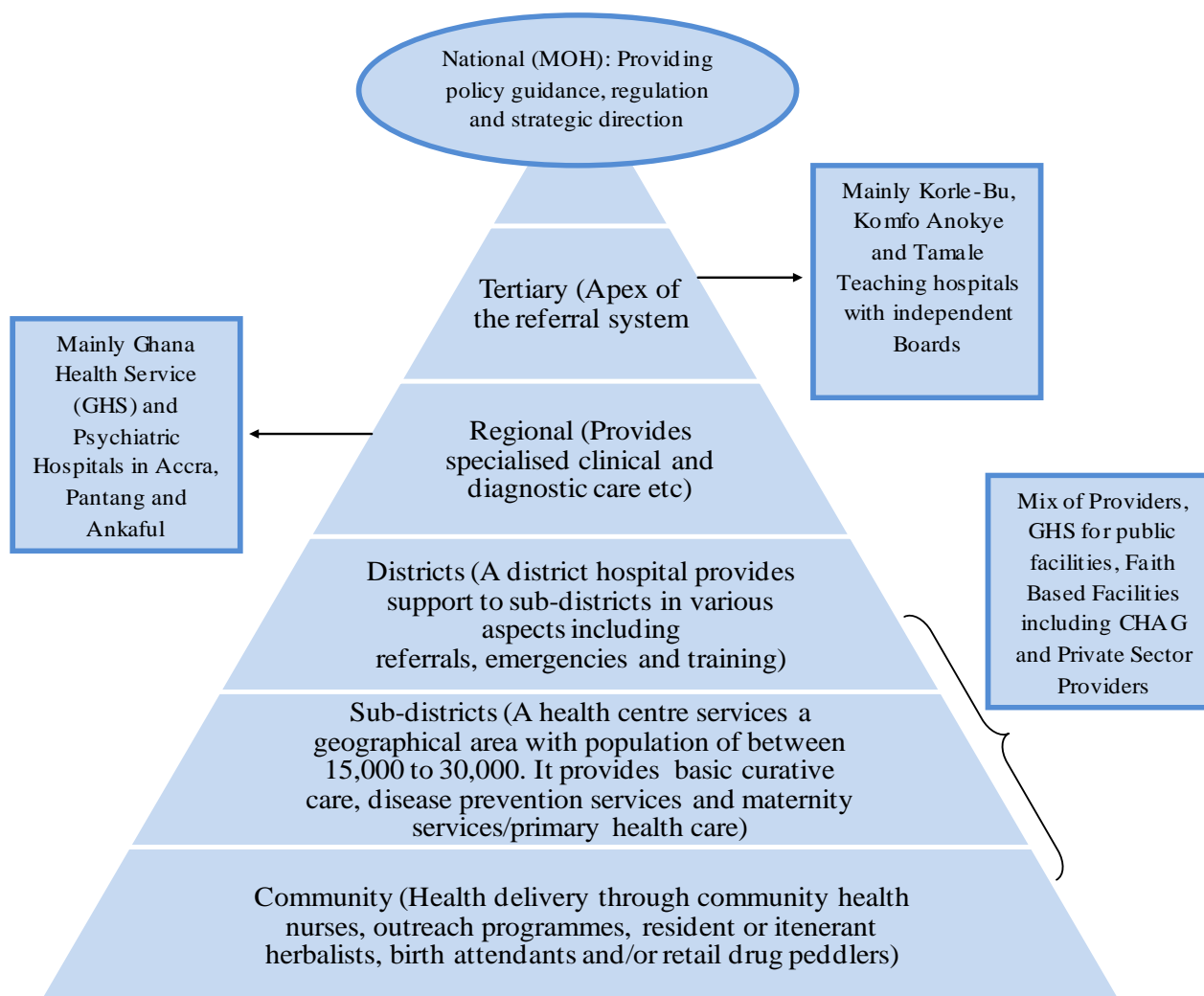
Figure 1: Report and Feedback Flow

CHAPTER TWO

DATA MANAGEMENT RESPONSIBILITIES

The health system in Ghana is organized as a three-tier system- District, Region and National. To improve access to health care, the sector has opened up to a wider range of providers, both public and private, at the national, regional and district levels; with the district having a sub-district level that incorporates a community health delivery system. Health interventions are packaged and delivered in communities, clinics, health centres, and district, regional and tertiary hospitals. Each level of service delivery has its management functions and activities.

Figure 2: Organisation of health services in Ghana



FACILITY LEVEL

Routine data collected at the point of service delivery are first recorded into standard registers. Data is then collated from these registers into standardized reporting forms. Data on these reporting forms are then verified and validated for entry into the DHIMS. Data compilation and entry at the facility shall be completed by the 5th day of the following month.

The head of the facility shall review and endorse the collated facility/sub-district data after it has been cleared by the data validation team, before submission to district.

Sub-districts and Hospital activity reports shall be provided to the District Health Directorate (DHD) on a quarterly basis. Reports shall be provided by the end of the second week of the month after the quarter.

DISTRICT LEVEL

Facilities/sub-districts without data entry capacity have up to the 5th of the following month to submit their data to the DHD. The district will then validate the data for entry into the DHIMS. The district has 10 days to, validate and enter data into DHIMS before signing off electronically on the 15th of the same month.

The District Director of Health Services (DDHS) is responsible for final review and endorsement of district data before submission to region after validation. District activity reports which includes summary of all sub-district activity reports shall be provided to the Regional Health Directorate (RHD) on a quarterly basis. Reports should be provided by the end of the third week of the month after the quarter.

REGIONAL LEVEL

Monthly district data will be provided through DHIMS by 15th of the following month to the regions. The region will have 10 days to validate data in DHIMS before electronically approving on the 25th of the same month.

Regional activity reports which includes summary of all district activity reports shall be provided to the Policy Planning Monitoring Evaluation Division (PPMED-GHS) on quarterly basis. Reports should be provided by the first week of the second month after the quarter.

1. The Regional Health Information Officer (RHIO) is responsible for coordination of the validation of data from districts at the end of every month before it is electronically approved.
2. It is mandatory that Regional Validation Team reviews the data entered into DHIMS by the districts to ensure consistency, completeness and accuracy before data is electronically approved.
3. The Regional Director of Health Services (RHDS) is responsible for final review of the regional data before electronically approving.

NATIONAL LEVEL

Monthly Regional data will be available for use through the DHIMS by 25th of the following month by which time the region would have electronically approved of the data.

Regional divisional and program reports should be provided to GHS- PPMED by the first week of the second month after the quarter.

GHS activity reports which includes regional, programs, and divisional reports shall be provided to the Ministry of Health- PPMED (MOH- PPMED) on a quarterly basis. Reports should be provided by the third week of the second month after the quarter.

1. The National Health Information Officer (NHIO) is responsible for coordination of the validation of data from regions after it has been electronically approved by the regions.
2. It is mandatory that the National Validation Team reviews the data approved by the regions to ensure consistency, completeness and accuracy.

The NHIO appointed by Director General is responsible for final review, analysis and endorsement before submission to the GHS-PPMED. The Director General is responsible for the final review and approval before the submission to the MOH.

Approval and signing off data electronically- this means an authorizing officer (e.g. DDHS) at the defined level fills an electronic cover sheet acknowledging ownership and approving of the data in DHIMS.

CHAPTER THREE

ACTIVITIES AND TASKS FOR THE VARIOUS LEVELS

SERVICE PROVIDERS (ALL LEVELS)

DATA CAPTURE

Outpatient Services

Front Desk Instructions:

- Patient Reception:
- Patient Registration: This may be manual or electronic.

Manual Registration:

- Check if patient has visited facility before and therefore has a patient number and folder.
- If patient has visited before, locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number then assign a patient number and issue a folder.
- Register patient in Outpatient Register.
- Designate patient as **NEW PATIENT** or **OLD PATIENT** as appropriate. **NEW PATIENT** is one making first attendance at the facility in the calendar year. **OLD PATIENT** is one making subsequent attendance at the facility in the calendar year.

For other services use appropriate standard registers to register the patient e.g. Physiotherapy Register.

- Record using blue or black indelible ink/pens so that it is **legibly written and readable**.
- Record entries in **ALL** fields in the register.

Electronic Registration:

- Perform electronic search to determine if patient has visited before.
- If patient has visited before, locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number then register patient electronically, assign a patient number and issue a folder.
- Designate patient as **NEW PATIENT** or **OLD PATIENT** as appropriate.
- Complete all fields in the electronic register using font size 12 and SANS SERIF font type.

Instruction for Consulting Room Register:

- **Manual:**
 - Register the client using the standard consulting room register.
 - Complete register with assistance from prescriber.
 - Complete **ALL** fields and make sure no field is blank.
- **Electronic:**
 - Follow instructions given for the particular software.
 - Complete ALL fields and make sure no field is blank.
 - Use font size 12 and sans serif font type.
 - Clinical cases seen outside the regular general OPD department should be recorded and added to the general OPD cases. E.g. clinical case seen at ANC such as malaria in pregnancy.

Emergency cases:

Proceed to provide emergency services if the patient is unconscious

- Register clients using the appropriate register.
- Complete **ALL** fields and make sure no field is blank.
- Include total number of clients served at the emergency unit for every given month to the relevant service report for the month (e.g. Total OPD attendance = Facility OPD attendance + Emergency Unit OPD attendance).

Outreach services:

- Register clients using the appropriate register.
- Complete **ALL** fields and make sure no field is left blank.
- Include total number of clients served for each service area during outreach for every given month to the relevant service report for the month (e.g. Total ANC attendance = Facility ANC attendance + Outreach ANC attendance or Total OPD attendance = Facility OPD attendance + Outreach OPD attendance).

Inpatient Services (*Refer Medical Records Policy*):

- Register client at the records office using the Admission Register.
- Register the client in the ward using the Ward Register.
- Complete **ALL** fields in the registers.

Mortuary services:

- Register bodies using the Mortuary Register.
- Label the bodies appropriately.
- Complete **ALL** fields in the registers.

DATA COLLATION

This shall be a daily activity at all Service Delivery Points.

- Use standard tally sheet or books.
- Under each event/disease count the number of events. Do this by drawing tally marks to keep an accurate account of the data being collated using the five-bar-gate system. Sum up the tallies daily do this at the end of every clinic session.
- Sum up the tallies at the end of every week
- Sum up the weekly summaries at the end of the month.
- Collate data from the first to the last day of the month (e.g. 1st to 31st of July). Data collated for a particular month **shall** not overlap into the next month.
- Recheck totals of every event/disease.
- Add the outreach, emergency and other services rendered in various parts of the facility.
- Keep tally sheets/books filed for audit purposes.
- Transfer totals unto appropriate standard reporting forms at the end of the month.
- Complete ALL fields that require data in the standard reporting forms.
- Facility In-charge or a designated person shall cross- check (validate) and sign all reporting forms.
- Hospitals and other health facilities with the capacity to enter data shall do so from the reporting forms into DHIMS.
- Complete **ALL** data fields in DHIMS.

DATA VERIFICATION AND VALIDATION

- Facility heads should set up Facility Data Validation Teams. The facility head is the chairperson of this team.
- Data verification and validation routine:
 - Meet monthly to verify and validate data before submission.
 - Data validation meetings should be held between the 1st and the 4th of the following month

For manual Registries:

- Cross-check figures on the reporting forms with tallies from the register (verify)
- Crosscheck total figures on the reporting forms for accuracy and completeness of reports (validate) Check for accuracy and completeness of data
 - ✓ Crosscheck data consistency across returns
 - ✓ Look for unusually low or high values for events/diseases to recheck and confirm.
 - ✓ Compare with previous months and same period the year before to detect unusual trends
- Do necessary corrections before submission

For electronic registries:

- For all automatically aggregated data to DHIMS2, all facilities are required to validate and complete the data set reports by the 5th of the ensuing month
- Chairperson of the facility validation team shall approve the reports as validated.
- All errors detected after the submission of the reports can be changed upon submission of a completed **Data Change Request Form** to the DDHS. Upon approval the data can be changed (see Chapter 6).

**LOCKING SYSTEM THAT WILL PREVENT DATA FROM BEING ALTERED
DATA WILL BE LOCKED 60 DAYS AFTER IT HAS BEEN ENTERED AND CAN NOT BE
ALTERED AFTER THE ENTRY FIELDS HAVE BEEN LOCKED**

DATA TRANSMISSION

This can be manual or electronic. Transmit completed and validated reporting forms to the next level within the deadline (Facility to District – 5th of the following month).

For the manual transmission

- All forms being submitted to the DHD shall be in duplicate (2 copies).
- The submitting officer shall ensure that both copies of all reports submitted to the DHD are stamped and the name and signature of the receiving officer as well as the date and time of receipt appended on them.
- A copy of the stamped duplicate forms shall be retained and properly filed at the facility level.
- The officer submitting the reporting forms shall ensure that the facility dispatch book is signed by the receiving officer at the district.
- The submitting officer shall ensure that the report is logged in the district reporting log book. see Chapter 5

For the electronic Transmission

- Data is entered into DHIMS.
- The officer in-charge of the facility shall approve the data entered electronically by the 5th of the following month.

DATA ANALYSIS

- Always check the level of completion of data being used for the analysis.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross tabulate events/cases by months, age, sex, location etc.
- Compare performance with targets and/or historical data.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

(Refer to Data Utilization Manual)

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized report writing format (Chapter 5).
- Write exception report: that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

Manual Storage

- All registers shall be kept for life. District and Regional Directors of Health Services shall put in place an archival system to ensure the storage of the registers.
- Provide adequate and secure space for cabinets and storing registers.
- File all tally sheets by type chronologically and store in secured place.
- File all reporting forms by type chronologically and store in secured place.

For Electronic Storage

- Set up and ensure daily data updates and back-up.
- External drives/Storage devices shall be used to back-up and update data and reports generated from DHIMS
- Establish an OFFSITE (outside the facility) back up facility.
- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

Filing and Record Keeping

Items Needed: Folder or file, external storage media (External hard drive, etc.)

- Assign separate folders for keeping both soft copies and hard copies of primary source data (registers) and aggregated data/records.
- At the end of each day of update, save data on computer and an assigned external storage medium.
- At the end of every month, save data on computer and a copy on an external storage medium (e.g. flash drive, external hard drive)
- Print hard copies and place in designated folders and keep in a cabinet (or any other records keeping system used in the facility), monthly, quarterly or as required.
- The filing and record keeping system used should allow for easy retrieval of information.

DATA REQUEST/RELEASE

Medical Superintendents and Medical Directors shall authorize data request from their facilities.

External Request (Request from outside the GHS)

All data requests shall be written and duly endorsed by the person/organization making the request stating reasons for the request.

Upon Receipt of Request:

- Ensure that all data requests are well documented and filed as evidence
- If the authorizing officer approves the request, then he/she shall assign officer(s) to work on it; after which the Authorizing Officer shall release the data so requested.
- The authorizing officer shall ensure that copies (electronic/manual) of all data released are duly filed
- All data shall not be patient identifiable and not linked to client records

Client Personal information shall not be released to any person other than the client, or his authorized representative except with the consent of the client or the consent of the authorized representative or as required by law. *(Refer to Code of Ethics of GHS)*

Internal Request (Request from within GHS)

- An Internal memo shall be written and duly signed by person or department making the request.
- Individuals and departments can make request through their respective heads for data within the GHS at all levels. Request shall include reasons and uses to which report or data will be put to.
- If the authorizing officer approves the request, then he/she shall assign officer(s) to work on it; after which the Authorizing Officer shall release the data so requested.
- The authorizing officer shall ensure that copies (electronic/manual) of all data released to persons/organizations are duly filed
- All data shall not be patient identifiable and not linked to client records

ELECTRONIC REGISTER DATA SETS REPORT AUTOMATION TO DHIMS2

This chapter address verification and completeness, updating , overwriting values and organization unit synchronization during data sets automation to DHIMS2 from other systems used in the health sector such as eTracker, Hospital information systems for clinical care, GHILIMS, PBMIS and other systems that are required to generate managerial level aggregate data to DHIMS2 across all levels.

AUTOMATED DATASET VERIFICATION AND COMPLETENESS

- Facility in charge for facilities and the DDHS for shall verify and approve the aggregate data automated to DHIMS2.
- To ensure that completeness and timeliness can be tracked and continue to have its usefulness and ensure oversight
- Datasets will be marked as complete only after when some compulsory data elements and additional information which are not part of the service data has been entered manually on the same form, verified and then completed by the agreed time from 5th to 15th of the ensuing month
- Datasets require additional information and manual entry can be marked as complete only after the additional information has been entered

UPDATING AND OVERWRITING VALUES

- Data shall be transferred monthly on a fixed date until it has been verified and locked
- Transfer or automation should be done on 5th of ensuing month and every month until the 60 days when data get locked on DHIMS2.
- Updating and overwriting shall go as far back by 60 days in each update or data push to DHIMS2.
- Automated data values shall be updated only within the 2 months that facilities are allowed to update their data.

ORGANIZATION UNITS-FACILITY HIERARCHY UPDATES

DHIMS2 is the master facility registries for all other systems. To support system interoperability, DHIMS2 data base act as master facility list to all other systems.

Changes, additions, updates will be done automatically through export and import functionality systems.

There shall be script notifying admins of missing facilities on systems controlled by GHS . Other systems not under GHS control shall request for the master facility list to align to DHIMS2 at all times

DATA QUALITY AUDIT (DQA)

(Composition of the teams specified in DQA Manual)

Polyclinics, District, Regional and Tertiary Hospitals may perform DQA quarterly in their respective facilities. District DQA teams shall perform data quality audit for Hospitals, Health Centres, Clinics and CHPS Compounds.

For facilities performing their own DQA:

- Set up DQA team.
- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

- Develop a dissemination plan for the facility.
- Identify and make a list of all stakeholders who will receive the disseminated information. (E.g. Unit committees, District Health Committees, District Assembly, Facility Boards, NGOs, Community members etc.)
- Identify appropriate communication channels for dissemination (e.g. Durbars, Information Centres, FM Stations, Workshops, Media-both electronic and print, Bulletin, Internet, and Mobile Phones etc.).
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize quarterly supervisory visit to provide technical support to department/units (The principle is to teach, coach, guide and support officers to do their work better). Within departments it will be necessary to do this more frequently.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools should be developed and supervisors trained to use the tools.

- Review performance of departments/units prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the units/departments.

DISTRICT HEALTH DIRECTORATE LEVEL

DATA COLLATION

- Receive and record all reports from facilities.
- The receiving officer shall stamp, and append his/her name, signature, date and time of receipt to the reports being received. One copy shall be retained and the other given to the submitting facility for their records.
- Check for the number of returns expected from that particular facility - Use a log book with the list of facilities in the district and the reports expected from each of them. Write the date submitted for every report submitted by facility in the log book. **(Appendix 2)**
- Check to ensure that every required field on all the forms is filled.
- Glance through the reports and give an immediate feed-back if the person submitting the report is appropriate or provide written feed-back within 72 hours on completeness.
- If data is submitted by e-mail, written feedback shall be sent to the Head of Facility to acknowledge receipt. This shall indicate any follow-ups needed.
- Before data entry into DHIMS, check to see whether all facilities have reported.
- Re-check totals of every event/disease from each facility.
- File reporting forms from all facilities for audit purposes.
- Enter data from the reporting forms into the appropriate screens in DHIMS.

DATA VALIDATION

All District Health Directorates shall form District Data Validation Teams.

The team shall meet monthly to validate data before signing it off. Write minutes of all monthly data validation meetings and file.

- The DDHS is the chairperson of the validation team.
- Postdates for data validation meetings on district notice boards.
- Establish data validation routine-
 - Data validation routine:
 - Meet monthly to validate data before signing it off.
 - Data validation meetings shall be held by 14th of every month.

- Check for accuracy and completeness of data.
 - Crosscheck data consistency across returns.
 - ✓ Look for unusually low or high values for events/diseases.
 - ✓ Look for rare events e.g. guinea worm, yellow fever, lassa fever.
 - ✓ Compare with previous months and same period previous years.
 - Alert facilities on inconsistencies, discrepancies and rare events.
 - Follow-up to ensure appropriate corrective actions are taken on unusual and rare events.
- Chairperson of the validation team shall sign off the reports as validated.

DATA TRANSMISSION

Transmission of data shall be through the DHIMS

- The medical superintendents at the health facilities shall sign off the data entered electronically by the 5th of the ensuing month
- DDHS shall sign off the data entered electronically by the 15th of the ensuing month.
- Save data on an appropriate storage device paper based and electronic both onsite and offsite

DATA ANALYSIS

There shall be analysis and interpretation of service data at the DHD. This shall form the basis for all planning, monitoring and decision-making process to guide service delivery.

In doing the analysis:

- Always indicate the level of completeness and date of data being used for analysis.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare district performance with targets and or historical data.
- Compare performance between sub-districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized reporting format
- Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

Manual storage

- All reporting forms shall be kept for life or archived electronically if there is need to destroy them.
- DHD shall ensure that facilities have adequate secure space for documents storage.
- DHD shall provide an archival system to ensure the storage of the registers from the facilities.
- File all reporting forms by type chronologically and store in a secured place.

For electronic storage

- Set up and ensure monthly data updates and back-up.
- External drives/Storage devices shall be used to back-up and update data from all computers used to collect data, whether networked or stand-alone.
- Establish an OFFSITE (outside the facility) back up facility.
- Set up user accounts that define levels of accessibility of data.
- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

DATA QUALITY AUDIT

District DQA teams shall perform data quality audit for Hospitals, Health Centres and CHPS Compounds.

District shall:

- Set up DQA team.
- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

- Develop a dissemination plan for the district.
- Identify and make a list of all stakeholders (E.g. Unit committees, District Health Committees, District Assembly, Facility Boards, NGOs, Community members etc.)
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channel for dissemination (e.g. Gong-Gong, Information Centres, FM Stations, Workshops, Print Media, Bulletin, Internet, and Mobile Phones etc.)
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision shall be performed at all levels. Supervisors at all levels shall organize quarterly supervisory visit to provide technical support to sub-districts/facilities. The principle is to teach, coach, guide and support officers to do their work better.

- The supervisor shall have a higher level of technical competence than the supervisee.

- Appropriate tools shall be developed and supervisors trained to use them.
- Review performance of departments/units prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the units/departments and incorporate them into future supervisory plans.

REGIONAL HEALTH DIRECTORATE LEVEL

DATA COLLATION

Data entered into DHIMS at the Districts is visible to the Region. However, the Region cannot work with it until it is signed off by the district or after the expiration of the official reporting date (15th of the ensuing month).

The Region shall:

- Send reminders to districts if after the 15th of the month data from the district is not signed off.
- Check in DHIMS for data completeness from the districts.
- Examine the data within 72 hours after it has been signed off by the district and give feedback on completeness, timeliness and inconsistencies.
- Sign off Regional data by the 25th of the ensuing month.

DATA VALIDATION

All the Regional Health Directorates shall set up Regional Data Validation Teams.

Meet monthly to validate data before signing off data. Write minutes of all monthly data validation meetings. File minutes and send electronic copies to the National level.

- The RDHS is the chairperson of this team.
- Postdates for data validation meetings on notice board at RHD.
- Meet monthly to validate data entered into the DHIMS by district by the 24th of the month.
- Establish data validation routine-
- Data validation routine:
 - Check for accuracy and completeness of data
 - Crosscheck data consistency.
 - Look for unusually low or high values for events/diseases.
 - Look for rare events e.g. guinea worm, yellow fever, lassa fever.
 - Compare with previous months and same period previous years.
 - Alert districts on inconsistencies, discrepancies and rare events.
- Chairperson of the validation team should sign off the reports as validated.

DATA TRANSMISSION

Transmission of data shall be through the DHIMS

- Save all Regional data on an appropriate storage device paper based or electronic at both on-site and off-site.

DATA ANALYSIS

There shall be comprehensive analysis and interpretation of service data at the RHD. This shall form the basis for all planning, monitoring and decision-making process at the Regional level.

In doing the analysis:

- Always indicate the level of completeness and date of data being used.
- Run frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare district performance with targets and or historical data.
- Compare performance between districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.
(Refer Data Utilization Manual)

REPORT WRITING

- Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized reporting format
- Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

DATA STORAGE

It is recommended that RHD print a summary of the complete regional, districts and facilities reports; and file appropriately.

For the electronic data:

- Set up and ensure monthly data back-ups and updates.
- External drives/Storage devices shall be used to back-up and update data from all computers used to collect data, whether networked or stand-alone.
- Establish an OFF-SITE (outside the facility) back up facility.
- Set up user accounts that define levels of accessibility of data.
- Keep rooms where data are stored physically secured and out of bounds to unauthorized persons.

DATA QUALITY AUDIT

All the regional health directorates shall set up Regional DQA teams.

Regional DQA teams shall perform data quality audit for Facilities, Districts, and Regional Hospitals.

Regions shall:

- Select relevant indicators for each audit.
- Perform DQA quarterly (use DQA manual as a guide).
- Write report, develop action plan to address identified gaps.

- Implement the action plan.
- Provide feedback to all stakeholders.

DISSEMINATION

All Regional reports shall be disseminated to relevant stakeholders in the region.

The region shall:

- Develop a dissemination plan.
 - ✓ Identify and make a list of all stakeholders. e.g. Regional Coordinating Council (RCC) Regional Health Committees, District Assemblies, Facility Boards, NGOs, Community members, the Media etc.)
 - ✓ Identify the relevant information to be communicated to the stakeholders.
 - ✓ Identify appropriate communication channel for dissemination (e.g. Print and Electronic Media, Bulletin, Internet, Workshops, Meetings, Mobile Phones etc.)
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

The Region shall perform facilitative supervision at all levels. Supervisors shall organize quarterly supervisory visit to provide technical support to districts, sub-districts and facilities. The principle is to teach, coach, guide and support officers to do their work better. To ensure an integrated and effective supervision, the composition of the team shall comprise of technical personnel from all the departments/units.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools shall be developed and supervisors trained to use them.
- Review performance of districts, sub-districts and facilities prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the districts, sub-districts and facilities

CENTRE FOR HEALTH INFORMATION MANAGEMENT (CHIM)

DATA COLLATION

Data entered into DHIMS from all levels is visible at the National level. However, National cannot work with it until it is signed off by the Region or after the expiration of the official reporting (25th of the ensuing month).

- *CHIM shall send reminders to regions if by the 25th of the month the Regions have not signed off the data. Once data is available for use, check in DHIMS for completeness and timeliness by regions and send feedback.*
- *Examine the data within 5 working days after it has been signed off by the region and send feedback on completeness and inconsistencies.*
- *Chairperson of the DVT shall finally authorize the data for use one month after the RHD sign-off date.*

DATA VALIDATION

The Director of PPME shall set up a National Data Validation Team. The team shall meet quarterly to validate data before making it available for use for the quarterly reports. Minutes of all quarterly data validation meetings shall be written.

The Head of Information, Monitoring and Evaluation (IME) of PPME shall be the chairperson of the team.

The Head of IME of PPME shall:

- Postdates for data validation meetings on CHIM's notice board, CHIM website chimgh.org and by e-mail.
- Establish data validation routine.
 - Data validation routine:
 - Meet monthly to validate data.
 - Data validation meetings shall be held after 25th of the month to the end of the month.
 - Check for accuracy and completeness.
 - Cross check data consistency
 - Look for unusually low or high values for events/diseases.
 - Look for rare events e.g. guinea worm, yellow fever, lassa fever
 - Compare with previous months and same period previous years.
 - Alert districts on inconsistencies, discrepancies and rare events.
- Chairperson of the validation team shall send written feedback to regions and districts after the reports have been validated.
- Regions and districts shall have one month after the scheduled signing off to effect any changes.
- Changes cannot be effected after the next sign-off date
- Chairperson of the DVT shall finally authorize the file of the data one month after the RHD sign-off date.

DATA TRANSMISSION

- Transmission of quarterly reports to IME (and other Divisions) shall be within the stipulated times: end of 1st week in May, August, Nov and Feb of the following year
- Document the reports sent to IME and other Divisions. Print forwarded email and file.
- File copies of all reports sent out as appropriate.

DATA ANALYSIS

There shall be comprehensive data analysis and interpretation of service data at CHIM to enable them provide IME and the Division monthly reports. This shall form the basis for all planning, monitoring and decision-making process within the GHS.

In doing the analysis:

- Always indicate the level of completeness and date and time of data being used.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross-tabulate events/cases by months, age, sex, location etc.
- Compare regional and district performance with targets and or historical data.
- Compare performance between regions, districts and between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

DATA STORAGE

- Set up and ensure monthly data updates and back-up
- Establish an offsite back-up system. (National level server)

- Set up administrator account to define security levels for user of computers to secure data.
- Keep rooms where data are stored out of bounds to unauthorized persons.

DATA REQUEST/RELEASE

External request

Ensure that all data requests are written and duly signed by the person/organization making the request.

- The Director General of GHS shall approve all data requests.
- The Director General shall refer the request to the Director PPME
- The Director PPME refers to Head of CHIM
- Head of CHIM shall assign a staff to work on the request.
- Director PPME shall certify the data when finished and release it to the person/organization making the request.
- File all data request letters and forms appropriately.
- File all copies (electronic/manual) of all data released to persons/organizations.

Internal Request

Internal memo shall be written and duly signed by person or unit making the request.

- For request emanating from programs, the request shall be routed through the Program Manager to the Divisional Director.
- The Director PPME shall approve all internal requests, The Director PPME shall refer to Head of CHIM
- Head of CHIM shall assign a staff to work on the request.
- Head of CHIM shall certify the data and release it to the person or unit making the request.
- File all data requests memos appropriately.
- File all copies (electronic/manual) of all data released to person/unit

DATA QUALITY AUDIT

Institutional Care Division, PPME and other divisions and Programmes shall set up National DQA teams.

National DQA team shall support the RDQA and DDQA teams to perform data quality audit at their respective levels.

The National DQA teams shall:

- Select relevant indicators for each audit.
- Perform DQA on request from regions. (use DQA manual as a guide)
- Support Regions and Districts to write report, develop action plan to address identified gaps in DQA.

DISSEMINATION

Reports from analysed data and interpretations shall be disseminated to relevant stakeholders at the national level.

PPME (IME) shall:

- Identify and make a list of all stakeholders. (e.g. MOH, Sector Ministries, NGOs, Development Partners, Parliamentary Select Committee, Health Training Institutions, etc.)
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channel for dissemination (Print and Electronic Media, Bulletin, Internet, Workshops, Meetings, Mobile Phones etc.)
- Develop a dissemination plan.
- Implement and document dissemination activities.

FACILITATIVE SUPERVISION

Facilitative supervision shall be performed at all levels. National supervisors shall organize quarterly supervisory visits to provide technical support to Regions and Districts. The principle is to teach, coach, guide and support officers to do their work better. To ensure an integrated and effective supervision, the composition of the team shall comprise of technical personnel from all the divisions.

- The supervisor shall have a higher level of technical competence than the supervisee.
- Appropriate tools should be developed and supervisors trained to use the tools.
- Review performance of regions, districts, sub-districts and facilities prior to supervision in order to identify outliers and broad issues that require clarification.
- Write supervisory reports.
- Provide feedback to the regions.

NATIONAL SUPPORT FOR DATA MANAGEMENT

The Director General shall establish a Health Information Technical Working Group (HITWG) to promote and oversee information management. Membership shall be from all stakeholders with Chairperson from PPME.

Functions:

- Set standards for information management.
- Develop and/or adapt Health Sector Indicators.
- Set standards for information management equipment and software.
- Coordinate systems for data management
- Coordinate the development and modification of data management tools.
- Facilitate the procurement and distribution of data management tools by MOH.
- Regulation of health information system deployment in facility.

PPME shall collaborate with other Divisions, Departments and Programmes on information management issues:

- a. Collaboration with ICT department and regional IT managers on:
 - i. Standards setting (software and hardware).
 - ii. Trouble shooting and hardware support for Regions and Districts
 - iii. ICT capacity building in use of software.
 - iv. Advise on eHealth and other ICT innovations in the service.
- b. Collaboration with all Divisions on data management issues:
 - i. Training on DHIMS.
 - ii. Training on the use of registers and reporting forms.
 - iii. Capacity building on data management.
 - iv. Training on Medical Records Management in collaboration with stakeholders.
- c. Regulate the deployment of health information system in facility.

Policy Planning Monitoring and Evaluation Division of the Ghana Health Service is developing a guideline to guide procurement and management of electronic medical records by facilities. Meanwhile, facilities are expected to seek clearance from the PPMED before embarking on procurement of an Electronic Medical Record. The chosen eMR should be able to perform the following:

- i. It should enable the hospital to manage their patients while they are in the hospital, both outpatient and inpatient.
- ii. It should be interoperable and able to share data with the Basic Laboratory Information System (BLIS), iHRIS, dhis2 or DHIMS2 in Ghana
- iii. It should be able to send health insurance claims electronically to the NHIA.

CHAPTER FOUR

TASKS AND ACTIVITIES OF HIO ALL LEVELS

FACILITY LEVEL

Daily/Weekly Basis

Collation of returns (Dataset)

- *Receive and check obvious errors for immediate feedback to departments.*
- *Follow up on outstanding returns from various departments.*
- *Perform Data entry (DHIMS, e-Tracker and other Programmes).*
- *File all returns and reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*

Disseminate data

- *Brief Facility Management on result of data analysis and interpretation.*
- *Submit returns to appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in weekly management meetings.*
- *Perform daily data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases seen to appropriate office.*
- *Provide technical supervision for the health information staff.*
- *Ensure the physical security of all health records and release data only upon authorization.*
- *Perform any other official duties that will be assigned.*

Monthly

Compilation of returns

- *Follow up on outstanding reports.*
- *Sort, verify and update returns.*
- *Do data cleaning and reconciliation.*
- *Perform Data entry (DHIMS, e-Tracker and other Programmes).*
- *Coordinate the data validation process.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief Facility and Department Heads.*
- *Submit returns to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly meetings.*
- *Perform monthly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases seen to appropriate office.*
- *Monitor and Supervise units' staff under your care.*
- *Update all activity and event monitoring charts.*
- *Perform other official duties that will be assigned.*

Quarterly/Half Yearly

Compilation of reports

- *Receive reports*
- *Follow up on outstanding reports (if any) from departments.*
- *Sort, verify and update and file reports appropriately.*

Analyse data

- *Perform quarterly Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Reports

- *Write quarterly/half yearly reports.*

Disseminate data

- *Brief Facility Management Team.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in Quarterly and Half Yearly Facility meetings.*
- *Perform quarterly and half yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts (e.g. EPI coverage).*
- *Participate in surveys conducted by the facility.*
- *Participate in planning how to achieve set targets for sector wide indicators that are not achieved.*
- *Perform in other official duties that will be assigned.*

Annually

Annual compilation of returns

- *Receive reports.*
- *Follow up on outstanding reports.*
- *Clean and reconcile data.*
- *Sort, verify, update and file reports.*

Analyse data

- *Perform annual Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief facility management.*
- *Participate in report generation.*
- *Participate in annually report writing.*

Other activities

- *Participate in annual facility meetings.*
- *Perform yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts.*
- *Conduct surveys on some events.*
- *Plan on achieving set targets that were not achieved.*
- *Perform other official duties that shall be assigned.*

DISTRICT LEVEL

WEEKLY Basis

Collation:

- *Receive and check data for errors and give immediate feedback.*
- *Follow up on outstanding data and reports.*
- *Perform Data entry (DHIMS and other programmes.)*
- *Coordinate data entry by other officers.*
- *Update all records.*
- *File data and reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts and Tables etc. to show trends.*

Disseminate data

- *Briefing DDHS/DHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in weekly DHMT meetings.*
- *Perform weekly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases and events to appropriate office.*
- *Provide technical supervision for the medical records staff.*
- *Ensure the physical security of all health records and release data only upon authorization.*
- *Perform any other official duties that will be assigned.*

Monthly

Compilation

- *Receive and follow up on outstanding data and reports.*
- *Do cleaning and reconciliation.*
- *Enter Data (DHIMS and other programmes).*
- *Coordinate data entry by other officers.*
- *Sort, verify and update data where appropriate*
- *Coordinate data validation process.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief DDHS/DHMT, Program Heads.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly DHMT meetings.*
- *Perform monthly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Report notifiable diseases and events to appropriate office.*
- *Monitor and Supervise subordinates.*
- *Update events and disease monitoring charts.*
- *Identify those that need training, plan and effect training*
- *Perform other official duties that will be assigned.*

Quarterly/Half Yearly

Compilation of reports

- *Receive and follow up on outstanding reports.*
- *Sort, verify, update and file reports*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Reports

- *Participate in writing quarterly/half yearly reports.*

Disseminate data

- *Brief DHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in DHMT meetings.*
- *Perform quarterly and half-yearly data updates and back-up.*
- *Routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Updating of performance monitoring charts (e.g. EPI coverage).*
- *Participate in surveys in the district.*
- *Coordinate data entry by other officers.*
- *Participate in planning how to achieve set targets for sector wide indicators that are not achieved.*
- *Perform other official duties that will be assigned.*

Annually

Annual compilation of reports

- *Receive Follow up on outstanding reports.*
- *Clean and reconcile data in reports.*
- *Sort, verify and update and file reports.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*

Disseminate data

- *Brief DHMT*
- *Participate in report generation for Feedback*
- *Participate in annually report writing*

Other activities

- *Participate in annual review meeting.*
- *Perform yearly data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Supervision.*
- *Update performance monitoring charts.*
- *Conduct surveys on some events.*
- *Coordinate data entry by other officers.*
- *Plan on achieving targets that were not achieved.*
- *Perform any other official duties that shall be assigned.*

REGIONAL LEVEL

Weekly Basis

Collation of returns

- *Check DHIMS online for obvious errors for immediate feedback.*
- *Work in collaboration with other programme officers to ensure that they have their data from DHIMS.*
- *Follow up on outstanding dataset reports after due dates.*
- *File any other reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Print out analysis and file.*
- *Support other programme heads and units to analyse data.*

Disseminate data

- *Brief RDHS.*
- *Submit weekly reports to the RDHS.*
- *Feedback to who it may concern.*
- *Report findings from analysis to RHMT and DHMTs.*

Other activities

- *Participate in weekly RHMT meetings.*
- *Perform weekly data updates and back-up.*
- *Provide technical supervision for the Health information staff.*
- *Ensure the physical security of all health data and release data only upon authorization.*
- *Perform any other official duties that shall be assigned.*

Monthly

Compilation of reports

- *Receive and follow up on outstanding reports.*
- *Coordinate the data validation process.*
- *Send feedback on findings to Districts and programme Heads*
- *Prompt districts to sign-off DHIMS data after 15th of each month if not done.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Disseminate data

- *Brief RHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly RHMT meetings.*
- *Perform monthly data updates and back-up.*
- *Monitor notifiable and diseases targeted for elimination.*
- *Provide technical supervision for the Health information staff at Regional, and District levels including the Hospitals.*
- *Update performance monitoring charts.*
- *Perform any other official duties that shall be assigned.*
- *Facilitate routine PC maintenance and support Districts to do same.*
- *Participate in monitoring and supervision*

Quarterly/Half Yearly

Compilation of reports

- *Check DHIMS for errors for immediate feedback.*
- *Follow up on outstanding reports.*
- *File all reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Reports

- *Participate in the writing of quarterly/half yearly reports.*

Disseminate data

- *Brief RHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly RHMT meetings.*
- *Perform quarterly/half yearly data updates and back-up.*
- *Monitor notifiable and diseases targeted for elimination.*
- *Provide technical supervision for the health information staff at Regional, and District levels including the Hospitals.*
- *Update performance monitoring charts.*
- *Perform other official duties that shall be assigned.*
- *Perform routine PC maintenance and support Districts to do same.*

Annually

Annual compilation of returns (check on appropriateness)

- *Check DHIMS for obvious for immediate feedback.*
- *Follow up on outstanding reports.*
- *File all reports properly.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Disseminate data

- *Brief RHMT.*
- *Participate in report generation for Feedback.*
- *Participate in annually report writing.*

Other activities

- *Coordinate and Participate in annually RHMT meetings.*
- *Perform annual data updates and back-up.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Monitoring and Supervision.*
- *Update performance-monitoring charts.*
- *Conduct surveys on some events.*
- *Plan on achieving set targets that were not achieved.*
- *Perform in other official duties that will be assigned.*
- *Conduct training needs assessment at the regional and district levels on information management activities.*
- *Facilitate training in information management skills at regional and district levels including hospitals.*

TASKS AND ACTIVITIES HEAD OF CHIM

Compilation of reports

- *Follow up on outstanding reports from regions.*
- *Coordinate national level data validation process.*
- *Prompt regions to sign-off DHIMS data after 25th of each month if not done.*
- *Liaise with teaching hospitals for data.*

Analyse data

- *Perform Data Analysis and Interpretation using, Graphs, Charts, and Tables etc. to show trends.*
- *Compare trends to detect possible outbreaks (Benchmarking) monthly, quarterly.*
- *Print out analysis and file.*

Reports

- *Provide Monthly, Quarterly and Annual reports to PPME*
- *Produce Annual Facts and Figures.*
- *Support the training of health information staff and skills development at all levels.*
- *Support the work of the HITWG.*

Other activities

- *Perform data updates and back-up monthly, quarterly, half yearly and annually.*
- *Perform routine PC maintenance.*
- *Monitor to identify gaps in technical skills that shall be addressed during supervision.*
- *Participate in Monitoring and Supervision.*
- *Perform other official duties that will be assigned.*
- *Conduct training needs assessment at the regional and district levels on information management activities.*
- *Facilitate training in information management skills at regional and district levels including hospitals.*

CHAPTER FIVE

REPORT WRITING FORMAT

Report writing at all levels shall be formatted in the format that is described below. It is Mandatory that every District/Region prepares and presents this written report.

FORMAT FOR ANNUAL REPORT

Executive Summary

Should be organised along the strategic objectives of the HSMTD showing highlights of performance according to these objective

HO1: *Ensure sustainable, affordable, equitable, easily accessible healthcare services (Universal Health Coverage, UHC)*

HO2: *Reduce morbidity, disability, mortality and intensify prevention and control of non-communicable diseases*

HO3: *Enhance efficiency in governance and management of the health system*

HO4: *Intensify prevention and control of communicable disease and ensure the reduction of new HIV and AIDS/STIs infections, especially among the vulnerable groups*

Chapters I: Introduction

- GHS as an organisation & its mandate
- Challenges
- Priorities
- Organisation of report

Chapter II: Leadership & Governance

Performance in this area

Policy reviews & changes

Planning Activities

General management issues -

Internal

- Directors & Divisional meetings, retreats & SMMs, GHSC activities
- Performance management processes - Performance agreements, etc.

External

- Health Summits & other meetings with external stakeholders - Business meetings, working group meetings, Inter Agency leadership meetings, intersectoral meetings, etc.

M & E activities & performance

- M& E activities including monitoring visits
- Review processes & performance

Internal Audit

Chapter III: Health Financing

Include

- ✓ Analysis of NHIS activities, coverage by district & region, beneficiaries' segregation
- ✓ Compare financial performance of the hospitals, HCs, & regions
- ✓ Sources and breakdown regional & district segregation (e.g. contribution from MMDAs, etc.)

Chapter IV: Human Resources for Health

Include

- ✓ HR planning
- ✓ Payroll & nominal role: performance by regions & Divisions
- ✓ Compare HR budget with actual expenditure
- ✓ Promotions
- ✓ Disciplinary issues

Chapter V: Support Services

Subtitles

- ✓ Health Infrastructure
- ✓ Health equipment
- ✓ Transport
- ✓ Administrative Communication & Records Management System

Detailed table of status of projects be put in annex

Chapter VI: Disease Surveillance and Control Services

Include

- ✓ IDSR
- ✓ CBS - reporting rates & major events reported by CBS system

Chapter VII: Reproductive Health, Maternal, New-born, Child Health (RMNCH) Services

Subtitles

- ✓ Maternal and New-born Child
- ✓ Child health
- ✓ School Health
- ✓ Adolescent Health
- ✓ Family Planning
- ✓ Nutrition

Chapter VIII: Clinical/Institutional Care

Include

- ✓ new health facilities completed & operational, new ones initiated & major gaps
- ✓ New health services introduced (where, performance)

Chapter IX: Community Engagement and Partnerships

Include

Subtitles

- ✓ Community based Services (CHPS)
- ✓ Intersectoral Collaboration
- ✓ Engagement of Development Partners & NGOs

Chapter X: Health Information, ICT & Health Research

Subtitles

- ✓ HMIS
- ✓ ICT
- ✓ Health research

ANNEXES

Include

Table of Development partner/NGOS, their areas of operation (geographical & service areas)

Details of health statistics that is not in the main body of the report. E.g. details of some hospital statistics, EPI, MNCH etc.

General Comments

Analysis statistics & issues by geographic, type, gender, etc.

Provide explanations for results

Identify gaps and the needed actions to be taken identified.

The review should include the use of the BNA indicators to review performance.

Put detailed tables in annex

CHAPTER SIX

DATA REQUEST FORMS

This chapter addresses respective forms that are used to manage data at the district and the facility level. This includes:

DISTRICT REPORT/RETURNS LOGBOOK

FOR FACILITIES NOT HAVING DIRECT ACCESS TO DHIMS2

Facilities who do not have access to DHIMS 2 due to unavailability of data capturing equipment and also for facilities who have limited internet connectivity. These facilities submit their monthly report to the sub district or district for their data to be captured. These facilities when they submit reports are supposed to complete the district report/returns logbook which will indicate the date when these facilities submitted these reports, the facility and officer reporting, returns/report of the facility, outstanding reports, officer receiving and any remark if necessary. This helps especially during data quality audits from independent auditors to audit the data that has been reported in DHIMS 2.

[illegible]

DATA CHANGE REQUEST FORM IN DHIMS2

As per this current GHS HMIS SOP, facilities are allowed 60 days to validate and verify their data after which the data will be locked. Within the 60days, when a facility recognise that their data needs to be updated into DHIMS2, they cannot just update the data without completing the data change request form which will need the approval of the District Director before the change can be effected. However, after the 60 days data change window, the facility needs to seek the approval of the Regional Director and the Director General. The PPME will be mandated to review the request and if there is merit then the approval process will have been completed for the data to be updated. The request should include the reporting form, data element, current value, new value, reasons for requesting change and officer requesting change. The update or change of value should always be done at the facility level and not any other level. The completed form has to be filed at the facility for a minimum of three years as reference and for audit purposes.

DATA CHANGE REQUEST FORM

Facility: _____ Sub-district _____ District _____
Date Submitted ____/____/____ Reporting Period of Form to be Changed ____/____/____

Reporting Form	Data Element	Current Value	New Value	Reasons for Requesting Change	Officer Requesting Change

NB: SUBMIT ONE DATA CHANGE REQUEST FORM FOR EACH REPORTING FORM

Remark:

Date:

Signature:

Approved by:

To be attached to the original form approved by the facility

FACILITY CREATION REQUEST FORM

As new facilities. sub districts, Districts and Regions are created and start offering services, per the Act that establishes the GHS as an Agency and the Act that establishes HEFRA, that facility (CHPS, Health Center, CHAG, District Hospital, Regional Hospital etc.) they are to report on the services that they deliver one month after the start date for the previous month. For a new facility the district health directorate is required to complete the facility creation request form with key variables such as the coordinates, date of establishment etc. This has to be approved by the District and Regional Directors of health services and forwarded to PPME for creation of the facility into the DHIMS2. This is to be filed at the District level. This ensures that DHIMS 2 maintains the facility registry that is required for all the interoperable health systems in Ghana such as the electronic medical records etc.

REQUEST FOR ORGANIZATION UNIT CREATION AND UPDATE														
Organization unit				Organization unit				Organization unit						
Name:				Name:				Name:						
District				Sub-District				Facility						
New	Update	(If old indicate old)		New	Update	(If old indicate old)		New	Update	(If old indicate old)				
Name:				Name:				Name:						
								Type:		Ownership:				
Poulation:				Poulation:				Poulation:						
Coordinates:	Latitude		Longitude		Coordinates:	Latitude		Longitude		Coordinates:	Latitude		Longitude	
Dataset				Dataset				Dataset						
Assign		De-assign		Assign		De-assign		Assign		De-assign				
Reason(s) for Request														
Request by:								Date:						
Approved By :								Date:						

DATA REQUEST FORMS

The data request form is to be used by all Agencies that are not under the health sector but are requesting for data. These Agencies are to complete and submit the forms including the corresponding fees as part of their data request for this to be processed (See Annex for the guidelines and fees for the release of health service data). The submitted forms has to be approved by the respective programme and the Director General before the data is released.



NAME: _____

INSTITUTION: _____

TEL NO: _____ **DATE OF REQUEST:** _____

SPECIFIC DATA REQUIRED:

PURPOSE OF DATA REQUEST:

EMAIL _____

SIGNATURE _____

FOR OFFICIAL USE ONLY

APPROVED BY _____ **OFFICER ASSIGNED** _____

DATE ASSIGNED _____ **DATE COMPLETED** _____

REMARKS _____

Certified data request form is available at a fee to be determined by the CHIM.

APPENDIX ONE

REGISTERS AND FORMS FOR INSTITUTIONAL CARE DIVISION (ICD)

REGISTERS (ICD)

OUTPATIENT REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	The numbering of clients as they attend the facility, it is done serially to know the number of clients registered at a given period	Generated
2	DATE	Date on which the client visits the facility and shall be in the form DD/MM/YYYY	Calendar
3	PATIENT NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient ID Card
4	NEW CLIENT	A client visiting the facility for the first time in the current calendar year (Jan – Dec), may have visited in the previous year.	Records
5	OLD CLIENT	All client visiting the facility after their first visit in the calendar year (Jan – Dec), shall remain so till year ends	Records
6	NAME OF CLIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card/Verbal
7	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Insurance Card / Verbal/Child Welfare card
8	SEX	Indicate the sex of the client. M for Male and F for Female	Observation
9	TOWN/ LOCALITY	Name of locality where client resides, e.g. Madina	Verbal
	CONTACT NUMBER	Indicate mobile/telephone number of a client or care giver	Verbal
10	NHIS STATUS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES" - if the client's insurance card is valid or active and has not expired. Write "NO" if the client is not insured at all or if the card is not valid or active. <i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i>	Insurance card

NOTE: Staff shall note that this register has nothing to do with the condition for which the facility is being visited; this is used to complete the statement of outpatient (OPD Attendance) General: Emergency at the OPD (Refer Medical Records in Emergency in the Medical Records Policy)

CONSULTING ROOM REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Date	Date on which the client is visiting the facility and shall be in the form DD/MM/YYYY	Calendar

No.	VARIABLE	DEFINITION	DATA SOURCE
2	Patient Number	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient ID Card
3	Insurance Number	The unique insurance identification number of the client	National Health Insurance Registration Card
4	Name of Patient	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal
5	Address (Locality)	The locality in which the client resides but not the birthplace.	Verbal
6	Telephone Number(S) Of Patient	Contact number(s) of client or close relative	Client/Relative
7	Age	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Verbal, insurance card
8	Sex	Indicate the sex of the client. M for Male and F for Female	Observation / Verbal
9	Provisional Diagnosis	The suspected morbidity condition that the patient is presenting	Clinician

No.	VARIABLE	DEFINITION	DATA SOURCE
10	Type of Test(S) Requested	This is the laboratory investigation(s) requested by the clinician/prescriber	Laboratory Request Form
11	Test Result(S)	This is the result(s) from the lab investigation requested by the clinician/prescriber	Lab result sheet
12	Principal Diagnosis	The main morbidity condition for which the patient is being treated	Attending Clinician
13	Status of Principal Diagnosis (New Case Tick)	<p>A CONDITION that is seen at the facility for the first time for which the client is beginning treatment. This is referring to the diagnosis only and it is not the same as a New Client in the OPD register.</p> <p><i>It is the new cases that are counted and reported on the Monthly OPD Morbidity Reporting Form as individual cases.</i></p> <p><i>If it is a chronic condition and there is evidence of contact with any health facility it is then recorded as an old case. e.g. hypertension, diabetes</i></p>	Attending Clinician / Records
14	Status of Principal Diagnosis (Old Case Tick)	<p>A condition that treatment has begun at the facility and the client is coming for review of the same condition after treatment has begun.</p> <p><i>This condition will remain old until it is cured. All old cases are added to the re-attendance on the Monthly OPD Morbidity reporting form.</i></p> <p><i>The principle is to ensure that no diagnosis is counted more than once.</i></p>	Attending Clinician / Records
15	Additional Diagnosis	Any other diagnosis that the client is confirmed by the clinician to have in addition to the principal diagnosis	Attending Clinician
16	Status of Additional Diagnosis (New Case Tick)	Tick if additional diagnosis is a new case as defined in row 11 above.	Attending Clinician / Records
17	Status of Additional Diagnosis (Old Case Tick)	Tick if additional diagnosis is an old case, all old cases are added to the re-attendance on the OPD Morbidity report. As defined in row 12 above.	Attending Clinician / Records

No.	VARIABLE	DEFINITION	DATA SOURCE
18	Pregnant Patient (Y/N)	This is to indicate if female clients visiting the consulting room are pregnant or not. If the client is pregnant then, write “Y” and “N” if the client is not pregnant	Lab result / Verbal / observation
19	NHIS Client (Y/N)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>Write “YES” - if the client’s insurance card is valid or active and has not expired.</p> <p><i>If ‘YES’, indicate if the patient is under CAPITATION OR DIAGNOSIS RELATED GROUP (DRG).</i></p> <p>Write “NO” if the client is not insured at all or if the card is not valid or active.</p> <p><i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i></p>	Insurance ID Card

ADMISSION & DISCHARGE REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	PATIENT NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient folder
2	NAME OF PATIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal, Patient folder
3	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
4	SEX	Indicate the sex of the client. M for Male and F for Female	Patient folder
5	ADDRESS	The locality in which the client resides but not the birth place	Patient folder
6	OCCUPATION	The work the client does. example, Farmer, Teacher, Nurse, Doctor, etc.	Patient folder
7	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Patient folder
8	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another facility.	Patient folder
9	WARD	The name of the ward client is admitted to.	Patient Folder
10	OUTCOME OF ADMISSION	How the client left the facility. Discharged, Transferred, Died or Absconded	Patient folder
11	NHIS NUMBER	The NHIS number of the client if he or she is registered and not expired	NHIS Card

INPATIENT MORBIDITY AND MORTALITY REGISTER*(Completed only after discharge of patient)*

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	Numbering of clients as they are discharged. It is to know the number of clients admitted and discharged in the facility.	Records
2	PATIENT NUMBER	Client's unique identification number issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit.	Patient folder
3	ADDRESS (RESIDENCE)	The locality in which the client resides but not the birth place	Patient folder
4	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE, WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
5	SEX	Indicate the sex of the client. Write "M" for Male clients and "F" for Female clients	Patient folder
6	OCCUPATION	The work the client does. example, Farmer, Teacher, Nurse, Doctor, etc.	Patient folder
7	EDUCATIONAL STATUS	The highest level of education that the client has attained, e.g. Primary, JHS, SHS, Tertiary, none, etc.	Patient folder
8	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Patient folder
9	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another facility.	Patient folder
10	SPECIALTY	The specialty of the case for which the client is being treated i.e. Medical, Surgical, Paediatric, Maternity etc.	Patient folder

No.	VARIABLE	DEFINITION	DATA SOURCE
11	OUTCOME OF ADMISSION	The final result of the patient's stay in the facility. How the client left the facility. Discharged, Transferred-out, Died or Absconded.	Patient folder
12	Type of Test(S) Requested	This is the laboratory investigation(s) requested by the clinician/prescriber	Laboratory Request Form
13	Test Result(S)	This is the result(s) from the lab investigation requested by the clinician/prescriber	Lab result sheet
14	PRINCIPAL DIAGNOSIS	The main morbidity condition for which the patient was admitted and treated	Patient folder
15	ADDITIONAL DIAGNOSIS	Any other diagnosis that the patient was confirmed by the clinician to have in addition to the principal diagnosis	Patient folder
16	SURGICAL PROCEDURE	If any surgical procedure performed on the client, write "Yes" and "No" if no surgical procedure was performed on the client.	Patient folder
17	COST OF TREATMENT	The total cost of treating the client for the duration of stay, this is either paid by client, by facility or by NHIS	Patient folder
18	NHIS (YES OR NO)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>*Write "YES"- if the client's insurance card is valid</p> <p>*Write "NO" if not insured, or card not active.</p> <p><i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i></p>	Insurance Card

GENERAL WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	PATIENT NUMBER	The client's identification number found on the Patient folder	Patient folder
2	INSURANCE NUMBER	The unique insurance identification number of the client	NHIS Card
3	NAME OF PATIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Patient folder
4	OCCUPATION	The main work that the client makes a living from e.g. Teaching, Farming, Civil Servant, etc.	Patient folder
5	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place	Patient folder
	Post GPS Location	The Global Position System (GPS) location of the client or care giver	Patient folder
9	Contact of person		Patient folder
6	EDUCATIONAL LEVEL	The highest level of education the client has attained e.g. Primary, JHS, SHS, Tertiary, none, etc.	Patient folder
7	AGE	The exact age of the client in completed years e.g. 30 years. If the child is A NEONATE, WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
8	SEX	Indicate the sex of the client. M for Male and F for Female	Patient folder
9	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another ward or facility.	Patient folder
10	PROVISIONAL DIAGNOSIS	The initial diagnosis for the client's admission before investigations are carried out	Patient folder
11	TYPE OF TEST(S) REQUESTED	This is the laboratory investigation(s) requested by the clinician/prescriber	Laboratory Request Form/Patient folder
12	TEST RESULT(S)	This is the result(s) from the lab investigation requested by the clinician/prescriber	Lab result sheet/Patient folder
13	FINAL DIAGNOSIS	The main confirmed morbidity condition for which the patient was admitted and treated	Patient folder

No.	VARIABLE	DEFINITION	DATA SOURCE
14	STATUS (NEW CASE TICK)	<p>The confirmed CONDITION that the client is treated for after laboratory investigations. This is referring to the diagnosis only</p> <p><i>It is the new cases that are counted and reported on the Monthly Inpatient Morbidity and Mortality Reporting Form as individual cases.</i></p> <p><i>If it is a chronic condition and there is evidence of contact with any health facility it is then recorded as an old case. e.g. hypertension, diabetes</i></p>	Attending Clinician / folder
15	STATUS (OLD CASE TICK)	<p>A condition that has been treated by the facility and the client is re-admitted for the same condition.</p> <p><i>The principle is to ensure that no diagnosis is counted more than once.</i></p>	Attending Clinician / folder
16	ADDITIONAL DIAGNOSIS	Any comorbidity that the patient was confirmed by the clinician to have in addition to the final diagnosis	Patient folder
17	STATUS (NEW CASE TICK)	Tick if additional diagnosis is a new case as defined in row 14 above.	Attending Clinician / folder
18	STATUS (OLD CASE TICK)	Tick if additional diagnosis is an old case as defined in row 15 above	Attending Clinician / folder
19	DATE OF DISCHARGE	<p>The date on which client was discharged and even for those transferred out to another ward or facility.</p> <p><i>This is referring to the date the clinician certifies that the episode being managed has ended.</i></p>	Patient folder
20	OUTCOME OF ADMISSION	<p>How the client left the facility or ward.</p> <p>Discharged, Transferred, Died or Absconded</p>	Patient folder
21	PREGNANT PATIENT (Y/N)	This is to indicate if female client admitted in the ward is pregnant or not. If the client is pregnant then, write “Y” and “N” if the client is not pregnant	Lab result / Verbal / observation / Maternal Health Book
22	NHIS STATUS (YES OR NO)	<p>The health insurance status of the client. This is limited only to the national health insurance schemes.</p> <p>Write “YES”- if the client’s insurance card is valid or active and has not expired.</p> <p>Write “NO” if the client is not insured at all or if the card is not valid or active.</p>	Insurance Card

No.	VARIABLE	DEFINITION	DATA SOURCE
		<i>If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.</i>	
23	MEDICINES PRESCRIBED	This list all medicines prescribed by the clinician/ prescriber to the client for the confirmed final and additional diagnosis	Prescription form/ folder
24	MEDICINES DESPENSED	This list all medicines dispensed to the client for the confirmed final and additional diagnosis	Prescription form/ folder

MEDICAL LABORATORY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	DATE	Date lab test is being done	Calendar
2	PATHOLOGY NUMBER	Identification number generated and assigned to the client's/specimen request form	Request Form
3	NAME OF CLIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Request Form
4	SEX	Indicate the sex of the client. M for Male and F for Female	Request Form
5	AGE	The exact age of the client in completed years e.g. 30 years. If the child A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Lab Request Form
6	CLIENT NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit	Lab request form
7	NAME OF PRESCRIBER	Name of health personal requesting investigation	Lab request form
8	PRESCRIBER'S CONTACT NUMBER	Telephone number prescriber	Lab request form
9	SOURCE OF REQUEST	Where the request is originating from; Consulting room, Ward, ANC, Walk-in, CHPS (Name).	Lab request form
10	DIAGNOSIS	Disease condition for which test is being requested for.	Lab request form
11	TYPE OF SPECIMEN	Type of specimen required for the investigation.	Lab request form
12	TEST REQUESTED	The type of test that has been requested by attending prescriber	Lab request form
13	DATE/TIME OF SAMPLE COLLECTION	Date and time the sample was collected for analysis from the patient	Lab request form
14	NHIS (YES or NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES"- if client card is active and Write "NO" if client not insured or card not active.	Insurance Card

LABORATORY RESULTS LOGBOOK

No.	VARIABLE	DEFINITION	DATA SOURCE
1	DATE	Date lab test is being done	Calendar
2	PATHOLOGY NUMBER	Identification number assigned to the client/specimen	Medical lab register
3	SEX	Indicate the sex of the client. M for Male and F for Female	Request Form
4	AGE	The exact age of the client in completed years e.g. 30 years. If the child is a NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Request Form
5	CLIENT NUMBER/ FOLDER NUMBER	Client's unique identification issued on the first visit to the facility and retained for life. If the client is not a new client in the facility, then steps shall be taken to search for the number assigned on the first visit	Lab request form
6	SOURCE OF REQUEST	Where the request is originating from; consulting room, ANC, Self (Walk-in), CHPS (Name).	Lab request form
7	DATE/TIME FOR SAMPLE RECEIPT IN LAB	Date and time the sample was received in the lab	Lab request form
8	RESULTS OF TEST	Result of the investigation carried out. <i>Indicate the result against the appropriate lab investigation listed in the columns</i>	Machine/Analyser or results sheet
9	Malaria Parasite Total tests		
	MP falciparum positive		
	MP malaria positive		
	MP ovale positive		

No.	VARIABLE	DEFINITION	DATA SOURCE
	MP <i>vivax</i> positive		
	MP <i>knowlesi</i> positive		
	MP trophozoite positive		
	MP schizonts positive		
	MP gametocyte positive		
	MP Count <200,000p/μl		
	MP Count (200,000 - 499,000)p/μl		
	MP Count ≥500,000p/μl		
	mRDT Total tests		
	<i>Pf</i> HRP2 positive RDT		
	<i>Pf</i> -pLDH positive RDT		
	Pan-pLDH positive RDT		
	All others		

PHARMACY DISPENSARY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER	The number on the row on which client record is written in the register.	Records
2	DATE	The date on which medicine(s) is dispensed	Calendar
3	NHIS STATUS (YES OR NO)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES" - if client card is active and Write "NO" if client not insured or card not active.	Insurance Card
4	PATIENT FOLDER NUMBER	The client's identification number found on the Patient folder	Patient folder
5	PATIENT NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Patient folder
6	AGE	The exact age of the client in completed years e.g. 30 years. If the child is A NEONATE WRITE THE AGE IN DAYS, but from the first month to the first birthday (POST NEONATE) state the age in completed months followed by the word 'months', e.g. 9 months	Patient folder
7	WEIGHT (KG)	Weight of the client measured in kilograms.	Patient folder
8	DIAGNOSIS	Full patient diagnosis corresponding to the Principal and Additional diagnoses as written in patient folder	Patient folder
9	DOSAGE FORM/ NAME OF MEDICINE/ STRENGTH	Enter the dosage form/Name/Strength of medicine dispensed to the client. <i>The dosage form could be tablet, capsule, syrup or dispersible</i> <i>The name of the medicine is the generic name and not the brand name</i> <i>The strength of the medicine could be in mg or ml and is determined by the weight of the client</i>	Patient Folder/ Prescription Form
10	QUANTITY DISPENSED	The Quantity dispensed by multiplying the quantity per dose by the frequency and duration of treatment given	Patient Folder/ Prescription Form
11	COST OF MEDICINE(S) DISPENSED	The Cost of medicines dispensed is determined by multiplying the quantity dispensed with the unit price.	Patient Folder/ Prescription Form

MENTAL HEALTH OUT-PATIENTS REGISTER

SN	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	Location	Town in which SDP is situated	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Month	The Month in which the transaction took place e.g. July	Records
6	Year	Year in which the transaction took place e.g. 2010	Calendar
7	Patients number	A count of the number of the individual conditions presented by clients. This is List of the diseases to be reported on. This shall be new cases only, does not include cases on review	CR Register
	Patients name		
	Age		
	Sex		
	Referral from criminal justice system		
	Refferal (In/Out)		
	Chained / chackled/ roped		
	Mode of Treatment (Voluntary/Involuntary)		
	Outcome		
	Physical disabilities		
	Status of clients		
	NHIA		

COMMUNITY MENTAL HEALTH ACTIVITY REGISTER

SN	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	Location	Town in which SDP is situated	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Month	The Month in which the transaction took place e.g. July	Records
6	Year	Year in which the transaction took place e.g. 2010	Calendar
7	Date		
8	Community (locality)		
9	Name of Client		
10	Age		
11	Sex		
12	Diagnosis		
13	Relapse		
14	Adherence to treatment		
15	Social support		
16	Type of service		
17	Site		
	Client found in chains or shackles		

FORMS (ICD)

DAILY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Administrative records
2	Ward	Name of the ward, e.g. Male Surgical, Male General	Administrative records
3	Month	The Month in which the transaction took place e.g. July	Calendar
4	Number of Patients Remaining at the last day of the previous month	Number of patients remaining at the last day of the previous month	Ward Register
5	Bed Complement	Number of beds in the ward available for clients	Ward Register
6	Day of the month	Serial numbering of the days in the month of reporting	Ward Register
7	Admissions	Number of clients admitted in the ward for the day	Ward Register
8	Discharges	Number of clients discharged from the ward for the day	Ward Register
9	Deaths	Number of deaths recorded in the ward for the day	Ward Register
10	Transfers-In	Number clients transferred into the ward for the day	Ward Register
11	Transfer-Out	Number clients transferred out of the ward for the day	Ward Register
12	No. of Clients Remaining in Ward	Number of clients remaining in the ward at the end of the day	Ward Register

DENTAL TREATMENT RETURNS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	CATEGORY OF CLIENTS (BY AGE AND SEX)		
2	Boys (0-5)	Number of boys in the age range of 0 to 5years	CR Register
3	Girls (0-5)	Number of girls in the age range of 0 to 5years	CR Register
4	Boys (6-17)	Number of boys in the age range of 6 to 17 years	CR Register
5	Girls (6-17)	Number of girls in the age range of 6 to 17 years	CR Register
6	Adult Males (18 & Above)	Number of male 18 years and above	CR Register
7	Adult Females (18 & Above)	Number of female 18 years and above	CR Register
8	Attendances	Sum total of all visits to the dental clinic	CR Register
9	Remarks	Any other information /comment	Facility Head
10	Name Of Reporting Officer	Person completing the form	Facility Head
11	Signature	Signature of person completing the form	Facility head
12	Date	Date on which form was completed	Calendar

FACILITY WASH - IPC REPORTING FORM

	Variables	Definition	Data Source
	Date	The date on which the information is being captured.eg 16th October 2017	Facility WASH-IPC Reporting Form
	Period	The period in which the information is being captured e.g.(3rd quarter 2017)	Facility WASH-IPC Reporting Form
	Region	The name of the region in which facility is located e.g. Ashanti	Facility WASH-IPC Reporting Form
	District	The name of the district in which facility is located e.g. Kwabere	Facility WASH-IPC Reporting Form
	Sub-District	The name of the sub-district in which facility is located e.g. Aboabo	Facility WASH-IPC Reporting Form
	Name of Facility	The name of the facility where the information is being captured e.g. Aboaso Health Centre	Facility WASH-IPC Reporting Form
	Total number of health workers in your facility	Number of staff in the health facility including permanent/Temporal/Clinical and support staff	Facility Nominal roll
	Total Number of health workers trained in your facility in WASH-IPC within the past two years	Number of staff trained in WASH-IPC in the health facility including permanent/Temporal/Clinical and support staff within the past two years.	Inservice Training Record Book
	WASH-IPC Focal Person and assistant	Designated staff and assistant assigned for WASH-IPC activities	Health Administration Records
	Trained WASH-IPC Focal Person and assistant (Indicate Number)	Designated staff assigned for WASH-IPC activities has undergone a 5- day training in WASH-IPC	Inservice Training Unit
	Action plans for WASH-IPC for the current year in all units	Documented planned activities on WASH-IPC for the year under review in all units	1. Administration records 2. All Units on their notice boards.

	Variables	Definition	Data Source
Water	Improved water Services	Water should be on the premises and at all service delivery points, It should be continuous in at least the last month. Improved sources include: piped water, bore hole or rainwater.	Facility WASH-IPC Reporting Form
	Limited water Services	Water from an improved source is available on site but water was not available at all service delivery points. Water was not available for between one and seven days during the last month	Facility WASH-IPC Reporting Form
	No Services/Unimproved Water Services	Unprotected dug well or spring, surface water source, tanker services, well, river or no water source at the facility. Improved source available but seven or more days without water during the last month.	Facility WASH-IPC Reporting Form
Sanitation	Improved Sanitation	Sanitation facilities are functional and in use within 50 meters of all service delivery point in bigger facilities for Clients and Care givers separated for male and females. Health workers male and female separated. Running water available. Improved Sanitation includes WC toilets and latrines.	Facility WASH-IPC Reporting Form
	Limited Sanitation Services	Sanitation facilities are functional and in use within 50 meters of Service delivery point, for some service delivery points in bigger facilities. Clients and care givers but not separated for male and females. Health workers male and female have but not separated. No running water available	Facility WASH-IPC Reporting Form
	No Services/Unimproved Sanitation Services	No functional sanitation facility available within 50 meters of service delivery points	Facility WASH-IPC Reporting Form
	Toilet for Disability persons	At least two toilet facility for disabled (each for male and female) in the facility	Facility WASH-IPC Reporting Form

	Variables	Definition	Data Source
Health Care Waste	Waste management System	Components with standardised logistics (Pedal operated approved colour coded with liners and lids. Safety boxes for sharps, a dedicated transport system for moving to an enclosed area. A functional incinerator in place for processing all wastes. Policy and protocol for waste management in place	
	Improved waste management services	Waste is segregated at the source of generation into a covered coloured* pedal operated waste bin with the same colour liner and labelled at service delivery points. Segregation carried through to final disposal. No enclosed storage area for waste. Sharps, disposed into safety boxes and incinerated separately into ashes. Infectious wastes are treated same within the health facility. NB: *Coloured; Black, yellow and brown all with same colour liner.	Facility WASH-IPC Reporting Form
	Limited Waste Management Services	Waste is segregated at source of generation into covered coloured* pedal operated waste bin with the same colour liner at service delivery points, Storage area Sharps and infectious waste are mixed at final disposal site sometimes left-over waste after incineration at the site.	Facility WASH-IPC Reporting Form
	No Waste Management Services	Waste are mixed up in the waste bins (infectious, pharmaceutical and general) is not segregated into colour coded waste bins, Sharps and infectious waste are dumped openly causing danger to people.	Facility WASH-IPC Reporting Form
	Hygiene services	Sink with running water/Veronica Bucket with soap/trash bin for disposing, single use towel for hand drying. Alcohol hand rub	
Hygiene	Improved Hygiene Services	Running water, hand washing stations with soap and/ or Alcohol hand rub, trash bins and single used towels are available at all service delivery points	Facility WASH-IPC Reporting Form

	Variables	Definition	Data Source
	Limited Hygiene Services	Running water, Soap or Alcohol hand rub, trash bins and single used towels are available at some service delivery points. Running water and hand washing stations without any soap, alcohol rub, trash bins and single used towels	Reporting Form
	No Services/Unimproved Sanitation Services	No running water or hand washing stations available	Facility WASH-IPC Reporting Form

MONTHLY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Administrative records
2	Month	The Month in which the transaction took place e.g. July	Calendar
3	Year	Year in which the transaction took place e.g. 2010	Calendar
4	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Administrative records
5	Ward	Name of the ward, e.g. Male Surgical, Male General	Administrative records
6	Admissions	Number of clients admitted to the ward in the Month	Ward Register
7	Discharges	Number of discharges from the ward in the Month	Ward Register
8	Deaths	Number of deaths recorded in the ward in the Month	A&D Register
9	Patient Days	The last cumulative number of days clients spent in the ward for the month	A&D Register
10	Transfer In	Number of clients transferred into the ward	Ward Register
11	Transfer Out	Number clients transferred out of the ward	Ward Register

MONTHLY CHEMICAL PATHOLOGY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility Name	The name of the Health Facility e.g., Aboaso health centre etc.	Administrative records
2	District	The name of the district in which Health Facility is located, e.g. Kwabre.	Administrative records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Administrative records
4	Month	The month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization clients reported segregated by male and female	Lab request form
9	Number of Test	Count of the individual test conducted for the clients <i>This is a List of the test that is conducted at the chemical pathology department of the laboratory.</i>	Lab Result Log Book
10	Number of all others test	Count of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Lab results book
11	Name of Reporting Officer	Person completing the form	Lab duty roster/Lab Manager
12	Signature	Signature of person completing the form	
13	Date	Date on which form was completed	Calendar

MONTHLY DIETHERAPY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which Health Facility is located, e.g. Asawasi	OPD Records
4	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
6	Month	The month that the transaction took place e.g. July.	Calendar
7	Year	Write down the year the report is generated	Calendar
8	Male	Refers to all boys and men reporting at the facility	OPD Register
9	Female	All girls and women reporting at the facility	OPD Register
10	Age group	Age categorization of the OPD attendants	OPD Register
11	<28 days	Number of children below 28 days	OPD Register
12	1-11 months	Number of children aged 1-11 months	OPD Register
13	1-4 years	Number of children aged 1-4 years, male or female	OPD Register
14	5-9 years	Number of children aged 5-9 year, male or female	OPD Register
15	10-14 years	Number of patients aged 10-14 years, male or female	OPD Register
16	15-17 years	Number of patients aged 15-17 years, male or female	OPD Register
17	18-19 years	Number of patients aged 18-19 years, male or female	OPD Register
18	20-34 years	Number of patients aged 20-34 years, male or female	OPD Register
19	35-49 years	Number of patients aged 35-49 years, male or female	OPD Register

NO.	VARIABLE	DEFINITION	DATA SOURCE
20	50-59 years	Number of patients aged 50-59 years, male or female	OPD Register
21	60-69 years	Number of patients aged 60-69 years, male or female	OPD Register
22	above 70 years	Number of patients aged 70 years and above, male or female	OPD Register
23	Conditions	<p>A count of the number of individual dietherapy conditions presented by clients.</p> <p><i>This shall be new cases only, does not include cases on review</i></p>	Consulting room Register
24	Signature	Signature of In-charge of the facility reporting	Facility Head
25	Rank	Rank of the In-charge of the facility reporting	Facility Head
26	Date	Date of submission of the report	Calendar

MONTHLY EYE HEALTH REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which Health Facility is located, e.g. Kwabre.	OPD Records
4	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The region the Facility is located in e.g. Ashanti.	OPD Records
6	Year	Write down the year the report was generated	Calendar
7	Month	The month that the transaction took place e.g. July.	Calendar
10	Age group	Age categorization of the client segregated into male and female	OPD Register
11	Conjunctivitis	Number of conjunctivitis disease reported at the facility within the defined period. Conjunctivitis is Inflammation of the conjunctiva of all types. Affects all ages	Consulting room Register
12	Trachoma Follicle (TF)	Number of Trachoma Follicles disease reported at the facility within the defined period. TF refers to Trachoma Follicles. Follicles are found in the upper eyelids of children between 1-9 years	Consulting room Register
13	Trachoma Trichiasis (TT)	Number of Trachoma Trichiasis disease reported at the facility within the defined period. TT refers to Trachoma Trichiasis presenting as in turned eyelashes, which rub on the cornea. It is found in people 15 years and above and requires to be operated on.	Consulting room Register
14	Cataract	Number of Cataract disease reported at the facility within the defined period. Cataract is the opacity of the lens of the eye. It can lead to poor vision and blindness. All ages can be affected but it is mostly found in the aged	Consulting room Register
15	Glaucoma	Number of glaucoma disease reported at the facility within the defined period. Glaucoma means pressure of the eye. It is symptomless but causes blindness. All ages can be affected but mostly found in people 30 years and above	Consulting room Register

NO.	VARIABLE	DEFINITION	DATA SOURCE
16	Refractive error	Number of refractive error disease reported at the facility within the defined period. Refractive error is the defect in the ability of the lens of the eye to focus on an image accurately. This gives rise to a person being near-sighted, farsighted or presbyopic. Affects all ages	Consulting room Register
17	Trauma	Number of Trauma disease reported at the facility within the defined period. Trauma is any injury to the eyeball or the eyelid. It could be mechanical, chemical, thermal injury. Affects all ages	Consulting room Register
18	Diabetic Retinopathy	Number of diabetic retinopathy disease reported at the facility within the defined period. Diabetic retinopathy occurs when a person with diabetes has the disease affecting the posterior part of the eye, which may cause reduction in vision.	Consulting room Register
19	Low vision	Number of low vision disease reported at the facility within the defined period. Low Vision is residual vision left after medical or surgical intervention which enables the person to be functionally independent. Affects all ages	Consulting room Register
20	Pterygium	Number of pterygium disease reported at the facility within the defined period. Pterygium is the overgrowth of the conjunctiva onto the cornea. Mostly affects the middle and old age people	Consulting room Register
21	Other eye conditions	Number of all other eye conditions reported at the facility within the defined period. Any condition affecting the eye aside those listed above apart from normal. E.g. Swelling of the eye.	Consulting room Register
22	Normal	Number of normal eye conditions reported at the facility within the defined period. When the vision is good. No disease is present	Consulting room Register
23	Total number of eye disease	Total number of eye disease conditions seen. It can be medical, surgical, or refractive services at the facility	Consulting room Register
24	Total Number of clients seeking eye services	Total number of clients seeking eye services. It may be medical, surgical or refractive services at the facility	Consulting room Register
25	Total New Cases	Total of each column	Consulting Register

NO.	VARIABLE	DEFINITION	DATA SOURCE
26	Re-Attendance	Conditions that came for review	Consulting Register
27	Referrals	Condition that were referred out	Consulting Room Register
Surgeries - Any surgical intervention of the eye, including removal of foreign body			
28	Cataract surgeries performed	Total number of cataract surgeries/operations performed within the defined period i.e. monthly	Theatre Register
29	Cataract operated people VA >6/18	Total number of cataract operated people with visual acuity of >6/18 within the defined period i.e. monthly	Theatre Register
30	Cataract operations performed with IOL	Total number of cataract surgeries/ operations performed with the implantation of Intra Ocular Lens (IOL) within the defined period i.e. monthly	Theatre Register
31	Glaucoma surgeries performed	Total number of glaucoma surgeries/operations performed within the defined period i.e. monthly	Theatre Register
32	Trachoma Trachealis (TT) surgeries performed	Total number of trachoma trichiasis surgeries/operations performed within the defined period i.e. monthly	Theatre Register
33	Other eye surgeries performed	Total number of all other surgeries/operations apart from cataract, glaucoma and trachoma trichiasis performed within the defined period i.e. monthly.	Theatre Register
34	Number of eye outreach services conducted?	Count the number of eye outreach services undertaken to neighbouring eye facilities, schools, community,	Facility monthly report
35	Number of spectacles prescribed?	Count the number of spectacles prescribed by the health facility.	Facility monthly report
36	Number of spectacles dispense?	Count the number of spectacles dispensed by the health facility.	Facility monthly report
37	Does this facility offer Paediatric Ophthalmology services	Capacity of facility to provide specialized Paediatric Ophthalmic service. Please tick if 'YES', state number	Facility monthly report

NO.	VARIABLE	DEFINITION	DATA SOURCE
38	Does this facility provide laser treatment /Diabetic Retinopathy	Capacity of facility to provide laser treatment for Diabetic Retinopathy. Please tick if 'YES', state number	Facility monthly report
39	Does this facility have functional visual field equipment	Availability of functional visual field equipment at facility Please tick if 'YES', state number	Facility monthly report

MONTHLY HAEMATOLOGY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility Name	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	The month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization clients reported segregated by male and female	OPD Register
9	Number of Test	count of the individual test conducted for the client <i>This is a List of the test that is conducted at the haematology department of the laboratory.</i>	Lab Result Log Book
10	All others test	Count of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	:Lab results book
11	Name of Reporting Officer	Person completing the form	Lab duty roster/Lab Manager
12	Signature	Signature of person completing the form	
13	Date	Date on which form was completed	Calendar

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre	Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6 HEALTH FACILITY RECORDS – MALARIA			
7	Number of OPD Malaria Cases Put On Anti-Malarials (<5 year, >=5 years)	Number of suspected malaria cases treated with anti-malarials (ACTs and Quinine for pregnant women), segregated by <5 years and >=5 years old	Consulting Room Register, Dispensary register
8	Number Of OPD Malaria Cases put on ACTs (<5 year, >=5 years)	Total number of suspected malaria cases treated with ACTs ONLY segregated by <5 years and >=5 years old	Consulting Room Register, Dispensary register
9	Number Of OPD Malaria Cases Tested For Malaria Parasites Using Microscopy (<5 year, >=5 years)	Total number of suspected malaria cases tested for parasites using microscopy, segregated by <5 years and >=5 years old	Consulting Room Register, Lab Register
10	Number Of OPD Malaria Cases Tested For Malaria Parasites Using RDTs (<5 year, >=5 years)	Total number of suspected malaria cases tested for parasites using RDTs, segregated by <5 years and >=5 years old	Consulting Room Register, Lab Register
11	Number Of OPD Malaria Cases Tested Positive Using Microscopy (<5 year, >=5 years)	Total number of suspected malaria cases that tested positive for malaria using ,microscopy, segregated by <5 years and >=5 years old	Consulting Room Register, Lab Register

No.	VARIABLE	DEFINITION	DATA SOURCE
12	Number Of OPD Malaria Cases Tested Positive Using RDTs (<5 year, >=5 years)	Total number of suspected malaria cases that tested positive for malaria using RDTs, segregated by <5 years and >=5 years old	Consulting Room Register, Lab Register
13	Incidence of Adverse Effects		
14	Number Of Cases Put On Acts With Adverse Effects	Number of reported side effects cases after taking any ACTs	Adverse Event Reporting Form (AERF)/ Consulting Room Register
15	Total Number Hospitalized Due To Adverse Effects From Acts	Number of clients who were hospitalized for reported side effects after taking any ACTs	AERF / Consulting Room Register/ Ward register
16	Number Of Pregnant Women Put On Acts With Adverse Effects	Number of pregnant women with reported side effects after taking any ACTs	AERF / Consulting Room Register
No.	VARIABLE	DEFINITION	DATA SOURCE
19	Total Number Of Pregnant Women put on ACTs With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
20	Number Of Pregnant Women put on any Other Anti malarias with Adverse Effects	Number of pregnant women with reported side effects of any other antimalarial other than ACTs	AERF / consulting room
21	Total Number of Pregnant Women Put On Any Other Anti malarias With Adverse Effects Hospitalized	Number of pregnant women hospitalized for reported side effects of any other antimalarial other than ACTs	AERF / consulting room
22	Number Of Children Under 5 Put on ACTs With Adverse Effects	Number of children under 5 with reported side effects after taking any ACTs	AERF / consulting room
23	Total Number Of Children Under 5 Put On Acts With Adverse Effects Hospitalized	Number of children under 5 hospitalized for reported side effects after taking any ACTs	AERF / consulting room/ Ward register
24	DRUG AND OTHER COMMODITIES– DOSES/ PACKS FOR ACTs and QUININE, PIECES for INJECTIONS and OTHER COMMODITIES		
25	Dosages Dispensed (Consumed)	Quantity of the commodity dispensed to clients within the month (<i>this is in doses/ packs and not tablets</i>)	Dispensary Inventory control card
26	Balance Of At The End Of The Month	Quantity of the commodity remaining in the dispensary at the end of the month	Dispensary Inventory control card

No.	VARIABLE	DEFINITION	DATA SOURCE
		<i>(this is in doses/ packs and not tablets)</i>	
27	Stock Out For More Than 7 Days	Shortage of any malaria commodity for more than 7 days within that month	Inventory control card
28	Date Of Submission	Date on which the report was being submitted	Calendar
29	Name And Signature Of Facility/BMC Head	Name and signature of the In-charge of the facility / BMC reporting	Facility Head
30	Submitted By	Name of Person who submitted the form <i>(not the currier)</i>	Records
32	Received By (Stamp & Signature)	Stamp and Signature of person who received the completed report at the next higher level.	Records

MONTHLY MICROBIOLOGY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility Name	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	The month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization clients reported segregated by male and female	OPD Register
9	Number of Test	Count of the individual test conducted for the clients <i>This is a List of the test that is conducted at the chemical pathology department of the laboratory.</i>	Lab Result Log Book
10	Number of all others test	Count of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Lab results book
11	Name Of Reporting Officer	Person completing the form	Lab duty roster/Lab Manager
12	Signature	Signature of person completing the form	
13	Date	Date on which form was completed	Calendar

MONTHLY HISTOPATHOLOGY/CYTOPATHOLOGY FORMS

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility Name	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	The month that the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	All boys and men reporting at the facility	OPD Register
7	Female	All girls and women reporting at the facility	OPD Register
8	Age group	Age categorization clients reported segregated by male and female	OPD Register
21	Number of Test	Count of the individual test conducted for the clients <i>This is a List of the test that is conducted at the chemical pathology department of the laboratory.</i>	Lab Result Log Book
22	Number of all others test	Count of all other tests conducted by the facility within the defined period other than what is listed on the reporting form.	Lab results book
23	Name Of Reporting Officer	Person completing the form	Lab duty roster/Lab Manager
24	Signature	Signature of person completing the form	
25	Date	Date on which form was completed	Calendar

MONTHLY OUTPATIENTS MORBIDITY RETURNS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name Of Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records
3	Location	Town in which the Health Facility is situated	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Month	The Month in which the transaction took place e.g. July	Records
6	Year	Year in which the transaction took place e.g. 2010	Calendar
7	Disease (New Cases Only)	A count of the number of the individual conditions presented by clients. This is List of the diseases to be reported on. This shall be new cases only, does not include cases on review	Consulting Room Register
8	Uncomplicated Malaria Suspected	All OPD new cases that the that Clinician Suspects to be Malaria (including pregnant women)	Consulting Room Register
9	Uncomplicated Malaria Suspected Tested	Total number of suspected cases of malaria tested for malaria parasites (both RDTs and Microscopy); including pregnant women	Consulting Room Register
10	Uncomplicated Malaria Tested Positive	Total number of suspected cases of malaria that tested positive for malaria parasites (both RDTs and Microscopy); including pregnant women	Consulting Room Register
11	Uncomplicated Malaria not tested but Treated	Total number of Suspected cases of malaria that were clinically diagnosed and treated without testing (including pregnant women)	Consulting Room Register
12	Uncomplicated Malaria tested negative but Treated	Total number of Suspected cases of malaria that tested negative for malaria parasites (both RDTs and Microscopy) but were treated as malaria	Consulting Room Register

No.	VARIABLE	DEFINITION	DATA SOURCE
13	Uncomplicated Malaria In Pregnancy Suspected	All OPD new cases among Pregnant Women that the Clinician Suspects to be Malaria	Consulting Room Register
14	Uncomplicated Malaria in Pregnancy Suspected Tested	Total number of suspected cases of malaria among Pregnant women tested for malaria parasites (both RDTs and Microscopy)	Consulting Room Register
15	Uncomplicated Malaria in Pregnancy Tested Positive	Total number of suspected cases of malaria among Pregnant Women that tested positive for malaria parasites (both RDTs and Microscopy)	Consulting Room Register
16	Uncomplicated Malaria in Pregnancy not tested but Treated	Total number of Suspected cases of malaria among Pregnant women that were clinically diagnosed and treated without testing	Consulting Room Register
17	Grouping the cases	Male, Female under the various Age Groups	
18	Total	Totals for each strata	
19	All Other Diseases	Disease that are not listed from 1-92 are all counted as part of to this	Consulting Register
20	Total New Cases	Total of each column	
21	Re-Attendance	Conditions that came for review	Consulting Register
22	Referrals	Condition that were referred out	Consulting Room Register
23	Signature	Signature of In-charge of the facility reporting	Facility Head
24	Rank	Rank of the In-charge of the facility reporting	Facility Head
25	Date	Date of submission of the report	Calendar

MONTHLY PHYSIOTHERAPY REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Facility	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
4	Month	Month in which the transaction took place e.g. July.	Calendar
5	Year	Write down the year the report was generated	Calendar
6	Male	Refers to all boys and men reporting at the facility	OPD Register
7	Female	Refers to all girls and women reporting at the facility	OPD Register
8	Age group	Age categorization of the client segregated by sex	OPD Register
21	Type of Service	A count of the number of the individual service requested by clinician/ prescriber for the clients. <i>This is a List of the services that is conducted at the physiotherapy unit</i>	Consulting Register/ Ward register
22	All Other Services	Number of all other services conducted by the facility within the defined period other than what is listed on the reporting form.	Consulting Register/ Ward register
23	Name Of Reporting Officer	Person completing the form	Facility Head
24	Signature	Signature of person completing the form	Facility head
25	Date	Date on which form was completed	Calendar

MONTHLY PROSTHETICS AND ORTHOTICS REPORTING FORM

NO.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution	The name of the Health Facility e.g., Aboaso health centre etc.	OPD Records
2	Type of facility	The type of the Health Facility e.g. public, private, quasi-government, faith-based etc.	OPD Records
3	Sub-District	The name of the sub-district in which the Health Facility is located, e.g. Asawasi	OPD Records
4	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	OPD Records
5	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	OPD Records
6	Month	The month in which the transaction took place e.g. July.	Calendar
7	Year	Write down the year the report was generated	Calendar
	Sex	Indicate the sex of the attending client. M for Male and F for Female	OPD Register
10	Age group	Age categorization of the clients in days for the neonates, months for the post neonates and years from 1yr to adults	OPD Register
23	Type of Service	<p>A count of the number of individual prosthetics and orthotics conditions presented by clients.</p> <p><i>This is a list of the diseases to be reported on.</i></p> <p><i>This shall be new cases only, does not include cases on review</i></p>	Consulting room Register/ Ward Register
24	Signature	Signature of In-charge of the facility reporting	Facility Head
25	Rank	Rank of the In-charge of the facility reporting	Facility Head
26	Date	Date of submission of the report	Calendar

MONTHLY SPECIALIST OUTREACH SERVICES (FORM C)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	BP	Blood pressure	Readings
2	BMI	Body Mass Index: - This is calculated by dividing the body weight in kilograms by the height in meter squared (kg/m)	Readings
3	FPG	Fasting Plasma Glucose: -A fasting plasma glucose test is performed after the client has fasted or not eaten for at least 12 hours.	Readings
4	2HPG	2 Hour Plasma Glucose: - Is the blood glucose level measured 2 hours after meals	Readings

STATEMENT OF OUTPATIENTS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Institution	The name of the Health Facility e.g., Aboaso Health Centre etc.	Administrative Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Administrative Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Administrative Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Age Groups	Age categorization of the OPD attendants. in days for the neonates, months for the post neonates and years from 1yr to adults	OPD Register

No.	VARIABLE	DEFINITION	DATA SOURCE
7	Insured OPD Patient (M)	Insured New Male patients at OPD by all age group	OPD Register
8	Insured OPD Patient (Female)	Insured New Female patient at OPD by all age group	OPD Register
9	Insured OPD Patient (Male)	Insured Old Male patient at OPD by all age group	OPD Register
10	Insured Patient (Female)	Insured Old Female patient at OPD by all age group	OPD Register
11	Non-Insured OPD Patient (Male)	Non-Insured New Male patient at OPD by all age group	OPD Register
12	Non-Insured OPD Patient (Female)	Non-Insured New Female OPD patient at OPD by all age group	OPD Register
13	Non-Insured OPD Patient (Male)	Non-Insured Old Male OPD patient by all age group	OPD Register
14	Non-Insured OPD Patient (Female)	Non-Insured Old Female OPD patient by all age group	OPD Register
15	Total All Ages	Totals per column	OPD Register
16	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

STATEMENT OF INPATIENT

No.	VARIABLE	DEFINITION	DATA SOURCE
1	INSTITUTION	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	DISTRICT	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	REGION	The name of the region in which the SDP is located e.g. Ashanti.	Records
4	MONTH	The Month in which the transaction took place e.g. July	Calendar
5	YEAR	Year in which the transaction took place e.g. 2010	Calendar
6	AGE GROUPS	Age categorization of the clients for the month in days for the neonates, months for the post neonates and years from 1yr to adults	Ward Register
7	Insured Clients Admission (M)	Insured New Male clients on admission	Ward Register
8	Insured Clients Admission (Female)	Insured New Female clients on admission	Ward Register
9	Insured Clients Death (Male)	Insured Old Male clients on admission	Ward Register
10	Insured Clients Death (Female)	Insured Old Female on admission	Ward Register
11	Non-Insured Clients Admission (Male)	Non-Insured New Male clients on admission	Ward Register
12	Non-Insured Clients Admission (Female)	Non-Insured New Female clients on admission	Ward Register
13	Non-Insured Clients Death (Male)	Non-Insured Old Male clients on admission	Ward Register
14	Non-Insured Clients Death (Female)	Non-Insured Old Female clients on admission	Ward Register
15	Total All Ages	Totals per column	Ward Register
16	Summary of Inpatient Malaria Cases		
17	Malaria Admissions below 5 Years (Male)	Number of males patients below 5 years admitted with malaria (Severe and uncomplicated)	Ward Register
18	Malaria Admission below 5 Years (Female)	Number of Female patients below 5 years admitted with malaria (Severe and uncomplicated)	Ward Register
19	Malaria Admission 5 Years and Above (Male)	Number of Male patients above 5 years admitted with malaria (Severe and uncomplicated)	Ward Register
20	Malaria Admission 5 Years and Above (Female)	Number of Female patients above 5 years admitted with malaria (Severe and uncomplicated)	Ward Register

No.	VARIABLE	DEFINITION	DATA SOURCE
21	Number of Pregnant Women Admitted with Malaria	Number of pregnant women admitted with malaria (Severe and uncomplicated)	Ward Register
22	Malaria Deaths Below 5 Deaths (Male)	Number of male patients below under 5 dying of malaria	Ward Register
23	Malaria Deaths Below 5 (Female)	Number of females under 5 dying of malaria	Ward Register
24	Malaria Death 5 & Above (Male)	Number of males 5 and above dying of malaria	Ward Register
25	Malaria Death 5 & Above Female	Number of females 5 and above dying of malaria	Ward Register
26	Number of Pregnant Women Dying of Malaria	Number of pregnant women on admission dying of malaria.	Ward Register
27	Severe Malaria Below 5 Years Male	Number of male patients below five years admitted with diagnosis of severe malaria.	Ward Register
28	Severe Malaria 5 Years and Above Male	Number of male patients above five years admitted with diagnosis of severe malaria.	Ward Register
29	Severe Malaria Below 5 Years Female	Number of female patients below five years admitted with diagnosis of severe malaria.	Ward Register
30	Severe Malaria 5 Years and Above Female	Number of male patients above five years admitted with diagnosis of severe malaria	Ward Register
31	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

MONTHLY RETURNS ON SURGICAL OPERATIONS

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	Hospital	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Major Surgical Operations	Number of surgical procedures that involves respiratory assistance and anaesthesia including spinal anaesthesia and pre-operative sedation.	Theatre Register
6	General Surgery	Number of general surgeries done e.g., intestines including oesophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts, and often the thyroid gland.	Theatre Register
7	Orthopaedic	Number of orthopaedic surgeries done.	Theatre Register
8	Genito-Urinary	Number of done on genito-urinary organs.	Theatre Register
GLANDS & SPECIAL ORGANS			
10	Obstetrics & Gynaecological Operations	Obstetrics surgery: -relates to surgery and treatment of women during pregnancy and childbirth, Gynaecological operations: - refers to surgery on the female reproductive system.it includes procedures for benign conditions, cancer, infertility, and incontinence, and various other conditions.	Theatre Register
TOTAL ALL MAJOR OPERATIONS			
12	Minor Surgical Operations	any surgical procedure that does not involve respiratory assistance but have local anaesthesia with or without sedation	Theatre Register
13	Total All Minor Operations	Total number of all minor operations	Theatre Register
14	Total Minor And Major Operations	Total number of all minor and major operations	Theatre Register
15	Insured Clients	Total number of insured clients who assessed this service	Theatre Register
16	Non-Insured Clients	Total number of non-insured clients who assessed this service	Theatre Register
17	Total	Refers to the total for insured and non-insured client.	Theatre Register
18	Signature	Person completing the form	

MONTHLY MENTAL HEALTH INSTITUTIONAL REPORTING FORM

SN	VARIABLE	DEFINITION	DATA SOURCE
1	Name of facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Age Groups	Age categorization of the OPD attendants. in days for the neonates, months for the post neonates and years from 1yr to adults.	OPD Register
7	Sex	Biological sex of client (male or female)	
8	Total (Male and Female)	Total number of male clients per row	Multiple sources
9	Grand Total	Indicates the sum of figures in each row and column	OPD Register
	PSYCHIATRIC DISORDERS		
10	Schizophrenia, schizotypal and delusional disorders	Schizophrenia, schizotypal disorder, persistent delusional disorders, acute and transient psychotic disorders, induced delusional disorder, schizoaffective disorders,	F20 - F29
11	Depression	mild, moderate, severe, recurrent depression	F32 and F33
12	Bipolar Disorder	Manic episode, bipolar affective disorder	F30 and F31
13	Disorders associated with childbirth	Peripartum, postpartum depression and psychosis	F53
14	Anxiety Disorders	Generalised anxiety disorder, phobic anxiety disorders, Panic disorder, mixed anxiety and depressive disorder	F40, F41,
15	Obsessive Compulsive Disorder	see ICD 10 Codes	F42
16	Post-Traumatic Stress Disorder	see ICD 10 Codes	F43. 1
17	Conversion/Dissociative Disorders	Dissociative (amnesia, fugue, stupor, motor disorders, anaesthesia and sensory loss, mixed and other disorders), trance and possession disorders	F44
18	Mental Disorders due to Alcohol use	acute intoxication, harmful use, dependence syndrome, withdrawal state (including delirium), psychotic disorder, amnesic syndrome, residual disorders	F10.1 to F10.9

SN	VARIABLE	DEFINITION	DATA SOURCE
19	Mental Disorders due to other psychoactive substance use	acute intoxication, harmful use, dependence syndrome, withdrawal state, psychotic disorder, amnesic syndrome, residual disorders due opioids, cannabinoids, sedatives or hypnotics, cocaine, other stimulants including caffeine, hallucinogens, tobacco, volatile solvents, multiple drug use, other psychoactive substances	F11. 1 to F19. 9
20	Attention Deficit Hyperactive Disorder (ADHA)	see ICD 10 Codes	F90
21	Foetal alcohol spectrum disorders (FASD)	see ICD 10 Codes	
22	Other Mental Disorders of childhood origin	Mixed disorders of conduct and emotion, emotional disorders with onset specific to childhood, disorders of social functioning with onset specific to childhood and adolescence, tic disorders, other	F92-F98
23	Conduct/Behavioural disorders	see ICD 10 Codes	F91
24	Personality disorders	paranoid, schizoid, Dissocial, emotionally unstable, histrionic, anankastic, anxious, other specific personality disorders	F60
25	Other developmental disorders	specific developmental disorders of language and speech, specific developmental disorders of scholastic skills, specific developmental disorder of motor function, mixed specific developmental disorder	F80 - F83
	NEUROPSYCHIATRIC DISORDERS		
26	Autism	childhood autism, atypical autism, Rett's syndrome, other childhood disintegrative disorders, Asperger's, other pervasive developmental disorder	F84
27	Mental Retardation	mild, moderate, severe, profound, other and unspecified mental retardation	F70 - F79
28	Epilepsy/Seizures	Generalized and focal seizures	G40
29	Delirium	see ICD 10 Codes. This excludes delirium from psychoactive substance use disorders	F05
30	Dementia	Alzheimer's dementia, vascular dementia, dementia in diseases classified elsewhere, unspecified dementia	F00 - F03

SN	VARIABLE	DEFINITION	DATA SOURCE
31	All other mental disorders not specified above	see ICD 10 Codes	
32	Re-Attendances/ Re-visits/ Reviews	A condition that treatment has begun at the facility and the client is coming for review of the same condition after treatment has begun.	Consulting room register
33	Total Attendance (Ist visit + Re-Attendance)	Total number of visits to the facility within a month	Consulting room register
34	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

MONTHLY MENTAL HEALTH CLIENT STATUS FORM

SN	VARIABLE	DEFINITION	DATA SOURCE
1	Name of facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Grand Total	Indicates the sum of figures in each row and column	Multiple sources
7	Sex	Biological sex of client (male or female)	OPD Register
9	New Cases - Outpatients	Number of new episodes of disease conditions seen at the OPD in a month	Consulting Room Register
10	New Cases - Inpatients	Number of new episodes of disease conditions admitted in a month	Ward Register
11	New patients through active case search	Cases that are found through case search in the community among the new cases	Active Case search Register
12	Voluntary treatment	Number of clients receiving treatment willingly at the facility OPD.	Consulting room Register (To be included in the remarks column)
13	Involuntary treatment	Number of clients receiving treatment through a court of law or a certificate of urgency	Consulting room Register (To be included in the remarks column)
14	Clients Insured	New insured clients counted as male and females.	OPD Register
15	Clients Non-insured	New non-insured clients counted as male and females.	OPD Register
16	Deaths	Number of deaths of persons on admission who had mental illness	Ward register
17	Relapsed	Number of clients diagnosed with a particular mental health condition who during the process of recovery and before full recovery return to the acute state.	Consulting Room Register
18	Defaulters	A client who misses a review two weeks after the appointment date.	Consulting Room Register
19	Recurrence	Number of clients diagnosed with a particular mental health condition who after recovery return to the acute state	Consulting Room Register
20	Clients with Adverse Medicine reaction	Number of clients with adverse medicine reactions following the administration of psychotropic and or anti-epileptic medications.	Pharmacovigilance Form/Adverse Drug Reaction Register/Incident Book

SN	VARIABLE	DEFINITION	DATA SOURCE
21	Clients Received from Traditional and Herbal centres	Number of clients received from Traditional and Herbal centres. This includes medical herbal centres.	OPD Register (To be included in the remarks column)
22	Clients Received from Faith-based healing centres.	Number of clients received from Faith based centres.	OPD Register (To be included in the remarks column)
22	Clients Received from other alternative medical centres	Number of clients received from other alternative medical centres and these include centres for acupuncture, homeopathy, naturopathy, radionic medicine	OPD Register (To be included in the remarks column)
22	Patients brought to the facility in chains or shackles	Number of clients brought in chains or shackles to the health facility.	OPD Register (To be included in the remarks column)
23	Clients Received from criminal Justice system and special institutions (police cells, security services)	Number of Clients received from criminal Justice system and special institution (police cells, security services)	Mental Health - OPD Register (To be included in the remarks column)
24	Voluntary Admissions	Number of clients on admission receiving treatment willingly at the facility.	Ward Register (To be included in the remarks column)
25	Involuntary Admissions	Number of clients on admission through a court order or a certificate of urgency	Ward Register (To be included in the remarks column)
26	Admissions by Court Order	Number of clients on admission receiving treatment based on a court order.	Ward Register (To be included in the remarks column)
27	Admissions by certificate of urgency	Number of admitted clients deemed to be a risk to themselves or to others upon certification by a registered medical practitioner.	Ward Register (To be included in the remarks column)
28	Seclusions (confinement of mentally ill persons)	Number of admitted patients who are separated from others because they are a risk to themselves and others and tranquilization is inappropriate or not readily available.	Ward Register (To be included in the remarks column)
	Abscondee	Number of patients who leave the facility in an unauthorised manner	Ward Register
29	Discharges	Number of patients released from facility after admission	A&D / Ward Register
30	Vagrants Treated - Facility	Number of persons with mental disorder found in public places without a caregiver treated in the health facility	Ward Register (To be included in the remarks column) and Activity book
	Vagrants Treated - Community	Number of persons with mental disorder found in public places without a caregiver treated by a trained staff in the community	
31	Repatriated clients	Number of abandoned clients from a Health facility reunited with their caregivers	Ward Register (To be included in the remarks column)

SN	VARIABLE	DEFINITION	DATA SOURCE
32	Repatriated clients received	Number of abandoned clients from the health facility received by caregivers through community mental health personnel	Activity register
33	Clients with physical disabilities (motor, vision, speech, hearing)	Number of persons with mental illness and physical disabilities (motor, vision, speech, hearing) receiving treatment at the facility	OPD register
34	Attempted suicide	Number of persons who deliberately try to take their own lives and fail.	Consulting Room Register
35	Suicides	Number of persons who deliberately take their own lives.	Cause of death certificate/ Birth & Death Registry
36	Clients referred (in)	Number of clients received from another facility	Consulting room register (check the remarks)
37	Clients referred (out)	Number of clients referred out of a facility	Consulting room register (check the remarks)

MONTHLY COMMUNITY MENTAL HEALTH REPORTING FORM

SN	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Name of facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records	To identify the facility from which service was rendered
2	District	The name of the district in which the Health Facility is located, e.g. Kwabre.	Records	To know the district where the facility is located
3	Region	The name of the region in which the Health Facility is located e.g. Ashanti.	Records	To know the region where the facility is located
4	Month	The Month in which the transaction took place e.g. July	Calendar	To the know the month within which the service was rendered
5	Year	Year in which the transaction took place e.g. 2010	Calendar	To the know the year within which the service was rendered
6	Sex	Biological sex of client (male or female)	OPD Register	To know the gender distribution of cases and attendances
7	Grand Total	Indicates the sum of figures in each row and column	Multiple sources	To know the number of cases or attendances
8	Community Durbars	Number of community gatherings to discuss health related issues including mental health. Disaggregate audience or attendance in male and female.	Health promotion register / Community activity register	To promote community engagement in health-related issues including mental health.
9	Number of educational institutions in which mental health programmes were conducted	Number of educational facilities in which mental health programmes were conducted in the catchment area.	Health promotion register	To know the number of educational facilities that were covered with mental health programmes.
10	No. of mental health programmes conducted in Educational health institutions	Number of mental health programmes conducted in educational institutions. Disaggregate audience or attendance into male and female.	Health promotion register	To know the number of mental health programmes conducted in educational institutions within a catchment area.
11	Home Visits conducted	Number of households visited and provided with mental health services.	Home visit register	To know the number of households visited and provided with mental health services.

SN	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
12	Health Education conducted	Number of mental health educational activities conducted in the catchment area.	Health promotion register	To know the number of mental health educational activities conducted in the catchment area.
13	Specialist Outreach Clinics conducted	Number of psychiatrist specialist clinics conducted outside their normal place of work.	Outreach Register	To know the number of specialist Mental Health outreach clinics conducted.
14	Routine Outreach Clinics conducted	Number of routine outreach clinics conducted by other mental health personnel.	Outreach Register	To know the number of routine Mental Health outreach clinics conducted.
15	Support group - Self Help Groups (AA, NA, etc.)	Number of support groups (Groups of persons with similar conditions coming together to support one another).	Activity register	To know the number of support groups available in a catchment area.
16	Service users' fora	Number of service users meetings held in the catchment area	Activity register	To know the number of Service users' fora held.
17	Support groups - Others (Clubs)	Number of clubs (people with similar interest, who are not service users, coming together to promote mental health). Membership disaggregated into male and female	Activity register	To know the level of community support for mental health available in a catchment area.
18	e- Support Group	Number of different e- based support groups utilised in a catchment area (e.g. Social Media Support Groups, Webinar)	Activity register	To know the extent of e- based support groups available and utilised in a catchment.
19	No. of Traditional and Herbal Centres	Number of traditional and herbal centres available. This includes medical herbal centres.	District Health Profile	To know the number of traditional and herbal centers in a catchment area.
20	No. of Traditional and Herbal Centres Visited	Number of traditional and herbal centres visited to carry out mental health activities. This includes medical herbal centres.	Daily activity register	To know the number of traditional and herbal centers visited to carry out mental health programmes
21	No. of Faith based Healing centres	Number of faith-based centres available in the catchment area.	District Health Profile	To know the number of faith-based centres in a catchment area.
22	No. of Faith based Healing centres Visited	Number of faith-based centres visited.	Activity register	To know the number of faith-based centres visited
23	No. of other Alternative Medicine Centres	Number of other Alternative Medicine centres available in the catchment area and these include centres for acupuncture,	Activity register	To know the number of Alternate Medicine centres available in the catchment area for

SN	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		homeopathy, naturopathy, radionic medicine		planning mental health activities.
24	No. of other Alternative Medicine Centres visited	Number of other Alternative Medicine centres visited to carry out mental health programmes in the catchment area and these include centres for acupuncture, homeopathy, naturopathy, radionic medicine	Activity register	To know the number of other Alternative Medicine centres visited and have received mental health programmes
25	Clients found in chains/shackles	Number of clients found in chains/shackles. This include clients found in ropes and logs.	Activity register	To know the number of clients found in chains/shackles to initiate interventions to stop human rights abuses.
26	Number of vagrants	Number of vagrants in the catchment area as at the last vagrants census disaggregated into male and female	Activity register /district health profile	To know the number of vagrants in the catchment area to plan services and other interventions

STATEMENT FOR MENTAL HEALTH OUTPATIENTS

SN	VARIABLE	DEFINITION	DATA SOURCE
1	Institution	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
3	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
4	Month	The Month in which the transaction took place e.g. July	Calendar
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Age Groups	Age categorization of the OPD attendants. in days for the neonates, months for the post neonates and years from 1yr to adults	OPD Register
7	Insured Clients	New and old insured clients counted as male and females.	OPD Register
8	Non-Insured Clients	New and old non-insured clients counted as male and females.	OPD Register
9	Total (Male and Female)	Total number of male clients per row	OPD Register
10	Total	Indicates the sum of figures in each row and column	OPD Register
11	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

APPENDIX TWO

REGISTERS AND FORMS FOR FAMILY HEALTH DIVISION (FHD)

REGISTERS (FHD)

MATERNITY WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number	The number on the row on which client record is written in the register.	Records	Helps count the number of clients been taken care of within a particular period, determines client load, determines target so far & helps in planning
2	Date of Admission	The date on which the client was admitted OR transferred in from another facility.	Calendar	Helps in record keeping of events for a particular period
3	Time of Admission	The time the client was admitted OR transferred in from another facility.	Clock in Maternity Ward.	Helps to track the time of treatment initiation
4	Patient Number	Client's unique identification number issued on the first visit to the facility.	ANC card/Folder	It helps to identify and retrieve client records in case of loss
5	Patient Name	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	ANC card/Folder	For easy identification of client & records
6	Address (Locality)	The locality in which the client resides but not the birth place	ANC card/Folder	For follow ups and home visits
7	Age	The exact age of the client in completed years e.g. 30 years.	ANC card/Folder	Informs service providers on the full details of the client to provide individualized care
8	Parity	The number of times a pregnancy has been carried beyond 28 weeks, indicated by the letter "P".	ANC card/Folder	Provides information to the service provider for subsequent care
9	Duration of Pregnancy	The age of the pregnancy at the time of admission in weeks	ANC card/Folder	It informs the service provider on the gestational age to offer individualized care
10	Partograph Use	Use of Chart to monitor the progress of active labour.	ANC card/Folder`	Provides information on how effective labour was managed

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
11	Foetal Heart on Admission	Number of times the heart of the foetus beats per minute	ANC card/Folder	It provides information on the viability of the foetus
12	Antenatal Risk Factors	Medical conditions that can lead to complications in pregnancy, labour and delivery	ANC card/Folder	Prompts the care provider on the need for timely intervention for improved outcomes
13	Outcome of Delivery	Number of baby or babies that were delivered and their status at the time of delivery; whether alive or dead.	ANC card/Folder	Provides information on past obstetric history and informs decision for individualized client centred care
14	Date of Discharge	Date on which the woman and baby or babies were discharged or transferred to another facility.	ANC card/Folder	Provides information on number of days spent and the level of quality of care
15	Complications of Delivery	'Difficult/Extreme/Unexplained' conditions that required other medical interventions or specialized care during/after delivery	ANC card/Folder	Provides information on the extent of the need for comprehensive obstetric care for necessary planning
16	NHIS Status (Yes or No)	The health insurance status of the client. This is limited only to the national health insurance schemes. Write "YES" - if the client's insurance card is valid or active and has not expired. Write "NO" if the client is not insured at all or if the card is not valid or active.	Insurance Card	Provides information on the proportion of clients registered on the health insurance scheme and for planning

DELIVERY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	S/N (Serial No.)	Place a serial number from 1 to the end of the month. Each month starts with 1	Admissions & Discharges Book	Provides information on the number of clients been taken care of within a specified period & aids in planning
2	Medical Record No.	This is the number needed to locate client's records from the facility. Write the unique ID number assigned to the client by the facility	Records	Helps in identification & retrieval of client records
3	Insurance No	National health insurance (NHIS) registration number.	NHIS Card	Provides information on the proportion of clients

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		Write the number as it appears on client's NHIS card. If not covered write NONE		registered on the health insurance scheme and for planning
4	Admission	Date and Time of Admission to the labour ward a. Time: Record time as in am/pm format (e.g. 3;00am) b. Date: write date in the short date format (dd/mm/yy)	Delivery Room Clock & Calendar	Helps to keep track of the progress of labour and for the initiation of timely intervention for good outcomes
Client Information				
5	Name of mother	Write full name of client	MCH Record Book & confirmed from client	For easy identification of client and records
6	Age	Mother's Age. Write age of the client in years	MCH Record Book & confirmed from client	Informs service providers on the full details of the client to provide individualized care. Also helps in identification of records of clients with same names.
7	Contact Address	Client's location address. Include mobile number, community name, landlord's name (where applicable) District etc.	MCH Record Book & confirmed from client	For follow ups & home visits
8	Level of Education	Highest level of education attained. Write None, Primary, secondary, tertiary	MCH Record Book & confirmed from client	Provides information on the level of education of women in a given geographical area. Helps with the provision of client centred care and for planning
9	Gravidity	This is the number of times the woman has ever been pregnant including current pregnancy	MCH record Book & confirmed from client	Helps the service provider to give comprehensive care tailored to the needs of the client.
10	Parity	This indicates the number of times the woman has given birth (indicate the no. alive and no. dead)	MCH Record Book & confirmed from client	Gives the service provider the appropriate direction for subsequent care
11	No of ANC Visits	This is the number of times the pregnant woman visited the ANC throughout the period of pregnancy	MCH Record Book	It provides information on the proportion of women getting the full package of ANC services and helps in planning
12	Gestational Age	The age of the pregnancy in weeks on the day of admission to the delivery	MCH Record Book	Provides information on the proportion of women reporting in labour at term

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		ward; estimated by LMP, fundal height and or ultrasound scan		and those with preterm labour for timely intervention to achieve the best outcomes and for planning purposes
13	IPT (SP)	Intermittent Preventive Treatment/Sulphadoxine pyrimethamine. Write the number of doses given to client	MCH Record Book	Provides information on the number of women who received protection against malaria in pregnancy as per protocol
14	Hb	Haemoglobin in g/dl. Indicate the last Hb value recorded in the maternal health record booklet. Write NO if there are no records on that	Lab Result	This information helps identify the number of women who report to labour with anaemia in pregnancy, track their antenatal records, plan to improve the quality of ANC services
15	Blood group	Blood type of mother. Write down the blood type (A, B, AB, OR, O) AND Rhesus factor (RH- or RH+)	Lab Result	To plan & manage accordingly in case there is the need for blood transfusion. Aids in prompt management to save lives.
16	ANC Corticosteroid	Indicate whether any corticosteroid was given or not for gestational age 28-34 weeks	Client's folder or MCH Record Book	To track and ensure quality of management of preterm labour
17	Syphilis	Random Diagnostic test for Treponema pallidum. Indicate positive(pos), Negative(Neg) or unknown based on the test results	Lab Result	To track the number of pregnant women reporting with syphilis infection and plan accordingly to prevent the transmission to the babies and effective management of the mothers
18	Hep. B	Random Diagnostic test for Hepatitis B virus. Indicate positive(pos), Negative(Neg) or unknown based on the test results	Lab Result	To track the number of pregnant women reporting with hepatitis B infection and plan accordingly to prevent the transmission to the babies and effective management of the babies
19	PMTCT	Prevention of Mother to Child Transmission of HIV. Select the appropriate box to indicate whether the client is positive (reactive) or negative (non-reactive)	MCH Record Book	To track the number of pregnant women positive for HIV infection, plan accordingly to prevent mother to child transmission and effective

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
				management of the mothers
20	Other intervention /Treatment	Any intervention other than episiotomy such as ARM, induction of labour by misoprostol, augmentation of labour by oxytocin, vacuum extraction, blood transfusion, medications, etc. Write down any intervention performed on the client other than episiotomy. Write the indication for such intervention	Delivery notes	Provides information on the number of pregnant women receiving basic & comprehensive obstetric care respectively
21	BP, Pulse, Temp	Mother's Vital Signs ON Admission. Write down the values	Partograph	Provides information on the mother's health status on admission
22	FHR (Foetal heart rate)	Write down the initial foetal heart rate on admission.	Partograph	Provides information on the state of viability of the foetus on admission
23	Cervical dilatation	Write down the cervical dilatation (in cm.) on admission	Partograph	Provides information on the stage of labour on admission
24	Partograph use	Indication of the use of partograph in monitoring the progress of active labour. Write yes or no (if No, indicate reason for not use e.g. Elective c/s, imminent delivery, etc.)	Client Record Card (ANC card or folder)	Provides information on the level of quality care provision in labour
25	Lie & Presentation	Indicate the Lie of the foetus such as Longitudinal, Oblique or Transverse and the presentation such as Cephalic, Breech, etc.	ANC card	Informs the decision of the care provider on the mode of delivery and prompt referral where necessary
26	Perineum	Condition of perineum. Tick if perineum is intact, episiotomy given or whether a tear occurred	Delivery notes	Provides information on the quality of the management of 2 nd stage of labour
27	Date of delivery	The date the new-born was delivered. Indicate by writing the date as appropriate (specify dd/mm/yy)	Delivery notes	Provides information on the age of the baby for appropriate care
28	Time	Time baby fully delivered.	Delivery notes	Provides information on the duration of labour and quality of care
29	Breathing /Crying at Birth	Did the baby CRY or BREATH SPONTANEOUSLY at birth? Tick as appropriate.	Delivery notes baby form	Provides information on the state of health of the baby at birth and informs decision on both the

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
				immediate & subsequent care.
30	Apgar Score	A measure of the physical condition of a new-born infant. It is obtained by adding points (2, 1, or 0) for heart rate, respiratory effort, muscle tone, response to stimulation, and skin coloration; a score of ten represents the best possible condition. It is measured at 1 minute & 5 minutes after delivery.	Delivery notes	Provides information on the physical condition of the new-born infant at 1minute & 5 minutes after delivery. It informs decision for appropriate care
31	Resp. rate within 30 mins	The respiration rate of the baby within the first 30 minutes of delivery. Write the respiration rate obtained after counting for one full minute in the space provided.	Postpartum monitoring chart	Provides information of the health status of the baby in the immediate postpartum period for timely intervention where there is any deviation
32	Initiated Skin to skin care within first 30 minutes	If it was possible to initiate skin to skin contact between the mother and the new-born. There may be extenuating circumstances under which this may not occur. Indicate none in such situations. Tick the appropriate response	Post-delivery notes	Provides information on the proportion of babies who receive skin to skin care at birth as per protocol. A measure of quality of care for newborns.
33	Resuscitation provided	This indicates if the child was provided some assistance to breathe on delivery. Tick None if the baby required no assistance to breathe. Tick stimulation and suction to start breathing if the new-born required this only. If the baby needed to be assisted with either bag or mask or with an endotracheal tube. Tick as many steps as are done.	Post-delivery notes	Provides information on the quality of care for new-borns who do not breathe or cry spontaneously at birth and informs decision for planning
34	Axillary temperature within the first 90 mins	The Axillary temperature of the new-born within one and a half hours (90 minutes) of delivery in centigrade. Must be measured with an appropriate thermometer. Write the temperature obtained for the new-born in	Post-partum observation form,	Provides information on the state of body warmth of the new-born, the quality of care for new-borns and informs decision for planning

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		centigrade in the space provided		
35	Breastfeeding within 30 min	If mother is able to/assisted to INITIATE breastfeeding within 30 minutes of delivery. There may be extenuating circumstances under which she may not be able to. Indicate NO in such situations. Tick the appropriate response.	Post-delivery notes	Provides information on the proportion of babies put to breast within 30 minutes of delivery as per protocol. It is a measure of quality of care in the immediate post-natal period.
36	Alive/Dead	The status of the baby at the time of delivery. Indicate if the baby was born alive or dead and tick the appropriate response.	Post-delivery notes	Provides information on the number of still births recorded within a specified period
37	Stillbirth	A foetal death in late pregnancy. In Ghana, a stillbirth is defined as a late foetal death occurring after at least 28 weeks' gestation. Indicate whether fresh (FSB) or macerated (MSB)	Post-delivery notes	Provides information on the quality of antenatal, labour & delivery care
38	Fresh stillbirth	The birth of a dead baby with no signs of maceration/disintegration of the skin where the death is assumed to have taken place during labour and process of delivery.	Post-delivery notes	Provides information on the quality of the management of labour
39	Macerated Stillbirth	Includes all the changes which occur in a foetus retained in utero after death. A " macerated " foetus shows skin and soft-tissue changes (skin discoloration or darkening, redness, peeling, and breakdown) suggesting death was well before onset of labour/ delivery (pre-partum)	Post-delivery notes	Provides information on the quality of antenatal care.
40	Birth Asphyxia	<i>Defined as inability of baby to initiate or sustain breathing. Indicate as: 1. No breathing or crying at birth. 2. APGAR score of 7 or less at 5 minutes in a baby. 3. Baby was resuscitated (either by stimulation by rubbing the baby's back gently once or</i>	Post-delivery notes and baby form	Provides information on number of babies born with asphyxia and aids in planning to improve ANC labour and delivery, PNC refresher training, procurement, etc.

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		<i>twice OR/AND with bag and mask ventilation). Note that 1, 2 & 3 above must be present before you indicate that the baby has asphyxia</i>		
41	Sex	The sex of the baby delivered (Male or female). Ambiguous genitalia are if the sex of the baby cannot be determined easily. Indicate as appropriate.	Labour notes/ baby form	Provides information on proportion of male and female babies delivered in a specified place within a specified period. It helps in planning
42	Weight (kg)	The weight in kilograms of the baby on the day of delivery. Write the weight of the baby in kilograms in the space provided	Labour notes/ baby form	Provides information on proportion of underweight babies delivered in a specified place within a specified period. It also helps assess the quality of ANC care & helps with planning.
42	Length (cm)	The length of the baby measured from the occiput to the heel in centimetres. Write the result in the box provided	Labour notes/ baby form	A valuable predictor about a new-born's health, and also provides a suspected growth pattern to paediatricians. Concern for a smaller-than-average baby can come into play in the case of premature births.
43	HC (cm)	Head Circumference (cm). Write in the space provide the head circumference of the new-born.	Labour notes/ baby form	A valuable predictor about a new-born's health, and also provide a suspected growth pattern to paediatricians. Concern for a smaller-than-average baby can come into play in the case of premature births.
44	Vitamin K1	Write if vitamin K1 injection was given or not to the new-born on delivery.	Labour notes/ baby form	Provides information on the number of new-borns protected against haemorrhagic disease of the new-born. An indicator for quality of newborn care
45	Infant ARVs	Antiretroviral Medications for HIV exposed babies. Tick the appropriate box	Client's folder	Provides information on the number of HIV exposed new-borns put on treatment against mother to child transmission.
	Eye care	Tetracycline ointment OR chloramphenicol eye drops	Labour notes/ baby form	Provides information on the proportion of new-

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
46		for preventing eye infection given within 90min of delivery. Note that only one antibiotic is to be used, not both. Tick the appropriate response		borns protected against ophthalmia neonatorum as per protocol.
47	Cord Care	Methylated Spirit or Chlorhexidine used to dress the cord as part of the essential care for the new-born. Tick the appropriate response	Postpartum notes	Provides information on the quality of cord care as per protocol for the prevention of neonatal sepsis likely to occur from cord sepsis.
48	Birth Abnormalities	Any abnormality detected in the new-born e.g. Extra digit. Write in the space provided as appropriate. Write None if there is no abnormality	Labour notes/ baby form	Provides information on the number of new-borns with congenital abnormalities, the quality of ANC and helps in planning.
3rd stage (AMSTL)				
49	Oxytocin	Medicine given to a woman usually by intramuscular injection within one minute after delivery to aid uterine contraction and reduce the risk of excessive bleeding	Labour/delivery notes	Provides information on the quality of the management of the third stage of labour, compare with outcomes and aids with planning.
50	Time	Indicate time oxytocin given; format (3:02 am)	Delivery notes	Provides information on the quality of the management of the third stage of labour, compare with outcomes and aids with planning.
51	Blood loss	Estimated blood loss (in mls.) after delivery.	Labour/ delivery notes	Provides information on the number of women developing post-partum haemorrhage at delivery, quality of the management of the third stage of labour, and aids with planning
52	Complications	Any complication that occur before or during labour and after the delivery of the baby e.g., PROM, PPH. Tick the appropriate box.	Client's records	Provides information on the number of women developing complications in the course of pregnancy, quality of ANC, labour, and delivery care, and aids with planning
53	Mode of Delivery	Mode of delivery such as spontaneous vaginal delivery (SVD), vacuum Extraction, Caesarean Section, etc. Tick the appropriate box	Client's records	Provides information on the proportion of women who needs comprehensive obstetric care services and aids in planning.

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
54	Time Placenta Delivered	Time placenta and membranes completely delivered. Time: write in am/pm format	Delivery notes	Provides information on the quality of third stage management and assists with planning.
55	State of Placenta and membranes	Indicate whether placenta and membranes were complete or any abnormalities detected. Tick the appropriate box	Delivery notes	Provides information on the quality of third stage management, the number of women with abnormalities of the placenta who needs further management and aids in planning.
Discharge /Transferred/Referred (Mother)				
56	BP	Client's Blood Pressure Recorded at Discharge/Transfer or referral	Client Record	This provides information on the proportion of mothers with hypertensive disorders.
57	Pulse	Client's pulse checked after delivery	Client Record	Provides information on deviation in the normal body function for prompt decision making and intervention
58	Temp	Client's temperature checked after delivery	Client Record	Provides information on deviation in the normal body function for prompt decision making and intervention
59	Respiration	Client's post-delivery respiration	Client Record	Provides information on the client's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
61	Disch./Transf./Ref.	Indicate whether the client was discharged, transferred or referred	Client Records	Provides information on level care at the facility
62	Transferred /Referred To	Indicate where client was referred to	Client Records	Provides information on number of clients referred from the facility, the quality of services available and aids in planning.
63	Date	The date of Discharge, Transfer or referral of the mother	Client Records	Provides information on client's length of stay, number of clients transferred or referred from the facility, quality of care and aids in planning, resource mobilization for quality improvement

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
64	Time	The time of Discharge/Transfer or referral	Client Records	Provides information on client's length of stay, number of clients transferred or referred from the facility, quality of care and aids in planning and resource mobilization.
65	Comments	Indicate any additional information deemed necessary in the space provided	Service Provider	Provides holistic information on the client for future planning
Discharge /Transferred/Referred (Baby)				
66	Resp.	Breath Count (Resp. rate) in one full minute of the baby at the time of discharge or referral. Write the value obtained	Client Records	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
67	Temp	Axillary Temperature in centigrade of the baby at the time of discharge, transfer or referral. Write the value obtained in centigrade	Post-natal ward thermometer	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
68	Heart Rate	Heart Rate (counted for a full minute by auscultation of the new-born at the time of discharge/transfer or referral. Write the figure obtained	Post-natal ward seconds hand clock	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
69	Colour	Indicate colour (pink, cyanosis, jaundice, pallor etc.) at the time of discharge, transfer or referral. Write the colour of the new-born in the space provided	Observation by the service provider, documents in client record	Provides information on the baby's health status, guides with detection of deviation in the normal body function for prompt decision making and intervention
70	Breastfeeding	Whether baby is being exclusively breastfed at the time of discharge transfer or referral. Tick the appropriate response	Client interview	Provides information on the number of babies exclusively breastfeeding at discharge transfer or referral
71	Disch/ Ref	If new-born was discharged from the labour ward OR transferred OR referred elsewhere any time after birth. Tick the appropriate response	Client records	Provides information on the number of new-borns referred for higher care and helps with planning

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
72	Referred to	If the new-born was referred indicate the name of the referral facility. Write the name of the facility the new-born was referred to.	Client Records	Provides information on the facilities receiving referred new-borns and helps with planning
73	Date	Date the mother was referred or discharged. Write the date as appropriate (specify if dd/mm/yy)	Labour ward calendar/Client records	Provides information on client's length of stay and quality of care
74	Time	Time the new-born was discharged, transferred or referred. Write the time in the space provided (am/pm)	Labour ward clock	Provides information on baby's length of stay and quality of care
75	Comments	Relevant information related to the referral or discharge. Indicate the state of the new-born at the time of transfer, referral or discharge. Alive and satisfactory means the new-born has signs of life and is not asphyxiated i.e. APGAR score is above 7 at 5 minutes. Dead means no signs of life at time of discharging the mother. Asphyxiated means the new-born is alive but at the time of referral or transfer from the labour ward, has: An APGAR score of 7 or less at 5 minutes	Client records / provider observation at discharge	Provides information on the state of new-borns at discharge
76	Delivered by	Name of the service provider who conducted the delivery. Write down the name	Client Records	Provides information on client load per service provider, quality of care provided by the service provider, for legal purposes and helps in planning
77	Designation	The Rank of the service provider who conducted the delivery.	Client Records	Provides information on client load per service provider, for legal purposes and helps in planning

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
78	Signature	The service provider who conducted the delivery appends a signature	Service Provider	Provides information on client load per service provider, for legal purposes and helps in planning

POST-NATAL CARE REGISTER (MOTHER-24-48hours; 6-7days; 6 weeks)

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.		
2	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso		
3	District	The name of the district in which SDP is located, e.g. Kwabre.		
4	Region	The name of the region in which the SDP is located e.g. Ashanti.		
5	Month	The Month in which the transaction took place e.g. July		
6	Year	Year in which the transaction took place e.g. 2010		
7	Serial Number	The serial number is the sequential numbering of the rows in the register but can be used to identify clients if written on the client card.	Generated	
8	Name of Mother	Write the name of the mother as written in the MCH record book	MCH Record Book and confirmed from mother	
9	Age	Age of client in Years	MCH Record Book and confirmed from mother	
10	Medical Record /ANC Record No.	Number assigned by Records unit	Records	
11	NHIS No.	Unique number issued by NHIA	MCH Record Book	
12	ANC Attendant	A pregnant woman who makes contact with a health professional/health facility for antenatal care	MCH Record Book	Gives an indication of access and utilization of services during pregnancy
13	Skilled Delivery	Childbirth attended by a health professional and/or in a health facility	MCH Record Book	Gives an indication of access and utilization of services during childbirth

14	ANC 4+ & Skilled Delivery	Client making a minimum of four ANC contacts as well as having childbirth attended by a professional and/or in a health facility.	MCH Record Book	Gives an indication of clients following the continuum of care for pregnancy and childbirth
15	Pallor	Pale appearance of the conjunctiva, palms and nail beds	Observation by Service Provider	Clinical sign of anaemia, which must be investigated and treated.
16	Jaundice	Yellow discolouration of the sclera of the eyes, palms and soles of the feet.	Observation by Service Provider	May be an indication of an underlying illness related to the liver, gall bladder or pancreas
17	Breast	Condition of the breast- whether soft or feels hard and tender with pain. Also check for lumps.	Observation by Service Provider	Gives an indication of engorgement and/or abscess of the breast. Presence of a lump requires referral.
18	Abdomen	Condition of the abdomen- whether feels soft or tender with distension	Observation by Service Provider	Distended abdomen may be a sign of an underlying disease or dysfunction in the body
19	Lower Limbs	Condition of the legs and feet- whether normal or swollen with pain	Observation by Service Provider	Mild swelling may occur after childbirth due to fluid retention during pregnancy which usually clears up. Swelling of one leg or both may be a sign of a blood clot for which immediate care must be sought.
20	Uterus Size (cm)	Measurement of the uterus taken abdominally from the fundus to the symphysis pubis	Observation by Service Provider	Following childbirth, the enlarged uterus gradually reduces in size until the sixth week. Failure of the uterus to shrink gradually may be a sign of retained placental fragments, inflammation of the lining of the uterus or fibroids.

21	Condition of Perineum/wound (if any)	Inspection of the perineum to see whether it is intact or there is a wound due to an intentional cut (episiotomy) which has been sutured or a tear, which should have been sutured. Appearance of the wound whether dry or wet should be noted. During second PNC wound should again be inspected to see whether it is dry or discharging.	Observation by Service Provider	A wet perineal wound could be the early signs of an infection for which education on frequent perineal care must be emphasized. Treatment must be sought for a discharging perineal wound.
22	Lochia	Discharge from the vagina following childbirth up to about 7-10 days, which progressively changes from red to pink and then colourless.	Observation by Service Provider	Persistent red lochia is a sign of secondary postpartum haemorrhage and the cause must be determined and treated. Offensive smell of the lochia is a sign of infection, which must be treated.
23	HIV Status of mother	Result of an HIV test on the mother taken either during antenatal care/labour & delivery or postpartum period	MCH Record Book	A mother infected with HIV needs to be treated on anti-retroviral medicine to suppress viral load and also help to reduce transmission of the virus to her baby.
Treatment				
24	ARVs Given	Anti-retroviral medicine given as treatment to client who is HIV-infected. Check from client	MCH Record Book/Verbal	The anti-retroviral medicine helps to suppress the viral load and keeps the client healthy
25	Iron/Folate	Iron and folic acid supplements given to mother to take for six weeks following childbirth. Check from client	MCH Record Book/Verbal	Iron and folic acid supplements helps to keep the mother's haemoglobin at an optimal level
Family Planning				

26	Counselled on FP	Information given to client on family planning following child birth. Indicate the appropriate response.	MCH Record Book/Verbal	Client obtains information on return to fertility and how she can prevent unintended pregnancy
27	Accept FP Method	Client who accepts to take a family planning method within the postnatal period in addition to breastfeeding. Indicate the appropriate response	MCH Record Book and Family Planning Record Book	Family planning helps to space childbirth and enables the mother to regain her health and wellbeing
28	Remarks	Any other significant observation or service provided to client. Document under remarks column		
29	Condition of Uterus	The feel of the uterus on abdominal palpation at the 6 th week postnatal visit. Document findings	Observation by service provider	The uterus should have assumed its pre-pregnant size and position and should be observed to have involuted and not easily measured abdominally.
1st PNC Visit (24-48hours) CHILD Examination				
1	Pallor	Pale appearance of the conjunctiva, palms and nail beds	Observation by Service provider	Clinical sign of anaemia, which must be investigated and treated.
2	Jaundice	Yellow discolouration of the sclera of the eyes, palms and soles of the feet.	Observation by Service provider	This is a sign that that the newborn has too much bilirubin in the blood. The cause must be investigated and treated. Untreated jaundice in the newborn can lead to brain damage.
3	Activity	The set of typical movements and behaviours observed in the newborn such as reflexes, crying and movement of the limbs	Observation by Service provider	Absence of these movements or behaviours may be an indication of illness.
4	Breastfeeding	Ability of the baby to latch onto the mother's breast and take in breastmilk	Observation by Service provider	Inability of a well-positioned newborn to latch onto mother's

				breast maybe an indication of illness, prematurity or a congenital abnormality such as cleft palate or harelip.
5	Head	Detection of any abnormality on the baby's head e.g. swellings, injury etc	Observation by Service provider	There may be mild swellings on the sutures of the baby's head as a result of pressure on the head during vaginal birth and it normally resolves within the first few days. A collection of blood (haematoma), usually on one side of the head takes longer (about two weeks) to resolve
6	Abdomen	Appearance of the abdomen on inspection and feel on palpation	Observation by Service provider	Abdominal distension in a newborn may be mild which may be due to swallowing of air during feeding and resolves with burping the baby. A more severe form of abdominal distension may be due to congenital intestinal obstruction, which needs medical attention.
7	Spina Bifida	Presence of an abnormal growth usually on the lower back of the baby.	Observation by Service provider	Presence of an abnormal growth usually on the lower back of the baby is a congenital condition of the spine and spinal cord.
8	Skin	Appearance and feel of the skin on inspection and palpation	Observation by Service provider	
9	Limbs	Appearance of the arms, legs and feet of the baby	Observation by Service provider	Abnormal shape of the feet are all forms of congenital defects, which can be

				surgically corrected early in life.
10	Discharging Eyes	Any fluid exuding from the baby's eyes	Observation by Service provider	Eyes discharging pus is a sign of infection which needs medical attention
12	Chest	Appearance of the chest during respiration	Observation by Service provider	Observation by Service provider
13	Passing stools	Report by mother of baby having passed stool since birth	MCH Record Book/Verbal from care giver	Failure of the term newborn to pass stools within the first 24 hours in the presence of a perforate anus may be a sign of a problem with the bowels. Most preterm infants will pass stools within 24 hours of birth even though there may be a delay up to 48 hours in a few.
14	Passing Urine	Report by mother of baby having passed urine since birth	MCH Record Book/ Verbal from care giver	The commonest cause of failure to pass urine is inadequate feeding.
15	HIV- Exposed	Baby born to a mother who is HIV-infected	MCH Record Book	An HIV-exposed baby needs to have anti-retroviral prophylactic treatment
16	Immunization	The required vaccination given usually within the first 24 hours.	MCH Record Book	Vaccinations given at birth include BCG and Polio
18	Hep B Exposed	Baby born to a mother who has tested positive for Hepatitis B	MCH Record Book	A Hep B-exposed baby is at risk of being infected by the mother.
19	Hep B Treatment	Treatment given to protect a baby born to a mother testing positive for Hepatitis B	MCH Record Book	Hep B-exposed baby needs to be vaccinated soon following birth with Hepatitis B immune globulin to help fight the virus
20	Remarks	Any other significant observation and/or service provided for the baby. Document under remarks column		

Follow-up Visit (6-7days) Examination				
21	DBS Taken	Blood sample taken through a prick of the big toe of a baby whose mother is HIV-infected	Procedure by Service Provider.	The blood sample is screened to detect the presence of the virus
PNC Visit at 6 weeks Examination				
22	EID Results	Result of a test to detect the presence of the virus in a baby whose mother is HIV-infected. Document under appropriate column as well as in MCH record book	Obtained from Laboratory	A positive results indicates that the baby is infected with the virus and will need life-long anti-retroviral therapy.

FAMILY PLANNING REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number (s/no)	The serial number is the sequential numbering of the rows in the register which is written on the client card and used to identify the client over a one-year period. The client is re-registered in every new year and given a new serial number.	Family Planning Register/Card	Serial number helps count the number of clients within a particular period. This helps the manager to determine the client load, whether target is being met and plan the way forward.
2	Client's Registration No.	This is the number issued to the clients on the first encounter with the service delivery point, also known as the registration number normally written in red ink if the client is a new client to the service or other ink if the client is a regular visitor.	Family Planning Register/Client record book	It helps to identify and retrieve client records in case of loss of Client card.
3	Date	Indicate the date the visit was made. All dates shall be recorded as Day/Month/Year.	Family Planning Register/Client record book	It helps to keep record of events throughout a particular period
4	Name	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Family Planning Register/Client record book	For easy identification of client and records

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
5	Address /Location	Address is the location at which a health worker would be able to track a client to. In most cases, the format of the address includes a town, community, landmark and/or the name of the landlord. Include telephone number	Family Planning Register/ Client record book	For follow ups
6	Phone No.	This is a sequence of digits assigned to a fixed-line telephone subscriber station or a communication network provided by the client	Family Planning Client record book	For follow ups
7	Level of Education	This refers to the highest level of schooling that a person has reached. At the primary and secondary school level, educational attainment refers to the number of years completed.	Family Planning Client record book	This aids in individualized client centered care and also provides information on the level of education of women seeking family planning services. Helps in planning
8	Marital Status	The client's situation with regard to whether being single, married, separated, divorced, or widowed.	Family Planning Register/ Client record book	Provides information on whether client is in a stable relationship or not. It influences the family planning method
9	Age	The age of the client in completed years, circle age if it is less than 20 or more than 35years circle the age. This helps you to keep an eye on this person	Family Planning Register/ Client record book	Informs service providers on the age of the client for age appropriate care.

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
10	Parity	This column records more than 4 deliveries, both live and stillbirths delivered by the client seeking family planning service. Circle number if more than 4	Family Planning Register/ Client record book	Provides information on the number of children client has for appropriate education and care.
11	1st Ever Use	Indicate in this column whether the client is using modern family planning method for the first time in her life with a Yes or No	Family Planning Register/Card	It provides information on the number of clients accepting a family planning method for the first time
12	Last Method Used	Any modern method of Family Planning the client ever used to prevent pregnancy.	Family Planning Register/ Client record book	This enables the service provider to determine the status of the client as being new or continuing acceptor.
13	Current Method and Date Started	The preferred method chosen by the client and the date the method was given.	Family Planning Register/ Client record book	Provides information on the methods commonly used
14	PPFP (0-12 months)	This refers to the initiation and use of contraceptives during the first year after delivery	Family planning Register/ Client record book	Provides information on the number of post-partum mothers accepting a family planning method
15	Subsequent visits	Record dates for which Family Planning services will be provided for subsequent visits in the year.	Family Planning Register/ Client record book	Provides information on the availability of family planning services for clients
16	Date of Removal	This refers to the particular date the client came for removal of a method in the case of implants and IUD.	Family Planning Register/ Client record book	Provides information on the compliance of clients with regards to a particular method

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
17	Sources of Family Planning Information	This refers to the sources of information that led the client to the service delivery point. The sources are provided in a legend at the bottom of the register. The sources must be represented with the numbering codes assigned to them. However, the client could have more sources mentioned.	Family Planning Register	It informs service providers on the most effective channel for health education
18	No. of other sources of Family Planning services and supplies	This is the count of other sources of Family Planning services within the catchment area of the facility, obtained through community scanning. (excluding the health facilities offering family planning services	Other sources of family planning services and supplies register	It informs services providers about alternative sources of family planning services and supplies in the community
19	Total number of abortions managed using medication	This is the count of abortion managed using medication as captured in the abortion register done within the facility.	Comprehensive Abortion Care Daily log/Form A	It provides information about abortions carried out with medication as against surgical interventions
20	Remarks	Indicate anything of interest that is important for continuous care	Family planning register	Provides information on relevant issues for care and aids with future planning

ANTENATAL CARE REGISTER (ANC REGISTER)

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number (S/N)	The sequential numbering of the rows in the register.	Generated	Serial number helps count the number of clients been taken care of within a particular period. This helps the manager to determine the client load, whether target is being met and plan the way forward.
2	Date	Indicate the date the visit was made to the service delivery point. All dates shall be recorded as DD/MM/YYYY.	Calendar	It helps to keep record of events throughout a particular period
3	Reg. No.	This is the client's registration /identification number on the Ante Natal card. If the client is registered at a different facility before visiting you, then use the same number obtained from the previous facility.	MCH Record Book	It helps to identify and retrieve client records in case of loss of Client card.
5	Name of Mother (First name, middle name, last name)	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, etc.	MCH Record Book	For easy identification of client and records
6	Full Residential Address	The residence of the client but not the birthplace. This should include where the house is located, the name of the community and the house number. This address is very useful for home visits so it is important to get the correct directions from the client. include telephone number	MCH Record Book	For follow-ups and home visits
7	AGE	The age of the client in completed years.	MCH Record Book	Informs service providers on the full details of the client to provide individualized care
8	PARITY	The number of times a female has given birth. Therefore, you shall	MCH Record Book	It provides information to the service provider for appropriate

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		indicate the number of births (alive and dead).		direction on the subsequent care
9	BP	The Blood Pressure of the client measured with a sphygmomanometer.	MCH Record Book	For early detection of any deviation and appropriate action.
10	HT (cm)	The height of the client measured in centimetres.	MCH Record Book	Gives information about the level of stunting in a specific area
11	WT (kg)	Weight of the client measured in kilograms.	MCH Record Book	For early detection of any deviation in foetal growth and appropriate action taken
12	Gestation	The age of the pregnancy in weeks on the day of the visit. This can be estimated by asking about the last menstrual day LMP, the height of the fundus, and /or ultrasound scan. <i>NB: Avoid using early pregnancy</i>	MCH Record Book	To keep track, monitor the growth of foetus for timely intervention where necessary
13	Expected Date of Delivery (EDD)	The date on which an infant is expected to be born, calculated from the first day of the last menstrual period.	MCH Record Book	To keep track, monitor the growth of foetus for timely intervention where necessary
14	Folic Acid & Iron Supplements	These are routine iron and folic acid supplements given to the client throughout the pregnancy and postpartum period.	MCH Record Book	To boost the pregnant woman's haemoglobin level and maintain the growth and development of the foetus. It also serves for planning purposes.
15	Fundal Height (cm)	It is a measure of the size of the uterus used to assess foetal growth and development during pregnancy. It is measured from the fundus of the uterus to the mother's pubic bone in centimetres.	MCH Record Book	To keep track and monitor the growth of foetus. It also aids in diagnosis of intra-uterine conditions such as oligohydramnios, polyhydramnios etc. for appropriate intervention
16	Foetal Heart Rate	The heartbeat of the foetus counted for 60 seconds using the foetal stethoscope.	MCH Record Book	To check the viability of the foetus and detect foetal distress for early intervention

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
17	Hb	Hb at Reg.	The pregnant woman's haemoglobin level at the time of registration	MCH Record Book	For early detection of anaemia in pregnancy and appropriate management.
		Hb at 28 wks.	The pregnant woman's haemoglobin level at 28 weeks of gestation	MCH Record Book	To identify pregnant women at 28 weeks with low Hb. levels for appropriate management before labour
		Hb at 36 wks.	The pregnant woman's haemoglobin level at 36 weeks of gestation	MCH Record Book	To identify pregnant women at 36 weeks with low Hb. levels for appropriate management before labour.
18	Blood Group (ABO)		The blood group of the pregnant woman e.g. A, B, AB, O	MCH Record Book	To plan and manage accordingly when the need arises for blood infusion
19	Sickling	Status (+/-)	This indicates the sickle cell test result of the pregnant woman.	Lab Result	To identify number of pregnant women with sickle cell disease, plan and manage them appropriately.
		TYPE	Type is the result obtained from the HB electrophoresis. For positive sickling status: indicate the type e.g. AS, SS, SC or CC	Lab Result	To identify number of pregnant women with sickle cell disease, plan and manage them appropriately.
20	ITN Given		Indicate here whether the pregnant woman was given an ITN or not for malaria prevention	MCH Record Book	To know the number of pregnant women who have received ITNs for use and plan accordingly.
21	Syphilis Screening	Status (+/-)	It is an investigation done to indicate whether the pregnant woman has syphilis at registration	MCH Record Book	To identify pregnant women reporting with syphilis for appropriate management
		Treatment (Yes/No)	It is an indication to determine whether the pregnant woman was on treatment or being treated.	MCH Record Book	To identify pregnant women reporting with syphilis for appropriate management.
22	PMTCT	Status (+/-)	It is an investigation done to indicate whether the pregnant woman has HIV in the blood at registration	Lab Result	To identify pregnant women reporting with HIV for appropriate management and prevention of mother to child transmission.
		ARV Treatment	It is an indication to determine whether the pregnant woman was on	MCH Record Book	To identify the number of pregnant women receiving ARVs

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
		(Yes/No)	treatment or being treated.		for treatment and plan accordingly.
23	TB Screening	Screened (Yes/No)	This indicates whether the pregnant woman has been screened for TB at registration.	Lab Result	To know the number of pregnant women screened for Tuberculosis infection at registration
		Status (+/-)	It is an investigation done to indicate whether the pregnant woman has TB at registration	Lab Result	To identify pregnant women infected with Tuberculosis at registration
		Treatment (Yes/No)	This indicates whether or not a TB positive pregnant woman has been put on treatment or not.	MCH Record Book	To know the number of TB positive pregnant women on treatment and plan accordingly with the information
SUBSEQUENT VISITS (2-12)					
24	Subsequent Visits (2-12)	DATE	Indicate the date the visit was made to the service delivery point. All dates shall be recorded as DD/MM/YYYY.	Calendar	It helps to keep record of events throughout a particular period
		BP	The Blood Pressure of the client measured with a sphygmomanometer.	Sphygmomanometer Reading	For early detection of any deviation and appropriate action.
		WT	Weight of the client measured in kilograms.	MCH Record Book	For early detection of any deviation in foetal growth and appropriate action taken.
		Fundal Height	It is a measure of the size of the uterus used to assess foetal growth and development during pregnancy. It is measured from the fundus of the uterus to the mother's pubic bone in centimetres.	MCH Record Book	To keep track and monitor the growth of foetus. It also aids in diagnosis of intra-uterine conditions such as oligohydramnios, polyhydramnios etc. for appropriate intervention
		Urine Test	This is an investigation to detect the presence of protein, glucose and pus cells in the pregnant woman's urine		
		Outcome of Pregnancy		Lab / RDT Result	For early identification of complications in pregnancy such as pre-eclampsia and timely management

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
		Foetal Heart Rate	The heartbeat of the foetus counted for 60 seconds using the foetal stethoscope or foetal Doppler.		For determining how healthy the foetus is and identifying foetal distress.
		Folic acid	It is a B vitamin supplement needed for the growth and development of the foetus	MCH Record Book	To know the number of pregnant women receiving folic acid supplementation within a specified period for planning purposes. To facilitate normal development of the foetus and ensure healthy haemoglobin levels in women.
		Iron	An essential component of haemoglobin for preventing anaemia in pregnancy	MCH Record Book	To know the number of pregnant women receiving iron supplementation within a specified period for planning purposes. To ensure healthy haemoglobin levels for women and babies.
25	Tetanus Diphtheria-TD (1-5)		<p>The number of Tetanus Diphtheria vaccines given in the course of a pregnancy. In the duration of a pregnancy a maximum of 3 doses can be given.</p> <p><i>Number of TD doses taken during the pregnancy not the number of routine doses that should be taken. So, for any dose given during the pregnancy the actual number continuing from the yellow card should be used in recording. E.g. the first dose may actually be TT4 if the woman had</i></p>	MCH Record Book / vaccination Card	<p>To know the number of pregnant women given TD to protect their babies from neonatal tetanus within a specified period for planning purposes.</p> <p>To keep track of the number of pregnant women completing the recommended schedule for TD</p>

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		<i>previously taken up to TT3 in the yellow card.</i>		
26	Intermittent Preventive Treatment IPT- (1-5)	This represents the intermittent preventive treatment for malaria given to pregnant women in the form of SP. Indicate the date and the dose of IPT given	MCH Record Book	To know the number of pregnant women receiving Sulphadoxine pyrimethamine for malaria prevention
27	REMARKS	<i>Provider notes written at the end of the session.</i>	<i>Service provider</i>	<i>It gives information on initiatives taken based on services provided.</i>

ADOLESCENT HEALTH CORNER REGISTER

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number (S/No.)	The numbering of clients in the order of attendance. This is done serially to know the number of clients registered over a given period. Write the number of the client in the space provided	Generated	
2	Registration No.	This is the identification number issued to the clients on the first encounter with the service delivery point. Write the number of the client in the space provide	Generated	
3	Insurance No.	The NHIS number of the client if registered and the card has not expired Write the number of the client in the space provided	NHIS Card	
4	Date	Refers to which day and the month within the year of reporting that client visited the service delivery point. Record all date using the format: Day/Month/Year	Calendar	
5	Name	Name of client in full without titles (e.g. Miss, Mrs., Mr., Sister, Brother, Auntie, Uncle etc.) Write the exact name of the client as mentioned in the space provided	Verbal	
6	Age (completed years and months)	The age of the client in completed years and the month(s). Write the exact age of the client in the space provided	Birth Cert/Verbal	
7	Sex (M/F)	Relates to the specific gender of the client Indicate by writing "M" for males and "F" for females	Verbal	
8	Residential Address	Address is the location at which the health worker could trace a client to. The address should include the name of the community, a house number or a landmark if the house number cannot be obtained or the name of the landlord if possible Write per description given by the client	Verbal	
9	Phone Number	This could be the regular mobile number or a functional landline if available Write the number in the box provided	Verbal	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
10	Educational Level	The highest level of education attained by client. Indicate by ticking the box beside the level of education which applies to the client	Verbal	
11	Indications for visit	Refers to the primary reason(s) why the adolescent has paid the visit to the service delivery point. Tick as appropriate (as many as applicable)	Verbal	
12	BP	The blood pressure as measured with a functional sphygmomanometer. Write the result in the space provided beside the unit of measurement (mmHg)	functional sphygmomanometer Reading	
13	Height	The height of the client measured in meters. This is required if BMI is to be calculated	Microtois Reading/	
14	Weight	The weight of the client measured with a functional weighing scale. Write the result in the box provided	Scale Reading	
15	Body mass index (BMI at age)	The BMI is an attempt to quantify the amount of tissue mass (muscle, fat, and bone) in an individual to classify as being <i>underweight</i> , <i>normal weight</i> , <i>overweight</i> , or <i>obese</i> based on the value obtained. It is calculated using the mass (weight) and height of the individual. The weight is divided by the square of the individual's height , and is universally expressed in kg/m ² , resulting from mass in kilograms and height in metres . Calculate and record the category (underweight, normal, overweight, obese) as the finding if BMI was checked. <u>Reference values</u> Underweight- below 18.50 Normal range- 18.50 to 24.99 Pre-obese- 25.00 to 29.99 Obese – 30.00 and above	Calculated	
16		This is a measure of the haemoglobin level of the client. Record result as appropriate and record the category (normal, anaemia, severe anaemia) as the finding if Hb was checked.	Hemocue Reading/Lab Report	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Haemoglobin (Hb)	<p><u>Reference values</u></p> <p><u>Normal</u></p> <p>10 to 11 years (both sexes)- 11.5 g/dl or higher</p> <p>12 to 14 years (both sexes)-12.0 g/dl or higher</p> <p>15 years and above (boys)- 13.0 g/dl or higher</p> <p>15 years and above (non-pregnant girls and women)- 12 g/dl or higher</p> <p><u>Anaemia</u></p> <p>10 to 11 years (both sexes)- 8.0 g/dl to 11.4 g/dl</p> <p>12 to 14 years (both sexes)- 8.0 g/dl to 11.9g/dl</p> <p>15 years and above (boys)- 8.0 g/dl to 12.9 g/dl</p> <p>15 years and above (non-pregnant girls and women)- 8.0 g/dl to 11.9 g/dl</p> <p><u>Severe Anaemia</u></p> <p>Below 8.0 g/dl</p>		
17	Iron Folic Acid (IFA) Supplement	<p>Adolescent girls are to be on Iron (60 mg) and Folic acid (2800 mg or 400 micrograms) weekly.</p> <p>Find out if adolescents are on IFA and tick appropriately.</p>	Verbal	
SCREENING/ TESTING SERVICES				
18	Pregnancy	<p>Use the standard protocol for carrying out tests/ examinations where applicable.</p> <p>Record the results/finding as appropriate if test/ examination was carried out</p>	Pregnancy Test Results	
19	HIV	The HIV test result of the client. Indicate findings in appropriate box	HIV Test Results	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
20	Breast examination	Breast examination as done by client (self-breast examination) or done by service provider. Record findings appropriately	Client and Service provider	
21	Testicular examination	Testicular examination as done by services provider and record findings appropriately	Service provider	
COUNSELLING SERVICES				
22	Psychosocial Support	Counselling that addresses on going psychological and social problems of the client. Write the code of the problem or area for which counselling was given as provided in the legend below each sheet	Health worker report	
23	Family Planning	This refers to counselling done to enable the client make an informed decision on contraception when the client is known or reported to be sexually active. Indicate by ticking the box provided if done	Health worker report	
24	STI /HIV	This refers to counselling done on HIV/STIs. Indicate by ticking the box provided if done	Health worker report	
25	Pregnancy related	This refers to counselling done for the client who has recorded a positive pregnancy test. Indicate by ticking the box provided if done	Health worker report	
26	Abortion	This refers to the counselling done for a client who is considering accessing safe abortion services. Indicate by ticking the box provided if done	Health worker report	
26	Nutrition	This refers to counselling done on issues relating to the diet of the client. Indicate by ticking the box provided if done.	Health worker report	
OTHER SERVICES				
27	SBCC materials given	Refers to information materials printed for distribution to adolescent clients. Tick appropriately.	Health worker report	
28	Emergency Contraception	Note: EC should not be used as a regular method of contraception. Give family planning counselling and refer to the family planning clinic in case a client is seen to be adopting regular use of EC to prevent pregnancy. Tick appropriately.	Health worker report	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
29	Condom	Give as many as requested by clients and instruct on proper use. Tick appropriately.	Health worker report	
REFERRAL				
30	ANC	This is done as a follow up to the screening/ testing done for the client. Findings obtained should inform the referral to the next level. Tick appropriately.	Health worker report	
31	STI/HIV Clinic	The adolescent client referred to STI / HIV Clinic after screening and counselling		
32	FP Services	The adolescent client referred for family planning services after counselling		
33	Gynaecologist	The adolescent client referred for gynaecological services after screening and counselling		
34	Urologist	The adolescent client referred to see the urologist screening and counselling		
35	DOVVSU	The adolescent client referred to DOVVSU after counselling		
36	Dietician	The adolescent client referred to see the dietician after screening and counselling		
37	Social Welfare	The adolescent client referred to Social Welfare after counselling		
38	Mental Health Services	The adolescent client referred for mental health services after screening and counselling		
NB: In case the information for indications of visit, counselling services, other services given including referral cannot be found in the options provided in the register to choose from, the service provider should record the specific information at "others" (specify).....				

NUTRITION AND CHILD HEALTH REGISTER

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial No.	The numbering of clients as they attend the facility, it is done sequentially to know the number of clients registered at a given period	Generated	Helps count the number of clients seen within a particular period, determines client load, whether target is being met and helps in planning

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
2	Child Registration No.	The registration number given to the child on first visit to clinic.	Generated	Helps in identification and retrieval of client records
3	Child's Name	Record official name given to child. If child is not yet named, indicate with a dash and record once it is provided	Birth Certificate. / MCHRB	For easy identification of client records and for follow ups
4	Date of Birth	Write the date of birth of the baby it should be written as DD/MM/YYYY	Birth Certificate/ MCHRB	Helps in age calculation for quality care
5	Date First Seen	Date when baby is first seen at health facility. Could be same as that when the child was first registered	MCHRB	Provides information on the level of awareness of clients on the CWC services
6	Sex	This is sex of baby. Indicate M for Male and F for Female	Verbal/MCHRB -Delivery	Helps with easy retrieval of records and also provides information on the gender distribution of children within the particular area over a specified period
7	Birth Weight	<i>Birth weight</i> is the body weight of a baby at its birth. Record it from the MCHRB if available.	MCHRB Card	To detect overweight and underweight and faltering growth potentially due to underlying medical problems. It can also provide reassurance about normality.
8	Birth Length	<i>Birth length</i> is the body length of a baby at its birth	MCHRB Card	To detect short stature and faltering growth potentially due to underlying medical problems. It can also provide reassurance about normality
9	Birth Registration No.	Birth registration number given the baby	Birth Certificate. / MCHRB Card	Provides information on the number of births within the specified period in the specified area and helps with planning
10	Sickling Status	Indicate the sickling status of the child	MCHRB	It's important to know such that appropriate care required can be given to the child.
11	Mother's Name	Indicate the name of the mother	MCHRB	For easy identification
9	Telephone No. /Traceable Address	Indicate the Telephone number and the residence of the client but not the	Verbal	For follow ups and home visits

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
			birth place. (This should include where the house is located, the name of the community and the house number. This address is very useful for home visits so it is important to get the correct directions from the client.)		
10	Feeding status at 3 months		Ask mother how the child is being fed. Indicate EBF if baby is being exclusively breastfed and Other if not. Ask caregiver for this information during the 14 weeks visit, which coincides with the time for PENTA 3	Verbal - caregiver	To find out how many children are being fed according to national recommendations. Helps to assess breastfeeding programmes. More children should be exclusively breastfeeding at this time
11	Feeding status at 6 months (CF Started-Y/N)		Ask mother how the child is being fed. Indicate YES for introduction to solids/semi-solid foods or Other , if NO. Ask caregiver for this information during the visit for Vitamin A supplementation at 6 months up to 8 months	Verbal - caregiver	To find out how many children have been introduced to solids/semi-solid foods at the right age. More children should have been introduced to solid/semi-solid foods at this age
12	Is child Breastfeeding (Y/N)		Ask mother when she comes at 1 year whether child is breastfeeding. Indicate Y for yes if mother is still breastfeeding the child, otherwise indicate N for No	Verbal-Caregiver	Continued Breastfeeding after the introduction of complementary foods up to 2 years or more is recommended for mothers.
13	Month 1 - 59 months	Weight	Weight of child (Kilogram)	Readings from weighing scale	To assess the growth of the child and provide the necessary support.
		Z-score	A point of intersection of the weight in kgs and age in completed months	Growth Chart in the MCHRB	

No	VARIABLE		DEFINITION	DATA SOURCE	RATIONALE
			plotted on the growth chart.		
		Classify	Indicate the nutritional status of the child according to the z-score with the key Indicate: S – severe ($< -3SD$), M -Moderate (≥ -3 to < -2 SD) N -Normal (≥ -2)		
14	Month 1 - 59 months	Length/Height	Measurement of child's linear growth in cm. length: children less than 2 years height: children 2 years and above	Child Health and Nutrition Register	To assess onset of stunting and provide the necessary intervention. Measures are taken every 3 months in the first year and every 6 months from the second year to 59 months.
		Z-score	A point of intersection of the length/height in CMS and age in completed months plotted on the growth chart.	Growth Chart in MCHRB	
		Classify	Indicate the nutritional status of the child according to the z-score with the key Reference: S – severe ($< -3SD$), M -Moderate (≥ -3 to < -2 SD) N -Normal (≥ -2)	Child Health and Nutrition Register	
15	HIV Exposed		Check to know mothers HIV status. If she is positive, indicate Y (Yes) for child exposed; otherwise indicate N for No	Child Health and Nutrition Register	This variable track early infant diagnosis for HIV exposed babies as well as track prophylaxis for them. If children test positive, initiate care
16	If YES, Prophylaxis given		Ask caregiver or mother of HIV exposed baby whether they are currently on co-trimoxazole	Child Health and Nutrition Register	
17	If YES, EID Done?		If child is HIV exposed, ask mother or caregiver if samples have been taken and send for early infant diagnosis. Indicate Y (Yes)	Child Health and Nutrition Register	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		if test has been done and N (No) if not		
18	EID test results	Indicate P for positive if results are positive and N for negative if results are negative	Report from Laboratory	
19	Antibody evaluation at 18months	Perform HIV antibody test for all HIV exposed children (enumerated at 6weeks) and indicate results. All children should be enumerated even if initial EID results at 6 weeks was positive	Test results	To inform next line of care
20	BCG; Polio 0,1,2,3; Penta 1,2,3; Pneumococcal 1,2,3; Rotavirus 1 and 2; Yellow Fever; Measles-Rubella 1; Vitamin A from 6 – 59months; Measles-Rubella 2; MEN A; Others	These are the dates on which each of these vaccines is given. Write the date on which each of these is given. It should be recorded as DD/MM/YYYY	MCHRB/Child Health and Nutrition Register	Provides information on the number of children receiving required vaccinations as per protocol

MATERNAL, INFANT AND YOUNG CHILD COUNSELING (IYCF)- REGISTER FOR HEALTH WORKERS

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Serial Number(S/N)	The serial number is the sequential numbering of the rows in the register but can be used to identify clients if written on the client card.	Generated	Identify clients and to keep records of the number of clients on the programme.
2	Name of Child	Name of child in full without titles. Use mothers name if child has not been given a formal name.	MCHRB/Verbal	For identification
3	Sex (M/F)	This is sex of baby, M for Male and F for Female	MCHRB/Observation	To know the sex of the child. The nutritional status of children especially under 5 years (0-59months) is determined relative to their sex on the child growth chart.
4	Date of Birth	The date of birth of the baby/babies.	MCHRB/Verbal	To know the date on which the child was born in order to get the actual age of the child in completed months especially during CWC session for plotting.
5	Birth Weight (Kg)	The weight of the baby/babies at birth in kilograms	MCHRB	To detect overweight and underweight and faltering growth potentially due to underlying medical problems. It can also provide reassurance about normality.
6	Birth Length (Cm)	The length of the baby/babies at birth in Centimetres	MCHRB/Record	To detect short stature and faltering growth potentially due to underlying medical problems. It can also provide reassurance about normality
7	Mothers Telephone/Traceable	Indicate the Telephone number and the residence of the client but not the birth place. (<i>This should include where the house</i>	MCHRB	To enable tracing or follow-ups.

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	Address (include Landmarks)	<i>is located, the name of the community and the house</i>		
RECORD OF INITIAL VISIT				
8	Date Enrolled	Date when baby/mother is first seen by health worker and registered on the IYCF programme.	Calendar	To know when the person has started benefiting from the programme.
9	Weight indicate z-score (N, U, S, PO)	Indicate on the z-scores the weight baby/babies during the initial visit as Either, Normal, moderately Underweight, Severe underweight, possibly overweight or possibly obese.	MCHRB/Record	Counselling of the mother are based on the weight of the child as well as its z-scores. This shows the nutritional status of the child (weight-for-age) severe, moderate, normal, and overweight/obese of the child weighed.
10	Key challenges identified	Write down the Key challenges you identified during the initial visit with the care taker/mother.	Verbal/observation	To be able to counsel the mother on the key challenges identified.
11	Agreed upon actions	Small doable actions that both the health worker and the care taker agreed upon to manage the key challenges identified. Write down all the agreed upon actions for follow-up.	Verbal/observation	For follow-up
FOLLOW-UP VISIT 1				
12	Follow-up visits (date)	An appointment date that the child is coming back to the health worker or the health worker going to see the child on the agreed upon actions. Write down the date agreed for follow-up on the mother/baby.	Calendar	To assess the effectiveness/impact of the treatment or actions that both the client and the worker agreed upon.
13	Weight indicate z-score (N, U, S, PO)	Weigh and indicates as in the first visit	MCHRB	To know the nutritional status of the child at a giving age. To know whether the child is growing well or not
14	Key challenges identified	Key problems identified during the first visit should also be written as the initial visits	Verbal/observations	To identify

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
15	Agreed upon actions	Agreed upon actions should also be documented as in the initial visit.	Verbal	
FOLLOW-UP VISIT 2				
16	Follow-up visits (date)	An appointment date that the child is coming back to the health worker or the health worker going to see the child on the agreed upon actions. Write down the date agreed for follow-up on the mother/baby.	Calendar	
17	Weight indicate z-score (N, U, S, PO)	Weigh and indicates as in the first visit	MCHRB	
18	Key challenges identified	Key problems identified during the first visit should also be written as the initial visits	Verbal/observations	
19	Agreed upon actions	Agreed upon actions should also be documented as in the initial visit.	Verbal	
FOLLOW-UP VISIT 3				
20	follow-up visits (date)	An appointment date that the child is coming back to the health worker or the health worker going to see the child on the agreed upon actions. Write down the date agreed for follow-up on the mother/baby.	Calendar	
21	Weight indicate z-score (N, U, S, PO)	Weigh and indicates as in the first visit	MCHRB	
22	Key challenges identified	Key problems identified during the first visit should also be written as it was done during the initial visits	Verbal/Observation	
23	Agreed upon actions	Agreed upon actions should also be documented as in the initial visit.	Verbal	
24	Outcome and date of discharge	Record the status of the child during discharge based on the weight /z-scores (normal or not)	Observation/MCHRB/Verbal	

No	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
		& write down the date of discharge as DD/MM/YYYY		

COMMUNITY BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) REGISTER

No	VARIABLE	DEFINATION	DATA SOURCE	RATIONALE
1	Serial Number	The serial number is the sequential numbering of the rows in the register but can be used to identify clients if written on the client treatment card	Generated	To easily identify the number of children admitted on the programme in that facility
2	OPC Number	It's a unique number giving to each child admitted to the CMAM programme in each treatment site. It is made up of the facility code and the 3 digits number. E.g. PML/002/OPC. PML is the facility code, 002 is the number and then the OPC indicated that the child is managed through outpatient care	Generated	To easily identify the children on the programme
3	Admission Date	The date on which the child is put on a programme. This date should be written on full as DD/MM/YYYY	Calendar	To be able to determine to length of stay of each client at discharged.
4	Child's Name	Name of child in full without titles, avoid informal names such as: Sister, Maame, Auntie, etc.	MCHRB	To easily identification of the child on the programme by Name.
5	Age (Months)	The age of the child admitted on the programme should be written in completed months.	Birth certificate/MC HRB	To determine whether the child is qualified per age under the programme or not and the type of care (IPC/OPC)
6	Sex (M/F)	Indicates if the child admitted is male (M) and Female (F)	Verbal/Observation	

7	Community/Address	Indicate the Telephone number and the residence of the client but not the birth place. (<i>This should include where the house is located, the name of the community and the house</i>)	Verbal/Record	This is to enable easy follow-up at the community level
8	Referred by (HW, Volunteer, Traditional Healer, Caregiver, Other[specify])	This is to indicate where the child was seen or identified and referred to the OPC for further management. Indicates if the child was identified by Volunteer, Traditional Healer, any other place or person who identified the case and referred it to the facility for treatment.	Verbal	This is to indicate where the child was seen or identified and referred to the OPC for further management. Indicates if the child was identified by Volunteer, Traditional Healer, any other place or person who identified the case and referred it to the facility for treatment
9	Admission Criteria (MUAC, Oedema +, ++, Others)	Indicates the criterion on which the child is admitted on to the programme. Indicate if the child is admitted on MUAC (<11.5cm), Oedema (+, ++) or any other criterion that might have been used as the basis for the admission.	Measurement/assessment	This helps to know the basis of admission of the child.

10	MUAC on Admission	The Mid Upper Arm Circumference (MUAC) of the child should be measured and Indicated during admission. This should be indicated whether the child is admitted on the basis of MUAC or not.	Measurement	To know the level of wasting on admission and to monitor the progress of the recovery via the used of the therapeutic food. (RUTF) This enables the health worker to know if the child is responding to treatment or not
11	Discharge Outcome (Cured, Defaulted, Died & Non-Recovered)	At discharged indicate the basis of the discharged. Indicates whether the child is discharged cured, defaulted, died & Non-recovered.	Assessment/measurement	This is to know the state at which the child is discharged from the programme. These variables will also
12	MUAC at Discharge	The Mid Upper Arm Circumference (MUAC) of the child should be measured and Indicated during discharged. This should be done & indicated for each and every child during discharged.	Measurement	Children are discharged on the programme through MUAC (≥ 12.5 cm continuous). The MUAC at discharged tells whether the child had met the discharged criteria cured or not
13	Discharge Date	Write the discharged date of the child. This should be written as DD/MM/YYYY	Calendar	To determine the length of stay of the child at discharged
14	Comments	Write any other comments or information that will be beneficial to the client and the health worker.	Generated	For follow-up and further actions

GIRLS IRON FOLATE TABLETS SUPPLEMENTATION PROGRAMME (OUT-OF-SCHOOL)

No.	Variable	Definition	Data Source	Rationale
	Serial Number	The serial number is the sequential numbering of the rows in the register.	Generated	To easily identify the number of Adolescents admitted on the programme in that facility
	Name	Name of the adolescent girl 10-19years registered for the GIFTS out-of-school programme. Write the full name of the adolescents who is registered for the programme	Generated	For easy identification of the beneficiary
	Age	The age of the adolescent girl at her last birth date. Write the age in years.	Verbal	To determine the eligibility of the beneficiary adolescents and to know when adolescents is exiting from the free IFA
	Screened for Anaemia (Y/N)	Indicate if adolescent is screen for anaemia. Indicate Y for adolescent girls who is screened and N for adolescent girls who is not screened	Generated	To identify adolescents who are severely anaemic such that they can be transferred for further diagnosis and treatment before they are put on the programme.
	Results of Anaemia Screening	This the physical screening done for the presence of anaemia. Write the screening results by indicating A for anaemia and NA not anaemia	Generated	
	Date IFA given	Indicate the day in each month that the adolescents come for IFA. Write indicate only the day of the month. (e.g. 4 th , 29 th , etc)	Calendar /Generated	To know when the adolescents is qualified for other doses and to know when to do a follow-up for default adolescents

FORMS (FHD)

MONTHLY MIDWIFE'S RETURNS (FORM A)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Name of Institution/ Maternity Home	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	Type of Facility	Type of SDP reporting.eg hospital, health center, clinic, maternity home, CHPS	Records
3	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	Records

No.	VARIABLE	DEFINITION	DATA SOURCE
4	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
5	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
6	Month	The Month in which the transaction took place e.g. July	Calendar
7	Year	Year in which the transaction took place e.g. 2010	Calendar
8	EMONC Services (Basic or Comprehensive)	Indicate whether Emergency obstetric care for new born done in the SDP is Basic or Comprehensive.	ANC register
9	Blood Transfusion Services	Indicate whether facility does blood transfusion or not	ANC register
10	Prevention of Mother to Child Transmission (PMTCT)	Indicate whether SDP does PMTCT services or not EID Services	ANC register
11	Conduct Delivery	Indicate whether SDP conducts delivery or not	ANC register
12	Baby Friendly Services	Indicate whether SDP renders baby friendly services or not	ANC register
ANTENATAL			
13	Registrants	Number of pregnant women reporting for antenatal care for the first time to any health facility with their current pregnancy.	ANC register
14	Attendances	Total number of all ANC visits for the period	ANC register
15	Making 4 th Visit	Number of pregnant women making their 4th antenatal visit for the period.	ANC register
16	Making 8 th Visit	Number of pregnant women making their 8th antenatal visit for the period.	ANC Register
17	Pregnant women seen at 36 weeks	Number of pregnant women reporting for care at 36 weeks' gestation	ANC Register
18	TD2+	Number of pregnant women who have had two doses of TD for their current pregnancy OR require only one dose for their current pregnancy OR have completed their TD schedule and therefore do not require any dose for their current pregnancy.	ANC Register

No.	VARIABLE	DEFINITION	DATA SOURCE
19	Age of Mother at Registration	Age of the pregnant woman as at the time of first ANC visit with the current pregnancy	ANC register
SYPHILIS SCREENING			
20	No. Screened	Total number of pregnant women who were screened for syphilis	ANC register
21	No. Positive	Number of pregnant women with a positive syphilis test result	ANC Register
22	No. Treated	Number of pregnant women with a positive syphilis test result treated with benzathine penicillin injection	ANC Register
TB SCREENING			
23	No. Tested	Total number of pregnant women who were tested for TB using sputum sample	ANC Register
24	No. Positive	Number of pregnant women who had positive sputum test result	ANC Register
25	No. Treated	Number with positive sputum test result treated	ANC Register
26	Parity	Number of deliveries prior to the current pregnancy	ANC register
Duration of Pregnancy at Registration (Trimester)			
27	1 ST Trimester	ANC Registrants reporting within the first 3months	ANC Register
28	2 ND Trimester	ANC Registrants reporting between the 4 th and 6 th month of pregnancy	ANC Register
29	3 RD Trimester	ANC Registrants reporting between the 7 th and 9 th month of pregnancy	ANC Register
ANAEMIA AT REGISTRATION & AT 36 WEEKS			
30	Hb Checked at Registration	Number of pregnant women whose HB were checked at ANC registration	ANC register
31	Hb < 11gm/Dl at Registration	Number of pregnant women with HB less than 11gm/dl at the time of registration	ANC register
32	Hb < 7gm/Dl at Registration	Number of pregnant women with HB less than 7gm/dl at ANC registration	ANC register
33	Hb Checked at 36 Weeks	Number of pregnant women whose HB were checked, at 36 weeks	ANC register
34	Hb < 11gm/Dl at 36 Weeks	Number of pregnant women with HB less than 11gm/dl at 36 weeks	ANC register

No.	VARIABLE	DEFINITION	DATA SOURCE
35	Hb <7gm/dl at 36 Weeks	Number of pregnant women with HB less than 7gm/dl at 36 weeks	ANC register
36	Primigravidae With Hb Checked at 36 weeks	Number of pregnant women who are pregnant for the first time who had their HB checked at 36wks	ANC register
37	Primigravidae With Hb < 7gm/dl at 36wks	Number of pregnant women who are pregnant for the first time with HB less than 7gm/dl at 36 weeks	ANC register
INTERMITTENT PREVENTIVE TREATMENT (IPT)			
38	IPT1	Number of pregnant women given their first dose of SP at ANC	ANC register
39	IPT 2	Number of pregnant women given their second dose of SP at ANC	ANC register
40	IPT 3	Number of pregnant women given their third dose of SP at ANC	ANC register
41	IPT 4	Number of pregnant women given their fourth dose of SP at ANC	ANC register
42	IPT 5	Number of pregnant women given their fifth dose of SP at ANC	ANC register
43	Pregnant Women with Adverse Reaction	Number of pregnant women who had adverse reaction after taking SP.	ANC register, AERF
44	IFA 3	Number of women who have been given 3 monthly Supplements of IFA.	ANC Register
45	IFA 6	Number of women who has been given 6 or more monthly Supplements of IFA	ANC Register
46	ITN Given	Number of pregnant women who were given ITN.	ANC register
PMTCT			
	Number of known HIV positive before current pregnancy	This refers to all pregnant women who were positive prior to their current pregnancy	ANC register
	Number on ARV treatment before current pregnancy	This refers to all pregnant women who were on ART treatment before their current pregnancy	ANC register

No.	VARIABLE	DEFINITION	DATA SOURCE
	Number of known HIV Positives before current pregnancy newly put on treatment	This refers to all pregnant women who have been known to be HIV positive and newly put on treatment during their current pregnancy	ANC register
	Number initially tested	This refers to all pregnant women having their first HIV test irrespective of gestational age during current pregnancy	ANC register
	Number positive at initial testing	This refers to all pregnant women testing positive at their first HIV test irrespective of gestational age during current pregnancy	ANC register
	Number of negatives retested at 34 weeks	This refers to all initially HIV negative pregnant women provided repeated test at 34 weeks of gestation	ANC register
	Number positive after retesting at 34 weeks	This refers to all initially HIV negative pregnant women retested HIV positive at 34 weeks of gestation	ANC register
	New HIV Positives	This refers to pregnant women tested HIV positive at initial testing plus those retested HIV positive at 34 weeks	ANC register
	Number of new positives put on ARV	This refers to all newly diagnosed HIV positive pregnant women (initial positive + retested HIV positive at 34 weeks) put on ARVs during current pregnancy	ANC register
	Number of Babies on ARV Prophylaxis	This refers to all babies born to HIV positive mothers receiving ARV prophylaxis from birth	ANC register
	Total on ARVs	This refers to all pregnant women both newly tested HIV positive at current pregnancy put on ARVs and those who were tested HIV positive in their previous pregnancy and were put on ARVs and are still on ARVs before current pregnancy	ANC register
DELIVERIES			
PRIMIGRAVIDAE OUTCOMES			
54	Age of Mother at Delivery	Age groups of mothers who are pregnant for the first time	ANC register
55	Live Birth To Primigravidae (Male And Female)	Number of babies delivered by primigravidae by sex (male and female)	ANC register

No.	VARIABLE	DEFINITION	DATA SOURCE
56	Primigravidae Still Birth	Total number of still births by primigravidae	ANC register
57	TOTAL BIRTHS	Total number of deliveries Delivery Register	
LIVE BIRTH			
58	Male	Number of Male babies	Delivery Register
59	Female	Number of Female babies	Delivery Register
60	Total Live births	Total number of babies born alive	Delivery Register
STILL BIRTHS			
61	Fresh	Total number of babies who died in the process of labour	Delivery Register
62	Macerated	Total number of babies who died in utero more than 12 hours before delivery with signs of maceration	Delivery Register
63	Total Still Births	Total number of babies who were delivered without signs of life	Delivery Register
BIRTH WEIGHT			
64	Below 2.5kg Primipara	Number of babies born weighing less than 2.5kg to women with first delivery	Delivery Register
65	Below 2.5kg Multipara	Number of babies born weighing less than 2.5kg to women previous deliveries	Delivery Register
66	Total	Total number of babies weighing less than 2.5kg (PRIMIPARA + MULTIPARA)	Delivery Register
67	2.5kg & Above	Number of babies born weighing 2.5kg and above	Delivery Register
TYPE OF DELIVERY			
68	Normal	Number of mothers with spontaneous vaginal deliveries	Delivery Register
69	C/Section	Number of mothers with deliveries through caesarean section	Delivery Register
70	Vacuum	Number of mothers with vaginal deliveries assisted with vacuum extractor	Delivery Register

No.	VARIABLE	DEFINITION	DATA SOURCE
71	Forceps	Number of mothers with vaginal deliveries assisted with forceps	Delivery Register
72	Mother Infant Baby Pairs Exclusively Breastfeeding at Discharge	Total number of postpartum mothers discharged with their babies exclusively breastfeeding as per protocol	PNC Register
OUTCOME OF DELIVERY			
73	Number of Mothers who gave birth to Single babies	Total Number of Mothers who gave birth to Single babies	Delivery Register
74	Number of Mothers who gave birth to Twin babies	Total Number of Mothers who gave birth to Twin babies	Delivery Register
75	Number of Mothers who gave birth to Triplet babies	Total Number of Mothers who gave birth to Triplet babies	Delivery Register
76	Number of Mothers who gave birth to other sets of babies	Total Number of Mothers who gave birth to other sets of babies	Delivery Register
77	Total Mothers who gave birth	Total Number of Mothers who gave birth in a specified period	Delivery Register
78	Number of Single babies born to Mothers	Total Number of Single babies born to Mothers	Delivery Register
79	Number of Twin babies born to Mothers	Total Number of Twin babies born to Mothers	Delivery Register
80	Number of Triplet babies born to Mothers	Total Number of Triplet babies born to Mothers	Delivery Register
81	Number of other set of babies born to Mothers	Total Number of other set of babies born to Mothers	Delivery Register
82	Total No. of babies born	Total No. of babies born	Delivery Register

No.	VARIABLE	DEFINITION	DATA SOURCE
83	Number Eligible Mothers Receiving Corticosteroids at 28-34wks	Total number of pregnant women with preterm labour at between 28-34 weeks who received corticosteroids for foetal lung maturation as per protocol	Maternity Ward/Delivery Register
84	Number of Babies receiving Chloramphenicol/Tetracycline Eye drops at Birth	Number of Babies receiving Chloramphenicol/Tetracycline Eye drops at Birth	Delivery Register
85	Number of Babies receiving cord care with Chlorhexidine	Number of Babies receiving cord care with Chlorhexidine	Delivery Register
86	Number of Babies receiving cord care with Methylated Spirit	Number of Babies receiving cord care with Methylated Spirit	Delivery Register
MORTALITIES			
87	Maternal Deaths by Age Groups	Number of deaths due to pregnancy and child birth related issues by age groups 10-14yrs, 15-19yrs, 20-24yrs, 25-29yrs, 30-34yrs, >=35yrs)	Ward Registers (Maternity, Female and Emergency Ward Registers)/MCC D
88	Total Maternal Deaths	Total number of pregnancy and child birth- related deaths	Female/Maternity Ward/Delivery/Theatre/OPD Register
89	Maternal Deaths Audited	Maternal deaths that are audited and reported.	Death Audit Register/Log Book

No.	VARIABLE	DEFINITION	DATA SOURCE
90	Neonatal Deaths	Babies dying before 28 days of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCC D
91	Post-Neonatal Deaths	Babies dying between 28 days and 1 year of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCC D
MORBIDITIES			
92	Vesico-Vaginal Fistula (VVF) number seen	Number of VVF cases seen	PNC Register/ Theatre/Female Ward/Gynae Ward A & D Log Book
93	VVF Number Repaired	Number of VVF cases repaired	Theatre/Gynae Ward/Female Ward Log Book
94	VVF Number Referred	Number of VVF cases referred	LWR / CR Register
95	Drop Foot Cases	Number of DROP FOOT CASES seen	PNC Register/OPD Log Book
96	Puerperal Psychosis	Number of cases of puerperal psychosis	Consulting, ANC, female ward register, Delivery Register
97	Endometritis	Infection of the Uterus	Maternity Ward/Female Ward Log Book

No.	VARIABLE	DEFINITION	DATA SOURCE
98	Mastitis	Infection of the Breast	Maternity Ward/Female Ward Log Book
BABY FRIENDLY HOSPITAL INITIATIVE			
99	Number of Mother-Infant Pairs Discharged	Number of mother/infant pairs discharged after delivery	PNC Register/Maternity Ward
100	Number of Mother-Infant Pairs Exclusively Breastfeeding at Discharge	Number of mother/infant pairs exclusively breastfeeding at discharge	PNC Register/Maternity Ward
101	Breastfeeding within first 1 hour	Number of mothers initiating breastfeeding within first 1 hour after delivery	Delivery/PNC Register
102	Number of Active Mother Support Groups	Number of active mother support groups to which lactating mothers are referred to for support in the care of their babies after discharge from the health facility within the catchment area of the facility.	Records
POSTNATAL			
103	Registrants	Mothers accessing PNC for the first time after delivery	PNC Register
104	No. Receiving 1st PNC on Day 1 Or 2	Mothers visiting clinic in the first or second day after delivery for their first PNC	PNC Register
105	Number receiving 1 st PNC on day 3-7	All client attending 1 st PNC between days 3-7 after delivery.	PNC Register
106	No. Receiving 1 st PNC from Day 8 And Above	Mothers visiting clinic from DAY 8 after delivery for their first PNC	PNC Register
107	Age Group (Years) of PNC Registrants	The age-bracket into which a woman attending PNC falls.	PNC Register
108	Site of Delivery	A place where the woman delivered.	PNC Register
109	Post-Partum FP	Number of post-natal mothers accepting and using a modern family planning method	Family planning, PNC register,
110	Number with IFA given	Number of women given IFA for six weeks following delivery	PNC Register
111	Baby's Weight (Within 6-10 Days)	Number of babies weighed within 6-10day grouped into below and above 2.5kg	PNC Register

No.	VARIABLE	DEFINITION	DATA SOURCE
REFERRALS (IN/OUT)			
112	ANTENATAL	Number of pregnant women referred either into the facility or out of the facility for further management during ANC	Admission and discharge register
113	LABOUR	Number of women in labour referred either into the facility or out of the facility for further management	Admission and discharge register
114	POSTNATAL	Number of postnatal mothers referred either into the facility or out of the facility for further management	Admission and discharge register
115	BIRTH ABNORMALITIES	Number and type of birth abnormalities seen	Labour ward
ABORTIONS			
116	Elective	Number of elective abortions done or recorded in the SDP for the period	FP /theatre register
117	Spontaneous	Number of spontaneous abortions recorded	Gynaecology or female ward register
118	Induced	Number of pregnancies terminated by self.	Gynaecology or female ward register
119	Electronic/ Manual Vacuum Aspirations Done	Number of manual vacuum aspiration procedures done	FP/theatre register
120	D&CS DONE	Number of dilatation and curettage procedures done	theatre register/CAC Log book
121	MEDICAL ABORTION	Number of abortions done using medical methods according to the protocol.	CAC Log book
122	Age Group Performing Abortion	Age of women having abortions in completed years	Theatre register /CAC Log book
123	Number of Haemorrhage	Number of post abortion bleeding cases reported	CAC Log book
124	Number of Sepsis	number of post abortion sepsis/infection cases reported	CAC Log book

No.	VARIABLE	DEFINITION	DATA SOURCE
125	Number Of Perforations	Number of post abortion perforations cases reported	CAC Log book
126	Deaths from Post Abortion Complications	Number of deaths resulting from post abortion complication(s)	CAC Log book/Gynae Register
POST ABORTION FAMILY PLANNING			
127	Counselled	Number of persons counselled on family planning following abortion care	FP register
128	Accepting	Number accepting family planning following abortion	FP register
129	Male Involvement	Number of women being accompanied by their male partners at ANC, DELIVERY, PNC, FP, CWC	Various Registers
Completed by			
130	Signature	Signature of person who completed the form	Facility Head
131	Name	Name of person who completed the form	Facility Head
132	Authorized by		
133	Name		
134	Signature	Name and rank of officer receiving at next level	Facility Head

FAMILY PLANNING RETURNS (FORM B)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	FP Register
2	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso	FP Register
3	District	The name of the district in which SDP is located, e.g. Kwabre.	FP Register
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	FP Register
5	Month	The Month in which the transaction took place e.g. July	FP Register
6	Year	Year in which the transaction took place e.g. 2010	
7	Total New Acceptors	The number of persons who are accepting modern form of contraception for the first time in their lives (registrants). Split by the age range on the form	FP Register
8	Beginning Balance	The total count of usable commodities available in stock or on hand at a particular point in time or at the beginning of a reporting period.	Inventory control card
9	Received	Quantity of FP commodities that was taken delivery of in the course of the period from the supply point (Regional Medical Stores/Implementing partners	Inventory control card
10	Issued /Dispensed	The total count of commodities that are given to clients for the purpose of family planning from the stock in store at the facility.	Inventory control card
11	Transferred	It is the count of commodity moved out from your stock to another facility or private practitioner or implementing partner. This is mostly termed as a negative adjustment, which means that stock must be deducted from your stock on hand	Inventory control card
12	Loss / Expired /Demonstration	The total count of commodities that were lost due to expiry dates, breakages or damages, or stolen or used for demonstration purposes.	Inventory control card
13	Ending Balance	It is the total count of usable commodities that is left in store at the end of the reporting period calculated using columns [(1+2c) -(3c+4+5)]	Inventory control card
STOCK REQUIRED			

No.	VARIABLE	DEFINITION	DATA SOURCE
14	Number of Months Required	The quantity of commodity required for a given period. It is calculated by multiplying the quantity Issued/Dispensed[col3] by the number of months for which the commodity is required depending on the level of the facility	Work Sheet
15	Quantity Required	The quantity of commodity required for 3 months. Calculated by subtracting column 6 from column 7. This is because the quantity required is needed to top up the ending balance to make it last for 3 months	Work Sheet
16	Unit Price	The unit cost of each commodity used for service delivery. This information is supplied by FHD	FHD
17	Cedis Collected	The total amount of Cedis collected by multiplying the quantity issued/dispensed by the Unit Price.	Records
18	Cedis Retained	The amount of Cedis retained of the total amount of Cedis collected by level of service delivery point: The SDHMT is to retain 50% of what is collected The DHMT is to retain 10% of what is collected The RHMT is to retain 10% of what is collected	Records
19	Cedis Submitted	Each level is to submit a specified percentage of Cedis collected to the next level: The SDHMT is to submit 50% of total amount of Cedis collected to the DHMT (after retaining 50% at the SDHMT) The DHMT is to submit 40% of total amount of Cedis collected to the RHMT (after retaining 10% at the DHMT) The RHMT is to submit 30% of total amount of Cedis collected to central account (after retaining 10% at the RHMT)	Records

No.	VARIABLE	DEFINITION	DATA SOURCE
20	Acceptors	<p>The Total number of persons who have accepted to use a family planning method. This number includes the</p> <p>New Acceptor: (First Ever Use): -Any female of reproductive age who accepts any modern family planning commodity for the first time in her life. This has been split according to the age groupings (10-14, 15-19, 20-24, 25-29, 30-34 and 35 & Above)</p> <p>Continuing Acceptor: -Any female of reproductive age who is using modern family planning commodity and in a new year continues to use the modern family planning method or decides to use/switch/swap to any other commodity of modern family planning during her first visit in the new year. This has been split according to the age groupings (10-14, 15-19, 20-24, 25-29, 30-34 and 35 & Above)</p> <p>Total Acceptors: Total count of female of reproductive age who are using modern family planning method per a specified period. Total Acceptors = New Acceptors + Continuing Acceptors</p>	FP Register
21	Brand Name	The trade name of a commodity, e.g., Copper-T, Protector Condom etc.	Records
	Generic Name	The Scientific name of a commodity, e.g. Depo Medroxy Progesterone Acetate (DMPA)	
22	Total Visits	<p>It is the count of clients who are using a family planning method and comes for a re-supply or subsequent dose (in short term) or comes for removal or changes to a method in the course of the period under review (within a particular year). This has been split according to the age groupings (10-14, 15-19, 20-24, 25-29, 30-34 and 35 & Above)</p>	Tally Sheet
23	Couple Year Protection	The estimated protection provided by family planning services during a one-year period, based on the volume of all contraceptives sold or distributed free of charge to clients during that period	Records

No.	VARIABLE	DEFINITION	DATA SOURCE
24	Total Number Counselling Only	Any individual and /couple who come to a family planning clinic solely for information and education without taken any method irrespective of whether he or she is an acceptor. This has been split according to the age groupings (10-14, 15-19, 20-24, 25-29, 30-34 and 35 & Above)	FP Daily log
25	Marital Status	Mention whether the client has never married, co-habiting, divorced or widowed	FP Client Register
26	Age	Age of FP client in Years	FP Client Register

ADOLESCENT HEALTH CORNER MONTHLY FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Region	The name of the region in which the SDP is located e.g. Ashanti.	ADH Register
2	District	The name of the district in which SDP is located, e.g. Kwabre.	ADH Register
3	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso	ADH Register
4	Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	ADH Register
5	Month	The Month in which the transaction took place e.g. July	Calendar
6	Year	Year in which the transaction took place e.g. 2016	Calendar
	Registrants	These are adolescents who visited the facility for the first time	ADH Register
	10 – 14 years	It is the total count of adolescents between 10 – 14 years who visited the facility for the first time	ADH Register
	15 – 19 years	It is the total count of adolescents between 15 – 19 years who visited the facility for the first time	ADH Register
	20-24- years	It is the total count of young persons between 20-24 years who visited the facility for the first time	ADH Register
	Attendance	This includes the first-time adolescent registrants and those making subsequent visits to the facility. That is new and old adolescent clients.	ADH Register
	10 – 14 years	It is the total count of adolescents between 10 – 14 years who are first-time adolescent registrants and making subsequent visit to the facility	ADH Register
	15 – 19 years	It is the total count of adolescents between 15 – 19 years who are first-time adolescent registrants and making subsequent visit to the facility	ADH Register
	20-24 years	It is the total count of young persons between 20-24 years who are first-time registrants and making subsequent visit to the facility	ADHD Register

No.	VARIABLE	DEFINITION	DATA SOURCE
9	Highest Educational Level	It is the total count of adolescents who have attained a specified educational level according to their age and sex who visited the facility within the given period	ADH Register
10	Marital Status	It is the total count of adolescents who fall under married or unmarried according to their age and sex who visited the facility within the given period	ADH Register
11	Occupation (Student, Employed, Unemployed, Apprentice)	It is the total count of adolescents who fall under the various occupational status according to their age and sex who visited the facility within the given period	ADH Register
12	BMI at Age Underweight-- <18.50 Normal-- 18.50 to 24.99 Pre-obese--25.00 to 29.99 Obese – ≥ 30.00	It is the total count of adolescents who fall under the different BMI ranges according to their age and sex who visited the facility within the given period	ADH Register
13	Hb Level (Low and Normal)	It is the total count of adolescents who fall under the Hb level according to their age and sex who visited the facility within the given period	ADH Register
INDICATIONS FOR VISIT			
14	Delayed Menses	It is the total count of Female adolescents who reported to the facility with any of the listed reasons according to their age within the given period	ADHD Register
15	Missed Menses		
16	Abortion services		
17	Unintended Injuries		
18	Intended Injuries		
19	Mental Health issues		
20	FP services		

No.	VARIABLE	DEFINITION	DATA SOURCE
21	STI services		
22	Drug Abuse		
23	Eating Disorders		
SCREENING AND TESTING SERVICES			
24	Pregnancy Testing	It is the total count of Female adolescents who tested positive to pregnancy according to their age within the given period	ADHD Register
25	Breast examination	It is the total count of Female adolescents who self-examined their breast or had their breast examined by a service provider according to their age within the given period	ADHD Register
26	HIV Testing	It is the total count of adolescents who tested positive to HIV according to their age and sex within the given period (Link to HCT field)	HTC Forms
27	Testicular examination	It is the total count of Male adolescents who had their testicles examined by a service provider according to their age within the given period.	ADH Register
COUNSELLING SERVICES			
28	Psychosocial Support		
29	Family Planning (FP)	It is the total count of adolescents who were counselled on FP related issues according to their age and sex within the given period	ADH Register
30	STI/HIV	It is the total count of adolescents who were counselled on STI / HIV related issues according to their age and sex within the given period (Link to HCT field)	HTC Forms
31	Pregnancy Related	It is the total count of Female adolescents who were counselled on pregnancy related issues according to their age within the given period	ADH Register

No.	VARIABLE	DEFINITION	DATA SOURCE
32	Abortion	It is the total count of Female adolescents who were counselled on abortion related issues according to their age within the given period	ADH Register
33	Nutrition	It is the total count of adolescents who were counselled on Nutrition related issues according to their age and sex within the given period	ADH Register
OTHER SERVICES			
34	SBCC Material Given	It is the total count of adolescents who were given SBCC Materials according to their age and sex within the given period	ADH Register
35	Emergency Contraception	It is the total count of adolescents who were given EC according to their age and sex within the given period	ADH Register
36	Condom	It is the total count of adolescents who were given condoms according to their age and sex within the given period	ADH Register
REFERRALS			
37	ANC	It is the total count of adolescents who were referred to the various services according to their age and sex within the given period	ADH Register
38	STI/HIV Clinic		
39	FP Services		
40	Gynaecologist		
41	Urologist		
42	DOVVSU		
43	Social Welfare		
44	Mental Health Service		
45	Dietician		

MONTHLY NUTRITION AND CHILD HEALTH FORM

No	VARIABLE	DEFINITION	DATA SOURCE
GROWTH MONITORING AND PROMOTION			
REGISTRANTS (first ever visit to the site on the day of registration)			
1.	0-11months (Male)	It is the total count of Male children between 0 - 11 months weighed at their first ever visit to the CWC site.	Child Health and Nutrition Register
2.	12-23 months (Male)	It is the total count of Male children between 12 - 23 months weighed at their first ever visit to the CWC site	Child Health and Nutrition Register
3.	24-59 months (Male)	It is the total count of Male children between 24 - 59 months weighed at their first ever visit to the CWC site	Child Health and Nutrition Register
4.	Total (Column, Male)	It is the total count of all male children 0 - 59 months weighed at the CWC site during their first ever visit	Child Health and Nutrition Register
5.	0-11 months (Female)	It is the total count of Female children between 0 - 11 months or below one (1) year weighed at their first ever visit to the CWC site	Child Health and Nutrition Register
6.	12-23 months (Female)	It is the total count of female children between 12 - 23 months weighed at their first ever visit to the CWC site	Child Health and Nutrition Register
7.	24-59 months (Female)	It is the total count of female children between 24 - 59 months weighed at their first ever visit to the CWC site	Child Health and Nutrition Register
8.	Total (Column, Female)	It is the total count of all Female children 0 - 59 months weighed at the CWC site during their first ever visit	Child Health and Nutrition Register
9.	Total children weighed (Row, Male and female) 0-11 months	It is the total count of all children 0 - 11 months both male and female weighed at the CWC site during their first ever visit.	Child Health and Nutrition Register
10.	Total children weighed (Row, Male and female) 12-23 months	It is the total count of all children 12 - 23 months both male and female weighed at the CWC site during their first ever visit	Child Health and Nutrition Register

No	VARIABLE	DEFINITION	DATA SOURCE
11.	Total children weighed (Row, Male and female) 24-59 months	It is the total count of all children 24 - 59 months both male and female weighed at the CWC site during their first ever visit.	Child Health and Nutrition Register
WEIGHT FOR AGE			
	< -3SD (Registrants)	SEVERE UNDERWEIGHT (below -3 standard deviation)	
12.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site during their first ever visit and had their weights falling below -3SD	Child Health and Nutrition Register
13.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 11 - 23 months weighed at the CWC site during their first ever visit and had their weights falling below -3SD	Child Health and Nutrition Register
14.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site during their first ever visit and had their weights falling below -3SD	Child Health and Nutrition Register
15.	Total (Column) 0-59 months	It is the total count of all children 0 - 59 months weighed at the CWC site during their first ever visit and had their weights falling below -3SD	Child Health and Nutrition Register
	≥-3 to <-2 SD	MODERATE UNDERWEIGHT (equal to or greater than -3 & less than -2 standard deviations)	
16.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
17.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
18.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
19. 2	Total (Column) 0-59 months	It is the total count of all children 0 - 59 months weighed at the CWC site during their first ever visit and had their weights falling ≥3SD but >-2SD	Child Health and Nutrition Register
	≥ - 2	NORMAL WEIGHT (equal to or greater than -2 standard deviations)	

No	VARIABLE	DEFINITION	DATA SOURCE
20.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
21.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
22.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site during their first ever visit and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
ATTENDANCE (includes the first-time registrants and those making subsequent visits to the weighing center to be weighed) i.e. new and old clients attending for the day			
23.	0-11 months (Male)	It is the total count of Male children between 0 - 11 months or below one (1) year weighed at the CWC site	Child Health and Nutrition Register
24.	12-23 months (Male)	It is the total count of Male children between 12 - 23 months weighed at the CWC site	Child Health and Nutrition Register
25.	24-59 months (Male)	It is the total count of Male children between 24 - 59 months or below five (5) years weighed at the CWC site	Child Health and Nutrition Register
26.	Total (Column, Male)	It is the total count of all male children 0 - 59 months weighed at the CWC site	Child Health and Nutrition Register
27.	0-11 months (Female)	It is the total count of Female children between 0 - 11 months or below one (1) year weighed at the CWC site	Child Health and Nutrition Register
28.	12-23 months (Female)	It is the total count of Female children between 12 - 23 months weighed at the CWC site	Child Health and Nutrition Register
29.	24-59 months (Female)	It is the total count of Female children between 24 - 59 months weighed at the CWC site	Child Health and Nutrition Register
30.	Total (Column, Female)	It is the total count of all Female children 0 - 59 months weighed at the CWC site	Child Health and Nutrition Register

No	VARIABLE	DEFINITION	DATA SOURCE
31.	Total children weighed (Row, Male and female) 0-11 months	It is the total count of all children 0 - 11 months both male and female weighed at the CWC site	Child Health and Nutrition Register
32.	Total children weighed (Row, Male and female) 12-23 months	It is the total count of all children 12 - 23 months both male and female weighed at the CWC site	Child Health and Nutrition Register
33.	Total children weighed (Row, Male and female) 24-59 months	It is the total count of all children 24 - 59 months both male and female weighed at the CWC site	Child Health and Nutrition Register
WEIGHT FOR AGE			
	< -3SD (Attendants)	SEVERE UNDERWEIGHT (below -3 standard deviation)	
34.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site and had their weights falling below -3SD	Child Health and Nutrition Register
35.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site and had their weights falling below -3SD	Child Health and Nutrition Register
36.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site and had their weights falling below -3SD	Child Health and Nutrition Register
37.	≥-3 to <-2 SD	MODERATE UNDERWEIGHT (equal to or greater than -3 & less than -2 standard deviations)	
38.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
39.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
40.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site and had their weights equal to or greater than -3SD but less than -2SD	Child Health and Nutrition Register
NORMAL WEIGHT (equal to or greater than -2SD standard deviations)			

No	VARIABLE	DEFINITION	DATA SOURCE
41.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
42.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
43.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
LENGTH MEASUREMENT			
44.	0-11 months (Male)	It is the total count of Male children between 0 - 11 months or below one (1) year whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
45.	12-23 months (Male)	It is the total count of Male children between 12-23 months or below one (1) year whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
46.	24-59 months (Male)	It is the total count of Male children between 24-59 months or below one (1) year whose height is measured at the CWC or outreach point	Child Health and Nutrition Register
47.	Total (Column, Male)	It is the total count of Male children between 0 - 59 months or below one (1) year whose length/height is measured at the CWC or outreach point	Child Health and Nutrition Register
48.	0-11 months (Female)	It is the total count of female children between 0 - 11 months or below one (1) year whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
49.	12-23 months (Female)	It is the total count of female children between 12-23 months whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
50.	24-59 months (Female)	It is the total count of female children between 24-59 months whose height is measured at the CWC or outreach point	Child Health and Nutrition Register
51.	Total (Column, Female)	It is the total count of female children between 0-59 months whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
52.	Total children weighed (Row, Male and female) 0-11 months	It is the total count of children between 0 - 11 months or below one (1) year whose length is measured at the CWC or outreach point	Child Health and Nutrition Register

No	VARIABLE	DEFINITION	DATA SOURCE
53.	Total children weighed (Row, Male and female) 12-23 months	It is the total count of children between 12-23 months' year whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
54.	Total children weighed (Row, Male and female) 24-59 months	It is the total count of children between 24-59 months whose length is measured at the CWC or outreach point	Child Health and Nutrition Register
LENGTH FOR AGE (STUNTING)			
SEVERE STUNTING (below -3 standard deviation)			
55.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months whose length fell below -3SD when plotted	Child Health and Nutrition Register
56.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12-23 months whose length fell below -3SD when plotted	Child Health and Nutrition Register
57.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24-59 months whose length fell below -3SD when plotted	Child Health and Nutrition Register
MODERATE STUNTING (equal to or greater than -3 & less than -2 standard deviations)			
58.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months whose length falls on the -3SD line or is greater than -3SD but less than -2SD when plotted	Child Health and Nutrition Register
59.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12-23 months whose length falls on the -3SD line or is greater than -3SD but less than -2SD when plotted	Child Health and Nutrition Register
60.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24-59 months whose length falls on the -3SD line or is greater than -3SD but less than -2SD when plotted	Child Health and Nutrition Register
NORMAL LENGTH/HEIGHT (equal to or greater than -2SD)			
61.	Total (Row, Male & Female) 0-11 months	It is the total count of all children 0 - 11 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
62.	Total (Row, Male & Female) 12-23 months	It is the total count of all children 12 - 23 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register

No	VARIABLE	DEFINITION	DATA SOURCE
63.	Total (Row, Male & Female) 24-59 months	It is the total count of all children 24 - 59 months weighed at the CWC site and had their weights equal to or greater than -2SD	Child Health and Nutrition Register
FEEDING STATUS OF CHILD AT MONTH 3 (Ask during PENTA 3 visit)			
64.	Exclusive Breastfeeding	Total count of children (male and female) who are receiving only breastmilk at the time of visit	Child Health and Nutrition Register
65.	Other	Total count of children (male and female) who are receiving other solids or fluids in addition to breast milk at the time of their visit to CWC to receive PENTA 3 or at 14 weeks	Child Health and Nutrition Register
FEEDING STATUS OF CHILD AT MONTH 6 (Ask during Vitamin A Supplementation visit)			
66.	Exclusive breastfeeding	Total count of children (male and female) who are breastfeeding only at the time of their visit to CWC for Vitamin A Supplementation	Child Health and Nutrition Register
67.	Introduced to Solids and other foods in addition to breastfeeding	Total count of children (male and female) who are receiving other liquids and solids in addition to breastfeeding at the time of their visit for Vitamin A supplementation. This question can be asked among infants from 6-8 months. This variable is to be collected during the 6-months Vitamin A supplementation visit.	
	Continued breastfeeding at 1 yr.	Total number of children who are still breastfeeding at 1 years or more	Child Health and Nutrition Register
NUTRITION REHABILITATION (CMAM)			
Outpatient Care (OPC)			
68.	Total No. of cases at start of Month	Total count of all SAM cases of children 6-59 months who met admission criteria at the end of the previous month	CMAM Register/CMAM Reporting Form
69.	Total No. of Cases (New Admissions)	Total count of all severe acute malnourished children (either by MUAC or oedema or other) admitted onto the CMAM programme at the Outpatient care site during the month of reporting	CMAM Register/CMAM Reporting Form
70.	No. Cured	It is total count of all severe acute malnourished cases admitted onto the programme at the OPC for treatment and discharged cured	CMAM Register/CMAM Reporting Form

No	VARIABLE	DEFINITION	DATA SOURCE
71.	No. Died	It is total count of all severe acute malnourished cases admitted onto the programme at the OPC for treatment and discharged dead	CMAM Register/CMAM Reporting Form
72.	No. defaulted	It is total count of all severe acute malnourished cases admitted onto the programme at the OPC for treatment but were absent on three continuous visits and therefore were discharged defaulted	CMAM Register/CMAM Reporting Form
73.	No. Non-recovered	It is total count of all severe acute malnourished cases admitted onto the programme at the OPC for treatment and discharged non-recovered or not responding to treatment after 4 months (16 continuous weeks) in treatment (medical investigation previously done)	CMAM Register/CMAM Reporting Form
74.	Total Discharged	It is total count of all severe acute malnourished cases admitted onto the programme at the OPC for treatment and discharged died, defaulted, cured and non-recovered.	CMAM Register/CMAM Reporting Form
Inpatient Care (IPC)			
75.	Total No. of cases at start of Month	Total count of all SAM cases of children 0-59 months who met admission criteria including those who relapsed after cure at the end of the previous month	CMAM Register/CMAM Reporting Form
76.	Total No. of Cases (New Admissions)	Total count of all severe acute malnourished children (either by MUAC or oedema or other) admitted onto the CMAM programme at the Outpatient care site during the month of reporting	CMAM Register/CMAM Reporting Form
77.	Total Cases referred from IPC to OPC	It is the total count of all cases formally at the Inpatient care site and due to their progress to treatment are now referred to the OPC site for continuation of the treatment	CMAM Register/CMAM Reporting Form
78.	No. Cured	It is total count of all cases admitted onto the programme at the IPC for treatment and discharged cured	CMAM Register/CMAM Reporting Form
79.	No. Died	It is total count of all cases admitted onto the programme at the IPC for treatment and discharged dead	CMAM Register/CMAM Reporting Form
80.	No. defaulted	It is total count of all cases admitted onto the programme at the IPC for treatment but were absent on three continuous days and therefore were discharged defaulter	CMAM Register/CMAM Reporting Form

No	VARIABLE	DEFINITION	DATA SOURCE
81.	No. Non-recovered	It is total count of all cases admitted onto the programme at the IPC for treatment and discharged non-recovered after 4 months or 16 continuous weeks in treatment with all medical investigations previously done	CMAM Register/CMAM Reporting Form
82.	Total Discharged	It is total count of all cases admitted onto the programme at the IPC for treatment and discharged died, defaulted, cured and non-recovered.	CMAM Register/CMAM Reporting Form
COMMUNITY INFANT AND YOUNG CHILD FEEDING			
83.	No. of new at-risk registrants in the C-IYCF Register	Count of children who have been newly registered in the C-IYCF register for the management of a difficulty	C-IYCF Register
84.	Total number of at-risk children in C-IYCF Register (old + new)	Is the total count of all children registered in the C-IYCF Register, both old and new cases requiring follow-up	C-IYCF Register
85.	Total no. of at-risk children visited at least in a month	Count of all children (old + new) visited at least once in the month of reporting. Visits could be more than once per child but reporting should be done for only one visit in the month	C-IYCF Register
86.	Total no. of children discharged from home visits	Count of children who no longer need home visits and have been discharged in the home visit books	C-IYCF Register
GIRLS IRON AND FOLATE TABLET SUPPLEMENTATION (GIFTS) PROGRAMME-OUT-OF SCHOOL			
87.	Total number of girls (10-19yrs) in register	The total count of 10-19years old girls whose names have been written in the out-of-school register (old and new)	GIFTS Out-of-School Register
88.	Total number of New registrants for the month	Total count of all adolescent girls (10-19 years) registered by the health workers at the facility or service delivery point for the provision of the IFA tablets for the month (New)	GIFTS Out-of-School Register
89.	Total number of girls (10-19yrs) supplied IFA this month	Total count of all girls 10-19years who are given IFA tablets in a month (It consist both old and new in any particular month who received their monthly supply of IFA (x 4 tablets per girl))	GIFTS Out-of-School Register
ANAEMIA IN WOMEN 15-49 Yrs.			

No	VARIABLE	DEFINITION	DATA SOURCE
90.	No. diagnosed anaemic	Is the count of all women 15-49 years reporting to the Outpatient department of the facilities and had ANAEMIAANAEMIA	OPD Morbidity
91.	Total (Column)	Is the count of all women 15-49 years reporting to the Outpatient department of the facilities and had anaemia	OPD Morbidity
ANAEMIA IN PREGNANCY			
92.	New Pregnancy Registrants (no.)	Count of all pregnancies registered for the first time at ANC in the month	ANC Register
93.	No. with Hb Checked	Is the total count of all new pregnancies whose Hb was checked upon registration	
94.	No. with anaemia	Total count of all new pregnancies with Hb checked less than 7g/dl or 11g/dl.	
95.	Pregnancies 36 weeks old	Is the total count of all pregnancies which are 36 weeks old coming to access ANC services in the month	
96.	No. with Hb Checked	Is the total count of all pregnancies at 36 weeks whose Hb was checked upon their visit	
97.	No. with anaemia	Total count of all pregnancies at 36 weeks with Hb less than 7g/dl or 11g/dl.	
98.	No. of women receiving IFA on 3 visits	Total count of pregnant women who have received 3 monthly doses of IFA	
99.	No. of women receiving IFA on 6 visits	Total count of pregnant women who have received 6 monthly doses of IFA	
100.	No. of women receiving IFA at the Postnatal clinic	Total count of women who are given IFA when they attend the postnatal clinic (delivery up to 6 weeks)	PNC Register
ANAEMIA AMONG CHILDREN (0-59 months)			
101.	Total (all cause of admissions) - 0-59 months. Male	Total count of all males 0-59 months who presented with any illness at the Ward	Inpatient Morbidity and Mortality Register
102.	Total (all cause of admissions) - 0-59 months. Female	Total count of all females 0-59 months who presented with any illness at the Ward	Inpatient Morbidity and Mortality Register

No	VARIABLE	DEFINITION	DATA SOURCE
103.	Total admissions due to anaemia 0-59months - Males (column)	Is the count of all male children 0-59 months who were admitted to hospital with anaemia	Inpatient Morbidity and Mortality Register
104.	Total admissions due to anaemia 0-59 months - Females (column)	Is the count of all female children 0-59 months who were admitted to hospital with anaemia	Inpatient Morbidity and Mortality Register
105.	Total deaths due to anaemia 0-59 months (Male)	Is the count of male children 0-59 months who died of anaemia in the ward	Inpatient Morbidity and Mortality Register
106.	Total deaths due to anaemia 0-59 months (Females)	It's the count of female children 0-59 months who died of anaemia in the ward	Inpatient Morbidity and Mortality Register
PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV			
107.	HIV exposed	Total count of children whose mothers are HIV positive	Verbal/Maternal Record Book
108.	No. given co-trimoxazole prophylaxis	Total count of children who are receiving cotrimoxazole prophylaxis for the ART clinic	
109.	No. with EID done	Total count of HIV exposed infants whose samples have been taken for early infant diagnosis	
110.	No. with positive results	Total count of HIV exposed children who have EID done and their results are positive for HIV	
VITAMIN A SUPPLEMENTATION			
Number Dosed			
	6-11months	Number of children 6-11 months who were dosed 100,000iu	EPI Tally book
	12-59months	Number of children 12-59 months who were dosed 200,000iu	Number Dosed
	Total	Number of children from 6-59 months (6-11months + 12-59 months) who were dosed with Vitamin A Supplement	Number Dosed
School Health Services			

No	VARIABLE	DEFINITION	DATA SOURCE
164	Number of Schools	Number of schools within catchment area for SDP	SHR
165	Number of Schools Visited	Number of schools visited within catchment area for the period	SHR
166	Number of Schools Receiving 3+ Health Talks	Number of schools that have received at least 3 health educational talks	SHR
167	Enrolled	Number of children within a specified class	SHR
168	Examined	Number of children examined by care giver	SHR
169	Of Children Referred	Number of children with health problems who were referred for further management	SHR
170	Number of Environmental Certificates Awarded	Number of environmental certificates awarded to the schools in the catchment area	SHR
171	Type A	Number of schools in catchment area with type A certificate	SHR
172	Type B	Number of schools in catchment area with type B certificate	SHR
173	None	Number of schools without certificate	SHR
174	Referrals	Number of pupils referred for the following problems: Ear Problems, Eye Problems, Oral Health Problems, Skin Problems Undescended Testis, Hernia and those with BMI>25kg/m ²	SH register
NUTRITION COMMODITIES			
RUTF			
111.	Quantity at the beginning of the month	Total amount of RUTF (sachets) available at the facility at the beginning of the month	Tally / Bin / Inventory cards
112.	Quantity Received	Total amount of RUTF (sachets) received at the facility in the month	Tally / Bin / Inventory cards
113.	Quantity Used	Total amount of RUTF (sachets) used at the facility during the month	Tally / Bin / Inventory cards
114.	Wastage	Total amount of RUTF (sachets) wasted at the facility during the month	Tally / Bin / Inventory cards

No	VARIABLE	DEFINITION	DATA SOURCE
115.	Expired	Total amount of RUTF (sachets) expired at the facility during the month	Tally / Bin / Inventory cards
116.	Balance	Total amount of RUTF (sachets) available at the facility at the end of the month	Tally / Bin / Inventory cards
F-100			
117.	Quantity at the beginning of the month	Total amount of F-100 (sachets) available at the facility at the beginning of the month	Tally / Bin / Inventory cards
118.	Quantity Received	Total amount of F-100 (sachets) received at the facility in the month	Tally / Bin / Inventory cards
119.	Quantity Used	Total amount of F-100 (sachets) used at the facility during the month	Tally / Bin / Inventory cards
120.	Wastage	Total amount of F-100 (sachets) wasted at the facility during the month	Tally / Bin / Inventory cards
121.	Expired	Total amount of F-100 (sachets) expired at the facility during the month	Tally / Bin / Inventory cards
122.	Balance	Total amount of F-100 (sachets) available at the facility at the end of the month	Tally / Bin / Inventory cards
F-75			
123.	Quantity at the beginning of the month	Total amount of F-75 (sachets) available at the facility at the beginning of the month	Tally / Bin / Inventory cards
124.	Quantity Received	Total amount of F-75 (sachets) received at the facility in the month	Tally / Bin / Inventory cards
125.	Quantity Used	Total amount of F-75 (sachets) used at the facility during the month	Tally / Bin / Inventory cards
126.	Wastage	Total amount of F-75 (sachets) wasted at the facility during the month	Tally / Bin / Inventory cards
127.	Expired	Total amount of F-75 (sachets) expired at the facility during the month	Tally / Bin / Inventory cards
128.	Balance	Total amount of F-75 (sachets) available at the facility at the end of the month	Tally / Bin / Inventory cards
VITAMIN A			
100,000iU			

No	VARIABLE	DEFINITION	DATA SOURCE
129.	Received	Number of capsules (100,000iu) received at the facility	Tally / Bin / Inventory cards
130.	Used	Number of capsules (100,000iu) used	Tally / Bin / Inventory cards
131.	Expired	Number of capsules (100,000iu) wasted	Tally / Bin / Inventory cards
132.	Wastage	Number of capsules (100,000iu) expired	Tally / Bin / Inventory cards
133.	Balance	Number of capsules (100,000iu) left	Tally / Bin / Inventory cards
200,000iU			
134.	Received	Number of capsules (200,000iu) received at the facility	Tally / Bin / Inventory cards
135.	Used	Number of capsules (200,000iu) used	Tally / Bin / Inventory cards
136.	Wastage	Total number of capsules (200,000iu) wasted	Tally / Bin / Inventory cards
137.	Expired	Total number of capsules (200,000iu) expired	Tally / Bin / Inventory cards
138.	Balance	Number of capsules (200,000iu) left	Tally / Bin / Inventory cards
Resomal			
139.	Quantity at the beginning of the month	Total amount of Resomal (sachets) available at the facility at the beginning of the month	Tally / Bin / Inventory cards
140.	Quantity Received	Total amount of Resomal (sachets) received at the facility in the month	Tally / Bin / Inventory cards
141.	Quantity Used	Total amount of Resomal (sachets) used at the facility during the month	Tally / Bin / Inventory cards
142.	Wastage	Total amount of Resomal (sachets) wasted at the facility during the month	Tally / Bin / Inventory cards
143.	Expired	Total amount of Resomal (sachets) expired at the facility during the month	Tally / Bin / Inventory cards

No	VARIABLE	DEFINITION	DATA SOURCE
144.	Balance	Total amount of Resomal (sachets) available at the facility at the end of the month	Tally / Bin / Inventory cards
IFA			
145.	Quantity of IFA tablets at the beginning of the month (A)	It is the total number of IFA tablets at the start of the month	GIFTS Out-of-School Register/Tally Sheet
146.	Quantity of IFA tablets received this month(B)	It is the total number of IFA tablets received by the facility within a month	GIFTS Out-of-School Register/Tally
147.	Quantity of IFA tablets used this month -(C)	It is the total number of IFA tablets issued to adolescents within the month (x4 tablets per girl)	GIFTS Out-of-School Register/Tally Card
148.	Quantity of IFA tablets Wasted this month (D)	It is the total number of IFA tablets wasted (Spilled off, destroy, etc) within the month	GIFTS Out-of-School Register/Tally Card
149.	Quantity of IFA tablets Expired this month(E)	It is the total number of IFA tablets expired at the facility within the month	GIFTS Out-of-School Register/Tally Card
150.	Quantity of IFA tablets Remaining (Balance) this month (F)	It is the total number of IFA tablets remaining in-stock at the end of the month ($F=A+B-C-D-E$)	GIFTS Out-of-School Register/Tally Card

APPENDIX THREE

REGISTERS AND FORMS FOR HEALTH PROMOTION DIVISION (HPD)

REGISTERS (HPD)

HEALTH WORKER REGISTER FOR HEALTH PROMOTION ACTIVITIES

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	REGION	The name of the region in which the service delivery point (SDP) is located e.g. Ashanti.	Records	Geographical location
2	DISTRICT	The name of the district in which service delivery point (SDP) is located, e.g. Kwabre.	Records	Geographical location
3	SUB-DISTRICT	The name of the sub-district in which service delivery point (SDP) is located, e.g. Kwabre.	Records	Geographical location
4	FACILITY	The name of the Service Delivery Point (SDP) under which the activity is taking place e.g., Aboaso Health Centre etc.	Records	Service Delivery Point
5	DATE	The Date on which the activity is taking place	Calendar	Measure the time the activity took place
6	NAME OF COMMUNITY	The name of the Community in which the Health Promotion activity is taking place e.g., Aboaso etc.	Records	Geographical location
7	HEALTH TOPIC / ISSUES	Subject or topic which was discussed during the health promotion activity. It shall be noted that it is one topic per row	Plan of Work (POW) / Action plan	To know the particular subject or topic that was discussed

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
8	CATEGORY OF HEALTH TOPICS	The type of topic that was discussed by ticking the appropriate column. (Communicable Disease, Non-Communicable Disease, Reproductive Health, Nutrition, Adolescent Health, Child Health, Personal/ Environmental Hygiene, Mental Health). If the topic discussed is not listed, the said topic shall be written at "Other Specify" column.	Plan of Work (POW) / Action plan	To identify the category for each specific topic
9	TYPE OF SESSION (ADVOCACY, EDUCATION)	Indicate whether the session or activity was an advocacy or Educational (Advocacy - Meeting held to solicit support/sponsorship from key decision-makers and partners. Education - Meeting held to explain any health issue to participants). Note that each session shall either be an advocacy or educational session.	Service Provider	To know the type of session held
10	COLLABORATION AND PARTNERSHIP	Indicate whether the session was in collaboration or partnership with key stakeholders by writing the name(s) of the partner(s) involved in the activity.	Service Provider	To know events/programs jointly held with partners
11	CHANNEL USED	The medium used in communicating the message at the session to the audience- (Group meetings /Durbar, Radio, One-on-One, Drama/Role Play, Community information centre (CIC), Video show, TV, Social Media, Public Address System), Tick all that apply for each session.	Service Provider	It enables us to know the type of communication channel that was used
12	TYPE OF SOCIAL BEHAVIOUR CHANGE COMMUNICATION (SBCC) MATERIALS USED	The type of SBCC material(s) used for the activity or interaction. (Leaflet/flyers, Poster, Booklet, Flipchart, Games, Banner, Counselling Cards, Audio , Audio Visual). Tick all that apply for each session.	Service Provider	It enables us to know the type of SBCC material that was used

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
13	NUMBER OF AUDIENCE/PARTICIPANTS REACHED	The number of people who participated in the session or activity. If the audience are Adolescent, School Children or Opinion Leader, they shall be segregated into males and females and numbers recorded.	Service Provider	To know the number of people reached and whether they are males or females
14	VENUE (COMMUNITY, HEALTH FACILITY, (Tick one for each category)	Indicate the place the activity was carried out. If it was at the community level then it shall be one of the following (School, Community Centers, Outreach CWC, Church, Mosque, Home, Market, specify if not in the list). If it was at the health facility level then it shall be one of the following (Static CWC, OPD, RCH (ANC, FP, PNC), specify if not in the list).	Service Provider	This will enable us to know the exact location or place
15	REMARKS	Indicate any important point worthy of notes. This is to help you have a better session next time.	Provider's notes	For comments or clarifications
	NOTE	For all items, not listed, write in the other specify column.		

MASTER REGISTRY FOR TRAINING (REGIONAL/DISTRICT)

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	REGION	The name of the region where the training is taking place	Participant / Training Registration sheet	Geographical location

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
2	DISTRICT	Indicate the district that the participant came from. Note. When training is happening in a district and participants are all from the same district, this will not be necessary since the District register will be used	Participant / Training Registration sheet	Geographical location
3	SUB-DISTRICT	The name of the sub-district in which service delivery point (SDP) is located, e.g. Kwabre.	Records	Geographical location
4	FACILITY	The name of the Service Delivery Point (SDP) under which the activity is taking place e.g., Aboaso Health Centre etc.	Records	Service Delivery Point
5	MONTH	Indicate the reporting month	Participant / Training Registration sheet	Measure the period the activity took place
6	YEAR	Indicate the reporting year	Participant / Training Registration sheet	Measure the period the activity took place
7	DATE	The Date on which the training took place	Participant / Training Registration sheet	Measure the time the activity took place
8	TITLE OF TRAINING	Indicate the title of the training.	Participant / Training Registration sheet/Activity plan	To know the type of training organised
9	NO.	Indicate the Serial number of training organized in a month (District or Region)	Participant / Training Registration sheet	To know the total number of training organized in a month
10	NAME	Name of the participant	Participant/Training Registration sheet	To be able to identify participants
11	SEX (male / female)	Indicate the total number participant/cadre/sex	Participant / Training Registration sheet	To identify whether a participant is male or female
12	TOTAL NUMBER OF PARTICIPANTS BY CADRE	Indicate the total number of participants by cadre District- (HPTO, CHOs, FT, ENs, TO, CHN, Volunteers, HI, DCO) Region- (HPMs, HPTOs, CHOs, CHNs, PHNs, others)	Participant / Training Registration sheet	To know the category or staff been trained

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
13	SOURCE OF FUNDING/SUPPORT	Indicate the source of funding or support for the training (e.g. UNICEF, C4H etc.),	Approved budget/POW	To know the funding agency.
14	DURATION (in Days)	Indicate the duration in days of the particular training session	Participant / Training Registration sheet	To know the period the activity took place
15	TYPE OF TRAINING (FORMAL, INTERNSHIP)	Indicate the type of training that was organized, whether it was formal or internship	Participant / Training Registration sheet	To know the type of training been organised
16	NEWLY TRAINED	Indicate the total number of participants who have been newly trained on the specific training title in question been summarized	Participant / Training Registration sheet	To know whether a participant is a first-time trainee
17	EVER BEEN TRAINED	Indicate the total number of participants who have ever been trained on the specific training title in question been summarized	Participant / Training Registration sheet	To identify participants who have been trained before

FORMS (HPD)**MONTHLY HEALTH PROMOTION VOLUNTEER REPORTING FORM**

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	REGION	Write the name of the region in which the service delivery point (SDP) is located e.g. Ashanti.	Volunteer register	Geographical location
2	DISTRICT	Write the name of the district in which service delivery point (SDP) is located, e.g. Ga West.	Volunteer register	Geographical location
3	SUB-DISTRICT	Write the name of the sub-district in which service delivery point (SDP) is located, e.g. Aboaso	Volunteer register	Geographical location
4	Health Facility	Write the name of the Service Delivery Point (SDP) e.g. Aboaso Health Centre	Volunteer register	Service Delivery Point
5	NAME OF COMMUNITY	Write the name of the Community in which the Health Promotion activity took place e.g., Amasaman etc.	Volunteer register	Geographical location
6	MONTH	Write the month in which the activity took place e.g. July	Calendar/ Volunteer Register	Measure the period the activity took place
7	YEAR	Write the Year in which the activity took place e.g. 2010	Calendar/Volunteer register	Measure the period the activity took place

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
8	TOPICS	Topic which was discussed (Communicable disease, Non-communicable, Reproductive Health, Nutrition, Adolescent Health, Child Health, Personal/Environmental hygiene, mental health). All topics listed under "other specify" shall be recorded under "Others"	Volunteer Register	To identify topics discussed
9	AUDIENCE/PARTICIPANT REACHED	The number of people who participated in the session or activity from the volunteer register at the various venues in the community. If the audience are Adolescents, School Children or Opinion Leaders, they shall be disaggregated into males and females and numbers recorded. For Pregnant women, Nursing mothers, Other women and Men their sex is known. On the reporting form, this can be found at the category of people column	Volunteer Register	To know the number of people reached and whether they were male or females
10	SBCC MATERIALS USED (social behaviour change communication)	The number of times each SBCC material(s) was used. (FLIP CHART, POSTER, COUNSELLING CARD), for the activities or interaction	Volunteer Register	It enables us to know the number of times each type of SBCC material was used.

NO.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
11	VENUE	The number of times activities are carried out at each of the venues. If it was at the community level then it shall be one of the following (School, Community Centres, Outreach CWC, church, mosque, home, market, specify if not in the list) if it was at the health facility level then it shall be one of the following (Static CWC, OPD, RCH (ANC, FP, PNC), specify if not in the list.	Volunteer Register	This is to know the total number of times an activity occurs at each specific venue

MONTHLY (HEALTH WORKER) REPORTING FORM FOR HEALTH PROMOTION ACTIVITIES

No.	Variable	Definition	Data Source	RATIONALE
1	REGION	Write the name of the region in which the service delivery point (SDP) is located e.g. Ashanti.	Records	Geographic location
2	DISTRICT	Write the name of the district in which service delivery point (SDP) is located, e.g. Kwabre.	Records	Geographic location
3	SUB-DISTRICT	Write the name of the sub-district in which service delivery point (SDP) is located, e.g. Kwabre.	Records	Geographic location
4	FACILITY	Write the name of the Service Delivery Point (SDP) e.g. Aboaso Health Centre	Records	Service Delivery point
5	MONTH	Write the month in which the activity took place e.g. July.	Calendar	Measure the period the activity took place
6	YEAR	Write the year in which the activity took place e.g. 2010.	Calendar	Measure the period the activity took place
7	CATEGORY OF HEALTH TOPICS	The number of times each topic was discussed. (Communicable Disease, Non-Communicable Disease, Reproductive Health, Nutrition, Adolescent Health, Child Health, Personal / Environmental Hygiene, Mental Health). All topics listed under "Other Specify" shall be counted and recorded under "Others".	Health Worker Register	To identify the number of times each topic was discussed
8	CHANNELS	The number of times each channel was used as a medium in communicating the message at the session to the audience- (Group meetings(Durbar), Radio, One-on-One, Drama/Role Play, Community information centre (CIC), Video show, TV, Social Media, Public Address System). All channels listed under "Other Specify" shall be counted and recorded under "Others".	Health Worker Register	It enables us to know the number of times each communication channel was used

No.	Variable	Definition	Data Source	RATIONALE
9	AUDIENCE/PARTICIPANTS REACHED	The number of people who participated in the session or activity. If the audience are Adolescent, School Children or Opinion Leader, they shall be segregated into males and females and numbers recorded. (Pregnant women, Nursing mothers, Other women, Men, Adolescent, School Children, Opinion Leaders)	Health Worker Register	To know the number of people reached and whether they are males or females.
10	TYPE OF SBCC MATERIALS USED	The number of SBCC material(s) used for the activity. Categorise them using the following (PRINT - Leaflet/flyers, Poster, Booklet, Banner, Flipchart, Counselling Cards GAMES - All forms of Games, Audio Visual - Video. Audio - Audio Recordings All SBCC materials written under "Other Specify" shall be counted against its type (Print, Games, Audio and Audi-Visual) and recorded.	Health Worker Register	It enables us to know the total number of times each type of SBCC materials was used
11	VENUE	The number of times activities are carried out at each of the venues. If it was at the community level then it shall be one of the following (School, Community Centers, Outreach CWC, Church, Mosque, Home, Market, specify if not in the list). If it was at the health facility level then it shall be one of the following (Static CWC, OPD, RCH(ANC, FP, PNC), specify if not in the list).	Health Worker Register	This is to know the total number of times an activity occurred at each specific venue.
12	TYPE OF SESSIONS HELD	Indicate the number of types of session or activity held (Advocacy or Education)	Health Worker Register	To know the total number for each type of session held
13	NUMBER OF COLLABORATIVE ACTIVITIES	Indicate the number of collaborative or partnership session held	Health Worker Register	To know the number of events /Programmes jointly held with partners

QUARTERLY HEALTH PROMOTION REPORTING FORM

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	DISTRICT	Indicate the District that is filling the form for reporting	Records	Geographic Location
2	REGION	Indicate the Region that is filling the form for reporting	Records	Geographic Location
3	QUARTER	Indicate the quarter of the year that the data is being reported for	Calendar	Measure the period the activity took place
4	YEAR	Indicate the year in which the work took place for which you are reporting	Calendar	Measure the period the activity took place
	HEALTH PROMOTION SERVICE			
5	HUMAN RESOURCES	The number of Health Promotion Officers at post categorised according to the cadre of staff at post carrying out Health Promotion activities and also segregated by Males and Females including volunteers.	Human Resource Data	To know the number of health promotion officers at post by cadre and sex.
6	TYPE OF TRAINEE	Indicate whether the trainees are first-time trainee or had been trained in Health Promotion-related activity before	Master Registry/Training Register	To know the number of staff being newly trained or have ever been trained
7	TRAINING	Indicate the number of people trained according to the type of training and the material used. Those who are being trained for each category for the first time and those who are receiving the training more than once will be indicated under Newly Trained and Ever Trained respectively	Master Registry /Training Register	To know the number of people trained according to the type of training

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
8	TRAINING RECEIVED BY HEALTH PROMOTION UNIT FROM EXTERNAL SOURCE	The number of Health Promotion training that was carried out in the quarter which was supported by other GHS Programs such as NMPC, EPI etc, and all the other training that were supported by external partners such as USAID, UNICEF etc.	Master Registry /Training Register	To know the number of training that was supported by other GHS programs and Partners
9	Training CONDUCTED BY HEALTH PROMOTION UNIT INTERNAL	Number of training planned and the number carried out in the quarter by HPU	Program of Work	To know the number of training that was organized by the Health Promotion Unit
10	MONITORING AND EVALUATION	Number of monitoring and supervisory visits planned for the period, Number carried out in the same period and Number of Health Promotion Evaluation/Assessments of key behaviours conducted for the same period	Program of Work	To conduct an assessment of key Health behaviours
11	Champions	The number of Health Promotion Champions identified in the district or region or National, Number that is active, the number of planned activities in their action plan and the total activities that were carried out for the reporting period NB: Champions are recognized individuals or group undertaking advocacy activities for Health promotion e.g. influential people, satisfied clients. etc	Program of Work	To assess the contribution of active Health Promotion Champions
	HEALTHIER COMMUNITIES			
12	MEDIA HOUSE	The number of media houses engaged to carry out planned health promotion activities in the district or region. Indicate the number of activities planned and carried out by the type of media house e.g., Print, Radio, TV, Internet (Mail, Social Media)	Program of Work	To assess activities carried out with engaged media houses

NO	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	COLLABORATIONS AND PARTNERSHIP			
13	TYPE OF PARTNERS	Indicate the type of partners that you collaborate with, in terms of internal (GHS) or external (outside GHS)	Program of Work	To know the type of partners working with HPU whether internal or external
14	TYPE OF ACTIVITY	Indicate the type of activity that you collaborated with the partner e.g. Meetings, Training etc.	Program of Work	To know the number of activities that were jointly organized with implementing partners.
Note: This quarterly reporting form is to be filled by districts and regional offices and not by facilities				

APPENDIX FOUR

REGISTERS AND FORMS FOR PUBLIC HEALTH DIVISION (PHD)

DISEASE SURVEILLANCE DEPARTMENT

COVID 19 MONTHLY REPORTING DATA DEFINITION

Variable	Definition	Data Source	Rationale
REGION:	The name of the region in which reporting facility is located. (e.g. Ashanti)	Records	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
DISTRICT:	The name of the district in which reporting facility is located. (e.g. Bekwai)	Records	To know the name of the district in which reporting facility is located. (e.g. Bekwai)
SUB DISTRICT:	The name of the sub district in which reporting facility is located. (e.g.)	Records	To know the name of the sub district in which reporting facility is located. (e.g.)
FACILITY:	The name of health facility reporting COVID-19 cases for the month	Records	To know the name of health facility reporting COVID-19 cases for the month
MONTH:	The month in which the report is generated. (e.g. July)	Calendar	To know the month in which the report is generated. (e.g. July)
YEAR:	The year in which the report is generated. (e.g. 2020)	Calendar	To know the year in which the report is generated. (e.g. 2020)
Age Group	The number of COVID-19 cases within a specified age group	All consulting rooms and OPD registers	To know the number of COVID-19 cases within a specified age group
0-1	Number of persons with COVID-19 who are less than 2 years of age (e.g. 1)	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are less than 2 years of age (e.g. 1)

Variable	Definition	Data Source	Rationale
2-4	Number of persons with COVID-19 who are 2 years of age more but less than 5 Yrs (e.g. 3)	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 2 years of age more but less than 5 Yrs (e.g. 3)
5-14	Number of persons with COVID-19 who are 5 years of age or more but less than 15 Yrs (e.g. 11)	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 5 years of age or more but less than 15 Yrs (e.g. 11)
15-49	Number of persons with COVID-19 who are 15 years of age or more but less than 50 Yrs (e.g. 47)	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 15 years of age or more but less than 50 Yrs (e.g. 47)
50-64	Number of persons with COVID-19 who are 50 years of age or more but less than 65 Yrs	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 50 years of age or more but less than 65 Yrs
65-79	Number of persons with COVID-19 who are 65 years of age or more but less than 80 Yrs	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 65 years of age or more but less than 80 Yrs
80+	Number of persons with COVID-19 who are 80 years of age or more	All consulting rooms and OPD registers	To know the number of persons with COVID-19 who are 80 years of age or more
Number of new Suspected cases	Number of newly suspected cases of COVID-19 in the month for which the report is made	All consulting rooms and OPD registers	To know the number of newly suspected cases of COVID-19 in the month for which the report is made

Variable	Definition	Data Source	Rationale
Number of new confirmed cases	Number of newly confirmed cases of COVID-19 in the month for which the report is made	All consulting rooms and OPD registers	To know the number of newly confirmed cases of COVID-19 in the month for which the report is made
Number of recovered cases	Number of newly recovered cases of COVID-19 in the month for which the report is made	All consulting rooms and OPD registers	To know the number of newly recovered cases of COVID-19 in the month for which the report is made
Number of new deaths	Number of new COVID-19 deaths in the month for which the report is made	Admission and discharge register	To know the number of new COVID-19 deaths in the month for which the report is made
Number of cases tested	Number of cases of COVID-19 in the month for which the report is made	All consulting rooms and OPD registers, Line list, Feedback from Laboratory, Sormas	To know the number of cases of COVID-19 in the month for which the report is made
Number of new cases hospitalised	Number of new COVID-19 patients that we admitted (hospitalised) in the month for which the report is made	Admission and discharge register	To know the number of new COVID-19 patients that we admitted (hospitalised) in the month for which the report is made
New cases by treatment type			
Mechanical ventilation	Number of new cases put on ventilator machines to assist or replace spontaneous breathing	Admission and discharge register	To know the number of new cases put on ventilator machines to assist or replace spontaneous breathing

Variable	Definition	Data Source	Rationale
ECMO	Number of new cases put on Extracorporeal Membrane Oxygenation life support machine	Admission and discharge register	To know the number of new cases put on Extracorporeal Membrane Oxygenation life support machine
Admitted into ICU	Number of new cases admitted to intensive care units	Admission and discharge register	To know the number of new cases admitted to intensive care units
Suspected cases by transmission classification			
Imported	Number of persons meeting the suspected case definition with a history of returning to Ghana from another country within 14 days prior to their symptom onset	Line list	To know the number of persons meeting the suspected case definition with a history of returning to Ghana from another country within 14 days prior to their symptom onset
Known cluster	Number of suspected cases from areas experiencing cases, clustered in time, geographic location and/or by common exposures	Line list	To know the number of suspected cases from areas experiencing cases, clustered in time, geographic location and/or by common exposures
Community Transmission	Number of suspected cases from areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:	Line list	To know the number of suspected cases from areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:

Variable	Definition	Data Source	Rationale
	- Large numbers of cases not linkable to transmission chains		To know the Large numbers of cases not linkable to transmission chains
	- Large numbers of cases from sentinel lab surveillance		To know Large numbers of cases from sentinel lab surveillance
	- Multiple unrelated clusters in several areas of an area or country experiencing cases, clustered in time, geographic location and/or by common exposures		To know Multiple unrelated clusters in several areas of an area or country experiencing cases, clustered in time, geographic location and/or by common exposures
Unknown	Number of suspected cases with unknown transmission classification	Line list	To know the number of suspected cases with unknown transmission classification
Confirmed cases by transmission classification			
Imported	Number of confirmed cases among persons who returned to Ghana from another country within 14 days prior to symptoms onset or before collection of samples	Line list	To know the number of confirmed cases among persons who returned to Ghana from another country within 14 days prior to symptoms onset or before collection of samples

Variable	Definition	Data Source	Rationale
Known cluster	Number of confirmed cases from areas experiencing cases, clustered in time, geographic location and/or by common exposures	Line list	To know the number of confirmed cases from areas experiencing cases, clustered in time, geographic location and/or by common exposures
Community Transmission	Number of confirmed cases from areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:	Line list	To know the number of confirmed cases from areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:
	- Large numbers of cases not linkable to transmission chains		To know Large numbers of cases not linkable to transmission chains
	- Large numbers of cases from sentinel lab surveillance		To know Large numbers of cases from sentinel lab surveillance
	- Multiple unrelated clusters in several areas of an area or country experiencing cases, clustered in time, geographic location and/or by common exposures		To know Multiple unrelated clusters in several areas of an area or country experiencing cases, clustered in time, geographic location and/or by common exposures
Unknown	Number of confirmed cases with unknown transmission classification	Line list	To know the number of confirmed cases with unknown transmission classification

Variable	Definition	Data Source	Rationale
Laboratory details			
Total Laboratory results received	Total number COVID-19 cases for which laboratory results are received in the month	Laboratory feedback, SORMAS	To know the total number COVID-19 cases for which laboratory results are received in the month
Total laboratory results pending	Total number COVID-19 cases for which laboratory results are pending (not received) in the month	Laboratory feedback, SORMAS	To know the total number COVID-19 cases for which laboratory results are pending (not received) in the month

WEEKLY REPORTING DATA DEFINITIONS

Variable	Definition	Data Source	Rationale
Sentinel Site	Name of sentinel site/facility (e.g. Ridge Hospital)	Records	To know the name of sentinel site/facility (e.g. Ridge Hospital)
Region	The name of the region in which reporting facility is located. (e.g. Ashanti)	Records	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
District	The name of the district in which reporting facility is located. (e.g. Bekwai)	Records	To know the name of the district in which reporting facility is located. (e.g. Bekwai)
Year	The year in which the report is generated. (e.g. 2016)	Calendar	To know the year in which the report is generated. (e.g. 2016)
Reporting Week #	The number of the week for which reporting data is recorded. (e g. 01)	Epidemiological Calendar	To know number of the week for which reporting data is recorded. (e g. 01)

Variable	Definition	Data Source	Rationale
Week Beginning Monday	The date of the Monday that begins the epidemiological week for which data is reported (e.g. 02/01/2017)	Epidemiological Calendar	To know the date of the Monday that begins the epidemiological week for which data is reported (e.g. 02/01/2017)
Week Ending Sunday	The date of the Sunday that ends the epidemiological week for which data is reported (e.g. 08/01/2017)	Epidemiological Calendar	To know the date of the Sunday that ends the epidemiological week for which data is reported (e.g. 08/01/2017)
Number of new ILI cases	The number of new ILI cases recorded for the period for which data is reported. (e.g. 100)	All consulting rooms register	To know the number of new ILI cases recorded for the period for which data is reported. (e.g. 100)

Variable	Definition	Data Source	Rationale
Number of new ILI cases sampled	The number of new ILI cases recorded which throat or nasal swab (sample) was collected and sent to the reference laboratory for the period for which data is reported. (e.g. 08)	Flu register	To know the number of new ILI cases recorded which throat or nasal swab (sample) was collected and sent to the reference laboratory for the period for which data is reported. (e.g. 08)
Number of total outpatients visits	The total number of persons who used the OPD services in the period for which data is reported. (e.g. 254)	OPD register	To know the total number of persons who used the OPD services in the period for which data is reported. (e.g. 254)
0-1 years	Number of persons who are less than 2 years of age (e.g. 1)	All consulting rooms register and OPD registers	To know the number of persons who are less than 2 years of age (e.g. 1)
2-4 years	Number of persons who are 2 years of age more but less than 5 Yrs (e.g. 3)	All consulting rooms register	Number of persons who are 2 years of age more but less than 5 Yrs (e.g. 3)

Variable	Definition	Data Source	Rationale
5 to 14 years	Number of persons 5 years of age or more but less than 15 Yrs (e.g. 11)	Consulting room register and OPD register	To know the number of persons 5 years of age or more but less than 15 Yrs (e.g. 11)
15 to 49 years	Number of persons 15 years of age or more but less than 50 Yrs (e.g. 47)	Consulting room register and OPD register	To know the number of persons 15 years of age or more but less than 50 Yrs (e.g. 47)
50 to 64 years	Number of persons 50 years of age or more but less than 65 Yrs	Consulting room register and OPD register	Number of persons 50 years of age or more but less than 65 Yrs
= > 65 years	Number of persons who are 65 Yrs or more	Consulting room register and OPD register	To know the number of persons who are 65 Yrs or more
Geographical spread	Geographical spread refers to the number and distribution of communities reporting influenza activity. Option for selection will indicate "No activity", "Localized", "Regional", "Widespread" and "No information available"	Flu register	To know the geographical spread refers to the number and distribution of communities reporting influenza activity. Option for selection will indicate "No activity", "Localized", "Regional", "Widespread" and "No information available"

Variable	Definition	Data Source	Rationale
No activity	"No activity" denotes where there are no laboratory-confirmed case(s) of influenza, or evidence of increased or unusual respiratory disease activity	Records	To know the "No activity" which denotes where there are no laboratory-confirmed case(s) of influenza, or evidence of increased or unusual respiratory disease activity
Localized	"Localized" denotes where reported cases are limited to one sub district (or reporting site) only	Flu register, all consulting room registers or spot map	To know the "Localized" which denotes where reported cases are limited to one sub district (or reporting site) only
Regional	"Regional" denotes ILI appearing in multiple but <50% of the administrative units of the Sub district (or reporting sites).	Flu register or spot map	To know the "Regional" which denotes ILI appearing in multiple but <50% of the administrative units of the Sub district (or reporting sites).
Widespread	"Widespread" denotes ILI appearing in $\geq 50\%$ of the administrative units of the country (or reporting sites).	Flu register or spot map	To know the "Widespread" which denotes the ILI appearing in $\geq 50\%$ of the administrative units of the country (or reporting sites).

Variable	Definition	Data Source	Rationale
No information available	No information available: no information available for the previous 1-week period.	All consulting room registers	To know where no information available: no information available for the previous 1-week period.
Trend in the activity	Trend refers to changes in the level of respiratory disease activity compared with the previous week	All consulting room registers	To know the trend which refers to changes in the level of respiratory disease activity compared with the previous week
Increasing	Evidence that the level of respiratory disease activity is increasing compared with the previous week	All consulting room registers	To know the evidence that the level of respiratory disease activity is increasing compared with the previous week
Unchanged	Evidence that the level of respiratory disease activity is unchanged compared with the previous week.	All consulting room registers	To know the evidence that the level of respiratory disease activity is unchanged compared with the previous week.

Variable	Definition	Data Source	Rationale
Decreasing	Evidence that the level of respiratory disease activity is decreasing compared with the previous week.	All consulting room registers	To know the evidence that the level of respiratory disease activity is decreasing compared with the previous week.
No information available	No information available	Records	To know the no information available
The intensity of acute respiratory disease	An estimate of the proportion of the population with acute respiratory disease, covering the spectrum of disease from influenza -like illness to pneumonia. Option for selection will indicate “Low or moderate”, “high”, “very high” and “no information available”	All consulting room registers and records	To know an estimate of the proportion of the population with acute respiratory disease, covering the spectrum of disease from influenza -like illness to pneumonia. Option for selection will indicate “Low or moderate”, “high”, “very high” and “no information available”

Variable	Definition	Data Source	Rationale
Low or moderate	A normal or slightly increased proportion of the population is currently affected by respiratory illness.	All consulting room registers and records	To know a normal or slightly increased proportion of the population is currently affected by respiratory illness.
High	A large proportion of the population is currently affected by respiratory illness	All consulting room registers and records	To know a large proportion of the population is currently affected by respiratory illness
Very high	A very large proportion of the population is currently affected by respiratory illness.	All consulting room registers and records	To know a very large proportion of the population is currently affected by respiratory illness.
No information available	No information available	All consulting room registers and records	To know where no information available

Variable	Definition	Data Source	Rationale
The impact on the health care system	The degree of disruption of health-care services as a result of acute respiratory disease.	All consulting room registers and records	To know the degree of disruption of health-care services as a result of acute respiratory disease.
Low	Demands on health-care services are not above usual levels	All consulting room registers and records	To know the demands on health-care services are not above usual levels
Moderate	Demands on health-care services are above the usual demand levels but still below the maximum capacity of those services	All consulting room registers and records	To know demands on health-care services are above the usual demand levels but still below the maximum capacity of those services
Severe	Demands on health care services exceed the capacity of those services.	All consulting room registers and records	To know demands on health care services exceed the capacity of those services.
No information available	No information available.	All consulting room registers and records	

SARI WEEKLY REPORTING DATA DEFINITION

Variable	Definition	Data Source	Rationale
Sentinel Site	Name of sentinel site/facility (e.g. Ridge Hospital)	Records	To know the name of sentinel site/facility (e.g. Ridge Hospital)
Region	The name of the region in which reporting facility is located. (e.g. Ashanti)	Records	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
District	The name of the district in which reporting facility is located. (e.g. Bekwai)	Records	To know the name of the district in which reporting facility is located. (e.g. Bekwai)
Year	The year in which the report is generated. (e.g. 2016)	Calendar	To know the year in which the report is generated. (e.g. 2016)
Reporting Week #	The number of the week for which reporting data is recorded. (e.g. 01)	Epidemiological Calendar	To know number of the week for which reporting data is recorded. (e.g. 01)
Week Beginning Monday	The date of the Monday that begins the epidemiological week for which data is reported (e.g. 02/01/2017)	Epidemiological Calendar	To know the date of the Monday that begins the epidemiological week for which data is reported (e.g. 02/01/2017)
Week Ending Sunday	The date of the Sunday that ends the epidemiological week for which data is reported (e.g. 08/01/2017)	Epidemiological Calendar	To know the date of the Sunday that ends the epidemiological week for which data is reported (e.g. 08/01/2017)

Variable	Definition	Data Source	Rationale
Number of new SARI cases	Number of patients who meet the SARI case definition and admitted for first time during the week	Admission and discharge register	To know the number of patients who meet the SARI case definition and admitted for first time during the week
Number of new SARI cases sampled	Number of SARI patients from whom samples were collected	Flu register	To know the number of SARI patients from whom samples were collected
Number of total hospital admissions	Total number of admissions at the health facility	Admission and discharge register	To know the total number of admissions at the health facility
Number of SARI deaths this week	Total number of deaths of patients who met the case definition for SARI	Admission and discharge register	To know the total number of deaths of patients who met the case definition for SARI
Proportion of SARI (%) (=A/C)			
0-1 years	Number of persons who are less than 2 years of age (e.g. 1)	Admission and discharge register	To know the number of persons who are less than 2 years of age (e.g. 1)
2-4 years	Number of persons who are 2 years of age more but less than 5 Yrs (e.g. 3)	Admission and discharge register	To know the number of persons who are 2 years of age more but less than 5 Yrs (e.g. 3)

Variable	Definition	Data Source	Rationale
5 to 14 years	Number of persons 5 years of age or more but less than 15 Yrs (e.g. 11)	Admission and discharge register	To know the number of persons 5 years of age or more but less than 15 Yrs (e.g. 11)
15 to 49 years	Number of persons 15 years of age or more but less than 50 Yrs (e.g. 47)	Admission and discharge register	To know the number of persons 15 years of age or more but less than 50 Yrs (e.g. 47)
50 to 64 years	Number of persons 50 years of age or more but less than 65 Yrs	Admission and discharge register	To know the number of persons 50 years of age or more but less than 65 Yrs
= > 65 years	Number of persons who are 65 Yrs or more	Admission and discharge register	To know the number of persons who are 65 Yrs or more
Geographical spread	Geographical spread refers to the number and distribution of communities reporting influenza activity. Option for selection will indicate "No activity", "Localized", "Regional", "Widespread" and "No information available"	Admission and discharge register	To know the geographical spread refers to the number and distribution of communities reporting influenza activity. Option for selection will indicate "No activity", "Localized", "Regional", "Widespread" and "No information available"
No activity	"No activity" denotes where there are no laboratory-confirmed case(s) of influenza, or evidence of increased or unusual respiratory disease activity	Admission and discharge register	To know the "No activity" which denotes where there are no laboratory-confirmed case(s) of influenza, or evidence of increased or unusual respiratory disease activity

Variable	Definition	Data Source	Rationale
Localized	"Localized" denotes where reported cases are limited to one sub district (or reporting site) only	Admission and discharge register	To know the "Localized" which denotes where reported cases are limited to one sub district (or reporting site) only
Regional	"Regional" denotes SARI appearing in multiple but <50% of the administrative units of the Sub district (or reporting sites).	Admission and discharge register	To know the "Regional" which denotes SARI appearing in multiple but <50% of the administrative units of the Sub district (or reporting sites).
Widespread	"Widespread" denotes SARI appearing in $\geq 50\%$ of the administrative units of the country (or reporting sites).	Admission and discharge register	To know the "Widespread" which denotes the SARI appearing in $\geq 50\%$ of the administrative units of the country (or reporting sites).
No information available	No information available: no information available for the previous 1-week period.	Admission and discharge register	To know where no information available: no information available for the previous 1-week period.
Trend in the activity	Trend refers to changes in the level of respiratory disease activity compared with the previous week	Admission and discharge register	To know the trend which refers to changes in the level of respiratory disease activity compared with the previous week
Increasing	Evidence that the level of respiratory disease activity is increasing compared with the previous week	Admission and discharge register	To know the evidence that the level of respiratory disease activity is increasing compared with the previous week
Unchanged	Evidence that the level of respiratory disease activity is unchanged compared with the previous week.	Admission and discharge register	To know the evidence that the level of respiratory disease activity is unchanged compared with the previous week.

Variable	Definition	Data Source	Rationale
Decreasing	Evidence that the level of respiratory disease activity is decreasing compared with the previous week.	Admission and discharge register	To know the evidence that the level of respiratory disease activity is decreasing compared with the previous week.
No information available	No information available	Admission and discharge register	To know the no information available
The intensity of acute respiratory disease	An estimate of the proportion of the population with acute respiratory disease, covering the spectrum of disease from influenza -like illness to pneumonia. Option for selection will indicate “Low or moderate”, “high”, “very high” and “no information available”	Admission and discharge register	To know an estimate of the proportion of the population with acute respiratory disease, covering the spectrum of disease from influenza -like illness to pneumonia. Option for selection will indicate “Low or moderate”, “high”, “very high” and “no information available”
Low or moderate	A normal or slightly increased proportion of the population is currently affected by respiratory illness.	Admission and discharge register	To know a normal or slightly increased proportion of the population is currently affected by respiratory illness.
High	A large proportion of the population is currently affected by respiratory illness	Admission and discharge register	To know a large proportion of the population is currently affected by respiratory illness
Very high	A very large proportion of the population is currently affected by respiratory illness.	Admission and discharge register	To know a very large proportion of the population is currently affected by respiratory illness.

Variable	Definition	Data Source	Rationale
No information available	No information available	Admission and discharge register	To know where no information available
The impact on the health care system	The degree of disruption of health-care services as a result of acute respiratory disease.	Admission and discharge register	To know the degree of disruption of health-care services as a result of acute respiratory disease.
Low	Demands on health-care services are not above usual levels	Admission and discharge register	To know the demands on health-care services are not above usual levels
Moderate	Demands on health-care services are above the usual demand levels but still below the maximum capacity of those services	Admission and discharge register	To know demands on health-care services are above the usual demand levels but still below the maximum capacity of those services
Severe	Demands on health care services exceed the capacity of those services.	Admission and discharge register	To know demands on health care services exceed the capacity of those services.
No information available	No information available.	Admission and discharge register	No information available.

IDSR REPORTING

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
1	Year	Year in which the transaction took place e.g. 2010	Calendar	To know the year in which the report is generated.
2	Month	The month in which the transaction took place e.g. July	Calendar	To know the month in which the report is generated.
3	Health Facility	The name of the Health Facility e.g., Aboaso Health Centre etc.	Records	To know the name of the Health Facility
4	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	Records	The name of the sub-district in which the Service Delivery Point is located.
5	District	The name of the district in which SDP is located, e.g. Kwabre.	Records	The name of the district in which SDP is located.
6	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records	The name of the region in which the SDP is located
7	Notifiable Diseases and Events	These are the list of the disease conditions or events of public health importance that occurred in the locality that are being reported-e.g. cholera, typhoid, SARS and so on	Consulting room register	To know the list of the disease conditions or events of public health importance that occurred in the locality that are being reported-

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
				e.g. cholera, typhoid, SARS and so on
8	Suspected cases	The number of the disease condition or events that is being reported before they were actually tested to confirm it	Consulting Register	To know the number of the disease condition or events that is being reported before they were actually tested to confirm it
9	Death	Number of deaths as a result of the occurrence of the event in the locality	MCCD	To know the number of deaths as a result of the occurrence of the event in the locality
10	Lab Confirmed Cases	Number of the conditions or events that have been confirmed using laboratory investigations	Lab Register	Number of the conditions or events that have been confirmed using laboratory investigations
11	Comments	Any information of importance that will help in managing the condition		
12	<u>NB:</u>	All cases that show the signs and symptoms of AFP but not limited to poliomyelitis only	Consulting Register, Lab Registers,	

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
	a. Acute Flaccid Paralysis		Reference lab results	
	b. Poliomyelitis	This are limited to flaccid paralysis limited to poliomyelitis only		
	b. Poliomyelitis			
13	Analysis, Interpretation, Decision, Action and Recommendations			
14	Epidemiological Comments	All comments that will help professionals to understand the situation better- e.g. who, what, where, when, why, how etc.		
15	Decisions and Actions Taken	List the decisions and action under taken in dealing with the occurrence in question		
16	Recommendation	What action you recommend to be taken		
17	Report Date:	Date of reporting to the district in the form dd/mm/yyyy	Calendar	To know the Date of reporting to the district in the form dd/mm/yyyy

No.	VARIABLE	DEFINITION	DATA SOURCE	RATIONALE
18	Person Reporting	The officer filling the form, this will include the name, telephone number and email address of the officer.		To know the officer filling the form, this will include the name, telephone number and email address of the officer.
19	Date Received	Date that the report was received at the district level	Calendar	To know the Date that the report was received at the district level
20	Person Receiving	Details of the officer receiving the report at the district level		Details of the officer receiving the report at the district level

EXPANDED PROGRAMME ON IMMUNISATION (EPI)

EPI MONTHLY VACCINATION REGIONAL STORES STOCKS REPORTS

Code	Variable	Definition	Data Source
A	Region	The name of the region in which reporting facility is located. e.g. Volta	Records
B	District	The name of the district in which reporting facility is located. e.g. Adaklu	Records
C	Month	The month in which the report was generated. e.g. January	Calendar
D	Year	The year in which the report was generated. e.g. 2015	Calendar
1.1*	Beginning	Quantity of a specified vaccine/commodity available at the beginning of the reporting period	Vaccine ledger/tally card
1.2*	Received	Quantity of a specified vaccine/commodity received within the reporting period	Vaccine ledger/tally card
1.3*	Total doses opened for vaccination	Quantity in doses of a specified vaccine opened for vaccine administration within the reporting period	Vaccine ledger/tally card
1.4*	VVM status change (3 or 4)	Quantity in doses of a specified vaccine with VVM status in stages 3 or 4 within the reporting period	Vaccine ledger/tally card
1.5*	Expired	Quantity of a specified vaccine/commodity which expired within the reporting period	Vaccine ledger/tally card

Code	Variable	Definition	Data Source
1.6*	Other losses	Quantity of a specified vaccine/commodity which were lost due to other reasons other than VVM and expiry within the reporting period	Vaccine ledger/tally card
1.7*	Stock at end	Quantity of a specified vaccine/commodity available at the end of the reporting period	Vaccine ledger/tally card
1.8*	Number of days of stock outs	Number of days for which a specified vaccine/commodity run out-of-stock at the facility within the reporting period	Vaccine ledger/tally card
2.1	Maximum temperature recorded	The maximum (highest/warmest) temperature recorded within the reporting period	Fridge tag
2.2	Minimum temperature recorded	The minimum (lowest/coolest) temperature recorded within the reporting period	Fridge tag
2.3	Number of days with high temperature alarms	Number of days on which high temperature alarms were recorded within the reporting period	Fridge tag
2.4	Number of days with low temperature alarms	Number of days on which low temperature alarms were recorded within the reporting period	Fridge tag
2.5	Number of refrigerators available	Absolute number of vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory

Code	Variable	Definition	Data Source
2.6	Number of functional refrigerators	Absolute number of functional vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
	Remarks	Other information worth sharing to the next high level on the report	NA
	Compiled by	Name of the officer who completed the report	Records
	Designation	The official position of the officer who completed the report	Records
	Date	The date on which the report was completed	Calendar
	Contact Number	The phone number of the officer who completed the report	Records

MONTHLY VACCINATION FACILITY REPORT

Code	Variable	Definition	Data Source
A	Region	The name of the region in which reporting facility is located. e.g. Volta	Records
B	District	The name of the district in which reporting facility is located. e.g. Adaklu	Records
C	Name of Reporting Facility	The reporting facility from where the report is generated. e.g. Ahunda Health Center	Records
D	Month	The month the report was generated. e.g. January	Calendar
E	Sub-district	The name of the sub-district in which reporting facility is located. e.g. Helekpe	Records
F	Year	The year the report was generated. e.g. 2015	Calendar
1.1	Total population	The total population of all persons living the geographic areas for which the report represents. E.g. 100,000	PPMED-GHS
1.2	Infants 0-11 months: annual	The number of children aged 0-11 months old targeted in a year. e.g. 4,000	PPMED-GHS
1.2	Infants 0-11 months: monthly	The number of children aged 0-11 months old targeted in a month. e.g. 333	PPMED-GHS
1.3	Children 12 - 23 months: annual	The number of children aged 12-23 months old targeted in a year. e.g. 4,000	PPMED-GHS
1.3	Children 12 - 23 months: monthly	The number of children aged 12-23 months old targeted in a month. e.g. 333	PPMED-GHS
1.4	Expected Pregnancy: annual	The number of women expected to be pregnant in a year. e.g. 4,000	PPMED-GHS

Code	Variable	Definition	Data Source
1.4	Expected Pregnancy: monthly	The number of women expected to be pregnant in a month. e.g. 333	PPMED-GHS
2.1	No. of fixed vaccination sessions planned	Number of fixed vaccination sessions planned by the facility for the month	Facility micro-plan
2.1	No. of fixed vaccination sessions conducted	Number of fixed vaccination sessions conducted by the facility for the month	Facility micro-plan
2.2	No. of outreach vaccination sessions planned	Number of outreach vaccination sessions planned by the facility for the month	Facility micro-plan
2.2	No. of outreach vaccination sessions conducted	Number of outreach vaccination sessions conducted by the facility for the month	Facility micro-plan
2.3	No. of school vaccination sessions; planned	Number of school vaccination sessions planned by the facility for the month	Facility micro-plan
2.3	No. of school vaccination sessions conducted	Number of school vaccination sessions conducted by the facility for the month	Facility micro-plan
3.1	Monthly vaccination coverage	Number of children vaccinated with a specific vaccine dose in a month divided by the monthly target population	Immunization Tally Sheet
3.2	Cumulative coverage	Number of children vaccinated with a specific vaccine dose from the beginning of the year to the current month divided by the annual target population	Immunization Tally Sheet
3.2	Dropout rate (Penta)	The difference between the number of children vaccinated with the first and the third doses of the pentavalent vaccine divided by the number of children vaccinated with the first dose of the pentavalent vaccine multiplied by 100	Immunization Tally Sheet
3.2	Dropout rate (BCG/MR)	The difference between the number of children vaccinated with BCG and MR-1 divided by the number of children vaccinated with BCG multiplied by 100	Immunization Tally Sheet

Code	Variable	Definition	Data Source
4.1	Monthly vaccinations by age; 0 - 11 months	Number of children aged 0 - 11 months vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
4.2	Monthly vaccinations by age; 12 - 23 months	Number of children aged 12 - 23 months vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
4.3	Monthly vaccinations by age; >=24 months	Number of children aged 24 months and above vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
4.4	Monthly vaccinations by age; total vaccinated	Total number of children vaccinated or provided with a specific dose of a vaccine or service	Immunization Tally Sheet
5.1	HPV1; in-school	Number girls aged 9 years vaccinated with the first dose of HPV vaccine in school	Immunization Tally Sheet
5.1	HPV1; out-of-school	Number girls aged 9 years vaccinated with the first dose of HPV vaccine out-of-school	Immunization Tally Sheet
5.1	HPV1; total	Total number of girls aged 9 years vaccinated with the first dose of HPV vaccine (both in-school & out-of-school)	Immunization Tally Sheet
5.2	HPV2; in-school	Number girls aged 9 years vaccinated with the second dose of HPV vaccine in school	Immunization Tally Sheet
5.2	HPV2; out-of-school	Number girls aged 9 years vaccinated with the second dose of HPV vaccine out-of-school	Immunization Tally Sheet
5.2	HPV2; total	Total number of girls aged 9 years vaccinated with the second dose of HPV vaccine (both in-school & out-of-school)	Immunization Tally Sheet
6.1	Vitamin A; 6-11 months	Number of children aged 6-11 months receiving vitamin A within the reporting period	Immunization Tally Sheet

Code	Variable	Definition	Data Source
6.1	Vitamin A; 12-59 months	Number of children aged 12-59 months receiving vitamin A within the reporting period	Immunization Tally Sheet
6.1	Vitamin A; Post-partum	Number of post-partum mothers receiving vitamin A within the reporting period	Immunization Tally Sheet
7.1	No. of AEFI cases reported; non-serious	Number of non-serious adverse events following immunization (AEFI) reported within the reporting period	Immunization Tally Sheet
7.1	No. of AEFI cases reported; serious	Number of serious adverse events following immunization (AEFI) reported within the reporting period	Immunization Tally Sheet
8.1	No. of safety boxes used	Number of safety boxes used within the reporting period	Immunization Tally Sheet
8.2	No. of safety boxes disposed	Number of safety boxes disposed within the reporting period	Immunization Tally Sheet
9.1	Maximum temperature recorded	The maximum (highest/warmest) temperature recorded within the reporting period	Fridge tag
9.2	Minimum temperature recorded	The minimum (lowest/coolest) temperature recorded within the reporting period	Fridge tag
9.3	Number of days with high temperature alarms	Number of days on which high temperature alarms were recorded within the reporting period	Fridge tag
9.4	Number of days with low temperature alarms	Number of days on which low temperature alarms were recorded within the reporting period	Fridge tag
9.5	Number of refrigerators available	Absolute number of vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory

Code	Variable	Definition	Data Source
9.6	Number of functional refrigerators	Absolute number of functional vaccine refrigerators available at the reporting facility within the reporting period	Cold chain inventory
10.1	No. of IEC sessions; planned	Number of information, education and communication (social mobilization) activities planned within the reporting period	Micro-plan
10.1	No. of IEC sessions: conducted	Number of information, education and communication (social mobilization) activities conducted within the reporting period	Activity report
10.2	No. of participants: conducted	Number of participants that were present at the IEC activities conducted within the reporting period	Activity report
10.3	No. of home visit sessions; planned	Number of home visits planned within the reporting period	Micro plan
10.3	No. of home visit sessions: conducted	Number of home visits conducted within the reporting period	Activity report
11.1*	Beginning	Quantity of a specified vaccine/commodity available at the beginning of the reporting period	Vaccine ledger/tally card
11.2*	Received	Quantity of a specified vaccine/commodity received within the reporting period	Vaccine ledger/tally card
11.3*	Total doses opened for vaccination	Quantity in doses of a specified vaccine opened for vaccine administration within the reporting period	Vaccine ledger/tally card
11.4*	VVM status change (3 or 4)	Quantity in doses of a specified vaccine with VVM status in stages 3 or 4 within the reporting period	Vaccine ledger/tally card
11.5*	Expired	Quantity of a specified vaccine/commodity which expired within the reporting period	Vaccine ledger/tally card

Code	Variable	Definition	Data Source
11.6*	Other losses	Quantity of a specified vaccine/commodity which were lost due to other reasons other than VVM and expiry within the reporting period	Vaccine ledger/tally card
11.7*	Stock at end	Quantity of a specified vaccine/commodity available at the end of the reporting period	Vaccine ledger/tally card
11.8*	Number of days of stock outs	Number of days for which a specified vaccine/commodity run out-of-stock at the facility within the reporting period	Vaccine ledger/tally card
	Remarks	Other information worth sharing to the next high level on the report	NA
	Compiled by	Name of the officer who completed the report	Records
	Designation	The official position of the officer who completed the report	Records
	Date	The date on which the report was completed	Calendar
	Contact Number	The phone number of the officer who completed the report	Records

NATIONAL AIDS CONTROL PROGRAMME

HTC REG

VARIABLE	DESCRIPTION
NO.	Chronological numbering starting from 1
DATE	Date of client visit to the Health facility (dd/mm/yyyy)
NAME	Name of client/Patient
ADDRESS AND TELEPHONE NUMBERS	Traceable Address and Telephone Numbers
AGE	How old is the client/Patient
SEX	Whether client/patient is (Male/Female)
PRE-TEST INFOR.	Whether Primary Information is provided on HIV/AIDS before test is conducted (Yes/No)
TESTING POINT	Unit of facility where HIV test was conducted, Whether test was conducted at (OPD / IPD/ CWC/ FP/ OTHERS)
TYPE OF CLIENT/POPULATION	The category/Population the client/Patient belongs to; either Partner of an Index Client (PIC), Child of an Index Client (CIC), STI Client (STI), High Risk (HR), MSM, FSW, Prisoners, Persons who Inject Drugs (PWID),TB Patients (TB), Other Population (Others)Diagnostic Testing (DT)

VARIABLE	DESCRIPTION
FIRST RESPONSE	Test kit for initial screening with either of the following outcomes; RI, RII, RI & II, Non-reactive
ORAQUICK	Test kit for reactive test confirmation with either of the following outcomes; Reactive / Non-reactive
SD BIOLINE	Test kit for positive test confirmation/tie breaker with either of the following outcomes HIV I, HIV II, HIV I&II, Non-Reactive
FINAL TEST RESULT	Outcome of test which is either (Positive/Negative)
POST TEST C.	Whether information is provided on HIV/AIDS after test is conducted either (Yes/No)
PREVIOUSLY TESTED POSITIVE	Whether client/patient have ever tested positive for HIV at in the past (Yes/No)
LINKED TO HIV CARE	Whether client/patient have been handed over to care givers for care and support services (Yes/No) If Yes, Provide Folder Number
COMMENTS	Additional comments by service providers - Further Actions/ Clarification
SERVICE PROVIDER	Full name of Service provider

HTC MONTHLY SUMMARY

INDICATOR	DEFINITION	SOURCE	RELEVANCE
Number tested for HIV	This refers to the number of males and non-pregnant females tested for HIV. (Antibody test)	HTC Register	To determine access to HIV testing
Number HIV positive	Number of males and non-pregnant females tested HIV positive. (Antibody test) (Includes previously tested positive and actual positive)	HTC Register	To know the disease burden
Number Previously tested Positive	This refers to the number of males and non-pregnant females who have ever tested HIV positive	HTC Register	To know the extent of retesting among positives
Actual Positive	This refers to the number of males and non-pregnant females who have tested HIV positive after accounting for repeat testing.	HTC Register	To know the actual positive
Number linked into HIV care	This refers to the number of males and non-pregnant females HIV positive clients escorted to ART clinic and seen by a Health Care Worker	HTC Register	Access to care
Populations	This refers to types of persons/individuals targeted for HIV testing services	HTC Register	To promote index contacts and high-risk groups HIV testing services
Entry Points	This refers to health service delivery units/sites within health facilities where HIV testing and counselling services are to be provided or are provided	HTC Register	To increase access to HIV testing services

ANC (PMTCT) REG

VARIABLE	DESCRIPTION
Known HIV Positive before current pregnancy	This refers to all pregnant women who were positive prior to their current pregnancy (Yes/No)
ARV Treatment before current pregnancy	This refers to whether pregnant women were on ART treatment before their current pregnancy (Yes/No)
HIV status at Initial Testing for the current preg.	This refers to the HIV status of the pregnant woman during her first test in the pregnancy, (Positive/ Negative)
HIV Status of Negatives retested at 34wks for the current preg.	This refers to the status of HIV negative pregnant women retested at 34 weeks of gestation, (Positive/ Negative)
ARV Treatment for the current preg.	This refers to whether diagnosed HIV positive pregnant women were put on ARVs during current pregnancy, (Yes/No)

FORM A (PMTCT) MONTHLY SUMMARY

INDICATOR	DEFINITION	SOURCE	RELEVANCE
Number of known HIV positive before current pregnancy	This refers to all pregnant women who were positive prior to their current pregnancy	ANC Register	To determine pregnant women who are already HIV positive before current pregnancy.
Number on ARV treatment before current pregnancy	This refers to all pregnant women who were on ART treatment before their current pregnancy	ANC Register	To determine HIV positive pregnant who are already on ART treatment before current pregnancy.
Number of known HIV Positives before current pregnancy newly put on treatment	This refers to all pregnant women who have been known to be HIV positive and newly put on treatment during their current pregnancy	ANC Register	To determine HIV positive pregnant women not previously initiated on ART treatment but newly initiated on ART treatment in the current pregnancy
Number initially tested	This refers to all pregnant women having their first HIV test irrespective of gestational age during current pregnancy	ANC Register	To determine access to HIV testing among pregnant women
Number positive at initial testing	This refers to all pregnant women testing positive at their first HIV test irrespective of gestational age during current pregnancy	ANC Register	To identify positive women and put in intervention to prevent mother to child transmission of HIV
Number of negatives retested at 34 weeks	This refers to all initially HIV negative pregnant women provided repeated test at 34 weeks of gestation	ANC Register	To identify all those who might have sero converted
Number positive after retesting at 34 weeks	This refers to all initially HIV negative pregnant women retested HIV positive at 34 weeks of gestation	ANC Register	To identify positive women and put in intervention to prevent mother to child transmission of HIV

INDICATOR	DEFINITION	SOURCE	RELEVANCE
New HIV Positives	This refers to pregnant women tested HIV positive at initial testing plus those retested HIV positive at 34 weeks	ANC Register	To know the total number of HIV positive pregnant women and put in intervention to prevent mother to child transmission of HIV
Number of new positives put on ARV	This refers to all newly diagnosed HIV positive pregnant women (initial positive + retested HIV positive at 34 weeks) put on ARVs during current pregnancy	ANC Register	To prevent Mother to child transmission of HIV
Number of Babies on ARV Prophylaxis	This refers to all babies born to HIV positive mothers receiving ARV prophylaxis from birth	ANC Register	To prevent Mother to child transmission of HIV
Total on ARVs	This refers to all pregnant women both newly tested HIV positive at current pregnancy put on ARVs and those who were tested HIV positive in their previous pregnancy and were put on ARVs and are still on ARVs before current pregnancy	ANC Register	To know the total number of HIV positive pregnant women who are receiving ARV intervention to prevent mother to child transmission of HIV

ART REGISTER

No	VARIABLE	DESCRIPTION
1	Visit No	Sequential number of the visit, starting from 1
2	Date of Visit	Date of client visit to the Health facility (dd/mm/yyyy)
3	Type of Visit	This explains the type of visit of the client; whether 1. A client is being newly enrolled into HIV Care 2. A Client has come for follow up visit, 3. A client has been transferred from one facility to another
4	Client Name	Name of client
5	Registration Number	Registration Number of Client
6	NHIS Number	National Health Insurance Scheme Number
7	Sex	The sex of the client (Male/Female)
8	Date of Birth/ Age	Refers to Client's Date of Birth at First Visit and Client's Age in years at subsequent visits. (note** For babies <1yrs, Age = 0)
9	Past ARV Experience	This refers to whether the client has ever taken some ARV in the past (whether full course or prophylaxis) choose (Yes/No)
10	If yes, For Prophylaxis or Treatment (P/T)	Indicate if the past ARV medication was P for prophylaxis (PMTCT, PrEP, PEP, HIV exposed infant) or T for Treatment
11	Client on Cotrimoxazole Prophylaxis	Refers to whether client has been offered Cotrimoxazole prophylaxis? (Yes/No)

No	VARIABLE	DESCRIPTION
12	ARV Status	The ARV status of the client at each visit. START ART -A client who has been initiated on treatment. Each client is initiated only once. START LATER -This is the Pre-ART client who has never been initiated on ART. CONTINUE ART -This is an active client who has been asked to continue on the current regimen. CHANGE REGIMEN -This is a client whose regimen has been substituted or switched. STOP -This is a client who has been asked to stop or has stopped ART. RESTART -This is a client who is being re-initiated on treatment after being lost to follow up or stopped ART. RESTART LATER -This is the client who has been lost to follow up OR stopped ART and undergoing counselling prior to re-starting ART.
13	Drug Regimen	Refers to drug regimen or combination or the set of drugs dispensed to the client
14	Regimen Type	Refers to the type of regimen, whether its first, second, third or other line
15	Days Drug dispensed	Number of days of regimen that is dispensed to the client
16	Reasons for Change in Regimen	State the reasons for which a client's regimen has been changed. Reasons could be Drug Toxicity, Treatment Failure, TB Diagnosis, Drug Stockout, Policy, Pregnancy, Others
17	Does client have Adverse clinical events? (Immune Reconstitution)	Whether the client has any adverse clinical events due to Immune Reconstitution Two to Twelve Weeks After ART Initiation? These could be presented in the following forms; Tuberculosis (Pulmonary), TB Meningitis, Cryptococcal Meningitis, CMV Retinitis, Herpes Zoster, Cerebral Toxoplasmosis, Pneumocystis jirovecii pneumonia (PJP), (Indicate -Yes/No)
18	Does client have Adverse clinical events? (Appearance of New Ois)	Whether the client has any adverse clinical events due to the Appearance of New Ois?, These events could present in the following forms; Oral Candidiasis, Esophageal Candidiasis, Pneumocystis jirovecii pneumonia (PJP), Cerebral Toxoplasmosis (Indicate Yes/No)
19	Does Client have New Adverse Drug Reactions	Whether the client has any new adverse drug reactions due to the regimen , presented in the following forms; Anaemia, Hepatotoxicity, Depression, Rash, Weight Gain, Weight Loss,

No	VARIABLE	DESCRIPTION
		Hyperglycemia, Bone dysfunction, Renal Impairment/Kidney dysfunction, Diarrhoea > 3days, Pain/numbness/tingling in extremities (Indicate Yes/No)
20	Has Client Been Screened for TB	Whether the client has been screened for TB on a particular visit (Indicate Yes/No)
21	Is Client diagnosed with TB	Whether the client has been diagnosed with TB (Indicate Yes/No)
22	Is Client on TB Treatment	Whether the client is being treated for TB (Indicate Yes/No)
23	Is Client eligible for TB Preventive Therapy (TPT)	Whether client is eligible for TB Preventive Therapy at Initial Assessment (Indicate Yes/No)
24	Has Client Started TPT	Whether client has been started on TPT? (Indicate Yes/No)
25	Outcome of TPT	What is the outcome of the client's TPT status; Completed, Died, Stopped due to adverse events, stopped due to development of active TB, stopped due to clinician decision, Loss to Follow-up
26	Is Client Pregnant?	Whether client is pregnant; (Indicate Yes/No) (applicable to female clients only)
27	Outcome of Pregnancy	Refers to the outcome of the pregnancy; Live Term birth, Pre-Term, Still Birth, Miscarriage, Spontaneous Abortion, Induced Abortion
28	Has Client Switched Regimen	Whether client has been switched from first line to second line or second line to third line, (Indicate Y1/Y2/N)
29	Has Client done VL Test	Whether the client has done the Viral Load test (Indicate Yes/No)
30	VL @6 Months After Initiation	The result of the viral load test done 6 months after initiating ART measured in (copies/ml)
31	VL @12 Months after Initiation	The result of the viral load test done 12 months after initiating ART measured in (copies/ml)
32	VL @ Repeat 12 Months	The result of the viral load test done at repeat 12 months after initiating ART measured in (copies/ml)
33	Client Outcome	Whether client is alive or dead (Alive/Dead)
34	Date of Death	The date of death of clients who have passed away (dd/mm/yyyy)

No	VARIABLE	DESCRIPTION
35	Next Visit Date	The next date of appointment for the client (dd/mm/yyyy)

ART MONTHLY SUMMARY

ART INDICATORS	DEFINITION / DESCRIPTION	SOURCE	RELEVANCE
Pre-ART Clients	All PLHIV who have never been initiated on ART. This is cumulative	HTC Register, Facility Records, ART Folder	To determine the extent to which the treat all protocol is being adhered to
New clients on cotrimoxazole prophylaxis	Total number of new PLHIV given co-trimoxazole prophylaxis	ART Register, ART Folder	To determine the number of clients who are given co-trimoxazole
Newly on ART	Total number of HIV positive clients initiated on ART. Patients who are eligible to be initiated on ART include (1) treatment-naïve patients with no prior use of ART; (2) patients who have previously received only PEP or PrEP; (3) non-naïve patients with or without records who received ART from sources outside the formal health-care system and have not been counted as new in the national health system.	ART Register, ART Folder	Measures overall scale-up of ART
HIV positives screened for TB	Total number of PLHIV screened for TB at the ART clinic.	ART Register, ART Folder	To determine the TB status of clients
No of times ART clients screened for TB	Number of times/Episodes PLHIV are screened for TB at the ART clinic.	ART Register, ART Folder	to determine if service providers are adhering to the HIV/TB Screening protocol (screening at every visit)
HIV Positive clients with TB on ART	Total number of PLHIV who also have TB and are given ARVs	ART Register, ART Folder	To know the number of co-infected TB clients on ART
New Clients eligible for TPT	Total number of HIV positive clients who are eligible for TPT	ART Register, ART Folder	to determine the number of clients to be given TPT

ART INDICATORS	DEFINITION / DESCRIPTION	SOURCE	RELEVANCE
New Clients started TPT	Total number of HIV positive clients who have started TPT	ART Register, ART Folder	
ART clients with adverse clinical events	Total number of PLHIV on ARVs who had adverse clinical events (Immune Reconstitution or New OIs etc)	ART Register, ART Folder	to track the number of clients with adverse clinical events for pharmaco-vigilance
ART clients with new adverse drug reactions	Total number of PLHIV on ARVs who had adverse drug symptoms (e.g. anaemia, rash, diarrhoea, hepatotoxicity, etc)	ART Register, ART Folder	for pharma-covigilance reporting
ART clients with change of regimen due to drug toxicity	Total number of PLHIV on ARVs who changed their ARV regimen as a result of drug toxicity.	ART Register, ART Folder	for pharma-covigilance reporting
ART clients with change of regimen due to treatment failure	All PLHIV on ARVs whose ARV regimen was changed by the Health Care Worker as a result of Virological failure (VL >1000cp/ml)	ART Register, ART Folder	to provide information on patient drug management and quantification and procurement of ARVs
Number of clients who stopped treatment due to death	All PLHIV on ARVs who died while on treatment	ART Register, ART Folder	To monitor mortality among PLHIVs
Number of clients who stopped treatment due to adverse clinical status/events	All PLHIV on ARVs who stopped taking ARVs as a result of adverse clinical status/events (e.g. Pulmonary TB, Kaposi Sarcoma, chronic diarrhea etc).	ART Register, ART Folder	To know the number of PLHIVs who have failed treatment

ART INDICATORS	DEFINITION / DESCRIPTION	SOURCE	RELEVANCE
Number of clients who stopped treatment due to loss to follow up	All PLHIV on ARVs who have missed their scheduled appointments continuously for more than 90 days, who are not dead, transferred out or stopped treatment. This cumulative	ART Register, ART Folder	To know the defaulter rate among clients on treatment
No of Clients who are pregnant	All PLHIV who are pregnant	ART Register, ART Folder	to know the number of PLHIVs who are pregnant in order to target the HIV exposed infants for intervention
Clients on First Line	All PLHIV on first line ARV regimen (Refer to ART Guidelines).	ART Register, ART Folder	for clinical management and procurement
Clients on Second Line	All PLHIV on second line ARV regimen (Refer to ART Guidelines).	ART Register, ART Folder	for clinical management and procurement
Clients on Third line	All PLHIV on third line ARV regimen (Refer to ART Guidelines).	ART Register, ART Folder	for clinical management and procurement
Clients on Other Line	All PLHIVs on non-standard treatment regimen. These are clients who are not on First, Second or Third Lines.	ART Register, ART Folder	for clinical management and procurement
Currently on ART	Cumulative number of PLHIV who are on ARVs (treatment) and are active. This is cumulative	ART Register, ART Folder	to provide information on active clients on treatment at any point in time
Number of Clients who have been tested for Viral load @ 6 months after ART initiation	All PLHIV clients who have been tested for Viral Load @ 6 - 11 months after ART initiation	ART Register, ART Folder	To monitor the third 90

ART INDICATORS	DEFINITION / DESCRIPTION	SOURCE	RELEVANCE
Number of Clients Virally suppressed @ 6 Months after ART initiation	All PLHIV clients whose Viral load is < 1000cp/ml @ 6 - 11 of ART initiation	ART Register, ART Folder	To monitor the third 90
Number of Clients who have been tested for Viral load @ 12 months after ART initiation	All PLHIV clients who have been tested for Viral Load @ 12 - 23 months after ART initiation	ART Register, ART Folder	To monitor the third 90
Number of Clients Virally suppressed @ 12 Months after ART initiation	All PLHIV clients whose Viral load is < 1000cp/ml @12 - 23 of ART initiation	ART Register, ART Folder	To monitor the third 90
Number of Clients who have been tested for Viral load @ Repeat 12 months after ART initiation	All PLHIV clients who have been tested for Viral Load @ 24 months or more after ART initiation	ART Register, ART Folder	To monitor the third 90
Number of Clients Virally suppressed @ Repeat 12 Months after ART initiation	All PLHIV clients whose Viral load is < 1000cp/ml @24 months or more of ART initiation	ART Register, ART Folder	To monitor the third 90
Proportion of Clients on treatment who are Virally suppressed @ 12 Months after ART initiation	Proportion of clients on treatment whose Viral load is < 1000cp/ml @12 of ART initiation	ART Register, ART Folder	To monitor the third 90
Proportion of Clients who have been tested and are Virally suppressed @ 12 Months after ART initiation	Proportion of clients tested whose Viral load is < 1000cp/ml @12 of ART initiation	ART Register, ART Folder	To monitor the third 90

EID MONTHLY SUMMARY

INDICATOR	DEFINITION	SOURCE	RELEVANCE
Number of HIV exposed infants	This refers to all infants born to HIV positive mothers	Delivery Register, CWC Register	To know the number of HIV exposed infants
Number of HIV exposed infants given ARV prophylaxis	This refers to all infants born to HIV positive mothers given ARV prophylaxis	ANC Card, CWC Register	To ensure that HIV prophylaxis is given to all exposed infants
Number of HIV exposed infants given septrin prophylaxis	This refers to all infants born to HIV positive mothers given Septrin from 6 weeks	ANC Card, CWC Register	Ensure that Septrin is given to all HIV exposed infants
Number of HIV exposed Infants tested by DNA PCR	This refers to all infants born to HIV positive mothers tested for HIV by DNA PCR	ANC Card, CWC Register	To determine the number of infants who have access to DNA PCR test
Number of HIV exposed Infants tested positive by DNA PCR	This refers to all infants born to HIV positive mothers tested HIV positive by DNA PCR	ANC Card, CWC Register	To determine the effectiveness of the PMTCT intervention.
Negative infants retested at 9 months by DNA PCR	This refers to all infants initially tested HIV negative by DNA PCR retested at 9 months by DNA PCR	ANC Card, CWC Register	To determine transmission through Breast Feeding
Number of HIV exposed Infants retested positive by DNA PCR at 9 months	This refers to all HIV negative infants retested HIV positive at 9 months by DNA PCR	ANC Card, CWC Register	To determine transmission through Breast Feeding
Number of exposed children tested by antibody test at 18 months	This refers to all children previously tested for HIV (both positive and negative) by DNA PCR being tested for HIV using antibody test from 18 months	ANC Card, CWC Register	To confirm HIV status of the exposed children

INDICATOR	DEFINITION	SOURCE	RELEVANCE
Number tested positive using antibody test at 18 months	This refers to all children previously tested for HIV (both positive and negative) by DNA PCR who tested HIV positive using antibody test from 18 months	ANC Card, CWC Register	To confirm HIV status of the exposed children
Number of DNA PCR HIV positive Infants enrolled into HIV care	This refers to all infants tested HIV positive by DNA PCR before 18 months and enrolled into care	ANC Card, CWC Register	To promote and improve HIV positive clients linkage to care
Number of Antibody Tested positive Infants enrolled into HIV care	This refers to all infants tested HIV positive by Antibody test from 18 months and enrolled into care	ANC Card, CWC Register, ART Register, ART Client Folder, E-tracker	To promote, improve & track HIV positive clients linkage to care

EID REGISTER

Data element	Description
Name of Mother	Refers to the name of Client's mother (Surname, first name, & aliases/Nickname)
Mother's Surname	Refers to the Client's mother's Surname
Mother's First name	Refers to the Client's mother's first name
Mother's Nick name	Refers to the Client's mother's Nickname
Address of Client	Refers to a traceable address of the Client, house address/street name
Tel No. of Client	Refers to telephone (Fixed line) or mobile number of Client
Email address	Refers to the Email address of Client
Date of delivery	This indicates the Date the baby was born
Sex	Refers to the Sex of the child born to HIV positive mother, indicate whether Male or Female
Type of ARVs given at Birth	Indicates the ARV given to the child, whether AZT (syrup) or NVP (syrup)
Septrin at 6 Wks	Indicate whether the child was given Septrin, state Yes (Y) or No (N)
DNA-PCR Tested at 6Wks	Indicate DNA PCR tested at week 6, indicate Yes (Y) or No (N)
DNA-PCR After 6Wks - 18 Months	This Indicates DNA PCR tested after 6 weeks to 18 months , State in Weeks or Months)

Data element	Description
EID Results	This Indicate the child DNA/PCR results whether Positive (POS) or Negative (NEG)
Antibody Test at 18 Months	This refers to the antibody test results for all HIV exposed infants including those tested negative for DNA/PCR, indicate whether Positive (POS) or Negative (NEG). This determines the HIV result of the exposed infants at 18 months.
Antibody Test Results	This refers to the antibody test results for all HIV exposed infants including those tested negative for DNA/PCR, indicate whether Positive (POS) or Negative (NEG). This determines the HIV result of the exposed infants after 18 months.
Referred into Care	This indicates whether the client has been referred into care for further management, (indicate Yes or No)
Comments	This refers to Actions/Clarification or any other comment on service provided.
Name	Refers to the counsellor's details (name and other details)

EARLY WARNING INDICATORS

Data element	Description
Facility	The name of the Health Facility e.g., Holy family Hospital, Techiman
Sub District	The name of the district in which the Health Facility is located, e.g. Techiman North Sub District
District	The name of the district in which the Health Facility is located, e.g. Techiman Municipal.
Region	The name of the region in which the Health Facility is located e.g. Bono East.
Quarter	The month in which the transaction took place e.g. May.
Year	The year the report is being generated
Male	All boys and men reporting at the facility
Female	All girls and women reporting at the facility
Age Group	Age categorization of clients/Patients
On time ARV pill pickup	Percentage of ART patients picking up all prescribed ARV drugs on time (Baseline + 1 pick-up) (Numerator/Denominator)
Retention on ART at 12 Months	Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART (Numerator/Denominator)

Data element	Description
ARV Drug Supply Continuity	Percentage of months in a designated year in which there were no ARV drug stock-outs (Numerator/Denominator)
Appropriate Switch to Second Line	Percentage of patients with confirmed virological failure switched to second line ART within three months of making a diagnosis of failure. (Numerator/Denominator)
Virological Suppression at 12 Months	Percentage of patients receiving ART at the site after the first 12 months of ART whose viral load is <1000 copies/ml (Numerator/Denominator)
DATE	
COMPLETED BY	
APPROVED BY	

POST EXPOSURE PROP (PEP)

Data element	Description
Risk Level	This refers to the severity or otherwise of the exposure. It is measured as; (Very Low, Low, High, Rape)
Outcome	This refers to the HIV Status After Giving Prophylaxis and Testing for HIV. It is either (Positive / Negative)
Age Band	Refers to the age aggregation of patients Paediatric Male (0-14) Adult, (15+)
Very Low	Exposure of potentially infectious material to intact skin
Low	Exposure to a small volume of blood or body fluids contaminated with blood from asymptomatic HIV-positive patients. 2. An injury with a solid needle. 3. Any superficial injury or mucocutaneous exposure
High	Exposure to a large volume of blood or potentially infectious fluids. Exposure to blood or body fluids contaminated with blood from a patient with a high viral load. i.e. patients in the AIDS phase or early sero-conversion phase of HIV infection. Injury with a hollow bore needle. Deep and extensive injury from a contaminated sharp instrument. Exposure to blood from an HIV Drug resistant patient.
Rape	Anybody who reports of an unlawful sexual intercourse or any other sexual penetration of any form (vagina, anus, mouth) of another person, with or without force, by a sex organ, other body part, or foreign object, without the victim's consent.

OTHER INDICATORS

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
PMTCT	Percentage of health facilities providing integrated package of PMTCT services	Proportion of health facilities providing integrated package of PMTCT services	Number of health facilities providing integrated package of PMTCT services in period a given	Total number of health facilities in a given period	This is to measure access to PMTCT services within the catchment area
PMTCT	Percentage of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis	Proportion of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis	Number of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of new HIV positive pregnant women who newly received Antiretrovirals to reduce the risk of mother-to-child transmission of HIV (New)	Proportion of new HIV positive (all newly diagnosed HIV positive pregnant women (initial positive + retested HIV positive at 34 weeks)) who newly received Antiretrovirals to reduce the risk of mother-to-child transmission.	Total number of newly diagnosed (initial positive + retested HIV positive at 34 weeks) HIV positive pregnant women within the current period who were newly given Antiretrovirals to reduce the risk of mother-to-child transmission	Total number of newly diagnosed HIV positive (initial positive + retested HIV positive at 34 weeks) pregnant women within the current period	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
PMTCT	Percentage of Known HIV positive pregnant women who newly received Antiretrovirals to reduce the risk of mother-to-child transmission (New) in the current period	Proportion of Known HIV Positive pregnant women who are not on ARVs but were newly given Antiretrovirals to reduce the risk of mother-to-child transmission of HIV	Number of Known HIV Positive pregnant women (from the previous period) who are not on ARVs but were newly given Antiretrovirals to reduce the risk of mother-to-child transmission of HIV in the current period	Number of Known HIV Positive pregnant women (from the previous period) who are not on ARVs before the current period.	
PMTCT	Percentage of Known HIV positive pregnant women who are already on ARVs before the current period	Proportion of Known HIV Positive pregnant women already on Antiretrovirals before current period	Number of known HIV Positive pregnant women (from the previous period) who are already on ARVs prior to the current period	Number of Known HIV Positive pregnant women (from the previous period) who are visiting for services within the current period	
ART	Linkage to ART treatment (Linkage to treatment)	Proportion of all HIV positive (including positives from HTC and PMTCT) who were given ART in line with the "treat all policy"	Number of HIV positive clients (both HTC+ PMTCT) who were initiated on ART during the period		This is to the access to ART treatment services to determine the extent of the "treat all policy" of HIV

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
EID	Percentage of HIV Exposed Infants (HEI) who had Early Infant Diagnosis of HIV done via PCR	Proportion of all HIV Exposed Infants (HEI) who tested for HIV using DNA PCR (for ages 0 to less than 18 months)			

NATIONAL MALARIA CONTROL PROGRAMME (NMCP)

PHD/NMCP/OPD Indicators

Indicator_Group_Name	Indicator_Name	Numerator_Description	Denominator_Description	Source
Malaria Indicators	Number of OPD Suspected Malaria Cases	Number of OPD Suspected Uncomplicated Malaria Cases		OPD morbidity form
Malaria Indicators	Number of OPD Malaria cases	Uncomplicated malaria cases tested positive+Uncomplicated malaria cases not tested but treated		OPD morbidity form
Malaria Indicators	Number of OPD Malaria cases - children under 5 years	Total number of OPD Malaria cases among children under 5 years (<28days, 1-11 months & 1-4 years)		OPD morbidity form
Malaria Indicators	Number of OPD Malaria cases - 5 years and above	Total number of OPD Malaria cases for person aged 5 years and above		OPD morbidity form
Malaria Indicators	Number of OPD Malaria cases - pregnant women	Total number of OPD Malaria cases among Pregnant women		OPD morbidity form
Malaria Indicators	OPD Malaria cases per 1000 population	Total OPD Malaria cases	Annual population (multiplied by 1000)	OPD morbidity form/ Census Data
Malaria Indicators	OPD Confirmed Malaria cases per 1000 population	Total Number of Uncomplicated Malaria cases Tested positive	Annual population (multiplied by 1000)	OPD morbidity form/ Census Data
Malaria Indicators	Proportion of OPD Malaria cases Tested	Number of OPD Suspected Uncomplicated Malaria Cases Tested	Total Number of OPD Suspected Uncomplicated Malaria Cases (multiplied by 100)	New

Indicator_Group_Name	Indicator_Name	Numerator_Description	Denominator_Description	Source
Malaria Indicators	Number of Confirmed Malaria Cases Put on ACTs	Number of OPD Malaria Cases tested positive treated with ACTs		Monthly Antimalarial Reporting Form
Malaria Indicators	Proportion of OPD Malaria Cases Treated with ACTs	Number of OPD Malaria Cases given ACTs	Total Number of OPD Malaria Cases (multiplied by 100)	OPD morbidity form/ Antimalarial Form
Malaria Indicators	Proportion of OPD cases attributable to Malaria	Total OPD Malaria Cases	Total OPD Cases	OPD morbidity form
	Test Positivity Rate (Sentinel Sites)	Number of malaria cases tested positive using RDT (from sentinel sites)	Number of malaria cases tested using RDT (from sentinel sites)	
	Slide Positivity Rate (Sentinel Sites)	Number of malaria cases tested positive using Microscopy (from sentinel sites)	Number of malaria cases tested using Microscopy (from sentinel sites)	

PHD/NMCP/IPD Indicators

Indicator_Group_Name	Indicator_Name	Numerator_Description	Denominator_Description	Source
Malaria Indicators	Number of Admitted Malaria Cases	Number of confirmed malaria cases admitted		
Malaria Indicators	Percentage of Inpatient Admissions attributable to Malaria	Number of admitted malaria cases	Total Number of Hospital Admissions	Statement of Inpatient

Malaria Indicators	Inpatient malaria cases per 1000 population per year	Number of Inpatient malaria cases	Annual Population of the country	Delete
Malaria Indicators	Number of malaria reported deaths (<5 year, >=5 years)	Number of inpatient deaths due to malaria, segregated into <5 years and 5 years and above		Statement of Inpatient
Malaria Indicators	Percentage of inpatient deaths attributable to malaria	Number of Inpatient malaria deaths (all age groups)	Total hospital deaths (all age groups)	Statement of Inpatient
Malaria Indicators	Under 5 Malaria Case Fatality Rate	Number of Children under years dying of Malaria	Total Number of Children Under five admitted with Malaria	Statement of Inpatient
	Inpatient malaria deaths per 100,000 population per year	Number of Inpatient malaria deaths (all age groups)	Annual Population (multiplied by 100,000)	Statement of Inpatient

PHD/NMCP/IPTp Indicators

Indicator_Group_Name	Indicator_Name	Numerator_Description	Denominator_Description	Source
Malaria Indicators	Percentage of Pregnant women taking IPT1	Number of pregnant women given IPT1	Total number of ANC registrants	Monthly Midwifery Returns
Malaria Indicators	Percentage of Pregnant women taking IPT2	Number of pregnant women given IPT 2	Total number of ANC registrants	Monthly Midwifery Returns
Malaria Indicators	Percentage of Pregnant women taking IPT3	Number of pregnant women given IPT 3	Total number of ANC registrants	Monthly Midwifery Returns
Malaria Indicators	Percentage of Pregnant women taking IPT4	Number of pregnant women given IPT4	Total number of ANC registrants	Monthly Midwifery Returns
Malaria Indicators	Percentage of Pregnant women taking IPT5	Number of pregnant women given IPT5	Total number of ANC registrants	Monthly Midwifery Returns
Malaria Indicators	IPTp3 Dropout rate	Number of pregnant women given IPT1 - Number of pregnant women given IPTp3	Number of pregnant women given IPTp1	Monthly Midwifery Returns

PHD/NMCP/LLIN Indicators

Indicator_Group_Name	Indicator_Name	Numerator_Description	Denominator_Description	Source
Malaria Indicators	Proportion of Children due for Measles 2 dose given LLINs	Number of Children 18+ months given LLINs	Total number of children 18+ months given measles 2 doses (multiplied by 100)	Monthly Vaccination Form
Malaria Indicators	Proportion of ANC registrants given LLINs	Number of ANC registrants given LLINs	Total number of ANC registrants (multiplied by 100)	Monthly Midwifery Returns

NATIONAL TB CONTROL PROGRAMME (NTP)

TUBERCULOSIS TREATMENT CARD (new)

Data element/attribute	Description	Purpose	Source
Cover Page			
OPD Number			
Unique Patient ID			
Name			
Age			
Sex			
NHIS Number			
Address (in full)			
Tel No			
Date of registration			
Name & address of Treatment supporter			
Tel No of treatment			
Region			
District			

Data element/attribute	Description	Purpose	Source
District TB Number			
Health Facility			
Marital status			
Educational Status			
Occupation			
Referred or transferred from:			
Inner Side			
Type of patient			
Site of disease			
Diagnostic Tests			
X-ray results			
Date			
Any known TB Contact			
BCG Scar			
Counselling & Testing			
Date			
Results			

Data element/attribute	Description	Purpose	Source
Date of counselling			
CPT start date			
HIV Clinic No			
Date of registration			
ART start date			
ART Regimen			
Initial Phase – Prescribed regimen and dosage			
Weight Band			
Month			
Height			
BMI			
Lab No			
Sputum smear results			
Xpert MTB/RIF Results			

TB INSTITUTIONAL REGISTER

No	Data element/attribute	Description	Purpose
1	Unit TB No./ Facility Name	Unique unit TB number generated for a Facility (e.g.: KP/01) - considering it to be client number	To uniquely identify a facility
2	Date Registered	Date of Patient registration	To know the date of registration for Patient
3	District TB No.	Unique unit TB number generated for a District (e.g.: AMD/KP/01)	To uniquely identify a District
5	Patient's Surname	Provide the patient's Surname	To identify a patient by his/her Surname
6	Name of patient	Provide the patient's Last name	To identify a patient by his/her first name)
7		Provide the patient's Nickname	To identify a patient by nickname
8	Age	Age of the patient in complete month and year in months and years	To know the patient age as at the last birthday
9		Indicate the presence of BCG Scar if the Patient is within 0-59 months (under 5 years)	
10	Sex (M/F)	Sex of the patient, indicate whether Male or Female	To know the sex of the patient
11		Weight of the patient in Kilogram (Kg)	
12		Height of the patient in meter (m)	
13		The patients BMI calculated from the weight and height	
14		The occupation of patient	
15		The educational status of the patient	
16		The marital status of the patient	
17	Address of patient	A traceable address of the patient, house address/street name	To help trace patient by address

No	Data element/attribute	Description	Purpose
18	Tel No. of Patient	Telephone or mobile number of patient	To help trace patient by the telephone or mobile number
19		Email address of patient	To help trace patient
20	Name, Tel No & address of contact person	Name of person the patient holds in trust, and can be contacted in case of emergency. A traceable address of the contact, house address/street name. Copy Name, address and phone number of treatment supporter from "TB Treatment Card".	Persons identified by the patient to be contacted in case of emergency
22	History of previous treatment (choose one only) one of the following	<p>New: A patient who has received no or less than one month of anti-TB treatment</p> <p>Relapse: A patient who was previously treated for TB and whose most recent treatment outcome was Cured or Treatment completed, and who is subsequently diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection).</p> <p>Return after Loss to Follow-up: A patient who had previously been treated for TB and was declared lost to follow-up at the end of the most recent course of treatment. (This was previously known as treatment after default</p> <p>Other Previously treated: A previously treated TB patient whose outcome after the most recent course of treatment is unknown or undocumented</p> <p>Unknown: It is unknown whether the patient was previously treated for TB</p>	This is to help categorise the patient appropriately for the necessary treatment
23	Transferred in	Patient has been transferred from another TB register to continue treatment. Exclude from monthly reports of case registrations and treatment outcomes	This is to help avoid double counting of TB patients

No	Data element/attribute	Description	Purpose
24	Disease site	Tick under column “Pulmonary” if patient has pulmonary tuberculosis and “Extrapulmonary” in case of extra-pulmonary TB. A patient with both pulmonary and extrapulmonary TB should be accounted as a case of PTB during reporting notification and treatment outcome data	Provides estimates of site of disease for planning interventions
25	Chest X-ray	Record the results of the X-ray as given by the Medical officer: e.g. “Suggestive” or “Abnormal” depending on the type of X-ray, normal Chest X-rays can be recorded as “Not suggestive” or “Normal” and “Not done” in case chest X-ray was not preformed	This may be classified as part of screening to help diagnosis
	<i>Stage 1: Before Treatment</i>		
	Smear Results	Provide the smear result for the patient at month zero or before treatment starts. Indicate Neg, Scanty, 1+, 2+, 3+	To help in treatment monitoring
	Xpert MTB/Rif	Provide the Xpert results for the patient at month zero or before treatment starts. Pos/RS= MTB detected; rifampicin resistance not detected Pos/RR= MTB detected; rifampicin resistance detected Pos = MTB detected; rifampicin resistance indeterminate Neg = MTB not detected	To determine resistance to Rifampicin
	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	Help to determine appropriate treatment
13	Lab Number	Provide the laboratory number for the test (eg:0001/2015)	To identify patient
14	Date of Lab Result	Provide the date the laboratory investigation was done	
15	Stage 2: 2 or 3 Months		

No	Data element/attribute	Description	Purpose
17	Smear Results	Provide the smear result for the patient at month 2 or 3. Indicate Neg, Scanty, 1+, 2+, 3+	To help in treatment monitoring
19	Xpert MTB/Rif	Should only be done before TB treatment is initiated necessary at this stage	
20	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
22	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
23	Date of Lab Result	Provide the date the laboratory investigation was done	
24	<i>Stage 3: 5 Months</i>		
26	Smear Results	Provide the smear result for the patient at month 5. Indicate Neg, Scanty, 1+, 2+, 3+	
27	Xpert MTB/Rif	Should only be done before TB treatment is initiated	
29	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
30	Other tests	Not necessary at this stage	
31	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	

No	Data element/attribute	Description	Purpose
32	Date of Lab Result	Provide the date the laboratory investigation was done	
33	Stage 4: End of treatment		
35	Smear Results	Provide the smear result for the patient at month 6 or 8/End of treatment. Indicate Neg, Scanty, 1+, 2+, 3+	
37	Xpert MTB/Rif	Should only be done before TB treatment is initiated	
38	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
40	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
41	Date of Lab Result	Provide the date the laboratory investigation was done	
	Treatment Outcome		
	Date	Indicate date treatment was completed	
	Outcome	Cured: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion Treatment Completed: A TB patient who completed treatment without evidence of failure BUT with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable	

No	Data element/attribute	Description	Purpose
		<p>Treatment Failed: A TB patient whose sputum smear or culture is positive at month 5 or later during treatment. Treatment will also be considered to have failed if a clinical decision has been made to terminate treatment early because of poor clinical or radiological response or adverse events, or identified with RR-TB, but did not start second-line treatment.</p> <p>Died: A TB patient who dies for any reason before starting or during treatment</p> <p>Lost to follow-up: A TB patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.</p> <p>Not evaluated: A TB patient for whom no treatment outcome is assigned. This includes cases “transferred out” to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting</p>	
	HIV Infection	Indicate Yes if HIV+ And No if HIV Neg	
	On ART	Yes, if HIV positive and on ARV and No if not	
	On CPT	Indicate ‘Y’ if patient is on CPT and ‘N’ if not	

TB DISTRICT REGISTER (new)

No	Data element/attribute	Description	Purpose
1	Unit TB No./ Facility Name	Unique unit TB number generated for a Facility (e.g.: KP/01) - considering it to be client number	To uniquely identify a facility
2	Date Registered	Date of Patient registration	To know the date of registration for Patient
3	District TB No.	Unique unit TB number generated for a District (e.g.: AMD/KP/01)	To uniquely identify a District
4	Facility Name	This is the name of the facility within the district where the patient has been registered and being managed	This ensures that each patient can be followed up
5	Patient's Surname	Provide the patient's Surname	To identify a patient by his/her Surname
6	Name of patient	Provide the patient's Last name	To identify a patient by his/her first name)
7		Provide the patient's Nickname	To identify a patient by nickname
8	Age	Age of the patient in complete month and year in months and years	To know the patient age as at the last birthday
9		Indicate the presence of BCG Scar if the Patient is within 0-59 months (under 5 years)	
10	Sex (M/F)	Sex of the patient, indicate whether Male or Female	To know the sex of the patient
11		Weight of the patient in Kilogram (Kg)	
12		Height of the patient in meter (m)	
13		The patients BMI calculated from the weight and height	
14		The occupation of patient	
15		The educational status of the patient	
16		The marital status of the patient	
17	Address of patient	A traceable address of the patient, house address/street name	To help trace patient by address

No	Data element/attribute	Description	Purpose
18	Tel No. of Patient	Telephone or mobile number of patient	To help trace patient by the telephone or mobile number
19		Email address of patient	To help trace patient
20	Name, Tel No & address of contact person	Name of person the patient holds in trust, and can be contacted in case of emergency. A traceable address of the contact, house address/street name. Copy Name, address and phone number of treatment supporter from “ <i>TB Treatment Card</i> ”.	Persons identified by the patient to be contacted in case of emergency
22	History of previous treatment (choose one only) one of the following	<p>New: A patient who has received no or less than one month of anti-TB treatment</p> <p>Relapse: A patient who was previously treated for TB and whose most recent treatment outcome was Cured or Treatment completed, and who is subsequently diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection).</p> <p>Return after Loss to Follow-up: A patient who had previously been treated for TB and was declared lost to follow-up at the end of the most recent course of treatment. (This was previously known as treatment after default)</p> <p>Other Previously treated: A previously treated TB patient whose outcome after the most recent course of treatment is unknown or undocumented</p> <p>Unknown: It is unknown whether the patient was previously treated for TB</p>	This is to help categorise the patient appropriately for the necessary treatment
23	Transferred in	Patient has been transferred from another TB register to continue treatment. Exclude from monthly reports of case registrations and treatment outcomes	This is to help avoid double counting of TB patients
24	Disease site	Tick under column “Pulmonary” if patient has pulmonary tuberculosis and “Extrapulmonary” in case of extra-pulmonary TB. A patient with both pulmonary and	Provides estimates of site of disease for planning interventions

No	Data element/attribute	Description	Purpose
		extrapulmonary TB should be accounted as a case of PTB during reporting notification and treatment outcome data	
25	Chest X-ray	Record the results of the X-ray as given by the Medical officer: e.g. "Suggestive" or "Abnormal" depending on the type of X-ray, normal Chest X-rays can be recorded as "Not suggestive" or "Normal" and "Not done" in case chest X-ray was not preformed	This may be classified as part of screening to help diagnosis
	<i>Stage 1: Before Treatment</i>		
	Smear Results	Provide the smear result for the patient at month zero or before treatment starts. Indicate Neg, Scanty, 1+, 2+, 3+	To help in treatment monitoring
	Xpert MTB/Rif	Provide the Xpert results for the patient at month zero or before treatment starts. Pos/RS= MTB detected; rifampicin resistance not detected Pos/RR= MTB detected; rifampicin resistance detected Pos = MTB detected; rifampicin resistance indeterminate Neg = MTB not detected	To determine resistance to Rifampicin
	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	Help to determine appropriate treatment
13	Lab Number	Provide the laboratory number for the test (eg:0001/2015)	To identify patient
14	Date of Lab Result	Provide the date the laboratory investigation was done	
15	Stage 2: 2 or 3 Months		

No	Data element/attribute	Description	Purpose
17	Smear Results	Provide the smear result for the patient at month 2 or 3. Indicate Neg, Scanty, 1+, 2+, 3+	To help in treatment monitoring
19	Xpert MTB/Rif	Should only be done before TB treatment is initiated necessary at this stage	
20	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
22	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
23	Date of Lab Result	Provide the date the laboratory investigation was done	
24	<i>Stage 3: 5 Months</i>		
26	Smear Results	Provide the smear result for the patient at month 5. Indicate Neg, Scanty, 1+, 2+, 3+	
27	Xpert MTB/Rif	Should only be done before TB treatment is initiated	
29	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
30	Other tests	Not necessary at this stage	
31	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
32	Date of Lab Result	Provide the date the laboratory investigation was done	

No	Data element/attribute	Description	Purpose
33	Stage 4: End of treatment		
35	Smear Results	Provide the smear result for the patient at month 6 or 8/End of treatment. Indicate Neg, Scanty, 1+, 2+, 3+	
37	Xpert MTB/Rif	Should only be done before TB treatment is initiated	
38	Culture/DST	Culture results reported as follows: Pos= culture growth, MTB detected Neg=No growth	
40	Lab Number	Provide the laboratory number for the Patient (eg:0001/2015)	
41	Date of Lab Result	Provide the date the laboratory investigation was done	
	Treatment Outcome		
	Date	Indicate date treatment was completed	
	Outcome	<p>Cured: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion</p> <p>Treatment Completed: A TB patient who completed treatment without evidence of failure BUT with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable</p> <p>Treatment Failed: A TB patient whose sputum smear or culture is positive at month 5 or later during treatment. Treatment will also be considered to have failed if a clinical decision has been made to terminate treatment early because of <u>poor clinical or radiological</u></p>	

No	Data element/attribute	Description	Purpose
		<p><u>response or adverse events, or identified with RR-TB, but did not start second-line treatment.</u></p> <p>Died: A TB patient who dies for any reason before starting or during treatment</p> <p>Lost to follow-up: A TB patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.</p> <p>Not evaluated: A TB patient for whom no treatment outcome is assigned. This includes cases “transferred out” to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting</p>	
	HIV Infection	Indicate Yes if HIV+ And No if HIV Neg	
	On ART	Yes, if HIV positive and on ARV and No if not	
	On CPT	Indicate ‘Y’ if patient is on CPT and ‘N’ if not	
42	Treatment Outcome		

MONTHLY REPORT ON TB CASE REGISTRATION TB07 (new)

Data Element	Description	Purpose	Data Source
Name of district	Name of district in which services are provided	To monitor number of cases registered in each district	TB01 & Facility TB Register
Facility	Name of facility managing the TB patient	To monitor number of cases registered in each facility	TB 01 & Facility TB Register
Patient registered during month	Month for which the report cover	To monitor number of cases registered in each facility	TB01 & Facility TB Register
Name of Coordinator	This is the name of the designated Institutional TB Coordinator (ITC)	To ensure that an officer is accountable for TB recording and reporting	TB01 & Facility TB Register
Signature	Signature of the ITC	This authenticates report	
Date form was completed	Date on which the report was completed	Determine timeliness of reports	
All TB Cases registered during month			
Pulmonary, bacteriologically confirmed	These are patients who had TB of the lungs and are confirmed through lab tests	To determine pulmonary TB patients that were confirmed through lab tests	TB01 & Facility TB Register
Pulmonary, clinically diagnosed	These are patients who had TB of the lungs but not confirmed by the lab test	To determine number of pulmonary TB patients that were diagnosed by clinical examination	TB01 & Facility TB Register
Extrapulmonary, bacteriologically confirmed or clinically diagnosed	These are patients who had TB outside the lungs and were either confirmed by lab tests or by other means	To determine number of patients that had TB outside the lungs who were either confirmed through lab tests or by clinical examination	TB01 & Facility TB Register
New	A patient who has received no or less than one month of anti-TB treatment.	To help determine incident TB cases	TB01 & Facility TB Register
Relapse	A patient who was previously treated for TB and whose most recent treatment outcome was Cured or Treatment completed, and who	Provides estimates of patients who had reactivated TB or with new episode of TB	TB01 & Facility TB Register

Data Element	Description	Purpose	Data Source
	is subsequently diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection).		
Previously treated (excluding relapse)	These are patients who Returned after Loss to Follow-up, Returned After treatment Failure, and Other previously treated	Provides estimates about quality of care and risk of drug resistance TB	TB01 & Facility TB Register
Patient treatment history unknown	It is unknown whether the patient was previously treated for TB	Helps to assess risk of drug resistance TB	TB01 & Facility TB Register
All new and relapse cases (bacteriologically confirmed or clinically diagnosed) registered during the month by age and sex: BLOCK 2 presents the sex and age specific data on new and relapse cases from first two columns of Block 1. The age groups used in Block 2 are internationally recognized age groups. When the report is completed, the total number in the BLOCK 2 column TOTAL should correspond to the sum of all cells of in Block 1 under the heading “ New ” and “ Relapse ”.			
0-4yrs	Patients aged 0 to 4 years who received treatment for TB in the period by sex	To determine the number of patients aged 0 to 4years	Health Facility Register
5-14yrs	Patients aged 5 to 14 years who received treatment for TB in the period by sex	To determine the number of patients aged 5 to 14years	Health Facility Register
15-24yrs	Patients aged 15 to 24 years who received treatment for TB in the period by sex	To determine the number of patients aged 15 to 24years	Health Facility Register
25-34yrs	Patients aged 25 to 34 years who received treatment for TB in the period by sex	To determine the number of patients aged 25 to 34years	Health Facility Register
35-44yrs	Patients aged 35 to 44 years who received treatment for TB in the period by sex	To determine the number of patients aged 35 to 44years	Health Facility Register
45-54yrs	Patient aged 45 to 54 years who received treatment for TB in the period by sex	To determine the number of patients aged 45 to 54years	Health Facility Register
55-64yrs	Patients aged 55 to 64 years receiving TB treatment in the period by sex	To determine the number of patients aged 55 to 64years	Health Facility Register
65yrs+	Patients aged 65years and above receiving TB treatment in the period by sex	To determine the number of patients aged 65years and above	Health Facility Register

Data Element	Description	Purpose	Data Source
BLOCK 3: Laboratory Diagnostic Activity			
Patients with presumptive TB undergoing bacteriological examination	Presumed TB patients that were tested for TB by smear microscopy and/or Xpert MTB/RIF by sex	To determine number of presumed TB tested by microscopy and/or Xpert MTB/RIF by sex patients with confirmed TB	Health Facility Register
Patients with presumptive TB with positive bacteriological examination results	Presumed TB cases with positive smear microscopy and/or Xpert MTB/RIF result by sex	To determine proportion of TB patients who were bacteriologically diagnosed	Health Facility Register
Block 4: TB/HIV activities: all new and relapse TB cases registered during the month			
Patients tested for HIV at the time of diagnosis or with known HIV status at the time of TB diagnosis	TB patients who were tested for HIV by sex	To provide comprehensive care	Health facility register
HIV positive TB patients	TB patients who tested HIV positive by sex	To provide comprehensive care	Health facility register
HIV positive TB patients on ART	TB patients who tested HIV positive and were on ARVs by sex	To ensure that all HIV & TB coinfectd patients who are on ARVs	Health facility register
HIV positive TB patients on CPT	TB patients who tested HIV positive and were on CPT by sex	To ensure that all HIV & TB coinfectd patients who are on CPT	Health facility register

MONTHLY SUMMARY OF TUBERCULOSIS SCREENING RESULTS

Data Element	Description	Purpose	Data Source
Number Screened For TB (recorded on the TB Screening Tool)	Number of persons responding yes to cough or in contact with index TB case who have been recorded on the TB screening tool at the various OPDs in the facility	This is to help determine the number of OPD attendees who are at risk of TB	Symptom Based Screening Tool
Number Presumed TB	These are patients who responded yes to cough or in contact with index TB case and presented with two or more TB symptoms	This reflects the number of patients eligible to undertake TB test	Symptom Based Screening Tool
Number Tested for TB	The number of persons with presumed TB who were tested for TB in the laboratory	This will help determine the number of persons loss to diagnosis (drop-out)	TB Lab Register
Number Diagnosed with TB	This is the number of persons tested for TB in the lab who were either bacteriologically confirmed or clinically diagnosed. This includes Smear negative and Extra Pulmonary TB patients	This reflects the yield of TB cases from the screening process and a proxy for quality of care	Health Facility TB Register
Number initiated on TB Treatment	The number of persons diagnosed with TB and enrolled on TB treatment	This will help measure initial loss to treatment	Health Facility TB Register

TB Symptoms Based Screening Tool (Chest Infection) Register

Item	Description
Region:	Refers to the part of the country where the screening activity is being undertaken e.g. Greater Accra Region
District:	Refers to an area within the Region defined by local government as an administrative area
Health Facility Name:	Refers to the Name of the health care delivery centre where the screening is being done
NGO/Community Name:	Refers to the name of the NGO undertaking the screening and the community in which they are operating
Month/Year:	Refers to the month and year the screening is being done
Screening Date:	Refers to the date the screening activity is being carried out
Consultation	(1X): Provides options of different units where TB screening can be undertaken N.B. Only one option can be selected in this section (1 - 7).
Symptoms and signs	Could check more than 1 symptom (X) as appropriate): Provides options of various symptoms and signs of TB a client is likely to present with N.B. More than one option can be selected in this section (8 - 17)

Item	Description
Lab Screening Eligibility (Check only 1 X):	Refers to decision made based on the presenting symptoms and signs of the clients as well as the case definition N.B. Only one option can be selected in this section (18 – 20)
Investigation Requested/action taken (Could check more than 1 request or action as appropriate): Refers to laboratory investigation requested after a decision of eligibility is made N.B. More than one option can be selected in this section (21 – 30)
Screening case definition:	Defines criteria for eligibility i.e. Any Client responding “YES” to cough or contact with a known TB case in addition to two or more other symptoms and signs OR Any client responding to cough for more than 2 weeks irrespective of presence or absence of other symptoms
Name:	Refers to the name of the client who responded “YES” to having a cough or having come into contact with a known TB case
Age:	Refers to Age in years (Written in figures)
Sex:	Refers to the gender of the client either Male (M) or Female (F)
Tel# / Remark:	Refers to the phone number or any additional information useful in contacting the client

DRUG RESISTANCE REGISTER

TO BE COMPLETED

Element	Description	Purpose	Data Source

TB STOCKS LEVEL REGISTER

	Data Element	Description	Purpose	Data Source
1	Opening Balance	Quantity of useable medicines available at the health facility at the beginning of the reporting period i.e. month	To know the quantity of medicines available for use at the beginning of the month	Report Requisition Issue Voucher on TB Medicines
2	Quantity Received	Quantity of medicines received from the RMS/CMS during the reporting period	To know the quantity of medicines received within the month	Report Requisition Issue Voucher on TB Medicines
3	Losses& Adjustments	Losses are the quantities removed from your stock for anything other than dispensing to patients e.g. expiry, theft, damage. Adjustments are the quantities received from any source other than the RMS/CMS or given to another facility	Helps to account for all inventory in stock. This informs stock managers to take decisions concerning safety of stock	Report Requisition Issue Voucher on TB Medicines
4	Number of days out-of-stock	Number of days in the month that the health facility did not have a particular medicine in stock	To indicate the number of days the facility was without a particular medicine. This information is used by the higher levels to monitor the logistics system	Report Requisition Issue Voucher on TB Medicines
5	Usable Stock on Hand at the Pharmacy & DOTs centre	Quantity of useable medicines available at the health facility at the end of the reporting period. Quantities must be obtained thorough physical count	To identify the quantity of useable medicines in order to determine the exact quantities of additional medicines to reorder	Report Requisition Issue Voucher on TB Medicines
6	Consumption (from TB Dispensing Register)	Quantity of medicines dispensed to patients in the month for which report is generated.	To record and track the number of TB medicines dispensed to patients in the period. This information helps to determine	Report Requisition Issue Voucher on TB Medicines

	Data Element	Description	Purpose	Data Source
			the Average Monthly Consumption of the facility	
7	Maximum Stock Quantity	The maximum quantity of medicine that a facility must stock at any time. This is obtained by multiplying the AMC for the facility by 2. This must be recalculated every six months	To establish the stock quantities that will be used for inventory control and in calculating order quantity. It ensures that the facility stocks just the quantities it needs in order to avoid expiries	Report Requisition Issue Voucher on TB Medicines
8	Quantity to Order	This is the quantity to request from the RMS. It is obtained by subtracting the useable stock on hand from the Maximum stock quantity	To determine additional quantities needed to bring stock back to maximum stock quantity	Report Requisition Issue Voucher on TB Medicines
9	Quantity to Issue	Quantity issued by the RMS to the requesting facility	To indicate if facility was resupplied with required quantities.	Report Requisition Issue Voucher on TB Medicines

MONTHLY TB CASE REGISTRATION

INSERT TABLE

QUARTERLY REPORTING ON TREATMENT RESULTS: ALL PATIENTS (ADULTS + CHILDREN)

Data Element	Description
Total No. registered in quarter ¹	Number of cases registered in the period
HIV status	HIV test results of the Patient i.e. HIV+, HIV- or HIV ND/NA
Cure (1)	Number of new Sputum smear positive (+) patients who were sputum smear negative (–) in the last month of treatment and at least once before
Treatment completed (2)	Number of new patients who have completed treatment but who do not meet the criteria to be classified as a cure or a failure
Died (3)	Number of new patients who die from any cause during the course of treatment
Treatment Failure (4)	Number of New patients who are sputum smear positive (+) at 5 months or later during treatment, or who is switched to Category IV treatment because sputum turned out to be MDRTB.
Default (5)	Number of New patients whose treatment was interrupted for 2 consecutive months or more
Transferred out (6)	Number of Patients who have been transferred to another recording and reporting unit and for whom treatment outcome is not known
Total Evaluated for outcomes	Number of patients for which treatment outcomes was provided

REGISTERS AND FORMS FOR NON-COMMUNICABLE DISEASES (NCD)

MONTHLY REPORT FORM (NCD)

Cardiovascular diseases and risk factors

No	Variables	Definitions	Data Sources	Remarks
1	Hypertension-Total	Total new and old hypertensives patients	OPD and emergency room register	
2	Hypertension-New	Newly diagnosed patients with blood pressure $\geq 140/90$ mmHg	OPD register	
3	Hypertension-Complicated(TOD)	Number of hypertensives(old and new) with target-organ damage (TOD) such as strokes, heart, eye and kidney diseases either clinical/symptomatic or subclinical/asymptomatic	OPD folder	
4	Hypertension- New put on treatment	Newly diagnosed hypertensives who were put on blood pressure medications	OPD folder	
5	Hypertension-Continuing treatment	Hypertensive patients who are compliant with medication or continuing with prescribed medications	OPD folder	
6	Hypertension- Controlled	Old hypertensive patients who have their blood pressure $\leq 140/90$ mmHg	OPD folder	
7	Hypertension-Number of medications	Number of blood pressure medications being taken to control hypertension or daily hypertension pill burden(number)	OPD folder	
8	Prediabetes	Patients with blood sugar above normal but below the diabetic cut-off value(RBS 7.8-11.1mm/l or FBS 6.1-7.0mm/l)	OPD Folder and lab register	

No	Variables	Definitions	Data Sources	Remarks
9	Diabetes mellitus- Total	Total number of patients(both new and old) diagnosed with diabetes	OPD and emergency room register	
10	Diabetes mellitus- New	Newly diagnosed patients with blood sugar of RBS > 11.1mmol/l, FBS >7.0mmol/l or 2HPPG >11.1 mmol/l	OPD and emergency room register	
11	Diabetes mellitus- Complicated(TOD)	Diabetic patients with microvascular or macrovascular complications such as retinopathy, neuropathy, nephropathy, leg ulcers, amputations, erectile dysfunction, stroke and heart diseases either clinical/symptomatic or subclinical/asymptomatic	OPD folder and emergency room register	
12	Dyslipidaemia(high cholesterol)	Patients with high cholesterol with fasting lipid levels of :Intermediate High Tchol >6.2 LDL > 4.11 HDL <1.03 Triglyceride >2.25 Non-HDL >4.1 TG/HDL ratio >1.68	OPD folder and labs register	
13	Obesity: Mild	Patients with BMI 30-34.9	OPD folder	
14	Obesity- Moderate	Patients with BMI 35-39.9	OPD folder	
15	Obesity- Severe	Patients with BMI ≥40	OPD folder	
	Cigarette smoking	Patient with current cigarette smoking history or active smoking	Community survey	
	Alcohol intake	History of current significant alcohol intake: 14 units/week for women and 21 unit/week for men	Community survey	

No	Variables	Definitions	Data Sources	Remarks
16	Stroke- Infarctive	Patients with symptoms and signs of stroke who have head CT scan showing an infarctive stroke	OPD and emergency room register	
17	Stroke-Haemorrhagic	Patients with symptoms and signs of stroke who have head CT scan showing haemorrhagic stroke	OPD and emergency room register	
18	Stroke-Unconfirmed	Patients with symptoms and signs of probable stroke with no CT or MRI confirmation	OPD and emergency room register	
19	Cardiac Diseases- Presenting as Heart failure	Patients with dyspnea, fatigue, and signs of volume overload, which may include peripheral edema and pulmonary rales	OPD and emergency room register	
20	Cardiac Diseases- Hypertensive heart diseases	Patients with hypertension with ECG or Echocardiogram features suggestive cardiac remodelling(arrhythmia, hypertrophy, diastolic or systolic dysfunction or both)	OPD folder and emergency room register	
21	Cardiac Diseases- MI/IHD/CAD	Patients with symptoms of angina, history of myocardial infarction or ECG and Echocardiogram changes suggestive of myocardial ischaemia/infarction or coronary angiogram confirmation(invasive/CT/MRI)	OPD folder and emergency room register	
22	Cardiac Diseases- Rheumatic /valvular heart diseases	A patient with heart diseases with clinical or echocardiogram features of valvular heart disease	OPD and emergency room register	
23	Cardiac Diseases- Cardiomyopathy	Patients with cardiac disease with imaging(echocardiogram/CT/MRI) diagnosis of cardiomyopathy	OPD and emergency room register	
24	Cardiac Disease- Others	Patients with other cardiac diseases such as congenital, pericardial and endocardial diseases.	OPD and emergency room register	

No	Variables	Definitions	Data Sources	Remarks
25	Deep vein thrombosis	Patients with symptoms and signs of Deep Vein Thrombosis confirmed by either a doppler scan or D-Dimer	OPD or emergency room Registry	
26	Pulmonary Embolism	Patients with symptoms and signs of Pulmonary embolism confirmed by D-Dimer, Echocardiogram or CT-Pulmonary angiogram	OPD or emergency room registry	

Other NCD

No	Variables	Definitions	Data Sources	Remarks
1	Acute kidney diseases	Sudden reduction of kidney function within 48 hours characterized by reduction in urine output and increase in serum creatinine. 25% reduction in eGFR, >1.5x increase in serum Creatinine or urine out <0.5ml/kg/hr	OPD and emergency room register	
2	Chronic kidney diseases	Clinical features of chronic kidney disease with vomiting, anaemia, oedema, hypertension as well as proteinuria/haematuria with or without reduction in eGFR (Stage 1-5)	OPD and emergency room register	
3	Asthma(bronchial)	Patients with asthma seen with acute symptoms of dyspnoea, cough or wheezing	OPD or emergency room Registry	
4	Sickle cell disease	Patients with sickle cell disease who presents with acute symptoms such chest pain, bone pain, fever, etc	OPD or emergency room Registry	
5	Injuries: Total	Total number of acute exposures to mechanical, chemical, electrical or thermal energy leading harm or injury	OPD and emergency room register	
6	Injuries: RTA	A traffic collision, also called a motor vehicle collision, car accident, or car crash vehicle collides with another vehicle, pedestrian, animal, road debris, or other stationary obstruction, such as a tree, pole or building	OPD and emergency room register	
7	Injuries: Domestic	Acute exposures to mechanical, thermal, electrical or chemical energy resulting in harm at	OPD and emergency room register	

No	Variables	Definitions	Data Sources	Remarks
		home which includes domestic violence, abuse and rape		
8	Injuries: Occupational/Industrial	Occupational injuries result from physical, biological, chemical, or psychosocial hazards such as noise, temperature, insect or animal bites, aerosols, blood-borne pathogens, hazardous chemicals, radiation, and occupational burnout	OPD and emergency room register	

Cancers

No	Variables	Definitions	Data Sources	Remarks
1	Childhood cancers	Children aged ≤ 13 year who presents with old new childhood concers either by clinical, biochemical	OPD and emergency room register	
2	Breast cancer-Total	Patients with new or old diagnosis of breast cancer	OPD and emergency room register	
3	Breast cancer- new	Patients with new diagnosis of breast cancer	OPD and emergency room register	
4	Breast cancer- on treatment	Patients with breast cancer who are on treatment	OPD and emergency room register	
5	Cervical cancer-Total	Patients with new or old diagnosis of cervical cancer	OPD and emergency room register	
6	Cervical cancer-new	Patients with new diagnosis of cervical cancer	OPD and emergency room register	
7	Cervical cancer- on treatment	Patients with cervical cancer who are on treatment	OPD and emergency room register	
8	Lymphoma-Total	Patients with old and new diagnosis of lymphoma	OPD and emergency room register	
9	Lymphoma-New	Patients with newly diagnosis of lymphoma	OPD and emergency room register	
10	Lymphoma-on treatment	Patients with lymphomo who are on treatment	OPD and emergency room register	
11	Leukaemia-Total	Patients with new and old diagnosis of leukaemia	OPD and emergency room register	
12	Leukaemia- New	Patients with new diagnosis of lymphoma	OPD and emergency room register	

No	Variables	Definitions	Data Sources	Remarks
13	Leukaemia- on treatment	Patients with leukaemia who are on treatment	OPD and emergency room register	
14	Prostate cancer-Total	Patients with new and old diagnosis of prostate cancer	OPD and emergency room register	
15	Prostate cancer-New	Patients with new diagnosis of prostate cancer	OPD and emergency room register	
16	Prostate Cancer-on treatment	Patients with prostate cancer who are put on medication	OPD and emergency room register	
17	Liver cancer (Hepatocellular carcinoma) -total	Patients with new or old diagnosis of liver cancer	OPD and emergency room register	
18	Liver cancer (Hepatocellular carcinoma) -New	Patients with new diagnosis of liver cancer	OPD and emergency room register	
19	Liver cancer (Hepatocellular carcinoma)- on treatment	Patients with liver cancer who are put on medication	OPD and emergency room register	
20	All other cancers-total	Patients with new or old other cancers	OPD and emergency room register	
21	All other cancers-new	Patients diagnosed with new other cancers	OPD and emergency room register	
22	All other cancers- on treatment	Patients with other cancers who are on treatment	OPD and emergency room register	

Screening services

No	Variables	Definitions	Data Sources	Remarks
1	Screening services for CVD: Hypertension	Number of people who were identified as newly diagnosed hypertensives from screening	OPD and Wellness Clinic register	
2	Screening services CVD: Diabetes	Number of people who were identified as newly diagnosed diabetics	OPD and Wellness Clinic register	
3	Screening services CVD: High cholesterol	Number of people who were identified as newly diagnosed with high cholesterol		
4	Screening services for cervical cancer(VIA PAP)	Number of people screened cervical cancer	OPD register/ family planning returns/annual reports	
5	Screening services for cervical cancer(VIA PAP	Proportion of women between the ages 30-49 screened for cervical cancer at least once	OPD register/ family planning returns/annual reports	
6	Screening services for cervical cancers(VIA PAP)	Number positive for cervical cancer	OPD register/ family planning returns/annual reports	
7	Screening services for cervical cancers(VIA PAP)	Number positive for cervical cancer who were referred to a gynaecologist	OPD register/ family planning returns/annual reports	
8	screening services for breast cancers (physical exams, ultrasound and mammo)	Number of screened for breast cancer	OPD register/ family planning returns/annual reports	
9	screening services for breast cancers (physical exams, ultrasound and mammo)	Number positive for breast cancer	OPD register/ family planning returns/annual reports	

No	Variables	Definitions	Data Sources	Remarks
10	screening services for breast cancers (physical exams, ultrasound and mammo)	Number referred account of breast cancer	OPD register/ family planning returns/annual reports	

Functional Wellness Clinics

No	Variables	Definitions	Data Sources	Remarks
1	Criteria: 1. Dedicated clinic for screening (Blood pressure, diabetes, lipids, BMI, Breast, Cervical, etc.) 2. Dedicated staff 3. Generate monthly reports			

NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME

MONTHLY VIRAL HEPATITIS REPORTING FORM

Data Element/Variable	Description/Definition	Data Source	Relevance
Name of facility	The name of the Health Facility e.g., Aboaso Health Centre etc	Records	Identifies facility from which data is generated
Location	Town in which the Health Facility is situated	Records	Identifies town in which data is generated
Sub District	The name of the sub district in which the Health Facility is located,	Records	Identifies sub district from which data is generated
District	The name of the district in which the sub district is located	Records	Identifies district from which data is generated
Region	The name of the region in which the district is located e.g. Ashanti.	Records	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
Month	The Month in which the transaction took place e.g. July	Calendar	Calendar month in which service delivery took place
Year	Year in which the transaction took place e.g. 2020	Calendar	Year in which service delivery took place
Disease (New Cases Only)	A count of the number of the individual conditions presented by clients. This is List of the diseases to be reported on. This shall be new cases only, does not include cases on review	Consulting Room Register	Important to identify new cases that were identified in the year and month
Laboratory Confirmed acute HAV	A case of acute hepatitis with biomarker (IgM anti-HAV or HAV RNA) positivity, OR a case of acute hepatitis with epidemiological link to a case confirmed with biomarker positivity, by sex and age	Consulting Room Register	For monitoring types of virus causing acute infections

Data Element/Variable	Description/Definition	Data Source	Relevance
Laboratory Confirmed acute HBV	A case of acute hepatitis with biomarker (anti-HBc IgM) positivity, by sex and age	Consulting Room Register	For monitoring types of virus causing acute infections
Laboratory Confirmed acute HCV	A case of acute hepatitis with positivity of one of the three biomarker criteria: -detectable HCV RNA and negative for anti-HCV antibodies, -sero-conversion to anti-HCV antibodies, -positive for anti-HCV AND negative for IgM anti-HBc, IgM anti-HAV and IgM anti-HEV, by sex and age	Consulting Room Register	For monitoring types of virus causing acute infections
Laboratory Confirmed acute HDV	A case of acute hepatitis that is laboratory confirmed by virus specific biomarkers IgM anti-HBc positive plus anti-HDV positive (only as co-infection or super-infection of hepatitis B) by sex and age	Consulting Room Register	For monitoring types of virus causing acute infections
Laboratory Confirmed acute HEV	A case of acute hepatitis that tests positive for the biomarker IgM anti-HEV OR a case of acute hepatitis with an epidemiological link to a confirmed case, by sex and age	Consulting Room Register	For monitoring types of virus causing acute infections
Unconfirmed/Unspecified acute viral hepatitis cases	A case defined clinically by the discrete onset of an acute illness with signs/ symptoms of an infectious illness (e.g. fever, malaise, fatigue) and liver damage (e.g. anorexia, nausea, jaundice, dark urine, right upper quadrant tenderness, AND/OR levels of alanine aminotransferase [ALT] raised more than ten times the upper limit of normal of the laboratory), by sex and age	Consulting Room Register	Syndromic definition and relevant in the absence of laboratory setting to do type-specific diagnosis, especially lower level facilities. This covers any of the hepatitis viruses.
Chronic Viral Hepatitis B infection	A person having chronic inflammation of the liver of more than six months' duration with persistently elevated liver function tests, characterised by persistence of hepatitis B surface antigen (HBsAg) for six months or more, by sex and age OR A person not meeting the case definition of acute hepatitis and testing positive for HbsAg, by sex and age	Consulting Room Register	Very useful for tracking chronic hepatitis B burden

Data Element/Variable	Description/Definition	Data Source	Relevance
Chronic Viral Hepatitis C infection	A person not meeting the case definition for acute hepatitis but having serological evidence of past or present infection: (anti-HCV positive) and/ OR detectable HCV RNA or HCV core antigen positive, by sex or age. Any person with persistence of anti HCV and/or RNA positivity for more than six months duration, by sex and age	Consulting Room Register	Very useful for tracking chronic hepatitis C burden
Liver cirrhosis	A complication of many liver diseases including viral hepatitis B and C, characterized by abnormal structure and function of the liver, by sex and age	Consulting Room Register	Very useful for tracking disease sequelae
Hepatocellular carcinoma	A cancer arising from the liver cells, by sex and age	Consulting Room Register	Very useful for tracking disease sequelae

MONTHLY CHRONIC VIRAL HEPATITIS B AND C TREATMENT FORM

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RELEVANCE
NVHCP	Region	Specify region where chronic care and treatment site is located	Provider	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
NVHCP	District	Specify district where chronic care and treatment site is located	Provider	identifies district from which data is generated
NVHCP	Health Facility	Specify Health Facility name where chronic care and treatment site is located	Provider	Identifies facility from which data is generated
NVHCP	Month	Specify month for which this report applies	Calendar	Calendar month in which service delivery took place
NVHCP	Year	Specify Year for which this report applies	Calendar	Year in which service delivery took place
NVHCP	Chronic Hepatitis B (Males)	Specify total number of males accepted into chronic care by age and sex	Provider	To analyse differential access to care by males
NVHCP	Chronic Hepatitis B (Females)	Specify total number of females accepted into chronic care by age and sex	Provider	To analyse differential access to care by females
NVHCP	Total chronic HBV	Add males and females accepted into chronic care, by age and sex	Provider	Indicates total new persons in care for chronic hepatitis B

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RELEVANCE
NVHCP	Chronic Hepatitis C (males)	Specify total number of males accepted for curative care of chronic HCV by age and sex	Provider	To analyse differential access to treatment by males
NVHCP	Chronic Hepatitis C (Females)	Specify total number of females accepted for curative care of chronic HCV by age and sex	Provider	To analyse differential access to treatment by females
NVHCP	Total chronic HCV	Add males and females accepted for curative care of chronic HCV, by age and sex	Provider	Indicates total new persons in care for chronic hepatitis C
NVHCP	Persons who inject drugs (within last 12 months)	Indicate by age and sex, the number of persons who injected drugs within the last 12 months	Treatment Register	Useful for planning interventions for IVDU
NVHCP	Experienced stigma and or discrimination	Indicate by age and sex, the number of persons with chronic HBV and HCV who experienced stigma and discrimination during the month	Treatment Register	Necessary to assess level of stigma and discrimination against persons with chronic hepatitis

Monthly Chronic HBV and HCV Treatment Outcome Form SOP

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	Region	Specify region where chronic care and treatment site is located	Provider	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
NVHCP	District	Specify district where chronic care and treatment site is located	Provider	identifies district from which data is generated
NVHCP	Health Facility	Specify Health Facility where chronic care and treatment site is located	Provider	Identifies health facility from which data is generated
NVHCP	Month and Year	Specify month and year for which this report applies	Calendar	Calendar month and year in which service delivery took place
NVHCP	Disease	Applies to chronic hepatitis B and chronic hepatitis C respectively	Treatment Register	To limit conditions that can be reported on here
NVHCP	Prevalent cases (Hep B)	Number of infected HBV people already identified before year (treated or not)	Treatment Register	Reflects caseload for previous year
NVHCP	Hep B Testing	Number of people tested with serology this month for Hep B	Screening register/Laboratory reports	For statistical analysis
NVHCP	Diagnosis Hep B	# HBsAg positive (diagnosed) this month	Screening register/Laboratory reports	For planning intervention
NVHCP	Prevalent cases (Hep C)	Number of infected HCV people already identified before year (treated or not). Remains the same value from month to month in the year	Treatment Register	Reflects caseload from previous year

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	Hep C Testing	Number of people tested with serology this month for Hep C	Screening register/Laboratory reports	For statistical analysis
NVHCP	Diagnosis Hep C	# anti-HCV or HCV RNA or HCV core antigen positive (diagnosed) this month	Screening register/Laboratory reports	For planning intervention
NVHCP	Treatment coverage/Initiation			
NVHCP	CHB Continuing Treatment	# continuing specific treatment for HBV started last year	Treatment Register	For planning intervention
NVHCP	New CHB Treatment	# newly starting HBV treatment this month	Treatment Register	For planning intervention
NVHCP	PWID (People Who Inject Drugs) starting CHB treatment	# newly starting treatment among people who injected drugs in the past 12 months	Treatment Register	Measures access to treatment for PWID community
NVHCP	New CHC treatment	# newly starting HCV treatment this month	Treatment Register	For planning intervention
NVHCP	PWID (People Who Inject Drugs) starting CHC treatment	# newly starting treatment among people who injected drugs in the past 12 months	Treatment Register	Measures access to treatment for PWID community
NVHCP	Treatment effectiveness/Completion			
NVHCP	HBV Treatment Effectiveness Assessed	# on HBV treatment assessed for treatment effectiveness	Treatment Register	Useful for programme evaluation
NVHCP	HB Viral suppression achieved	# with effective treatment among those assessed for HBV treatment effectiveness	Treatment Register	Useful for programme evaluation
NVHCP	Completing HCV treatment	# completing HCV treatment	Treatment Register	Useful for programme evaluation

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	HCV Treatment Effectiveness Assessed	# on HCV treatment assessed for treatment effectiveness	Treatment Register	Useful for programme evaluation
NVHCP	HCV Cured	# with effective treatment (cure) among those assessed for HCV treatment effectiveness	Treatment Register	Useful for programme evaluation
NVHCP	Treatment impact			
NVHCP	HBV positive cirrhosis deaths	Total deaths with cirrhosis having HBV positive	COD Certificates	
NVHCP	All Cirrhosis deaths	Total deaths from cirrhosis	COD Certificates	
NVHCP	Cirrhosis mortality attributed to HBV	Proportion of people dying from cirrhosis who had hepatitis B, <i>(best generated with annual data)</i>	Provider calculated proportion	Useful for programme evaluation
NVHCP	HBV positive hepatocellular carcinoma (HCC) deaths	Total deaths with HCC having HBV positive	COD Certificates	Useful for programme evaluation
NVHCP	All hepatocellular carcinoma deaths	Total deaths from HCC	COD Certificates Cancer registry	Useful for programme evaluation
NVHCP	HCC mortality attributed to HBV	Proportion of people dying from HCC who had hepatitis C, <i>(best generated with annual data)</i>	Provider calculated proportion	Useful for programme evaluation
NVHCP	HCV positive cirrhosis deaths	Total deaths with cirrhosis having HCV positive	COD Certificates	Useful for programme evaluation
NVHCP	All Cirrhosis deaths	Total deaths from cirrhosis	COD Certificates	Useful for programme evaluation
NVHCP	Cirrhosis mortality attributed to HCV	Proportion of people dying from cirrhosis who had hepatitis C, <i>(best generated with annual data)</i>	Provider calculated proportion	Useful for programme evaluation

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	HCV positive hepatocellular carcinoma (HCC) deaths	Total deaths with HCC having HCV positive	COD Certificates	Useful for programme evaluation
NVHCP	All hepatocellular cancer deaths	Total deaths from HCC	COD Certificates Cancer registry	Useful for programme evaluation
NVHCP	HCC mortality attributed to HCV	Proportion of people dying from HCC who had hepatitis C, <i>(best generated with annual data)</i>	Provider calculated proportion	Useful for programme evaluation

PMTCH_HEP B REGISTER

PROG	Data Element	Description	Source	Relevance
NVHCP	Date	Date of Client registration	Calendar	Date of service provision/encounter
NVHCP	Serial Number	Count of clients registered in the year	Provider	For statistical purposes
NVHCP	ANC Registration Number	Unique number assigned from ANC clinic	Maternal Health Record	For unique identification of mother/ baby
NVHCP	Name of pregnant women	Name of Client (Surname, Last name & aliases)	Maternal Health Record	For Identification/tracing
NVHCP	House Address	A traceable address of the Client, house address/street name	Maternal Health Record	For Identification/tracing
NVHCP	Workplace address	A traceable address of the Client workplace/street name	Client	For Identification/tracing
NVHCP	Telephone number	Telephone (Fixed line) or mobile number of Client	Client	For Identification/tracing
NVHCP	Gestational age	Most reliable duration of pregnancy today in completed weeks	Maternal Health Record by USG or accurate LMP	To determine when treatment can begin
NVHCP	Pre-test information	Indicate if Pregnant woman received basic information of Hep B before testing	Maternal Health Record /ANC Register	To assess understanding and cooperation of client
NVHCP	Tested	Indicated yes to confirm if pregnant woman was tested for HBsAg in the ANC clinic	Maternal Health Record /ANC Register	Confirm Hep B testing
NVHCP	Result positive	Indicate pregnant woman tested HBsAg +ve at ANC clinic	Maternal Health Record /ANC Register/Lab Report	To confirm the result of test

PROG	Data Element	Description	Source	Relevance
NVHCP	Post-test counselling	Indicate if pregnant woman received Hep B test results and counselling to cope with results	Maternal Health Record /ANC Register	To assess understanding and cooperation of client
NVHCP	Tested for HBV DNA or HBeAg	Indicate if HBsAg positive pregnant woman was tested for HBV DNA or HBeAg	ANC Register	To confirm if viral load testing done
NVHCP	Eligibility of HBsAg + women for antiviral prophylaxis	Indicate HBV DNA or HBeAg results and highlight if eligible or meets criteria for antivirals	Lab report/ANC register	To confirm the result of test
NVHCP	Date antiviral prophylaxis to start/started	Day on which prophylactic treatment was started (at/after 28 weeks' gestation)	Maternal Health Record	To indicate date treatment to start/started
NVHCP	Treatment regimen and dosage	Indicate treatment name and dosage and duration	Maternal Health Record	Adequacy of prophylaxis
NVHCP	Date of delivery	Date on which client delivers live birth	Maternal Health Record	Indicates when interventions for baby was started
NVHCP	Birth dose hepatitis B vaccine	Indicate if birth dose Hepatitis B vaccine within 24 hours of birth was given	Delivery Register	Indicates whether baby received birth dose
NVHCP	HBIG	Indicate if exposed newborn was given hepatitis B immune globulin on birth	Delivery Register	Indicates whether baby received HBIG
NVHCP	Infant testing at 7-12 months of age	Indicate if Hepatitis B exposed infant was tested from 7-12 months for HBsAg	Child Health Record	Indicates date baby received testing at 7-12 months

PROG	Data Element	Description	Source	Relevance
NVHCP	Result of post-vaccination serological testing for HBsAg	Indicate result of Hepatitis B exposed infants at 7-12 months of age who were tested using antigen test	Laboratory report	Indicates result of test
NVHCP	Cumulative incidence of HBsAg in children 5 years of age	Number of children 5 years of age testing positive to HBsAg	Biomarker survey	Result of a sample of children five years old are tested in location

CHRONIC VIRAL HEPATITIS B AND C SCREENING REGISTER

PROGRAMME	DATA ELEMENT	DESCRIPTION	SOURCE	RELEVANCE
NVHCP	Region	Region where screening team is located	Records	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
NVHCP	District	District where screening team is located	Records	Identifies source of data
NVHCP	Health Facility	Name of health facility where screening team is located	Records	Identifies source of data
NVHCP	Date	This refers to the day, the month and the year that the client accessed services (DD/MM/YYYY)	Calendar	Defines date of service for future reference
NVHCP	Serial No	This refers to the serial numbers given to clients	Records	For counting clients
NVHCP	Name	The unique identity of the client without title e.g. Dr., Mr., Mrs	Client	To identify client
NVHCP	Name of parent/caretaker if child under 12	The unique identity of the parent/caretaker of child under 12 years without title e.g. Dr., Mr., Mrs	Client	To identify client
NVHCP	DOB, or age if DOB unknown	Refers to date of birth of client in DD/MM/YYYY format OR Age in complete years or months	Client	To know the date of birth or age
NVHCP	Sex	Gender of the Client, indicate whether Male or Female	Observation	For counting of sex of clients
NVHCP	Location Address	This refers to the exact physical address/location of the client/how to contact client	Client	To locate client in community

PROGRAMME	DATA ELEMENT	DESCRIPTION	SOURCE	RELEVANCE
NVHCP	District of residence	District which client lives in	Client	To locate client in community
NVHCP	Sub district of residence	Sub district which client lives in	Client	To locate client in community
NVHCP	Telephone/Email	Telephone or email of client	Client	To contact client
NVHCP	Occupation	The occupation of client	Client	For risk level analysis
NVHCP	Marital status	Indicate if single, married, widowed, separated or divorced or NA for child	Client	For risk level analysis
NVHCP	Screening site	Name of site where this screening is being undertaken, health facility or community location e.g. specific church or prison	Provider	For record purposes
NVHCP	Individual/Group screening	Indicate or categorize if individual walk in (IWI) or group screening (G)	Provider	To indicate level of individual and group interest/access
NVHCP	Categorization of individual	Voluntary or mandatory	Client	For determine relative proportions
NVHCP	Categorization of group	Specify group name as : CSW, PWID, MSM, Prison, Church, Health Workers, School, Household, Corporate, Church group, Others	Client/Provider	For record and to determine access to different groups/sub populations
NVHCP	Previous vaccination received? Specify type & no of doses	Indicate if client had received hepatitis B vaccination previously with doses received	Client	To help with interpreting profile results

PROGRAMME	DATA ELEMENT	DESCRIPTION	SOURCE	RELEVANCE
NVHCP	Pre-test counselling	Refers to clients given basic information on Hepatitis before testing is done	Provider	To access preparation of clients
NVHCP	Result of Hepatitis B test	Indicate result of Hepatitis B test	Lab report	For interpretation and management
NVHCP	Result of Hepatitis C test	Indicate result of Hepatitis C test	Lab report	For interpretation and management
NVHCP	Post-test counselling	Indicate Yes or No whether the client had a post-test counselling after receiving results.	Provider	To access preparation of clients
NVHCP	Given Hep B vaccine (first dose)	Indicate Yes and date if client testing negative for Hep B received first dose of hepatitis B vaccine, Otherwise No	Provider	Indicates service continuity
NVHCP	Referral for confirmation/ chronic care and treatment	Indicate if client testing positive for Hep B or C is referred for confirmation and enrolment on chronic care/treatment register	Provider	Indicates service continuity

CHRONIC VIRAL HEPATITIS B AND C SCREENING FORM

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	Region	Region where screening team is located	Provider	To know the name of the region in which reporting facility is located. (e.g. Ashanti)
NVHCP	District	District where screening team is located	Provider	To identify district location of the team
NVHCP	Sub district	Sub district where screening team is located	Provider	To identify sub district location of the team
NVHCP	Health Facility	Name of health facility where screening team is located	Provider	To identify health facility location of the team
NVHCP	Month and Year	This is the month and year covered by report	Calendar	To identify month and year report pertains to
NVHCP	# individuals received for screening	Number of individuals received for screening during the month by disease type as distinct from groups	Screening Register	To indicate uptake by individuals
NVHCP	Group numbers	Specify total numbers screened for each of these CSW, PWID, MSM, Prison, Health Workers, School, Household, Corporate, Church group, Others	Screening Register	To indicate workload generated by groups
NVHCP	Total persons screened	Add individuals and group numbers	Screening Register	To know numbers screened
NVHCP	# Groups received for screening	Indicate different numbers of groups received for screen during month	Screening Register	To indicate level of group interest
NVHCP	Total receiving pre-test counselling	Specify total persons counselled prior to testing	Screening Register	Reflects on acceptance of results
NVHCP	Total receiving post-test counselling	Specify total persons counselled after receiving results	Screening Register	Reflects on acceptance of results
NVHCP	Total tested for Hep B	Specify total tested for Hepatitis B	Screening Register	To know the proportion positive

PROG	DATA ELEMENT	DESCRIPTION	SOURCE	RATIONALE
NVHCP	Total positive for Hep B	Specify total testing positive for Hepatitis B	Screening Register	For planning intervention
NVHCP	Total tested for Hep C	Specify total tested for Hepatitis C	Screening Register	To know the proportion positive
NVHCP	Total positive for Hep C	Specify total testing positive for Hepatitis C	Screening Register	For planning intervention
NVHCP	Total Negative for Hep B	Specify total testing Negative for Hepatitis B	Screening Register	For planning vaccination need
NVHCP	Total vaccinated (first dose) Hep B	Specify total vaccinated with first dose for Hep B	Screening Register	To know those who accessed vaccination
NVHCP	Total referred for confirmation and chronic care for Hep B	Specify total referred for confirmation and chronic care for Hep B	Screening Register	For follow up through treatment
NVHCP	Total referred for treatment for Hep C	Specify total referred for treatment for Hep C	Screening Register	For follow up through treatment

APPENDIX FIVE

REGISTERS AND FORMS FOR NON-SERVICE DELIVERY DIVISIONS

POLICY PLANNING MONITORING AND EVALUATION

INSERT PPME REGISTERS AND FORMS

FINANCE DIVISION

MONTHLY FACILITY IGF REVENUE FORM

Variable	Definition	Data Source	Rationale for collecting data
Budget	This is the approved revenue budget for the month. Budgets are supposed to be approved by the Regional Director in line with ATF	Approved monthly revenue budget as recorded in Departmental Journal Voucher and entered in the Revenue Budget Ledger	1. To ascertain the revenue budget for the month for each revenue generating facility. 2.To help generate monthly revenue budget of the Service and also provide information for budgeting in ensuing periods
Revenue Collected (cash & carry)	This is the cash and carry revenue collected in the relevant month	Revenue Budget Ledger	1.To track revenue performance of the facilities 2. To examine trends and mix of IGF revenue over the period
Corporate (Deferred Payment)	This is the revenue generated from corporate clients/deferred payment clients (apart from NHI clients) for the relevant month	Revenue Budget Ledger	3. To assist in the implementation of approved revenue budgets
NHI revenue	This is the revenue generated from only NHI clients for the relevant month		
	This is the difference between the Budget and Total actual revenue(cash & carry plus Corporate client plus NHI) for the relevant period	Revenue Budget Ledger	

Variable	Definition	Data Source	Rationale for collecting data
Variance		Revenue Budget Ledger	

CLAIMS SUBMITTED FORM (This form is to track NHI submissions)

Variable	Definition	Data Source	Rationale for collecting data
Amount Submitted	This is the value of NHI claims submitted for the relevant month. For e.g. the bill for May be submitted in June. In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted	Facility signed/approved NHI relevant month bill submitted to NHIA for payment on facility NHI file. This must also correspond to monthly NHI bills in the revenue budget ledger	Rational This form is to enable Management to track the timeliness of claims submission by health facilities. This is important because it has an impact on the timing of reimbursements and the amounts reimbursed
Medicine & Pharmacy	This is the total value of NHI bills for Medicines and Pharmaceuticals for the relevant month submitted by the facility to the NHIA for payment	Facility signed/approved NHI relevant month bill for Medicines and pharmaceuticals submitted to NHIA for payment on facility NHI file. This figure must also correspond to monthly NHI bills in the revenue budget ledger	
Services	This is the total value of NHI bills for Non-drug consumables for the relevant month submitted by the facility to the NHIA for payment	Facility signed/approved NHI relevant month bill for Non-drug consumables submitted to NHIA for payment on facility NHI file. This figure must also correspond to monthly NHI bills in the revenue budget ledger	
Total Submission	This is the addition of the monthly NHI Medicines and Pharmaceuticals and the Monthly NHI Services submitted for the relevant month	The monthly NHI Medicines and Pharmaceuticals and the Monthly NHI Services submitted for the relevant month as appropriately sourced	

Variable	Definition	Data Source	Rationale for collecting data
Date of Submission	<p>This is the date of submission of the NHI bill for the relevant bill.</p> <p>In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted</p>	<p>NHIA stamped received Cover letter of health facilities and the receipt acknowledgement e-mail for electronic submissions.</p> <p>Facilities must get NHIA to stamp received date of bill on the facility cover letter for the bill for the relevant month and Date of submission of bill to NHIA as appropriately received or acknowledged.</p>	

PAYMENT OF CLAIMS FORM

Variable	Definition	Data Source	Rationale for collecting data
Payment of Claim Amount Paid	This is the claims paid by NHIA for the relevant month. So, for example if the MAY Bill submitted was paid in December, the information would be entered in the December Month payment of claim template/form. The date of submission would show when the bill that has been paid was submitted	Amount in Bank statement and/or NHI Payment advice	This is to help management track 1. The average time between when claims are submitted and when they are paid to aid management decisions and advocacy 2. The quantum and percentage of Claims that are rejected and hence gauge the efficiency and quality of claims submitted by facilities 3. The quantum of Med & Pharmacy and Services claims paid and rejected
Medicine & Pharmacy	This is the total value of NHI payments for Medicines and Pharmaceuticals in the relevant month paid by the NHIA to the facility	Amount in Bank statement and/or NHI Payment advice	
Services	This is the total value of NHI payments for Non-drug consumables in the relevant month paid by the NHIA to the facility	Amount in Bank statement and/or NHI Payment advice	
Rejected Claims Medicine & Pharmacy	This is the value of Medicines and pharmaceuticals claims for the relevant month that was rejected by the NHIA.	Amount in Bank statement and/or NHI Payment advice	
Rejected Claims Services	This is the value of Services claims for the relevant month that was rejected by the NHIA	Amount in Bank statement and/or NHI Payment advice	
Date of Submission/ Payment	This is the date of Submission/ Payment of the NHI bill for the relevant bill.	Amount in Bank statement and/or NHI Payment advice	

Variable	Definition	Data Source	Rationale for collecting data
	<p>In this case the template to be filled would be May. But the date submitted would be the date in June when the May bill was submitted For example, if the May bill was submitted in June and paid in July, the payment date is July and not May or June</p>		

TRANSPORT DEPARTMENT

LOGBOOK/FILE

Variable Name		Definition	Source	
VEHICLE BASE	Region	Region where the vehicle is allocated to (e.g. Ashanti Region)	Generated	
	District	District where the vehicle is allocated to (e.g. Accra Metro)	Generated	
	Sub-District	Sub-district where the vehicle is allocated to (e.g. Ashiedu Keteke)	Generated	
	Facility	Facility where the vehicle is allocated to (e.g. Ridge Hospital)	Generated	
	Vehicle Make/Type	Brand name and type of the vehicle (e.g. Toyota Pick-up)	Front and rear of the vehicle	
	Vehicle Reg. No	The DVLA registration number of the vehicle (e.g. GV 419-19)	Vehicle Number Plate	
	Date	Date of movement or usage of the vehicle. It should be written as DD/MM/YYYY	Generated	
VEHICLE USE	Service Days	The days at which the vehicle is used for service delivery. Tick on each day that the vehicle is used	Generated	For calculation of operational utilization
	Workshop Days	The days at which the vehicle is not in good condition for use. Tick for each day that the vehicle is faulty.	Generated	For calculation of operational utilization
	Idle	The days at which the vehicle is in good condition but not being used. Tick for each day that the vehicle is idle	Generated	For calculation of operational utilization
KILOMETER REDADING	Start	The vehicle Kilometer reading before the beginning of the day usage	Vehicle Odometer	For calculation of operational utilization

Variable Name		Definition	Source	
	End	The vehicle kilometer at the end of the day usage	Vehicle Odometer	For calculation of operational utilization
FUEL USE	Service	Official source of fuel allocated for vehicle use Indicate quantity in litres	Vehicle/Fuel request form	To determine the source of the fuel
	Non-Service	Non-official source of fuel allocated for vehicle use Indicate quantity in litres	Vehicle/Fuel request form	To determine the source of the fuel
	Engine Oil Added	Top-up engine oils to the vehicle aside the usual routine servicing. Indicate quantity in litres	Fuel ledger	Determine quantity of top-up engine oil
	Activity & Destination	Description of purpose of vehicle usage and destination	Vehicle/Fuel request form	Track vehicle movement usage
	Driver	Full name and signature of the driving the vehicle	Generated	To identify the driver of the vehicle in case of any incident
	Officer	Full name and Signature of Officer that the Vehicle is assigned to	Generated	To identify the officer vehicle assigned to in case any incident
	Maintenance Cost	Maintenance expenses incurred on the vehicle (e.g. Routine servicing, replacement of tyres, batteries etc)	Maintenance file	For calculation of operational cost
	Accident/Incident	The occurrence of any incident or accident that results in the injury of officers/damage to the vehicle or property. Indicate Y for accident and N for No accident within the period of report.	Incident/Accident File	
	Number Injured	Total Count of people injured due to the accident.	Incident/Accident File	
	Number Died	Total count of people died from the accident	Incident/Accident File	
	Vehicle Damage	Damage cause to the vehicle. Indicate Y for damage and N for no damage	Incident/Accident File	

Variable Name		Definition	Source	
	Repairs/replacement Cost	The cost of replacing or repairing the damage vehicle due to the accident. Indicate in GHc.	Incident/Accident File	For calculation of operational cost

TRANSPORT MONTHLY REPORT FORM

Name of Data Element	Definition	Source	Purpose
No. of Vehicles	Total number of vehicles owned	Vehicle Asset Register	For calculation of operational utilization
Total Kilometers Travelled	Total number of kilometers covered by all vehicles in a month	Transport Logbook/File	For calculation of operational utilization
Total Fuel Used	Total official and non-official fuel used by all vehicles in a month	Transport Logbook/File	For calculation of operational
Total Days Used	Total number of Use Days by all vehicles in a month	Transport Logbook/File	utilization
Total Days Idled	Total number of Idle Days by all vehicles in a month	Transport Logbook/File	For calculation of operational
Total Workshop Days	Total number of Days spent at workshops by all vehicles in a month	Transport Logbook/File	For calculation of operational
Total Maintenance Cost	Total maintenance cost incurred on all vehicles in a month (e.g. Routine servicing, corrective and accident repairs)	Transport Logbook/File	utilization

Name of Data Element	Definition	Source	Purpose
No. of Vehicle request	Total number of approved vehicle request received in a month	Vehicle Request file	For calculation of operational
No. of vehicle request honored	Total number of approved vehicle request honored in a month	Vehicle request file	utilization
No. of Accident/Incident occurred	Total number of vehicle accident/Incident recorded in a month	Transport Logbook/File	Basis for calculating Collision Frequency Rate
No. of Injuries	Total number of Injuries recorded in a month due to vehicle accident	Transport Logbook/File	
No. of Deaths	Total number of Deaths recorded in a month due to vehicle accident	Transport Logbook/File	

STORES SUPPLIES AND DRUG MANAGEMENT (SSDM)

INSERT REGISTERS AND FORMS FOR SSDM

HUMAN RESOURCE DEVELOPMENT DIVISION (HRDD)

INSERT REGISTERS AND FORMS FOR HRDD

GLOSSARY

FAMILY HEALTH DIVISION DATA DICTIONARY

FAMILY HEALTH INDICATORS

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
SAFE MOTHERHOOD	Antenatal Care Coverage -to be measured as per 100	Proportion of pregnant women receiving antenatal care during pregnancy (at least once).	Total number of antenatal registrants in a specified period	Total number of expected pregnancies of the catchment area within the specified period	This indicator is used to assess the coverage of antenatal services and to decide when and where to begin interventions to improve low coverage
SAFE MOTHERHOOD	ANC 4+ Visit -to be measured as per 100	Proportion of Women making at least 4 ANC visits	Number of pregnant women in a specified period making at least 4 ANC visits	Total number of antenatal registrants within the specified period	Measures proportion of pregnant women making adequate number of antenatal visits.
SAFE MOTHERHOOD	Average ANC Visit per client -to be measured as per 100	Average number of ANC visits made by all of women delivering in the specified time period I	Total number of antenatal attendances (all ANC clients) within the specified period	Total number of antenatal registrants in a specified period	This indicator is used to assess the utilisation of antenatal services helps to plan for the resources needed for effective service delivery
SAFE MOTHERHOOD	Proportion of ANC attendants by TBAs -to be measured as per 100	Proportion of ANC clients attended by a trained traditional birth attendant	Number of ANC attendants seen or attended to by TBAs in a specified period	Total number of expected pregnancies of the catchment area within the specified period	TBA contribution to ANC
SAFE MOTHERHOOD	Percentage 1 st trimester registration -to be measured as per 100	proportion of pregnant women making their first ever visit to the ANC in their 1st trimester	Number of pregnant women making their first ever visit to the ANC in their 1st trimester of gestation in a specified period	Total number of ANC registrants within the specified period	This is to assess the care seeking behaviour of clients

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
SAFE MOTHERHOOD	Percentage 3 rd trimester registration -to be measured as per 100	Proportion of pregnant women making their first ever visit during their 3 rd trimester of gestation in a specified period.	Number of pregnant women making their first ever visit to the ANC in their 3 rd trimester of gestation in a specified period	Total number of ANC registrants within the specified period	This is to assess the care seeking behaviour of clients
SAFE MOTHERHOOD	Percentage Pregnant Women with parity 5+ -to be measured as per 100	Proportion of Pregnant Women with parity 5+ at the time of ANC registration	Number of pregnant women with parity 5+ at the time of ANC registration in a specified period	Total number of registrants within the specified period	This is to assess pregnant women at risk
SAFE MOTHERHOOD	Percentage Pregnant Women less than 5 feet -to be measured as per 100	Proportion of Pregnant Women less than 5 feet at the time of registration	Number of pregnant women with height less than 5 feet in a specified period.	Total number of registrants within the specified period	This is to assess pregnant women at risk
SAFE MOTHERHOOD	Percentage Pregnant Women 35yrs and above -to be measured as per 100	Proportion of Pregnant Women 35yrs and above	Number of pregnant women aged 35years and above at the time of registration in a specified period	Total number of registrants within the specified period	This is to assess percentage pregnant women at risk
SAFE MOTHERHOOD	ANC Syphilis Screening Coverage -to be measured as per 100	Proportion of pregnant women who were screened for syphilis at the ANC clinic in a specified period of time	Number of women delivering in the specified time period who had been tested for syphilis during the pregnancy	Total Number of Registrants in the specified time period	Measures whether pregnant women are being screened for syphilis. * This indicator is measured at the time of birth.
SAFE MOTHERHOOD	Syphilis infection among pregnant women -to be measured as per 100	Proportion of pregnant women who were screened for syphilis and tested positive at the ANC clinic in a specified period of time	Number of pregnant women screened for syphilis in the specified time period who tested positive for syphilis	Number of pregnant women who were tested for syphilis in the specified time period	Measures how common syphilis infection is among pregnant women, and the potential for congenital syphilis. There is a possible bias if

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
					syphilis testing is not systematic. Is only valid if all pregnant women are tested.
SAFE MOTHERHOOD	Tetanus Diphtheria Vaccination coverage -to be measured as per 100	Proportion of pregnant women receiving at least 2 doses of Tetanus Diphtheria vaccination before delivery including those fully immunised	Number of women delivering in a specified time period who had been vaccinated with tetanus Diphtheria toxoid (at least 2 doses)	Total number of Registrants in the specified time	Measures whether women of reproductive age are being vaccinated with Tetanus Diphtheria to protect the newborn from tetanus. This indicator is measured at the time of birth. Neonatal tetanus cases should also be reported.
SAFE MOTHERHOOD	Percentage ANC clients with 1 st IPT dose	Proportion of ANC registrants who had their 1 st IPT dose	Number of women who had their 1 st IPT dose during their ANC visit in a specified period	Total number of ANC registrants within the specified period	This is a measure to assess the protection of pregnant women against malaria.
SAFE MOTHERHOOD	Percentage ANC clients with 3 rd IPT dose	Proportion of ANC registrants who had their 3 rd IPT dose	Number of ANC registrants who had their 3 rd IPT dose during their ANC visit in a specified period	Total number of ANC registrants within the specified period	Number of women adequately protected against Malaria
SAFE MOTHERHOOD	Percentage Hb checked at registration -to be measured as per 100	Proportion of pregnant women who had their Hb checked at the time of registration	Number of pregnant women with Hb checked at registration in a specified period	Total number of ANC registrants within the specified period	This is a measure of access to Hb assessment
SAFE MOTHERHOOD	Percentage Hb checked at term -to be measured as per 100	Proportion of pregnant women who had their Hb checked at term of gestation	Number of pregnant women with Hb checked at term in a specified period	Total number of ANC registration within the specified period	Measures the health of women prior to delivery

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
SAFE MOTHERHOOD	Percentage Anaemic at registration -to be measured as per 100	Proportion of pregnant women who were found anaemic at the time of registration	Number of pregnant women with Hb less than (11g/dl) at the time of registration in a specified period	Total number of ANC clients whose Hb were checked at registration within the specified period	Measures the health of women prior to pregnancy
SAFE MOTHERHOOD	Percentage Anaemic at term -to be measured as per 100	Proportion of pregnant women who were found anaemic (less than 11g/dl) at term of gestation	Number of pregnant women found anaemic at term in a specified period	Total number of Hb checked at term within the specified period	Measures the health Status of women before delivery
SAFE MOTHERHOOD	Percentage Registered Deliveries -to be measured as per 100	Proportion of deliveries conducted in a specified time period	Number of deliveries conducted reported in a specified time period	Total number of expected deliveries within the specified period	Measures fertility rate within a specified period.
SAFE MOTHERHOOD	Percentage obstetric emergencies managed -to be measured as per 100	Proportion of women with obstetric emergencies managed in health facilities.	Number of women with obstetric emergencies who are managed in a specified time period	Total number of expected obstetric emergencies within the specified time period	Measures the quality of obstetric care. Case definitions for various obstetric emergencies need to be developed.
SAFE MOTHERHOOD	Percentage knowledge of danger signs of obstetric complications -to be measured as per 100	Proportion of women of reproductive age with knowledge on at least two danger signs of obstetric complications	Number of women of reproductive age who can name at least two danger signs of obstetric complications	Number of women of reproductive age	Measures whether women can identify danger signs of obstetric complications, which can facilitate referral for proper care
SAFE MOTHERHOOD	Percentage Caesarean Section -to be measured as per 100	Proportion of deliveries performed by Caesarean section	Number of women delivered by Caesarean section in the specified time period	Total number of deliveries within the specified time period	Measures access to emergency surgical obstetric services.
SAFE MOTHERHOOD	Incidence of unsafe and spontaneous abortions	Rate of pregnancies loss due to spontaneous abortion	Number of unsafe and spontaneous abortions before 28 weeks of	Number of live births in the specified time period	Measures effectiveness of antenatal care in preventing early

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
		before 28 weeks of gestation	gestation or below 500g in the specified time period		pregnancy loss. Also is measure of women's general health
SAFE MOTHERHOOD	Management of complications due to abortions -to be measured as per 100	Proportion of women with complications due to unsafe and spontaneous abortions treated in a timely and appropriate manner according to protocol	Number of women with complications due to spontaneous abortions who are treated in the specified time period	Total number of women with complications due to spontaneous abortions within the specified time period	Measures the quality of care for complications due to unsafe and spontaneous abortion.
SAFE MOTHERHOOD	Postnatal Care Coverage -to be measured as per 100	Proportion of women who received postnatal care within 6 weeks after delivery	Number of women who received postnatal care within 6 weeks after delivery in a specified time period	Total number of expected deliveries in the specified time period	Measures whether women receive postpartum care. Time period can be up to 42 days following delivery. This indicator is used to assess the use of postnatal and by extension well-baby services. Low coverage can prompt health workers to adopt new strategies to increase coverage.
	Percentage Postnatal care coverage (Early)	Proportion of women who received their first postnatal care within the first 7 days after delivery	Number of women who received their first postnatal care within the first 7days after delivery in a specified period	Total number of expected deliveries in the specified time period	This is to assess women who delivered and had early postnatal.

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
	Percentage Postnatal care coverage (Late)	Proportion of women who received their first postnatal care from the 8 th to 42 nd day after delivery	Number of women in a specified time period who received their first postnatal care from the 8 th to 42 nd day after delivery	Total number of expected deliveries in the specified time period	This is to assess women who delivered and had early postnatal.
SAFE MOTHERHOOD	Percentage Postnatal care mothers with no previous ANC visit -to be measured as per 100	Proportion of postnatal care mothers who did not make any antenatal visit till delivery	Number of postnatal mothers with no previous antenatal care visit to the time of delivery in a specified period	Total number of postnatal registrants within the specified period	
SAFE MOTHERHOOD	Percentage Maternal Deaths Audited -to be measured as per 100	Proportion of reported maternal deaths that are investigated according to established guidelines, and the results are disseminated to health staff	Number of reported maternal deaths which are investigated according to established guidelines, and the results of which are disseminated to health staff	Total number of reported maternal deaths within the specified period	Measures the programmes capacity to identify all maternal deaths and to determine the factors contributing to those deaths. Assumes that: a) both indirect and direct maternal mortality events are examined.
SAFE MOTHERHOOD	Maternal Mortality Ratio-to be measured as per 100,000	Number of maternal deaths for every 100,000 live births during the year	Number of maternal deaths reported in a specified time period	Total live births in a specified period	Maternal death represents the death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and the site of the pregnancy, from any cause related to the pregnancy or its management

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
SAFE MOTHERHOOD	Percentage TBA deliveries -to be measured as per 100	Proportion of total deliveries conducted by traditional birth attendants	Number of deliveries conducted by traditional birth attendants in a specified period	Total number of expected pregnancies of the catchment area within the specified period	This indicator measures access to maternal health services by a trained skilled attendant
SAFE MOTHERHOOD	Percentage Low Birth Weight -to be measured as per 100	Proportion of babies born who weighed less than 2,500 gm at birth in a specified period	Number of live infants weighing <2,500 grams at birth in a specified time period	Total number of live births (with birth weight recorded) in the specified time period	Measures the health status of pregnant women and the adequacy of antenatal care. Birth weights also identify infants at higher risk who may need special care
SAFE MOTHERHOOD	Percentage of Very Low Birth Weight -to be measured as per 100	Proportion of babies who weighed less than 1,500 gm at birth in a specified period	Number of live infants weighing <1,500 gm at birth in the specified time period	Total number of live births (with birth weight recorded) in the specified period	Measures the health and nutritional status of pregnant women, and identifies babies in need of specialized care
PMTCT	Percentage of health facilities providing integrated package of PMTCT services -to be measured as per 100	Proportion of health facilities providing integrated package of PMTCT services	Number of health facilities providing integrated package of PMTCT services in period a given	Total number of health facilities providing antenatal services in a given period	This is to measure access to PMTCT services within the catchment area
PMTCT	Percentage of health facilities providing EID services using DBS -to be measured as per 100	Proportion of health facilities providing EID services using DBS (Dry Blood Spot)	Number of health facilities providing EID services using DBS in a specified period	Total number of health facilities providing maternal health services in a given period	
PMTCT	Percentage of pregnant women tested for HIV and received results -to be measured as per 100	Proportion of pregnant women tested for HIV and received results	Number of ANC clients who were tested for HIV and received result in	Total number of ANC clients who were tested for HIV in the specified period of time	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
			the specified time period		
PMTCT	Percentage of HIV negative women counselled -to be measured as per 100	Proportion of HIV negative women counselled and provided information on HIV and STI prevention, and how to remain HIV free	Number of HIV negative women counselled in a specified time period	Total number of pregnant women who tested negative for HIV within the specified period	
PMTCT	Percentage of HIV Negative women retested positive at 34 weeks of gestation	Proportion of negative women who initially tested at registration but were found to be positive during retesting at 34weeks	Number of HIV positive women identified during testing at 34weeks	Total number of HIV negative women identified negative at registration	
PMTCT	Percentage of infected women who received ARVs for PMTCT	Proportion of infected women who received ARVs for PMTCT	Number of HIV positive pregnant women put on ARV within a specified period	Total number of HIV positive women within the specified time period	
PMTCT	Percentage of infected women provided counselling and support. -to be measured as per 100	Proportion of infected women provided with nutrition counselling and support. feeding	Number of infected pregnant women who received nutrition counselling and support in a specified period	Total number of HIV positive women within the specified time period	
PMTCT	Percentage of HIV infected pregnant women counselled on infant feeding by a trained counsellor -to be measured as per 100	Proportion of HIV infected pregnant women counselled on infant feeding by a trained counsellor	Number of HIV infected pregnant women who received counselling on infant feeding by a trained counsellor in a given period	Total number of HIV positive women within the specified time period	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
PMTCT	Percentage of HIV infected pregnant women provided with family planning services after delivery -to be measured as per 100	Proportion of HIV infected pregnant women provided with family planning services after delivery	Number of HIV infected pregnant women provided with family planning services after delivery in a given period	Total number of HIV positive women within the specified time period	
PMTCT	Percentage of exposed infants receiving ARV prophylaxis for PMTCT -to be measured as per 100	Proportion of exposed infants receiving ARV prophylaxis for PMTCT	Number of infants receiving ARV prophylaxis for PMTCT in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of exposed infants started on co-trimoxazole prophylaxis within 2 months of age -to be measured as per 100	Proportion of exposed infants started on co-trimoxazole prophylaxis within 2 months of age	Number of infants born to HIV positive mothers who started receiving co-trimoxazole prophylaxis within 2 months of age in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of exposed infants receiving first HIV virological test within two months age -to be measured as per 100	Proportion of exposed infants received first HIV virological test within two months age	Number of infants born to HIV positive mothers who received first virological test within 2 months of age in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of HIV exposed infants who are on EBF, RF or mixed feeding at Penta 3 visit -to be measured as per 100	Proportion of HIV exposed infants who are on EBF, RF or mixed feeding at Penta 3 visit	Number of HIV exposed infants who are on EBF, RF or mixed feeding at Penta 3 visit in a given period	Total number of infants born to HIV positive women within the specified time period	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
PMTCT	Percentage of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis -to be measured as per 100	Proportion of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis	Number of HIV exposed infants who are breastfeeding and covered by ARV prophylaxis in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of new HIV positive pregnant women who newly received Antiretrovirals to reduce the risk of mother-to-child transmission of HIV (New)	Proportion of new HIV positive (all newly diagnosed HIV positive pregnant women (initial positive + retested HIV positive at 34 weeks)) who newly received Antiretrovirals to reduce the risk of mother-to-child transmission.	Total number of newly diagnosed (initial positive + retested HIV positive at 34 weeks) HIV positive pregnant women within the current period who were newly given Antiretrovirals to reduce the risk of mother-to-child transmission	Total number of newly diagnosed HIV positive (initial positive + retested HIV positive at 34 weeks) pregnant women within the current period	
PMTCT	Percentage of Known HIV positive pregnant women who newly received Antiretrovirals to reduce the risk of mother-to-child transmission (New) in the current period	Proportion of Known HIV Positive pregnant women who are not on ARVs but were newly given Antiretrovirals to reduce the risk of mother-to-child transmission of HIV	Number of Known HIV Positive pregnant women (from the previous period) who are not on ARVs but were newly given Antiretrovirals to reduce the risk of mother-to-child transmission of HIV in the current period	Number of Known HIV Positive pregnant women (from the previous period) who are not on ARVs before the current period.	
PMTCT	Percentage of Known HIV positive pregnant women who are already on ARVs before the current period	Proportion of Known HIV Positive pregnant women already on	Number of known HIV Positive pregnant women (from the	Number of Known HIV Positive pregnant women (from the	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
		Antiretrovirals before current period	previous period) who are already on ARVs prior to the current period	previous period) who are visiting for services within the current period	
ART	Linkage to ART treatment (Linkage to treatment)	Proportion of all HIV positive (including positives from htc and PMTCT) who were given ART in line with the "treat all policy"	Number of HIV positive clients (both htc+ PMTCT) who were initiated on ART during the period		
EID	Percentage of HIV Exposed Infants (HEI) who had Early Infant Diagnosis of HIV done via PCR	Proportion of all HIV Exposed Infants (HEI) who tested for HIV using DNA PCR (for ages 0 to less than 18 months)			
PMTCT	Percentage of HIV exposed children who test positive by DNA PCR to be measured as per 100	Proportion of HIV exposed children who test positive by DNA PCR	Number of HIV exposed children who test positive by DNA PCR in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of HIV exposed negative infants at 18months	Proportion HIV exposed infants who tested out to be negative at the final testing (18months)	Number of infants who tested HIV negative at 18months using antibody test	Total number of exposed babies who were followed up to 18months	

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
PMTCT	Percentage of infected children (0-14weeks) receiving Antiretroviral treatment (ART) -to be measured as per 100	Proportion of infected children (0-14) receiving Antiretroviral treatment (ART)	Number of HIV positive children (0-14) receiving ARV treatment in a given period	Total number of infants born to HIV positive women within the specified time period	
PMTCT	Percentage of male partners counselled and tested for HIV in ANC setting -to be measured as per 100	Proportion of male partners counselled and tested for HIV in ANC setting	Total number of male partners counselled and tested for HIV in ANC setting in a given period	Total number of antenatal registrants within the specified time period	
FAMILY PLANNING	Contraceptive Prevalence -to be measured as per 100	Proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time	Total number of family planning acceptors in a given period	Target population within the specified period	Measures access to reproductive health services that are essential for meeting many of the Millennium Development Goals (MDGs), especially the Child Mortality, Maternal Health HIV/AIDS, and Gender related goals
FAMILY PLANNING	Contraceptive Acceptor rate/Family Planning Coverage -to be measured as per 100	Proportion of the women in fertile age (WIFA) using family planning method in a specified period	Number of family planning acceptors in a specified period	Total number of WIFA specified period	To estimate or assess a percentage of the population using family planning methods
FAMILY PLANNING	Contraceptive Method Preference -to be measured as per 100	The measure to contraceptive method use and uptake in a given period	Number of contraceptive acceptors to a specific method in a given period	Total number of family planning acceptors within the given period	Identifies the most preferred methods and less preferred methods for program planning.

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
FAMILY PLANNING	Percentage Postnatal care mothers counselled on family planning -to be measured as per 100	Proportion of mothers who were counselled on family planning during the postnatal period	Number of mothers who received counselling on family planning during their postnatal visit in a specified period	Total number of postnatal registrants	
FAMILY PLANNING	Percentage Postnatal care mothers accepting family planning -to be measured as per 100	Proportion of mothers who were given counselling and accepted to use a family planning method during their postnatal visit	Number of family planning acceptors in a specified period	Total number of postnatal care registrants	
FAMILY PLANNING	Family Planning Couple Years of Protection (CYP) -to be measured as per factor outlined	The estimated protection provided by contraceptive methods for a couple during a one-year period based upon the volume of all contraceptives sold or distributed free of charge to clients during that period divided by the CYP factor.	* All Short Acting contraceptives sold or distributed free of charge to clients during a specified period		
Commodity CYP Factor					
FAMILY PLANNING	Short Term Methods Oral Contraceptives Condoms Depo Provera Norigynon LAM		Short Acting Methods Oral Contraceptives 13 cycles Condoms 120 pieces Depo Provera 4 doses Norigynon 12 doses LAM 0.25		
FAMILY PLANNING	Long Acting Methods Jadelle Sino Implants		CYP Long Term Methods Jadelle 3.5 Sino Implants 3.2		

PROGRAMME	INDICATOR	DEFINITION	NUMERATOR	DENOMINATOR	REMARKS
	Implanon		Implanon	2.5	
	Copper T		Copper T	3.5	
	Vasectomy		Vasectomy	10	
	Female Sterilization		Female Sterilization	11	
	Natural FP		Natural FP	2	

Indicator	Definition	Numerator	Denominator	Rational
Adolescent Birth Rate	Proportion of births by adolescents in a specified period	Number of births by girls within the ages of 10 - 19 years in a specified period	Total adolescent population (10-19) from projected census	
% Early adolescent pregnancy	Proportion of early (10 to 14 years) adolescents who reported as pregnant in a specified period	Number of pregnant girls within the age group of 10 to 14 years at the time of registration in a specified period	Total number of adolescent ANC registrants within the specified period	
% Late adolescent pregnancy	Proportion of late (15 to 19 years) adolescents who reported as pregnant in a specified period	Number of pregnant girls within the age group of 15 to 19 years at the time of registration in a specified period	Total number of adolescent ANC registrants within the specified period	
% Adolescent pregnancy	Proportion of pregnant girls within the age group 10 to 19 years who reported as pregnant in a specified period	Number of pregnant girls within the age group of 10 to 19 years at the time of registration in a specified period	Total number of ANC registrants within the specified period	
% Early adolescent new acceptors of FP	Proportion of FP new acceptors who are early (10 to 14 years) adolescents	Number of early adolescents accepting FP for the very first time in a specified period	Total new adolescent FP acceptors	
% Late adolescent new acceptors of FP	Proportion of FP new acceptors who are late (15 to 19 years) adolescents	Number of late adolescents accepting FP for the very first time in a specified period	Total new adolescent FP acceptors	
% Adolescent (10-19) new acceptors of FP	Proportion of FP new acceptors who are adolescents	Number of adolescents accepting FP for the very first time in a specified period	Total new FP acceptors	

Indicator	Definition	Numerator	Denominator	Rational
% Adolescent screening for HIV	Proportion of adolescents screening for HIV testing	Number of adolescents testing for HIV in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Adolescent accessing STI/HIV Counselling	Proportion of adolescents accessing STI/HIV Counselling services in a specified period	Number of adolescents accessing STI/HIV Counselling services in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Adolescent accessing Family Planning Counselling	Proportion of adolescents accessing Family Planning counselling services in a specified period	Number of adolescents accessing Family Planning counselling services in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Adolescent accessing Abortion Counselling	Proportion of adolescents accessing Abortion counselling services in a specified period	Number of adolescents accessing Abortion counselling services in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Young people (10-24 years) accessing Nutrition counselling	Proportion of young people accessing Nutrition counselling services in a specified period	Number of young people accessing Nutrition counselling services in a specified period	Total number of young people visiting the adolescent health corner in a specified period	
% Adolescent (10-19 years) accessing Drug and substance abuse support	Proportion of adolescents accessing drug and substance abuse support in a specified period	Number of adolescents accessing drug and substance abuse support in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Early adolescent (10-14 years) accessing Drug and substance abuse support	Proportion of early adolescent accessing drug and substance abuse support in a specified period	Number of early adolescents accessing drug and substance abuse support in a specified period	Total number of early adolescents visiting the adolescent health corner in a specified period	

Indicator	Definition	Numerator	Denominator	Rational
% Late adolescent (15-19 years) accessing Drug and substance abuse support	Proportion of late adolescent accessing drug and substance abuse support in a specified period	Number of late adolescents accessing drug and substance abuse support in a specified period	Total number of late adolescents visiting the adolescent health corner in a specified period	
% Young people (10-24 years) accessing Drug and substance abuse support	Proportion of young people accessing drug and substance abuse support in a specified period	Number of young people accessing drug and substance abuse support in a specified period	Total number of young people visiting the adolescent health corner in a specified period	
% Young people (10-24 years) accessing Gender and sexual based violence Support	Proportion of young people accessing Gender and sexual based violence Support in a specified period	Number of young people accessing Gender and sexual based violence Support in a specified period	Total number of young people visiting the adolescent health corner in a specified period	
% Adolescent (10-19 years) and youth accessing Gender and sexual based violence Support	Proportion of adolescent accessing Gender and sexual based violence Support in a specified period	Number of adolescents accessing Gender and sexual based violence Support in a specified period	Total number of adolescent visiting the adolescent health corner in a specified period	
% Early (10 to 14 years) adolescent accessing Gender and sexual based violence Support	Proportion of early adolescent accessing Gender and sexual based violence Support in a given period	Number of early adolescents accessing Gender and sexual based violence Support in a specified period	Total number of early adolescents visiting the adolescent health corner in a specified period	
% Late (15 to 19 years) adolescents accessing Gender and sexual based violence Support	Proportion of late adolescents accessing Gender and sexual based violence Support in a specified period	Number of late adolescents accessing Gender and sexual based violence Support in a specified period	Total number of late adolescents visiting the adolescent health corner in a specified period	

Indicator	Definition	Numerator	Denominator	Rational
% Adolescent (10-19 years) accessing support to address suicidal tendencies	Proportion of adolescents accessing support to address suicidal tendencies	Number of adolescents accessing support to address suicidal tendencies	Total number of adolescents visiting the adolescent health corner in a specified period	
% Early (10 to 14 years) adolescent accessing support to address suicidal tendencies	Proportion of early adolescents accessing support to address suicidal tendencies	Number of early adolescents accessing support to address suicidal tendencies	Total number early of adolescents visiting the adolescent health corner in a specified period	
% Late (15 to 19 years) adolescents accessing support to address suicidal tendencies	Proportion of late adolescents accessing support to address suicidal tendencies	Number of late adolescents accessing support to address suicidal tendencies	Total number late of adolescents visiting the adolescent health corner in a specified period	
% Young people (10 to 24 years) accessing support to address suicidal tendencies	Proportion of young people accessing support to address suicidal tendencies	Number of young people accessing support to address suicidal tendencies	Total number of young people visiting the adolescent health corner in a specified period	
% Adolescent (10 to 19 years) given Emergency contraception	Proportion of adolescents given emergency contraception in a specified period	Number of adolescents given	Total number of adolescents visiting the adolescent health corner in a specified period	
% Early adolescent (10 to 14 years) given Emergency contraception	Proportion of early adolescents given emergency contraception in a specified period	Number of early adolescents given Emergency Contraception	Total number of early adolescents visiting the adolescent health corner in a specified period	
% Late (15 to 19 years) given Emergency contraception	Proportion of late adolescents given emergency contraception in a specified period	Number of late adolescents given Emergency Contraception	Total number of late adolescents visiting the adolescent health corner in a specified period	

Indicator	Definition	Numerator	Denominator	Rational
% Young people (10 to 24 years) given Emergency contraception	Proportion of young people given emergency contraception in a specified period	Number of young people given Emergency Contraception	Total number of young people visiting the adolescent health corner in a specified period	
% Adolescent given condoms	Proportion of adolescents given condoms in a specified period	Number of adolescents given condom	Total number of adolescents visiting the adolescent health corner in a specified period	
% Married adolescents visiting the ADHD corner	Proportion of adolescents married or in union or living together	Number of adolescents married or union or living together	Total number of adolescents visiting the adolescent health corner in a specified period	
% Employed adolescents visiting the corner	Proportion of adolescents engage in economic ventures to make a living	Number of adolescents engage in economic ventures to make a living	Total number of adolescents visiting the adolescent health corner in a specified period	
% Adolescents students visiting the adolescent health corner	Proportion of adolescent's students who visited the adolescent health corner in a specified period	Number of adolescent students who visited the adolescent health corner in a specified period	Total number of adolescents visiting the adolescent health corner in a specified period	
% Adolescents given IE&C material	Proportion of adolescents given IE&C materials at the adolescent health corner	Number of adolescents given IE&C materials	Total number of adolescents visiting the adolescent health corner in a specified period	

NUTRITION AND CHILD HEALTH INDICATORS

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
UNDERWEIGHT AMONG REGISTRANTS						
1	Child Underweight	Proportion of children 0-59 months with weight-for-age < -2 standard deviations (SD)	Total no. of children 0-59 months Weight for age below -2SD in a given period (also explained at moderate + severe underweight)	Total number of children 0-59 months weighed in a given period (Total Registrant)	Nutrition and Child Health Register	This indicator measures children's growth adequacy with weight as a proxy. Evidence has shown that the mortality risk of children who are even mildly underweight
2	Moderate Underweight	Proportion of children 0-59-month Weight for age ≥ -3 but < -2SD	Total no. of children 0-59 months Weight for age ≥ -3 < -2SD in a given period	Total number of children 0-59 months weighed in a given period (Total Registrant)	Nutrition and Child Health Register	is increased, and severely underweight children are at even greater risk. (summarized)
3	Severe Underweight	Proportion of children 0-59 months Weight for age < -3SD	Total no. of children 0-59 months Weight for age < -3SD in a given period	Total number children 0-59 months weighed in a given period (Total Registrant)	Nutrition and Child Health Register	The rate of underweight at this stage could be a reflection of poor infant feeding support both at the facility and within the community, leading to poor infant feeding practices. This data to improve upon their infant feeding program.
UNDERWEIGHT AMONG ATTENDANCE						
1	Underweight	Proportion of children 0-59 months with weight-for-age < -2 standard deviations (SD)	Total no. of children 0-59 months Weight for age below -2SD in a given period	Total number of children of 0-59 months weighed in a given period (Total attendance)	Nutrition and Child Health Register	This indicator for measuring of underweight rate among children is not cumulative. The indicator is calculated per month and the rate for
2	Moderate Underweight	Proportion of children 0-59 months Weight for age below ≥ -3 < -2SD	Total no. of children 0-59 months Weight for age ≥ -3 < -2SD in a given period	Total a number of children 0-59 months weighed in a given period (Total attendance)	Nutrition and Child Health Register	December for each year is taken as the point prevalence of underweight for the total

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
3	Severe Underweight	Proportion of children 0-59 months Weight for age <-3SD	Total no. of children 0-59 months Weight for age <-3SD in a given period	Total number children 0-59 months weighed in a given period (Total attendance)	Nutrition and Child Health Register	attendance at CWC for the year.
STUNTING AMONG CHILDREN						
1	Stunting	Proportion of children 0-59 months with Length/height-for-age < -2 standard deviations (SD)	Total no. of children 0-59 months with length/height for age below -2SD in a given period	Total number of children 0-59 months with length/height for age measured in a given period	Nutrition and Child Health Register	
2	Moderate Stunting	Proportion of children 0-59 months length/height for age below $\geq -3 < -2SD$	Total no. of children 0-59 months length/height for age $\geq -3 < -2SD$ in a given period	Total number of children 0-59 months with length/height for age measured in a given period	Nutrition and Child Health Register	
3	Severe Stunting	Proportion of children 0-59 months Weight for age <-3SD	Total no. of children 0-59 months length/height for age <-3SD in a given period	Total number of children 0-59 months with length/height for age measured in a given period	Nutrition and Child Health Register	
INFANT AND YOUNG CHILD FEEDING						
1	% of health facilities designated as Baby Friendly facilities	Proportion of health facilities designated as Baby Friendly facilities	Total number of health facilities designated as Baby Friendly health facilities	Total number of health facilities conducting deliveries	Nutrition Biannual Surveillance form/FHD Form D	All health facilities with maternity services are to sign on to the national BFHI policy. This indicator looks at uptake of the Baby Friendly initiative
2	Early initiation of breastfeeding Rate	Proportion of new born put to breast within 1 hour of birth	Total # of live births put to breast within 1 hour of birth in a given period	Total # of live births in a given period	RCH Form A	This indicator measures when infants were put to breast early after delivery. In Ghana, the BF policy looks at 30 mins but globally it is 1 hour. Early

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
						initiation of breastfeeding within 1 hour of delivery has been shown to reduce neonatal deaths, increase success of lactation and improve exclusive breastfeeding rates.
3	Exclusive Breastfeeding Rate at discharge	Proportion of mother infant pair practicing EBF at discharge	Total # of mother infant pairs practicing exclusive bf on discharge in a given period	Total # of live births in a given period	RCH form A	Health staff who deliver pregnant women are expected to initiate the process of breastfeeding, refuse to give pre-lacteal feeds and ensure that breastfeeding has started off well before mother/infant are discharged
4	Low Birth Weight Rate	Proportion of babies with weight less than 2.5kg	Total # of live births with weight less than 2.5kg in a given period	Total # of live births in a given period	RCH form A	This indicator gives an idea of maternal malnutrition, especially during pregnancy. LBW should be reduced to the barest minimum before and during pregnancy is appropriately addressed.
5	Percentage of infants 0-3 months exclusively breastfeeding	Proportion of children 0-3 months exclusively breastfed	Total number of children 0-3 months exclusively breastfeeding at the time they come for GMP at 3 months	Total number of children enumerated they come for GMP at 3 months which also coincides with the PENTA 3 immunization visit	Nutrition and Child Health Register	This indicator is to be collected during the PENTA 3 or ROTAVIRUS 2 immunization visit. It measures exclusive breastfeeding rate at month

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
			which also coincides with PENTA 3 or ROTAVIRUS 2 immunization visit			3: a proxy for how well the breastfeeding programme is doing, especially after discharge from the facility. This data can be cumulated at the end of the quarter, half-year or annual to find out how the children are doing.
6	Timely initiation of complementary feeding	Proportion of children receiving other family foods at month 6-8	Total number of children receiving other family foods at the time they come for Vitamin A supplementation visit 6-8 months in a given	Total number of children enumerated at the Vitamin A supplementation visit 6-8 months/in a given period.	EPI/ Nutrition and Child Health Register/RCH Form A	This indicator is to be collected during the 6-months Vitamin A supplementation visit. It measures whether the caregivers have introduced complementary foods or not; which is usually expected to be. This indicator would show whether caregivers are introducing complementary foods or not for the necessary action to be taken
7	Percentage Continue Breastfeeding at 1 year.	Proportion of children seen at 1 years who are still breastfeeding. This should be calculated annually.	Total number of children who are still breastfeeding at 1 year in a given period	Total population of 12-23 months children attending CWC in a given period	Nutrition and Child Health Register	This indicator tracks continued breastfeeding which is a national feeding recommendation
VITAMIN A SUPPLEMENTATION PROGRAMME						
1	Routine Vit A (6-59MTHS) coverage	Proportion of children aged 6-59months dosed with Vitamin A within 6months	Total Number of children 6-59 months dosed with Vit A within 6 months interval	Total # of children within 6-59months in a given period.	EPI Report	Routine coverages are expected to be above 80% for each indicator to achieve national targets of reducing Vitamin A deficiency

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
						Calculate this indicator for the first and second semesters (January to June; and July to December)
2	Routine Vitamin A Coverage 6-11months	Proportion of children aged 6-11months dosed with Vitamin A within 6months	Total Number of children 6-11 months dosed with Vit A within 6 months interval	Total # of children within 6-11months in a given period.	EPI report	Routine coverages are expected to be above 80% for each indicator to achieve national targets of reducing Vitamin A deficiency Calculate this indicator for the first and second semesters (January to June; and July to December)
3	Routine Vitamin A Coverage 12-59months	Proportion of children aged 12-59months dosed with Vitamin A within 6months	Total Number of children 12-59months dosed with Vit A within 6 months interval	Total # of children within 12-59months in a given period.	EPI report	Routine coverages are expected to be above 80% for each indicator to achieve national targets of reducing Vitamin A deficiency Calculate this indicator for the first and second semesters (January to June; and July to December)
ANAEMIA CONTROL						
4	Percentage of children 6-59 months diagnosed anaemic	Proportion of children 6-59months diagnosed anaemic at OPD	Total # f children 6-59 months diagnosed with anaemia at OPD in a given period.	Total under 5 years seen at OPD in a given period.	OPD Morbidity form	Trends of this indictor would point to the deficiency of iron in the children and WIFA.
1	% of women 15-49 years (WIFA)	Proportion of women 15-49 years (WIFA) Diagnosed anaemic at OPD	Total # of women 15-49 years (WIFA) diagnosed anaemic at OPD in a given period.	Total WIFA OPD Attendance in a given period.	Statement of Outpatients	

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
	diagnosed anaemic					
2	% of pregnant women anaemic at registration	Proportion of pregnant women anaemic at registration	Total # of pregnant women anaemic (below 11g/dl) at registration in a given period.	Total Number of pregnant women with HB checked at registration in a given period.	RCH form A/ Nutrition and Child Health Register	
3	% of pregnant women anaemic at 36 weeks	Proportion of pregnant women anaemic at 36wks	Total # of pregnant women anaemic at 36weeks in a given period.	Total Number of pregnant women with HB checked at 36weeks in a given period.	RCH form A/ Nutrition and Child Health Register	
4	% of ANC registrants receiving IFA for 3months	Proportion of pregnant women receiving IFA for 3 months or for 90 days	Total number of pregnant women receiving IFA for 3 months in a given period.	Total ANC registrants in a given period.	RCH form A/ Nutrition and Child Health Register	To track IFA supplementation programme for pregnant and lactating women
5	% of ANC registrants receiving IFS for 6 or more months	Proportion of pregnant women receiving IFA for at least 6 months or for 180mdays	Total number of pregnant women receiving IFA for 6 or more months in a given period.	Total ANC registrants in a given period.	RCH form A Nutrition and Child Health Register	
6	% of PNC clients receiving IFA during their PNC visit	Proportion of lactating women who receive at least 1-month supply of IFA at postnatal care visit	Total number of lactating women given IFA at least once at PNC in a given period.	PNC Registrants in a given period.	RCH form A/ Nutrition and Child Health Register	
	Percentage of Health facilities implementing GIFTS programme	It's the proportion of health facilities that are currently implementing the GIFTS programme	Total number of health facilities Implementing GIFTS Programme in the district/Region/country	Total number of health facilities in the District/region /Country	GIFTS Out-of-School Monthly Report	To know the geographical coverage of the programme. It helps in planning and decision making. It's useful in assessing the access to the GIFTS services by adolescents.

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
		expressed in percentage.				
	Percentage of Out-of-school girls on the GIFTS programme	The proportion of out-of-school adolescent girls who are covered under GIFTS programme expressed in percentage	Total number of out of –school girls registered on the GIFTS programme in a given catchment area. (Facility/CHPS Zone/Sub-district/District/Region/Country	Estimated number of out-of-school girls in a given catchment area. (Facility/CHPS Zone/Sub-district/District/Region/Country	GIFTS Out-of-School Register	This to determine the out-of-school beneficiary coverage It's to determine the acceptability and the demand of the GIFTS services by the adolescents
NUTRITION REHABILITATION (CMAM)						
1	CMAM Cure rate	Proportion of SAM children 6-59 months discharged cured	Total # of SAM cases Discharged cured in a given period.	Total number discharges (cured + defaulter +died + non recovered) in a given period.	Nutrition and Child Health Register/CMAM Register	These set of indicators shows how well children with severe acute malnutrition are identified and treated. Treatment success is determined by a high cure rate of more than 75%. Some validity checks for CMAM, NACS and Supplementary Feeding data is that the total discharges <u>must be equal to (numbers cured + died +defaulted and non-recovered)</u> and never be more than that.
2	CMAM Death rate	Proportion of SAM children 6-59 discharged died	Total number of SAM children discharged dead in a given period.	Total number discharges (cured + defaulter +died + non recovered) in a given period.	Nutrition and Child Health Register/CMAM Register	
3	CMAM Defaulter rate	Proportion of SAM children 6-59months discharged defaulted	Total number of SAM children discharged defaulted in a given period.	Total number discharges (cured + defaulter +died + non recovered) in a given period.	Nutrition and Child Health Register/CMAM Register	
4	CMAM Non – recovery rate	Proportion of SAM children 6-59months discharged non recovered after 16 continuous weeks of treatment	Total # of children not recovered after 16 weeks of continuous treatment in a given period.	Total number discharges (cured + defaulter +died + non recovered) in a given period.	Nutrition and Child Health Register/CMAM Register	

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
COMMUNITY INFANT AND YOUNG CHILD FEEDING						
1	% of children receiving at least 1 visit in a month from a health worker	Proportion of children with nutrition –related difficulties registered in the C-IYCF register who are visited at home	Total number of children visited at home (0-24 months) in a given period.	Total number of children in the Register (old + new) in a given period.	C-IYCF Register	
2	% of schools with School feeding program visited	Proportion of schools with school feeding program visited by nutrition staff	Number of schools with SFP visited monthly in a given period.	Total number of schools with School Feeding Programme in a given period.	Nutrition Report	
CHILD HEALTH INDICATORS						
1	OPV1 Coverage -to be measured as per 100	Proportion of children under 1 year receiving Oral polio (OPV1) vaccine	Number of children under 1 year receiving the OPV1 vaccine in the year	Number of children under 1 year (estimated as 4% of the population)	EPI Returns	This indicator is used to assess the performance of the immunization and infant health programmes
2	OPV 3 Coverage -to be measured as per 100	Proportion of children under 1 year receiving Oral polio (OPV 3) vaccine during the year	Number of children under 1 year receiving the OPV 3 vaccine in the year	Number of children under 1 year (estimated as 4% of the population)	EPI Returns	This indicator is used to assess the performance of the immunization and infant health programmes
3	PENTA 1 Coverage -to be measured as per 100	Proportion of children under 1 year receiving Penta1 vaccine during the year	Number of children under 1 year receiving the Penta 1 vaccine in the year	Number of children under 1 year (estimated as 4% of the population)	EPI Returns	This indicator is used to assess the performance of the immunization services, and to determine the drop-out rate between PENTA 1 and PENTA 3.

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
4	PENTA 3 Coverage -to be measured as per 100	Proportion of children under 1 year receiving Penta3 vaccine during the year	Number of children under 1 year receiving the Penta 3 vaccine in the year	Number of children under 1 year (estimated as 4% of the population)	EPI Returns	This indicator is used to assess the performance of the immunization services, and to determine the drop-out rate between PENTA 1 and PENTA 3. Low coverage can prompt health workers to adopt strategies to increase coverage
5	Immunization Drop Out Rate -to be measured as per 100	Proportion of children under 1 year who do not complete their immunization schedule	Number of children 0-11 months who have received PENTA 1 minus the number of children 0-11 months who have received PENTA 3	Number of children 0-11 months who have received PENTA 1	EPI Returns	This indicator is used to assess the extent to which children fail to complete their immunization schedule. It is also used to assess the continuity of service and quality of care provided. This indicator is a measure of continuity of service and quality of care. It is most useful to make a year-to-date cumulative calculation of the indicator throughout the year.
6	Measles Coverage -to be measured as per 100	Proportion of children under 1 year receiving Measles Vaccine during the year	Number of children under 1 year receiving the Measles vaccine in the year	Number of children under 1 year within the specified period	EPI Returns	This indicator is used to assess the performance of the immunization and infant health programmes
7	Early Neonatal Mortality rate	Proportion of newborn deaths occurring between 0 - 6 days of life	Number of live born infants who died from 0 - 6 days of life	Total number of live births within the specified period	Form A	This indicator is a measure of the general health status of the population and the

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
	-to be measured as per 1,000					performance of the infant health programmes
8	Perinatal mortality rate -to be measured as per 1,000	Proportion of deaths of a newborn occurring during or pertaining to the phase surrounding the time of birth, from the 20th week of gestation to the 28th day of newborn life	Number of newborn deaths occurring during or pertaining to the phase surrounding the time of birth, from the 20th week of gestation to the 28th day of newborn life	Total number of live births within the specified period	Form A	This indicator is a measure of the general health status of the population and the performance of the infant health programmes
9	Neonatal mortality -to be measured as per 1,000	Proportion of newborn deaths occurring between 0 - 28 days of life	Number of live born infants who die from 0 - 28 days of life in a specified period	Total number of live births in the specified time period	Form A	
10	Late Neonatal mortality rate -to be measured as per 1,000	Proportion of newborn deaths from the first 7 days to the 28 days of life	Number of live born infants who die from the first 7 days to the 28 days of life in the specified time period	Total number of live births in the specified time period	Form A	This indicator is a measure of the general health status of the population and the performance of the infant health programmes
11	Post neonatal mortality rate -to be measured as per 1,000	Proportion of infant deaths occurring between 28 days and 11 months (29-364 days) of life	Number of infant deaths occurring between 28 days and 11 months of life in a specified period	Total number of live births in the specified time period	Form A	This indicator is a measure of the general health status of the population and the performance of the infant health programmes
12	Stillbirth Rate -to be measured as per 1,000	Proportion of babies born with no signs of life at or after 28 weeks' gestation	Number of baby born with no signs of life at or after 28 weeks' gestation in the specified time period	Total number of live births in the specified time period	Form A	A general measure of pregnancy outcome <i>and quality of ANC, labour and delivery services</i>

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
13	Child mortality -to be measured as per 1,000	Proportion of child deaths occurring between 1 - 4years of life	Number of infant deaths occurring between 1 - 4 years of life in a specified period	Total number of live births in the specified time period	Form A	
14	Under-Five Mortality Rate-to be measured as per 1,000	Proportion of infant deaths occurring <5 years (0 - 59 months) of life	Number of children deaths occurring between 0 - 59 months of life in a specified period	Total number of live births in the specified time period	Form A	To determine the health survival of children
SCHOOL HEALTH						
15	Percentage of schools visited -to be measured as per 100	Proportion of schools within the catchment area visited or reached by outreach teams	Number of schools visited in a catchment area in a specified period	Total number of schools within a catchment area in a specified period	Nutrition And Child Health Form	
16	Percentage of schools with current Environmental Certificate -to be measured as per 100	Proportion of schools within the catchment area with currently approved environmental certificate	Number of schools with current environmental certificate within a catchment area in a specified period	Total number of schools within a catchment area in a specified period	Nutrition And Child Health Form	
17	Percentage of Schools Children Examined -to be measured as per 100	Proportion of school children enrolled examined within the catchment area within a specified period	Number of School children examined within a catchment area in specified period	Total number of school children enrolled within a catchment area in a specified period	Nutrition And Child Health Form	

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
18	Percentage of School Children referred -to be measured as per 100	Proportion of School children who were examined referred for treatment	Number of school children examined referred within a catchment area in specified period	Total number of School children examined within a catchment area in specified period	Nutrition And Child Health Form	
19	Percentage of Schools Receiving 3+ Health Educational Talks -to be measured as per 100	Proportion of Schools receiving at least 3 health Educational talks	Number of schools receiving at least 3 health educational talks within a catchment area in a specified period	Total number of schools within a catchment area in a specified period	Nutrition And Child Health Form	

NUTRITION RELATED NON- COMMUNICABLE DISEASES

1	Percentage of OPD attendants who are diagnosed hypertensive	Proportion of OPD attendants who are diagnosed hypertensive	Total number of OPD attendants who are diagnosed hypertensive in a given period.	Total consulting room attendance in a given period.	Consulting room register	This data is important to document the trends of incidence of NR-NCDs as an indicator of healthy lifestyles. The trends would inform staff distribution and in-service training needs to ensure appropriate care. It also offers districts/facilities of which areas to provide more preventive services.
2	Percentage of OPD attendants who are diagnosed diabetic	Proportion of OPD attendants who are diagnosed diabetic	Total number of OPD attendants who are diagnosed diabetic in a given period.	Total OPD attendance in a given period.	Consulting room register	

NUTRITION COMMODITIES

No.	Indicator	Definition	Numerator	Denominator	Source	Rationale
	Commodity	Quantity at the beginning of the month (sachets)	Quantity received (sachets) in a given period.	Quantity used (sachets) in a given period.	Balance(sachets)	The main rationale for providing this data is to inform appropriate stocks management and improve forecast.
1	RUTF		N/A	N/A	N/A	
2	F-100					
3	F-75					
4	Resomal					
5	IFA		NA	NA	NA	
6	Vit A 100000IU	N/A	N/A	N/A	N/A	
7	Vit A 200000IU					

HEALTH PROMOTION DIVISION DATA DICTIONARY

HEALTH PROMOTION INDICATORS

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
1.	Percentage of clients satisfied with health promotion services	Number of clients (internal and external) who are satisfied with the services provided by health promotion. Internal clients include GHS programs e.g. Nutrition, FP, NMCP etc. External clients include community members, NGOs and other development partners	Number of clients satisfied with health promotion services	Total number of clients interviewed	Survey report	Use to improve the quality of health promotion services
2.	Number of Health Promotion (HP) documents developed	HP documents developed e.g. Guidelines on material development and usage, media, advertising, policy on advocacy lobbying and networking, resource mobilization plan/ strategy and SBCC materials	NA	NA	Resource Centre reports	To ensure adherence to health promotion policies, legal framework, guidelines and standards by health workers and partners
3.	Proportion of training conducted by HP	Of all training planned by HP for or with lower levels, programs and external partners, the number that were conducted	Number of training conducted	Total number of planned training	Quarterly reporting form	To strengthen human resource capacity for Health Promotion
4.	Proportion of HP Personnel/Focal Persons trained On HP protocols and guidelines	All designated staff undertaking HP activities who have ever or newly received any sensitization or training in the use and adherence of HP protocols and guidelines at all levels. These could include HP managers, HPTOs, CHNs, Midwife, FTs. The training will include internships	Number trained on HP protocols and guidelines	Total number of HP designated personnel.	Quarterly reporting form	To strengthen human resource capacity for health promotion

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
5.	Number of HP personnel/focal persons trained in the utilization of SBCC materials	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in the effective use of SBCC materials. Focal persons include staff at the lowest levels of health delivery. E.g. CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
6.	Number of HP personnel/focal persons trained in interpersonal communication.	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in interpersonal communication. Focal persons include CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
7.	Number of HP personnel/focal persons trained on risk communication	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in risk communication. Focal persons include CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
8.	Number of HP personnel/focal persons trained on other topics	Total number of HP Managers, HP Technical Officers, focal persons who have ever or newly received training in topics other than HP protocols and guidelines, utilization of SBCC materials, and risk communication. Focal persons include CHNs, FTs, enrolled nurses, volunteers	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP
9.	Number of HPOs at post	The total number of staff engaged and posted to the various levels (National, Regional, Districts and facilities) and currently undertaking HP activities	NA	NA	Quarterly reporting form	To strengthen human resource capacity for HP

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
10.	Number of proposals submitted for funding HP activities	Number of proposals submitted for support (funding) of HP activities	NA	NA	Proposal file	To improve resource mobilization for HP
11.	Number of meetings organised to review HPD performance indicators	Number of meetings organised to specifically assess HPD performance at all levels	NA	NA	Meeting reports/ minutes	To operationalize a results-based M&E system
12.	Number of verification and validation meetings for HPD data	Number of meetings held to verify and validate data.	NA	NA	Meeting reports	To operationalize a results-based M&E system
13.	Number of monitoring/ supervisory visits conducted	The total number of monitoring/supervisory conducted. Visits should include those to address the following activities - adherence to SOPs, protocols, guidelines, and compliance to campaigns and its programmatic implications in the field (this includes regional, district, community, etc.)	NA	NA	Monitoring/ supervisory report	To operationalize robust results-based M & E system
14.	No. of evaluations conducted by HPD for key health behaviors	Number of assessments conducted by HPD to measure the outcome/impact of HP interventions. These include rapid assessments, desk reviews, etc.	NA	NA	Quarterly report	Assess/Measure the effectiveness of HP interventions

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
15.	No of SBCC materials developed	Total number of educational materials developed to change behavior.	NA	NA	Resource center report, Material Dev.t Unit report	To ensure availability and access to SBCC materials
16.	No of SBCC materials disseminated	Total number of SBCC materials developed, the number that has been disseminated. Dissemination refers to training and distribution of materials for their intended purpose.	NA		Resource centre report, Material Devt Unit report	To ensure availability and access to SBCC materials
17.	Proportion of SBCC materials used	Of the quantities of SBCC materials disseminated, the quantity that has been utilized for their intended purpose.	Number of SBCC materials used	Total number of SBCC materials disseminated [1]	Monitoring visit reports Survey report	This is to assess the usage of SBCC materials for their intended purpose
18.	Number of SBCC resource centres (E.g. Library, electronic catalogue, portal) established	SBCC resource centre refers to a repository of electronic and print materials on health where people can easily have access e.g. Section of a regional library, cabinet in the RHD, approved HPD online library	NA	NA	Resource Centre Report	The establishment of the SBCC resource centre's is to make available and assessable, SBCC tools and materials.

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
19.	Number of media houses engaged to undertake health promotion activities	The number of media houses (TV, Print, radio, social media) contacted (through contract, reaching agreements) by HPD to air/publish health promotion messages	NA	NA	Schedule, Accounts, programme and Procurement records	To know media houses who are actively involved in HP activities
20.	Number of programmes and messages aired/published by media houses.	The number of health messages/ programmes aired/published on media platforms	NA	NA	Media Monitoring Report, Transmission certificate	To assess the promotion of health messages on media platforms of the media houses engaged by HPD
21.	Number of health programs covered during HP activities	Total number of Health programs used during health promotion activities. Programs include Communicable Diseases (TB, Malaria, HIV/AIDS, cholera, etc.), Non-Communicable Diseases (Hypertension, Cancer, asthma, etc.), Reproductive Health (ANC attendance, skilled delivery, family planning and awareness on fistula etc.), Nutrition (early initiation of breastfeeding, exclusive breastfeeding and complementary feeding) and Regenerative Health, Child health (ORS and Zinc for diarrhoea, newborn care, CWC attendance, etc.), Personal Environmental hygiene, Mental Health	NA	NA	Monthly report	To ensure that SBCC interventions of the various programs are effectively implemented

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
22.	Number of times channels were used for HP activities	Number of times various channels were used for communicating HP messages during HP activities/sessions. Channels include group meetings, radio, One-on-One, drama/role play, community information centre, video, television, social media, public address system, others	NA	NA	Monthly reporting form	To assess the use and effectiveness of the communication channels used for HP activities
23.	Number of times SBCC materials were used during HP activities	Total number of times SBCC material were used to support HP activities. SBCC materials include print, audio, audio-visual and games. Print SBCC materials include posters, flipcharts, counselling cards, flyers, banners, booklet, leaflets etc. Audio includes recorded radio adverts (discussions and jingles), Audiovisual include video CDs.	NA	NA	Monthly reporting form	To assess the effective use of SBCC materials for HP activities
24.	Number of times venues were used for HP activities	Total number of times activities were carried out in various venues. Venues include Community level (school, community, CWC outreach, church, mosque, market, home), Facility level (static CWC, OPD, RCH)	NA	NA	Monthly reporting form	To know which venues were used in carrying out HP activities
25.	Number of target audience reached with SBCC activities	The number of people who participated in HP activities/sessions. Participants include pregnant women, nursing mothers, other women, adolescents, school children, and opinion leaders	NA	NA	Monthly reporting form	To ensure that all target audience are engaged and actively involved in SBCC interventions

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
26.	Percentage of community members practicing desired health behaviors	Percentage of community members practicing desired behaviors in health areas CH, FP, RH, Nutrition, ARH, Mental health, etc.)	Number of community members practicing desired health behaviors.	Number of the target audience in the general population Number of community members interviewed (rapid assessment).	DHIMS2, rapid assessment	To assess the adoption of positive health behaviour and lifestyles by community members
27.	Number of sessions held	Total number of advocacy and educational sessions conducted	NA	NA	Monthly report	To assess the output of the HP activities (to know the total number and type of sessions held)
28.	Number of HP events/ programs jointly planned with partners	The number of health promotion events/ programs planned with internal (within GHS) and external (outside GHS) partners.	NA	NA	Quarterly report	To assess the level of collaboration with other stakeholders
29.	Number of HP events/ programs jointly held/organised with partners	The number of health promotion events/ programs conducted with internal (within GHS) and external (outside GHS) partners.	NA	NA	Quarterly Report	To assess the level of collaboration with other stakeholders

No.	Indicator	Definition	Numerator	Denominator	Source	Remark/Rationale
30.	Number of advocacy sessions held with key decision-makers and partners	The number of meetings held by ICC-for -HP with MOH, GHS Council, HRD, RHMT to support the provision of health promotion resources at all levels (national, regional, district)	NA	NA	ICC-HP Meeting reports	To assess the output of the HP activities (to know the total number of advocacy sessions held with key decision-makers and partners)
31.	Number of functional district health committees	A functional district health committee refers to a group of stakeholders who have an action plan and meet regularly to discuss health issues affecting their district	NA	NA	DHMT minutes/district monitoring checklist	To increase collaboration, coordination and partnership among stakeholders in the district
32.	Number of Health Promotion Champions (HPC) identified	HPC refers to recognized people undertaking advocacy activities for health promotion which includes influential people, satisfied clients, etc.	NA	NA	Quarterly Report	Increase Advocacy and support for HP
33.	Number of active Health Promotion Champions (HPC)	An active HPC is one who implements activities according to the terms of reference (TOR).	NA	NA	Quarterly Report	Measure the active involvement of HP Champions in HP activities
34.	Proportion of activities in the action plan implemented by HPC	The number of completed activities as per TOR/ action plan	Number of activities implemented by HPC	Number of planned activities in the action plan of HPC.	Work plan, activity report, TOR	Measure the implementation of planned activities by Champions

PUBLIC HEALTH DIVISION DATA DICTIONARY

NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME INDICATORS

Programme	Indicator	Definition	Numerator	Denominator	Data source	Justification
National Viral Hepatitis Control Programme	ANC Seroprevalence of Hepatitis B	Proportion of pregnant women testing positive for HBsAg during routine ANC screening	Number of pregnant women testing positive for HBsAg during routine ANC screening	Number of pregnant women screened at ANC	Lab report/ANC register	Relevant for programming interventions for preventing mother to child transmission
National Viral Hepatitis Control Programme	Coverage of eligible mothers with peripartum prophylaxis	Proportion of eligible mothers receiving peripartum prophylaxis according to policy	Number of eligible HBsAg + women receiving Tenofovir antiviral (or other drug, according to national policy) treatment from 28 weeks of gestation onwards	Number of HBsAg positive pregnant women with high viral load according to HBV DNA or HBeAg results	Delivery register/PMTCT_Hep B register	Measures access of women in need to prophylaxis
National Viral Hepatitis Control Programme	Timely hepatitis B birth dose coverage (exposed newborns)	Proportion of exposed newborns receiving a timely birth dose	Number of exposed newborns receiving hepatitis B vaccine within 24 hours of life	Number of newborns born to HBsAg positive mothers	Delivery register/Immunization register/PMTCT-Hep B register	Measures effective use of birth dose to protect newborns
National Viral Hepatitis Control Programme	HBIG coverage	Proportion of exposed newborns receiving HBIG	Number of newborns receiving HBIG	Number of newborns born to HBsAg positive mothers	Delivery register/PMTCT_Hep B register	Measures exposed newborns given maximum protection at birth
National Viral Hepatitis	Timely hepatitis B birth dose coverage (all newborns)	Proportion of all newborns receiving a timely birth dose	Number of newborns receiving hepatitis B vaccine within 24 hours of life	Number of newborns	Delivery registers/Immunization register	Indicates access of all newborns to timely birth dose

Programme	Indicator	Definition	Numerator	Denominator	Data source	Justification
Control Programme						
National Viral Hepatitis Control Programme	Post-vaccination serological testing coverage (exposed newborns)	Proportion of infants tested for infection at 7-12 months of age	Number of infants tested at 7–12 months of age	Number of infants born to HBsAg positive mothers	PMTCT_Hep B register	Measures coverage of post-vaccination serological testing at 7-12 months among exposed newborns
National Viral Hepatitis Control Programme	Rate of mother to child transmission	Incidence of HBV infection in children born to HBsAg positive mothers	Number of HBsAg positive infants at post-vaccination serological testing	Number of infants tested at 7-12 months of age	Follow up of infants born to HBsAg positive mothers in PMTCT_Hep B register	Measures effectiveness of preventive measures against Hep B among the exposed
National Viral Hepatitis Control Programme	Treatment coverage/initiation	Proportion of chronic HBV affected persons starting chronic care	Number of chronic HBV affected persons starting treatment	Total number of chronic HBV affected persons	Treatment Register	Measures access to care
		Proportion of chronic HCV affected persons starting treatment	Number of chronic HCV affected persons starting treatment	Total number of chronic HCV affected persons	Treatment Register	
National Viral Hepatitis Control Programme	Treatment completion/effectiveness	Proportion of chronic HBV affected persons achieving viral suppression	Number of HBV with viral suppression after treatment	Total number assessed for treatment effectiveness	Treatment Register	Indicates if treatment is working to suppress virus
		Proportion of chronic HCV affected persons achieving cure	Number of HCV with cure	Total number assessed who completed treatment	Treatment Register	Indicates cure rate

Programme	Indicator	Definition	Numerator	Denominator	Data source	Justification
National Viral Hepatitis Control Programme	Cumulative incidence in children five(5) years of age	Cumulative incidence of HBV infection in children five (5) years of age	Number of HBsAg positive children	Number of children tested	Biomarker survey Mathematical modelling	Useful for tracking elimination targets
	Incidence of HCV infection	New HCV infections			Ongoing systematic reviews of biomarker survey data	
	Mortality attributable to HBV and HCV	Proportion (%) of people dying from cirrhosis who were positive for viral hepatitis B infection	Total deaths in persons with cirrhosis who tested positive for chronic HBV	Total deaths from cirrhosis	COD Certificates	
		Proportion (%) of people dying from cirrhosis who were positive for viral hepatitis C infection	Total deaths in persons with cirrhosis who tested positive for chronic HCV	Total deaths from cirrhosis	COD Certificates	
		Proportion (%) of people dying from hepatocellular carcinoma who were positive for viral hepatitis B infection	Total deaths in persons with hepatocellular carcinoma who tested positive for chronic HBV	Total deaths from hepatocellular carcinoma	COD Certificates and Cancer registries	

Programme	Indicator	Definition	Numerator	Denominator	Data source	Justification
		Proportion (%) of people dying from hepatocellular carcinoma who were positive for viral hepatitis C infection	Total deaths in persons with hepatocellular carcinoma who tested positive for chronic HCV	Total deaths from hepatocellular carcinoma	COD Certificates and Cancer registries	

NON-SERVICE DELIVERY DATA DICTIONARY

POLICY PLANNING MONITORING AND EVALUATION INDICATORS

FUNCTIONAL E-TRACKER INDICATORS

Stage	Steps/Attribute	Definition	Data Source	Rationale/Reason
CHPS zone Profile	CHPS zone ID	The CHPS zone code as entered in DHIMS2	DHIMS2	To uniquely Identify each zone on the system
	Name of CHPS zone	The Official name of the CHPS zone	Zone Profile	For the purposes on identification
	Electoral area	The Electoral area within which CHPS zone is located	Zone profile	To be able to determine the distribution of zones across electoral areas
	Population	The Current Estimated population served by the CHPS zone	Zone profile	To determine the total population covered by CHPS zones
	No. of communities	The Number of communities in the CHPS zone	Zone profile	To measure the number of communities covered by CHPS zones
Background Information	Trained CHOs	The Number of Trained CHOs assigned and serving in the CHPS zone	Master Training Log books	To measure number of Functional zones with trained CHOs
	Number of other health staff assigned to zone	The Number of other health staff who are not trained CHOs but assigned and serving in the CHPS zone	Master Training Log books	To measure the number of other categories of staff assigned to CHPS
	Total Staff Deployed to CHPS Zone	The Total Staff strength of the CHPS zone	Master Training Log books	To measure the staffing numbers across CHPS zones
	Active CHMC with meeting since last 3 months	A Community Health Management Committee that has held a least one meeting in the last 3 months	Activity Report/Zone profile	To measure the support level CHOs receive from CHMCs and if they are functioning effectively

Stage	Steps/Attribute		Definition	Data Source	Rationale/Reason
	Number of Active Community Health Volunteers in CHPS zone		The Number of Active Community Health Volunteers in CHPS zone that are reporting.	Activity Report/Zone profile	To measure the Number of active volunteers supporting the CHOs their daily duties
	Number of Households under CHPS Zone		The total Number of Households under CHPS Zone	Activity Report/Zone profile	To determine the number of households to be covered by each CHO
	CHAP Status in Last 3 months		The status of Implementation on Community Health Action Plan (CHAP) in the CHPS zone	Activity Report/Zone profile	To measure the progress of CHAP implementation in the zone
Milestone One Planning & Community Entry	1	Planning & community selection, zone demarcation	Indicate the period in which planning with community leaders on selecting communities, zone demarcation, including effective community entry and mobilisation took place.	Calendar	To measure the time the activity was performed
	2	Dialogue with health workers	Indicate whether discussions have been held with health workers	Activity Report	To hold discussions with health workers
	3	Dialogue with communities in zone	Indicate whether discussions involving community members in zone have been conducted	Activity Report	To hold discussions with communities in zones
	4	Community information durbar	Indicate whether community leaders have been informed about CHPS implementation during durbars	Activity Report	To know whether durbars have been held to inform community members about plans to establish a CHPS in the community

Stage	Steps/Attribute		Definition	Data Source	Rationale/Reason
Milestone Two	5a	CHO Selection & training	Indicate whether Community Health Officers (CHOs) have been selected and given orientation/training to become community-based front-line health workers who visit households, organise community health services, and conduct CHMC meetings	Master Training Log books CHMC minutes book	To know whether CHOs have been selected and given the pre-requisite training
	5b	CHO deployed to serve zone: but NOT resident in zone	Indicate the period in which Community Health Nurses were provided with further training and designated Community Health Officers (CHOs) as non-resident health care providers in a CHPS zone	Calendar	To measure the time the activity was performed
	5c	CHO deployed to serve zone: RESIDENT in zone	Indicate the period in which Community Health Nurses were provided further training and designated Community Health Officers (CHOs) as resident health care providers in a CHPS zone	Calendar	To measure the time the activity was carried out
Milestone Three	6a	Selection of committee members	Indicate whether committee members have been selected by the community leaders	Activity Report	To know whether committee members have been selected
	6b	Orientation of committee members	Indicate whether committee members are reoriented on their roles	Activity Report	To know if committee members have been educated on the role they are to perform

Stage	Steps/Attribute		Definition	Data Source	Rationale/Reason
Local Leadership	7	Community profile & CHO work areas delineated	Indicate whether community profile consisting of the population, boundaries, ethnicity, main occupation, etc. and the CHO's work areas are well defined and explained to them	District Assembly/DHMT	To enable CHOs know their community profile and their respective catchment areas.
Milestone Four	8a	Facility construction started	Indicate whether Community members have been mobilised to construct CHPS with their involvement.	District Assembly/DHMT	To know if the community has started constructing community health centres.
	8b	Facility construction completed (includes work & living quarters)	Indicate whether a CHPS compound comprising CHO accommodation and a service delivery point has been constructed	District Assembly/DHMT	To know the period within which the community completed building the community health centres.
Milestone Five	9a	Procure medical supplies & equipment	Indicate whether medical supplies and equipment have been procured for the day to day running of the facilities	Ledger Book	To determine if the facility has medical supplies and equipment.
	9b	Procure motorbike	Indicate whether motorbikes, as means of transportation, have been procured for the day to day running of the facilities	Ledger Book	To determine if the facility has a motorbike for outreach services
	9c	CHOs complete motorbike training	Indicate if CHOs have been trained on the use of motorbikes	Master Training Log books	To know if CHOs have been given requisite training to ride motorbikes.
	9d	Procure bicycles for volunteers	Indicate whether bicycles, as means of transportation, have been procured for the volunteers.	Ledger Book	To determine if the facility has procured bicycles for volunteers to aid them in performing their duties

Stage	Steps/Attribute		Definition	Data Source	Rationale/Reason
	10	CHO/CHPS launching durbar	Indicate if DHMT, in consultation with community leaders, have organised durbar to introduce the CHO to the community and CHPS programme launched.	Activity report	To create awareness about the take-off of the CHPS in the community and the need for their participation.
Milestone Six Volunteer Mobilization	11	Select volunteers	Indicate whether community leaders have selected volunteers to support the CHO	Activity report	To know if volunteers have been selected by the community leaders to support the CHO
	12	Volunteer introduction durbar	Indicate whether community leaders have organised durbars to introduce volunteers to the community.	Activity report	To formally present the volunteers to the community members
	13	Volunteer training	Indicate whether volunteers have been trained on basic health issues and serving mainly as agents of referral services and community social mobilization through home visits	Master Training Log books	To build volunteers capacity on what they are expected to do
	14	Provide volunteer supplies	The volunteers are provided with equipment and other medical supplies to work with	Ledger (Stock/Equipment)	To ensure that community volunteers have been provided with enough medical supplies and equipment
	15	Final durbar for volunteers	Indicate the period in which the volunteers are finally introduced to the community members at the durbar grounds	Calendar	To measure the time the activity was performed

PBMIS DATA DICTIONARY

IGF REVENUE BUDGET

Table	Variable	Definition	Data Source
IGF Revenue Set Up	BMC Code	This refers to the facility code as defined by the Government of Ghana Chart of Accounts	Automatically generated
	BMC Name	This refers to the facility name	Automatically generated
	Department	This refers to specific department under the BMC	Automatically generated
	Budget Year	This refers to the ensuing year for which the budget is being prepared	Automatically generated
	Current Year	This refers to the year within which the budget is being prepared	Automatically generated
	Last Year	This refers to the past year	Automatically generated
	IGF Revenue Type	This refers to the type of IGF you are going to budget for i.e. Services , Medicine/Pharmaceuticals or Support Fund (from IGF Guidelines)	
IGF Budgeting	Source of Fund		
	Total Budget		
	Prior Year Average for Non-Insured		
	Rate of Projection (Non-Insured)	%	
	Projected Monthly Average (Non-Insured)		Automatically generated
	Approved Tariff (Non-Insured)		
	Annual IGF Budget (Non-Insured)		Automatically generated
	Prior Year Average for Insured (NHIS)		

Table	Variable	Definition	Data Source
	Rate of Projection (NHIS)	%	
	Projected Monthly Average (NHIS)		Automatically generated
	Approved Tariff (NHIS)		
	Annual IGF Budget (NHIS)		Automatically generated
	Month		
	Previous Years	Amount or Figures	
	Primary Non-Insured		
	Primary Insured (NHIS)		
	Primary Total		
	Referral Non-Insured		
	Referral Insured (NHIS)		
	Referral Total		

GOODS AND SERVICES BUDGET

Table	Variable	Definition	Data Source
Budget Header	BMC	This refers to the facility name	Automatically generated using login credentials
	Budget Year	This refers to the ensuing year for which the budget is being prepared	Automatically generated
	Total Budget Lines	This refers to the number of activities that have been budgeted for	Automatically generated
	Budget ID	This refers to the identification generated automatically for which activity	Automatically generated
	Total Budget for BMC	This refers to the total budget inputted for each BMC according to the activities.	Automatically generated
	Sub-Program	This defines the services or operations which contribute to the achievement of the objective(s) of the program of which it forms a part.	Automatically set to Primary and Secondary Health Services
	Project	This refers to all known activities that are planned to achieve specific objective for the budget year	
	Planned Activity	This is where you type in the activity you plan to undertake	
	Source of Fund	Refers to all sources of funding that will be used during the budget capture	
	Activity Type	Refers to the nature of the activity i.e. meeting, training workshop, monitoring, etc	

Table	Variable	Definition	Data Source
	Activity Output/Target	Refers to the results you hope to achieve immediately after implementing an activity. You must be able to measure the results in terms of quantity, quality and timeliness	
	Activity Frequency	Number of times the activity will be carried out	
	Activity Prioritization	Refers to the level of importance of the activity. On a scale of 1-10, with 1 being the lowest priority and 10 being the highest	
	Budget Justification	This explains why each item is needed and its purpose, and how the total amount was arrived at.	
	GHS Core Intervention	This refers to specific interventions that are linked to the national intervention packages defined in the HSMTDP	
	Intervention Package	This refers to all the proven interventions that addresses the Health Sector Medium Term Development Plan (HSMTDP) Objectives.	Automatically generated according to the intervention selected.
	HSMTDP Objective	This refers to the Health Sector Medium Term Development Plan (HSMTDP) Objectives that a budget will be aligned to under the Program Based Budget	

Table	Variable	Definition	Data Source
	National Operations	The Operations is used to link activities and budget to Broad Operations of Government. This is automatically generated as it is linked to the Core Intervention selected	
Budget Details	Item Type	Refers to the type of item you are budgeting for, i.e. goods or services	
	Item Number	<p>This is where you select the code for Goods you require to undertake your activity.</p> <p>For Services, the code needs to be entered manually, starting from 1.</p>	
	Item Description	<p>This displays the description of the codes selected. When Goods are selected , PPA approved rates for Goods will be displayed</p> <p>For Services, this description must be entered manually</p>	
	Unit of Measure	This refers to the unit of measure that the selected Item is supplied in	
	Unit Cost/Rate	Refers to the cost of a single Item selected	
	Quantity	Refers to the quantity of the Item selected	
	Number of Days	Refers to the number of days you intend to carry out activity	

Table	Variable	Definition	Data Source
	Activity Frequency	This is automatically populated from the Frequency entered in the Budget Header section	
	Budget Amount	This refers to the total budget for the activity. It is computed automatically	
	GIFMIS Natural Account	This refers to GIFMIS Chart of Account	

CAPITAL EXPENDITURE BUDGET

Table	Variable	Definition	Data Source
Contracts	Serial Number		Automatically generated
	Project	This is where you select the Project description which could either be GOG, IGF or Development Partner Project	
	Contract Number	This refers to the approved Contract Number	
	Source of Fund	Refers to who is providing financial and technical resources for the activity	
	Description	This refers to the Project Name	
	Project Category		
	Contract Period	Refers to the period within which the Project is expected to be completed (in months)	
	Project Location	This refers to the exact location the Project will be implemented (Region, District, Community)	
	Contractor	Refers to the name of the name of the person or firm contracted to undertake project	
	Award Date	This refers to the actual date the contract was signed	
	Start Date	This refers to the actual date the contractor started work on the site	
	Initial Completion date	This refers to the agreed completion date at the time the contract was signed	
	Revised Completion date	This refers to the new agreed date for completion after evaluation	

Table	Variable	Definition	Data Source
	Actual Completion date	This refers to the actual date the contractor completed the project	
	Status	This refers to the percentage completeness with reference to the agreed scope of work	
	Initial Contract Sum	This refers to the agreed amount to be paid to the consultant upon start and completion of project	
	Currency	This refers to the agreed currency which payment will be made to the contractor	
	Variation	This refers to the difference between the initial contract amount and amount needed to complete the project	
	Fluctuation	<p>This refers to the change in contract sum due to price changes to specified items over the duration of the project.</p> <p>This usually happens when the contractor tenders based on the current prices (prices at an agreed base date)</p>	
	Interest on delayed payment	This refers to the interest accrued when payments to contractors are delayed	
	Revised Contract Sum	This refers to total contract amount after it has been revised either upwards or downwards after evaluation of project implementation status	
	YTD Releases	This refers to the total contract amount that has been released for payment to the contractor	

Table	Variable	Definition	Data Source
	YTD Outstanding	This refers to the remaining contract balance	
	YTD Certified Commitment	This refers to the total amount that has been guaranteed and set aside to pay contractor upon completion of the project	
	YTD Payment	This refers to total payments made to contractor	
	YTD Outstanding Commitment	This refers to the amount of funds committed that have not yet been paid	
	Remarks	This is where you specify if there are any peculiar challenges	

EXPENDITURE FORM (IGF)

Variable	Definition	Data Source	Rationale for collecting data
EXPENDITURE ITEM BUDGET – A	This is the approved expenditure budget for the month. Budgets are supposed to be approved by the Regional Director in line with ATF	Approved monthly expenditure budget as recorded in Departmental Journal Voucher and entered in the expenditure Budget Ledger	<ol style="list-style-type: none"> 1. To ascertain the expenditure budget for the month for each revenue generating facility. 2. To help generate monthly expenditure budget of the Service and also provide information for budgeting in ensuing periods 3. To assist in the implementation of approved expenditure budgets
COMMITMENTS/ EXPENDITURE ITEM – B	This is the cumulative commitments of the facility as at the month of entry. For example, the cumulative commitments for June 2020 would be the total commitments of the facility from January 2020 to June 2020. This is captured using the expenditure item for the Government of Ghana Chart of Account	Expenditure Budget Ledger (LPOs, Contracts, Approved Memos)	<ol style="list-style-type: none"> 1. Track the budget execution of funds from IGF of the facilities 2. Obtain information on IGF expenditure to make budget estimates for ensuing fiscal year 3. Determine the budget variance trends over periods 4. Determine the outstanding obligations for accurate Accumulated Fund Balance analysis
AVAILABLE BUDGET A-B	This is the difference between the approved budget and the cumulative commitment or expenditure	Approved monthly expenditure budget as recorded in Departmental Journal Voucher and entered in the expenditure Budget Ledger	

Variable	Definition	Data Source	Rationale for collecting data
PAYMENT OF COMMITMENTS - C	This is total commitments paid by the facility as at the month of entry. For example, cumulative payments for June 2020 would be the total payments of commitments of the facility from January 2020 to June 2020	Expenditure Budget Ledger (LPOs, Contracts, Approved Memos)	
OUTSTANDING COMMITMENT B - C	This is the difference between the cumulative commitment and the payment of commitment	Creditors Ledger Control	

FINANCE DIVISION DATA DICTIONARY

INSERT FINANCE DATA DICTIONARY

TRANSPORT DEPARTMENT DATA DICTIONARY

TRANSPORT DEPARTMENT INDICATORS

INDICATOR	DEFINITION	NUMERATOR	DENUMENATOR	SOURCE	PURPOSE
Kilometer travelled	Total distance covered from one point to another by a vehicle. Speedometer reading at the end of the month minus speedometer reading at the beginning of the month			Vehicle logbooks	Serve as basis for calculating operational utilization
Fuel Utilization	How far a vehicle can travel with one litre of fuel expressed in kilometer per litre (km/l)	Total Kilometer travelled	Total fuel used	Vehicle logbooks/files	Basis for calculating operational cost -Evaluate vehicle performance - Serve as a guide for fuel allocation.
Maintenance Cost/Km	Average sum of maintenance expenses for every km travelled	Total maintenance cost	Total Km travelled	Vehicle logbooks/files	- To serves as measurement of vehicle performance - basis for disposal
Fuel Cost per Kilometer	Average fuel cost of moving vehicle for a kilometer, express in Ghana cedis	Cost of fuel per litre as the time of entering for a quarter of a year	Total Kilometer Travelled divided by Total Fuel used for a quarter of a year	Vehicle logbooks/files/fuel books	-Basis for calculating operational cost -Evaluate vehicle performance - Serve as a guide for fuel allocation. -basis for disposal

INDICATOR	DEFINITION	NUMERATOR	DENUMENATOR	SOURCE	PURPOSE
<i>Running cost per kilometer)</i>	The total cost incurred in moving a Vehicle for one kilometer in a quarter of a year. Maintenance cost per kilometer plus (+) Fuel cost per kilometer			Vehicle logbook/fuel ledger/maintenance ledger	-Cost of operation, Input for budgeting and basis for disposal
<i>Availability (%)</i>	Proportion of days in the month were the vehicle available for use expressed in percentage	No of days in the month minus workshop days	Total days in the month	Vehicle logbook	To determine vehicle condition and basis for replacement
<i>Vehicle Utilization (%)</i>	Proportion of days vehicle used for service delivery when it was available	No of days vehicle was used in a month	No of days vehicle was available for use in a month	Vehicle logbook	To measure institutional performance and need for additional vehicle
<i>Fleet Average Age</i>	Refers to the average age of the total Transport fleet.	Sum of ages of all vehicles	Total number of vehicles	Vehicles Asset Register	Determine the quality of Transport in terms of age
<i>Performance (Needs Satisfaction)</i>	The proportion of approved transport requests that were met, expressed in percentage	No of approved Requests honored	No of Approved Requests received	Vehicle Request Forms	To assess the effectiveness of the Transport Unit in meeting transport demand
<i>Fleet Downtime</i>	Proportion of days in a month that vehicle was not in good condition for use expressed in percentage	Total No. of Workshop days	Total days in a month	Vehicle Logbook and maintenance ledger	To Determine vehicle condition and basis for replacement

INDICATOR	DEFINITION	NUMERATOR	DENUMERATOR	SOURCE	PURPOSE
<i>Collision Frequency Rate</i>	No. of Fleet crashes per specified kilometer	No. of accidents recorded in a month	Total kilometer travelled in a month	Accident/Incident forms	Measure Safety performance

STORES SUPPLIES AND DRUG MANAGEMENT (SSDM) DATA DICTIONARY

SSDM LMIS DICTIONARY FOR NATIONAL DATA AGGREGATION

VARIABLE	DIFINITION	SOURCE (PRIMARY)	PURPOSE
REGION	Region facility operates or is located	Regional Health Directorate	To determine the location of the facility
DISTRICT	District under the Region the Facility operates or is located	District Health Directorate	To determine the location of the facility
FACILITY NAME	Name given to the facility according to the records of the Ghana Health Service	GHS-HQ/PPMED/ Regional/District Health Directorate	To determine the identity of the Facility

VARIABLE	DEFINITION	SOURCE (PRIMARY)	PURPOSE
FACILITY TYPE	Kind of Facility you are operating from (CHPS, HEALTH CENTER, HOSPITAL, etc.)	Health Directorate	To determine the kind and operations of the facility
YEAR	The Year the transaction is carried out.	Year under review	To determine the period of operation
MONTH	The Month the transaction is carried out.	Month under review	To determine the period of operation
ITEM NUMBER	Item Number is the unique number assigned to the commodity as found in the GhiLMIS	Ghana Integrated Logistics Management Information System (GhiLMIS)	To make it unique and uniform
COMMODITY NAME	The Commodity Name is the generic name of the Commodity.	Ghana Integrated Logistics Management Information System (GhiLMIS)	To make it unique and uniform
COMMODITY TYPE	State whether Commodity is a syrup, capsule, injection, etc.	Commodity Type under review	To differentiate between commodities
PROGRAMME	Under which Programme does the commodity belong to. i.e.(NACP, FH, NMCP, Covid-19, EPI, NTD, Psychotropics, Others).	Ghana Integrated Logistics Management Information System (GhiLMIS)	To categorize the Commodities according to the Programmes they belong
DESCRIPTION	Write the dosage form, strength and individual unit of the commodity.	Ghana Integrated Logistics Management Information System (GhiLMIS)	To get the exact description of the commodity
CLOSING STOCK FOR LAST MONTH	Quantity of items left in stock for the previous month	Bin Card/Ledger	To determine the actual quantity of a particular

VARIABLE	DEFINITION	SOURCE (PRIMARY)	PURPOSE
			commodity available at the end of a given month
LOSSES/ADJUSTMENTS	Expiries, damaged, destroyed commodities of commodities issued out to other facilities due to near expiry	Bin Card/Ledger Report in GhiLMIS	To determine the quantity of commodities either expired, damaged or destroyed
QUANTITY RECEIVED	Quantity of Commodity Received from collection point i.e.(RMS, DHD) into the Stock	Bin Card/Ledger Report in GhiLMIS	To determine the quantity of commodities received from your collection point
QUANTITY ISSUED	Quantity of Commodities Issued out of the Stock	Bin Card/Ledger Report in GhiLMIS	To determine the quantity given or issued out of stock (e.g.. to the pharmacy, DOT, Clinic)
QUANTITY CONSUMED	Quantity of Commodities consumed out of the Stock issued at a given time	Consumption Report in GhiLMIS	To determine the quantity consumed out of stock dispensed (e.g.. to the Patient, user department)
USABLE STOCK AT HAND	The usable quantity/amount of commodity on hand at a given time.	Bin Card/Ledger Report in GhiLMIS	To determine the balance of commodity in stock
MONTH OF STOCK	Write how many months quantity of a commodity is available	Bin Card/Ledger Report in GhiLMIS	To determine the period the commodities available can last.
NUMBER OF DAYS STOCK OUT	Write how many days product was not available	Bin Card/Ledger Report in GhiLMIS	To determine the period the commodities were not available.
TOTAL SALES	Unit Price multiplied by the Quantity Issued	Ghana Integrated Logistics Management Information System (GhiLMIS)	To determine the actual value of sales at the end of a given month

VARIABLE	DEFINITION	SOURCE (PRIMARY)	PURPOSE
AVERAGE MONTHLY CONSUMPTION/ISSUE	<p>The average stock level of the facility for a month (Divide the total dispensed or issued for the past six (6) months by six (6) and write the figure. if the number of months of data on the Bin card is five (5) months, divide the total of the five months consumption by five (5), again if you have three (3) months of data on the tally card you divide the total by three (3). Example, total consumption for 6months : $3000/6 = 500$ If you have a decimal, round up to the nearest number. Example: $139/6 = 23.16$ write 24 in the column</p>	Bin Card/Ledger	To determine how much of stock have been consumed/issued within a given period

HUMAN RESOURCE FOR DEVELOPMENT DIVISION (HRDD) DATA DICTIONARY

HUMAN RESOURCE INDICATORS

No.	Variable	Definition	Primary source
1	Category		
2	Mechanised - male or female	These are employees who are payed through the Controller and Accountant General's Department (CAGD). In other words, employees whose monthly salary and SSNIT contributions are payed by the Government of Ghana and at post working.	Payroll data or Data from the Facility Nominal Roll/HRIMS
3	Total mechanised	Total mechanised male and female	
4	Non-Mechanised - IGF & Projects (B)	These are employees whose monthly salary and SSNIT contributions are not paid by the Controller and Accountant General's Department (CAGD). They comprise of two categories namely; 1. Casual Staff: - These are employees that are engaged by the various health facilities on contract basis and are paid with the Internally Generated Funds of the facility. 2. Project Staff: - This comprise of employees who are engaged on contract basis by donor organizations (e.g. GAVI, DFID, Global Fund, UNICEF, etc.).	Nominal Roll of the facility or HRIMS
5	Total non-mechanised	Total of all IGF (casual) and Project/contract staff	
6	Study leave (C)	These are employees who are granted approval to pursue further studies for an approved period of time and are required to return to post after the completion of course. It can be grouped into two main types namely; 1. Study Leave with Pay: - Employees are paid their monthly salaries even though they are not physically at post to provide service delivery. However, they are required to serve for some number of years after completion of course. 2. Study Leave without Pay: - The monthly salaries of these employees are temporarily blocked for the time he/she will be away and reactivated when the officer completes the course and assume duty. This is applied when officer does not meet the requirements for study leave with pay	Facility nominal roll or HRIMS
7	Total Number on study leave (D)	Total Number of staff on study leave with or without pay	

No.	Variable	Definition	Primary source
8	Total No of staff needed (E)	This is number of the various categories of staff that are needed to be at post at the various health facilities in order to achieve optimum service delivery at the facility. These staffing needs of a facility are determined by the staffing norm.	Staffing Norms/HRIMS
9	Total number at post (F)	Number of the various categories of staff currently at post	Facility nominal roll or HRIMS
10	Total Gap (G)= (F-E)	<p>This is the difference between the number of various categories of staff needed/required as per the staffing norms and the number currently at post. This difference can either be excess, optimum or shortage.</p> <p>1. Shortage: - The number of staff currently at post is less than the required number as per the staffing norm, hence recruitment or redistribution from other facilities that have excess is required to fill the existing gap.</p> <p>2. Optimum: - The number of staff currently at post is tallies with the required number as per the staffing norm.</p> <p>3. Excess: - The number of staff currently at post is more than the required number as per the staffing norm, hence redistribution to other facilities that have shortage is required in order to attain optimum service delivery.</p>	

ACCESS TO HEALTH SERVICES INDICATORS

NUMBER OF COMMUNITY RESIDENT NURSE PER DISTRICT

Definition of the indicator: This shows the trend in the deployment of community health officer (CHO) under the CHPS programme. Over the years, the indicator has been presented to show communities which have completed all the stages of the programme which include the completion of residential units or CHPS compounds and the provision of other essential equipment and amenities. A functional CHPS compound represents communities where the compound is completed and the community health officer is at post. The definition is currently being considered for modification to indicate the provision of service rather than the completion of structures. For now, it will be taken as communities where the community health nurses have started working with the communities in the area of community mobilization, provision of essential primary health services.

Definition of key terms: Total number of communities with resident trained nurse

Data sources: CHPS monitoring data at the district level

Use: The indicator assess the extent of the deployment of the CHPS programme to communities and by extension a measure of access to health care services to communities.

NUMBER OF OUTREACH SERVICES CARRIED OUT BY SPECIALIST FROM TERTIARY, SECONDARY AND DISTRICT HOSPITAL

Definition of the indicator: Number of clinics held by specialists from outside the Region or District during the year.

Definition of key terms: Specialist outreach services are organized by the national level and they involve the use of specialists mainly from the teaching (tertiary) facilities. However, region may also organize specialists from the regional hospital or district hospitals and may request the use of specialists from other areas including the private sector. A specialist service provided by a specialist(s) in a facility that is also his or her normal place of work is not counted as an outreach service. Specialist outreach services may include any of the recognized specialties such as Obstetrics and Gynaecology; Surgery; Ophthalmology; Ear Nose and Throat; Dermatology; etc. Clinics may include outpatient services and other operations carried out by the specialist.

Data sources: Routine registers kept by the specialist outreach services coordinator at the national level. Registers kept by the regional and district health administrations and individual facilities where services were provided.

Information on specialist outreach services may be presented as Total number of clinics, Total number of clinics by specialty, Number of clients seen at outpatient, Number of operations undertaken.

Use: The indicator is a measure of access to specialized health care services at the local level.

POPULATION TO DOCTOR AND NURSE RATIO BY REGION

Definition of the indicator: Number of people to one doctor/nurse in a defined geographical area.

Definition of key terms:

1. Numerator: Total number of doctors/nurses in the region.
2. Denominator: Total population of the region

Data sources: Number of doctors/nurses may be obtained from the personnel unit of the regional health administration. At the district level the district health administration will compile list of all Doctors and Nurses including those in the private sector. Population figures for regions and districts may be obtained from the Ghana Statistical Services. This has been compiled and will be found in the annex. It is based on the 2000 population census and the district projections are based on the regional growth rates.

Use: The indicator measures the availability of health staff at various levels and also the equity in staff distribution patterns.

OUTPATIENT VISIT PER CAPITA BY REGION

Definition of the indicator: Number of outpatient (OPD) visits in a region per person per year.

Definition of key terms:

1. Numerator: Total number of outpatient visits in the year
2. Denominator: Total population of the region

Data sources: The data obtained from the outpatient attendance recorded per facility and summed for all the facilities in the region per year.

Use: The indicator measures the use of outpatient services. In a population with a low OPD per capita but with a high morbidity of acute and preventable diseases, the indicator is a prompt to health staff to adopt strategies to make health services more accessible and available to the population.

DISTRICT HOSPITAL ADMISSION RATE

Definition of the indicator: The hospital admission rate is the average number of hospital admissions per 1000 population per year.

Definition of key terms:

1. Numerator: Total number of district hospital admissions in the year
2. Denominator: Total population of the district.

Data sources: In-patient register summed for all the hospitals in a district (if there is more than one hospital in the district) per year.

Use: This is an indicator of the use of inpatient services reflecting the level of accessibility of hospital services to the population. It indicates the level of utilization of hospital services despite the traditional barriers such as distance, user charges and quality of care.

INDICATORS ON MEASURES OF EFFICIENCY AND SERVICE QUALITY

BED OCCUPANCY RATE (BOR)

Definition of the indicator: Bed Occupancy Rate measures the percentage of beds occupied by clients in a given period.

Definition of key terms:

1. Numerator: Number of client-days.
2. Denominator: Number of beds multiplied by number of days in the period.

Data sources: The number of client-days is obtained from the Monthly Bed State Returns compiled at each hospital.

Use: This is an indicator of the efficiency of hospital resource use. In general, health facilities are designed to operate most efficiently at a level of about 80-90 percent occupancy; lower bed occupancy rates indicate inefficient use of hospital resources. Conversely, high occupancy rate may reflect an efficient use of hospital resources and poor quality of care when it is related to inappropriate pattern of admissions and length of stay that is too long.

AVERAGE LENGTH OF STAY (ALOS)

Definition of the indicator: The average length of stay is a measure of the average duration of inpatient hospital admissions (mean number of days from admission to discharge).

Definition of key terms:

1. Numerator: Number of client-days.
2. Denominator: Number of inpatients.

Data sources: Monthly Bed State Returns compiled at each hospital. The number of inpatients obtained from the inpatient register.

Use: This is another indicator of the efficiency of hospital resource utilization. Short average length of stay generally indicate good efficiency, enabling turnover rates to increase, and allowing the extension of hospital services to a greater number of clients. An excessively long average length of stay for a given condition may reflect inefficient hospital resource use, inflating demand for hospital beds and increasing hospital costs.

BED TURNOVER RATE (BTR)

Definition of the indicator: Bed Turnover Rate is the average number of inpatients admitted per each hospital bed.

Definition of key terms:

1. Numerator: Number of clients admitted.
2. Denominator: Number of hospital beds.

Data sources: The number of inpatients is obtained from the inpatient register. The number of beds is obtained from the ward state returns.

Use: Bed Turnover rate (BTR) is an indicator of the efficiency of hospital resource use. High bed turnover rate implies that a greater number of clients may be admitted, improving hospital productivity and decreasing average cost per admission. Alternatively, excessively low bed turnover rate reflects inefficiency in the use of hospital resources leading to high average costs per admission.

PERCENTAGE TRACER DRUG AVAILABILITY

Definition of the indicator: A snap shot assessment of the availability of essential drugs. A list of tracer drugs is provided and at a given time the proportion of those that are available on the shelves is taken.

Definition of key terms:

1. Numerator: Proportion of tracer drugs available at the time of survey.
2. Denominator: Total number of tracer drugs on the list.

Data sources: Pharmacy stores records.

Use: This indicator is used to assess the quality of care of the services provided. If the tracer drug availability is 100 percent it indicates that all essential drugs required to provide treatment for clients are made available at all times. A low value indicates that the facility is not stocking all essential drugs required to provide treatment to clients and this may impact on the quality of care provided and client outcomes.

ADA DECLARATION ON DHIMS2 DATA LOCK

Introduction

The third edition of the GHS Health Management Information System (HMIS) Standard Operating Procedures (SOPs) indicates that facility heads should set up the facility data validation teams and verify the data monthly before transmission. The teams are to check for the accuracy and completeness of data. The chairperson of the validation team is also required to sign off the validated reports. In situations where errors occur, all errors detected after the submission of the reports can be changed upon submission of a completed data change request form to the DDHS for approval before data is changed. All entry fields are locked 90days after it has been entered after which they cannot be altered.

There has been a series of request from Divisions, Programmes, Service Providers and Donor Partners for the national level to consider locking the DHIMS2 data 60days instead of the 90 days after data entry to align the locking date with the date of authorization of data use. This is thought to be essential to permit early usability of data. This proposal was tabled for discussion at the fourth Health Information Management System (HIMS) SOP Review workshop held at the Aqua Safari, Ada from 15th to 18th September 2020.

Participants of the HIMS SOP Review workshop, including the Deputy Director General of the GHS, the Director of PPMED, representatives from GHS Divisions and Programmes as well as some donor partners including USAID-funded Accelerator project, PATH and UNAIDS, exhaustively discussed the data verification, validation and the locking of data in DHIMS 2. Outlined below is a summary of the discussions.

Discussions

- The Service is committed to continuously update the HMIS SOPs towards achieving the requisite standards for improved data management practices at all levels. This fourth edition of the GHS HIMS SOP reflects the current changes and realities of the Service in the capturing, collation and analysis of data in the Service.
- With regards to the reduction of the allowed window period for data change from the current 90 days, three options were proposed: Reduction to **60 days, 40 days or 25 days**.
- After an exhaustive brainstorming, the meeting unanimously agreed that a 60-day window period prior to restriction of data change was the best, to begin with. The 40-days or 25-day window were perceived to be too drastic to allow for adequate sensitization at the Regional and District level.
- Additionally, the current service infrastructure cannot support the 40 days or 25 days window as there are still hard-to-reach facilities who still submit their reports to the districts for entries.
- With the current 90-day window, the Service has witnessed over 90% success, hence, achieving the same or greater level of success with the 60-day window period will require maximum commitment at all levels
- A reduction to a 40-day or 25-day window period could be tabled for discussion in the next HMIS SOP review meeting.
- Locking the data at 60 days:
 - Should not go against the guiding principles for data verification and validation as stipulated in the SOPs.
 - Should not affect the district data validations
 - Should not affect the monthly regional feedback process
 - Should not affect the quarterly data validations at the national level.

- As stipulated in the SOPs the 60 days starts from the 1st day of the ensuing month
- There is a need for full commitment from all levels of the Service and stakeholders.
- There should be full compliance at all levels to maintain the integrity of data
- There is no luxury of time hence, all quality checks should be done at the stipulated time
- Managers should look at the data more frequently
- All the data should be collated and be visible to national level managers on the 25th of the ensuing month
- The data change request forms can only be used within the 60 days period

Conclusion and Proposal for Approval

THE SYSTEM SHOULD BE LOCKED AT 60 DAYS AFTER WHICH DATA CANNOT BE ALTERED.

Find attached the approved memo for the 60-day DHIMS2 data lock

Memo

To: Director General
From: Director PPMED
Date: 16th October, 2020
Ref.: GHS/PPMED/20/1/M002
Subject: **REQUEST FOR APPROVAL: ADA DECLARATION ON DHIMS II DATA LOCK**



I write to request your approval for and incorporation into the New revised GHS HMIS SOP 4th edition, the Ada declaration on DHIMS II data lock from the current 90-day stratagem to a much reduced stratagem of 60 days. The options recommended were 25 days by the Global fund LFA to align with when data in DHIMS2 can be used provisionally per the GHS HMIS SOP, and another option of 40 days

Locking the data at 60 days shall not infringe on the guiding principles for data verification and validation as stipulated in the SOP nor shall it negatively affect the district data validations. The proposed 60-day lock shall not impinge on the monthly regional feedback process and quarterly data validations at the national level.

However, the advantage(s) in reducing the 90-day data lock to the 60-day data lock are:

1. It will reduce the waiting time Divisions, Programmes and Agencies need to use provisional figures for reporting to partners. This will gradually align over time to the 25 days target where data can be reported and used provisionally.
2. A 60-day window period prior to restriction of data change is the best, to begin with. The 40-days or 25-day window is perceived to be too drastic to allow for adequate sensitization at the Regional and District level.
3. The current service infrastructure cannot support the 40 day or 25 day window as there are still hard-to-reach facilities who still submit hard copies of reports to districts for entries to be made.
4. Locking the data at 60 days when implemented will push districts and facilities and programmes to take up much greater oversight and support the guiding principles for data verification and validation as stipulated in the SOPs and will ensure districts and facility data verification and validation is performed on time.
5. The 60- day lock when implemented will not affect but rather add more credibility to the district data validations, monthly regional feedback process and the quarterly data validations at the national level.

Kindly find attached the full declaration for your consideration and approval.

Thank you.

Dir PPMED

Approved for circulation to all directors

21/10/2020

GUIDELINES AND FEES FOR THE RELEASE HEALTH SERVICE DATA

INTRODUCTION

The Ghana Health Service (GHS) is the largest autonomous national executive body responsible for implementing all national health policies in Ghana. It was established in 1996 through Parliamentary Act 525 and works in liaison with the Ministry of Health (MOH). Together, GHS and MOH are committed to bringing quality health care and services to every doorstep and household, and to achieving optimum quality of life in every community in Ghana.

GHS due to its unique position and presence in all 216 districts, is authorized by MOH to collect, collate and report on all routine health services including health service data from Mission, Private and Quasi-government health facilities everywhere in the country.

GHS operates a decentralized system at five levels: National, Regional, District, sub- District and Community. GHS provides preventive, promotive and curative/restorative services as well as rehabilitative and occupational therapy through its various service delivery points across the country, reaching down to the community level.

All service delivery points generate essential data on health service utilization, morbidity and disease patterns. Such data are very useful to health managers at all levels for planning, budgeting and decision-making. Routine service data also feed into the Health Sectors' monitoring and evaluation system for analysis and dissemination of results. Thus, helping to reflect and judge performance, and highlighting weak areas for strengthening intervention programmes.

OVERVIEW OF GUIDE LINES

Data collected by the GHS for the Ministry of Health Ghana, represent a valuable source of information, and requests for data from qualified requesters will be given serious consideration.

GHS data are the property of the GHS and the Ministry of Health, and are derived and worked on through considerable time and expense. As such, requests for data will be evaluated with careful consideration, and the GHS reserves the right to deny any request that it deems an inappropriate use of its data.

GHS/MOH data may be used only for the purposes requested and specified.

In addition, in recognition of the intrinsic value of the data as well as the costs incurred by GHS/MOH collecting and processing data, the GHS charges a fee for the use of the data.

REQUESTING FOR DHIMS2 DATA

- a) The person seeking health aggregated data from a health facility, sub district, district, regional or at the national level begins by expressing his request, in writing, to the director of health services of the BMC the data is being requested from for approval copied to the head of the BMC.
- b) If the request is for district, municipal or metropolitan aggregated level data then the then the approval will be given by the Regional Director of Health Service.
- c) If the request if for national level data, then the approval will be given by the Director General of the GHS and the respective programme and divisional head will be mandated to provide such information as requested.
- d) The request shall be in a form of a letter
- e) The letter (hardcopy or scanned softcopy) should include:

- I. The person/ institution requesting the data
 - II. The reason why the data is being requested (e.g. research purpose, production of report, monitoring, etc)
 - III. A Standardized GHS data request form will have to be completed attached to request letter for review and approval by Head of BMCs .
- f) Data variables required and the period of coverage for the data, indicating:
- I. Specific area like maternal deaths, number of live births, number of DPT3
 - II. Disaggregation by year and or month (Jan, Feb, March, etc),
 - III. By sex and geographical coverage (can be the entire country or it may be for list of districts).
- g) This applies to only health facility aggregated data at all levels.

Individual Client Data is Confidential.

FEES FOR DATA REQUEST FOR PAID AND SPONSORED RESEARCH WORK.

No	Type of data	Fees
1	Facility level aggregated data between 5-20 indicators over a period of 3months -3 years	1000 GHC
2	Facility level aggregated data between 20 -50 indicators over a period of 3 months – 3years	2000 GHC
3	Facility level aggregated data indicators for periods more than 3 years and over	3000 GHC
4	District, municipal and metropolitan level aggregated data between 5-20 indicators over a period of 3months -3 years	2000 GHC
6	District, municipal and metropolitan aggregated data between 20 -50 indicators over a period of 3 months – 3years	3000 GHC
7	District, municipal and metropolitan aggregated data indicators for periods more than 3 years and over	4000 GHC
8	Regional level aggregated data between 5-20 indicators over a period of 3months -3 years	3000 GHC
9	Regional level aggregated data between 20 -50 indicators over a period of 3 months – 3years	4000 GHC
10	Regional level aggregated data indicators for periods more than 3 years and over	5000 GHC
11	National level aggregated data between 5-20 indicators over a period of 3months -3 years	3000 GHC
12	National level aggregated data between 20 -50 indicators over a period of 3 months – 3years	4000 GHC
13	National level aggregated data indicators for periods more than 3 years and over	5000 GHC

Rates Applies To Data Request From Individual, Organisations And Institutional Funded And Sponsored Projects And Research Work

**ALL PAYMENTS WILL BE RECEIVED BY THE ACCOUNTS DEPARTMENTS OF RESPECTIVE BMC FOR
DHIMS2 SUPPORT DEDICATED ACCOUNTS**