**USEFUL INDICATORS OF MOTHER AND CHILD’S HEALTH**

Number of Women who started breastfeeding one hour after giving birth...............%..........................

Number of HATI PUNGUZO given out to Children.......................................................%..........................

Number of Women who breastfed .............................................................................%..........................

Numbe rof Women who started alternative feeding at the right time.........................%........................

Number of Pregnant Women who used tablets to increase Haemoglobin in the body.................%......................

Number of Pregnant Women who used antihelminths...................................................%......................

Number of Children who were given refferal due to Serious Kwashioikor......................%.....................

Number of families that uses Sodium Cloride Salt...........................................................%.....................

Number of Children who were given refferal due to Serious Kwashioikor......................%.....................

Number of caretakers that wash hands during preparation of child’s food....................%.......................

Number of Caretakers who wash hands after feeding the baby.....................................%......................

Number of Pregnant women who got IPT 1st dose.......................................................%.....................

Number of Pregnant Women who got IPT secon dose.....................................................%.....................

Number of Pregnant Women(Para 1) who had low Haemoglobin during the last trimester..........%.......

Number of Pregnant Women(more than 1para) who had low Haemoglobin during the last trimester..............%..................................

Number of Children with slow growth.........................................................................%...................

Number of Children with ukandafu....................................................................................%....................

**Pregnant women service-Monthly summary**

**Health facility** **District**.........................................**..............................Level of health facility**...............................**Code of health facility**

**Region**........................................................

**Month..........................................Year.............................................................**

**ANC 01**: Number of new pregnant women

**ANC 02**: Number of pregnant women that kne w their HIV status before starting Clinic

**ANC 03**: Number of new pregnant women who tested for HIV at the Clinic

**ANC 04:** Number of pregnant women who tested for HIV at the Clinic for the first time

**ANC 05**: Number of pregnant women who tested for HIV positive at the clinic during the first test

**ANC 06**: Number of pregnant women who were counsel led after having first test for HIV

**ANC 07**: Number of pregnant women who tested for HIV for Second time

**ANC 08**: Number of pregnant women who tested during second visit and found HIV positive

**ANC 09**: Number of pregnant women who were counselled after testing for second time

**ANC 10**: Number of couples who tetsed for HIV at the Clinic

**ANC 11**: Number of patners who tested HIV positive at the antenatal care clinic

**ANC 12**: Number of patners who were counselled at antenatal clinic after testing for HIV

**ANC 13**: Number of pregnant women who tested for HIV with their patner(couple) at the clinic at the same time.

**ANC 14**: Number of pregnant women who got different results after testing with their patners at the clinic.

**Comments**..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Fomu imejazwa na**................................... **Cheo**.................................................**Tarehe**

**Imehakikishwa.**........................................ **Cheo**.................................................**Tarehe**

**Simu ya mhakiki.**.....................................