GHANA HEALTH SERVICE

STANDARD OPERATING PROCEDURES

ON

HEALTH INFORMATION

2$^{\text{ND}}$ Edition

Foreword to 2nd Edition

The Ghana Health Service has over the years been engaged in Health System Strengthening activities, using the nine major priority areas to define the components of the system that needs strengthening as outlined in the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health in Africa in the New Millennium and its Framework for Implementation.

The Standard Operation Procedures (SOPs) for Health Information are part of the overall effort of the Ghana Health Service to strengthen Health Information, which is one of the pillars of the Health System.

The first edition of the SOPs has been used to train health information officers and other regional and district health management team members in all the ten regions of the country. It has created awareness about availability of information, stimulated better understanding of health information management issues, engendered the production of quality data and use of information for decision making by managers.

Despite the improvement in information management at the district and regional level, it was realised that more need to be done to improve data quality overall. It is in the light of this that the development of the second edition became necessary.

The second edition has taken into consideration the review of some reporting forms and inclusion of other new forms in the sector. New variables in the reporting forms have all been included and some existing variables have their definitions clarified to conform to operational definitions.

This second edition will enhance information use for decision making, improve efficiency in service delivery, improve supervision and monitoring, and contribute to pre-service training of health workers.

It is our hope that the use of this standard operating procedures for Health Information will lead to the improvement in the quality of health information that is needed to make critical health decisions.

Dr. Ebenezer Appiah-Denkyira
Director-General
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Acknowledgement

The effort in putting this document together involved a lot of Partners whose contributions cannot be ignored. We acknowledge the effort of all the staff of the Centre for Health Information Management (CHIM) who put together the First Edition of the SOPs. We acknowledge with much gratitude the effort of all the Divisions, Programmes, Regions and Districts who went through the forms. They provided and reviewed definitions for each element on the reporting forms and contributed immensely to the effort in compiling this very important document. The contribution of The World Health Organization (WHO), USAID's Focus Region Health Project in producing the First Edition is also appreciated.

The Second Edition received support from Global Fund through National Malaria Control Programme (NMCP), Malaria Care and Population Council, for which we are most grateful. We are also very grateful to Mr. Daniel Darko the past head of the Centre of Health Information Management Unit (CHIM) of Ghana Health Service whose immense contribution to this review process cannot be over emphasized.

List of Abbreviations

ACT	Artemisinin Combination Therapy
AERF	Adverse Event Reporting Form
AFP	Acute Flaccid Paralysis
ADH	Adolescent Health
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
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
CSO	Civil Society Organization
CWC	Child Health 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
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
NCHS	National Centre for Health Statistics
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
PPAG	Planned Parenthood Association of Ghana
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
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization
WIFA	Women in Fertility Age

Contents

CHAPTER ONE

INTRODUCTION TO STANDARD OPERATING PROCEDURES FOR HEALTH

INFORMATION MANAGEMENT

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

These procedures outline how to manage data to obtain complete accurate and timely data 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 analyze and report those data.

AIM
The aim of the SOPs is to reach maximal accuracy, completeness, integrity and traceability of the data in the Ghana Health Service (GHS) and other health implementing agencies.

OBJECTIVES
   A. Provide guidelines for maintaining a reliable data management system for the GHS
   B. Provide guidelines for ensuring complete, accurate and timely data for service, donors and other stakeholders
   C. Provides guidelines for evaluating and monitoring promptly. It will provide guidance for resolution of concerns and issues on ongoing programmes.

WORK GUIDELINE
At all levels in the service, staff are involved in data management. Specified supervisory personnel are responsible for the monitoring and evaluation of all services.

These SOPs are written description of the routine methods and activities for managing data in the GHS. The SOPs ensure that service providers are following the same procedures and that the procedures do not change over time as result of change of personnel.

All persons who have something to do with data management in the service should be thoroughly familiar with the SOPs. Deviation from the SOPs might affect data quality and integrity.

Flow of Data

The Health Sector requirement is that all 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.

Facility/Sub-district summaries of all data collected are verified by In-charges and documented. Facility reports are submitted to the sub-district level in which they are located for data validation, analysis and report writing.

Districts are to collate quarterly activity reports of sub-districts/facilities and submit to regions. Regions collate quarterly activity reports from districts and submit to Programmes and 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 Regional to the National level.

FIG.1. REPORT AND FEEDBACK FLOW
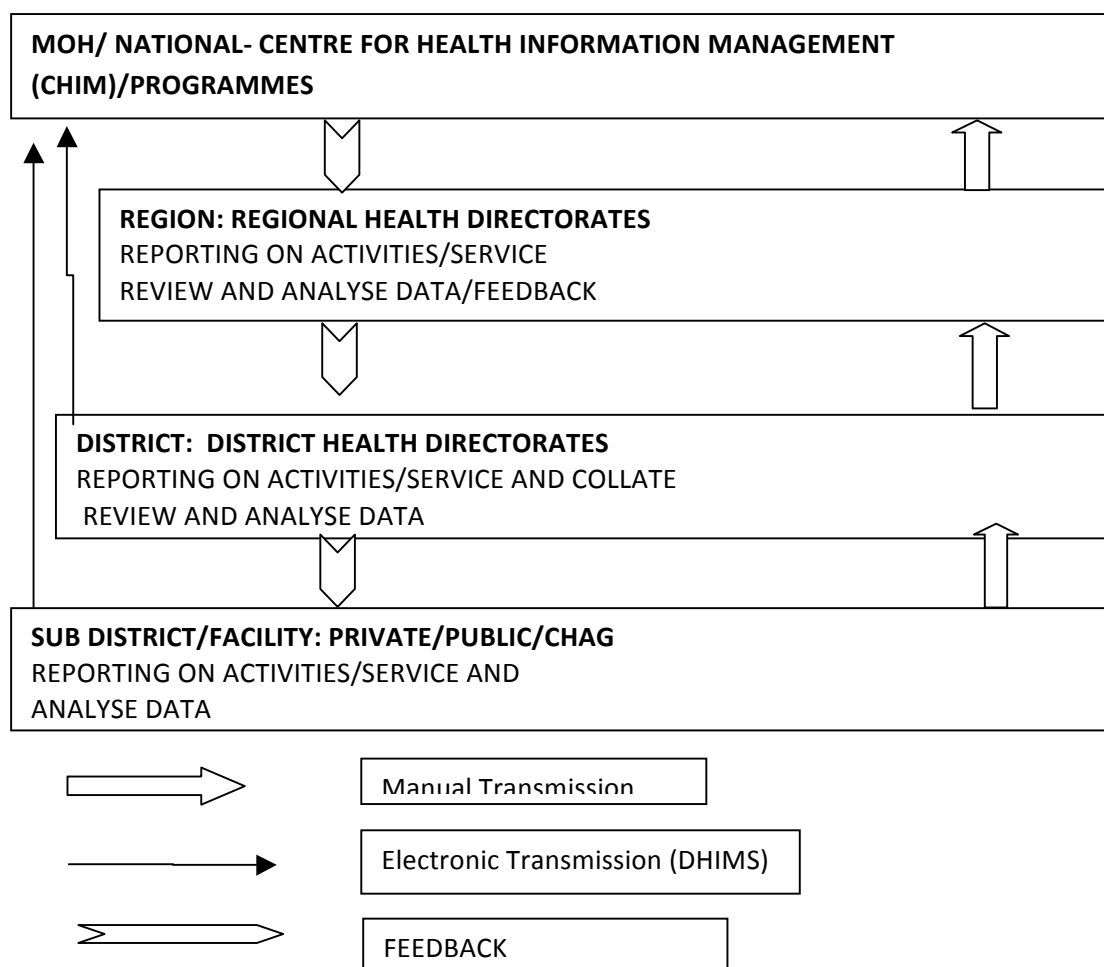
CHAPTER TWO

DATA MANAGEMENT RESPONSIBILITIES

The health system in Ghana is organized on 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
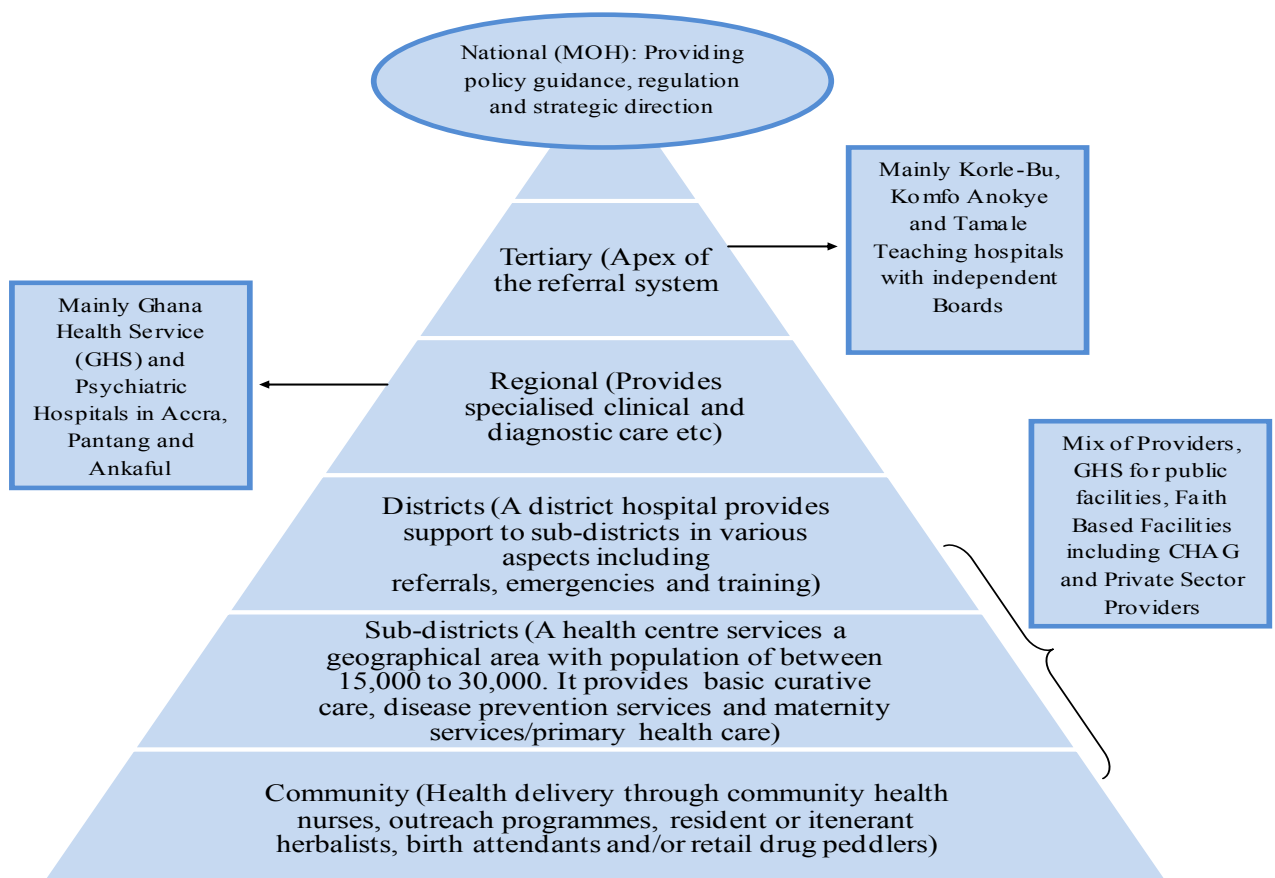
Facility Level

Routine data collected from client care are first recorded into standard registers. Data are then collated from these registers into standardized reporting forms. These reporting forms are then submitted to the District Health Directorate (DHD) on a monthly basis for entry into the District Health Information Management System (DHIMS).

Facilities are to submit their reports to the DHDs by the 5th day of the following month.

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

- *The Facility Health Information Officer (FHIO) or any other person in the absence of the Health Information Officer, designated by the facility is responsible for collection and verification of data from facility departments at the end of every month and onward submission to the district HIO after validation by a team. However, data is entered directly into the DHIMS 2 at the hospital level. Other Facilities and sub-districts with the capacity may enter data directly into the DHIMS.*

- *All forms being submitted to the DHDs should bear the name, signature and telephone number of the reporting officer as well as the date of reporting.*

- *All forms being submitted to the DHDs should be in duplicate (2 copies)*

- *The receiving officer shall stamp, and append his/her name, signature, date and time of receipt to the reports being received. One copy of the report shall be retained and the other given to the submitting facility for their records.*
- *The officer submitting the reporting forms should ensure that the facility dispatch book is signed by the receiving officer at the district.*

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

District Level (District Health Directorates)

Facilities have up to the 5th of the following month to submit their reports to the DHD. The district will then provide the reports through DHIMS to the region. The district has 10 days to verify, validate and enter data into DHIMS before signing off electronically on the 15th of the same month.

District activity reports shall be provided to the RHD on a quarterly basis. Reports should be provided by the end of the third week of the month after the quarter.

- *The District Health Information Officer or any other officer in the absence of the HIO designated by the District Director of Health Services (DDHS) is responsible for receiving reporting forms from facilities after verification and validation by the District Validation Team at the end of every month.*
- *The DHIO is responsible for onward submission of periodic Activity Reports to the Regional Health Directorate (RHD).*
- *The DHIO receives only forms endorsed by facility heads. Reports not endorsed by the facility heads should be rejected.*
- *The receiving officer should stamp, and append his/her name, signature, date and time of receipt to the reports being received. One copy should be retained and the other given to the submitting facility for their records.*
- *The receiving officer should record the reporting forms received in the logbook.*
- *After data entry all forms should be properly filed and retained at the DHD.*
- *It is mandatory that a validation team reviews (compare the data in the DHIMS to the data received from the facilities) the data entered before it is signed off to the region.*

The DDHS is responsible for final review and endorsement of district data before submission to region after validation.

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 verify and validate data in DHIMS 2 before signing off electronically on the 25th of the same month.

Regional activity reports shall be provided to the PPMED-GHS on a 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 and verification of data from districts at the end of every month before it is signed off electronically.
2. It is mandatory that Regional Validation Team reviews the data entered into DHIMS by the districts to ensure consistency, completeness and accuracy before signing off electronically.

The Regional Director of Health Services (RHDS) is responsible for final review and endorsement of regional data before signing off of the data electronically.

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 signed off the data.

GHS activity reports shall be provided to the Policy Planning Monitoring and Evaluation Division – Ministry of Health (PPMED-MOH) on a quarterly basis. Reports should be provided by the first week of the second month after the quarter

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

The NHIO *is responsible for final review, analysis and endorsement before submission to the PPMED-GHS*

> **Signing off data electronically-** *this means an authorizing officer (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 AT ALL LEVELS

1. Data Capture

Outpatient Services

Front Desk Instructions -

- Patient Reception: *Refer Customer Care Manual (ICD).*
- 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 either 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. (Refer Medical Records Policy for guidance).

- *Record using blue or black indelible ink/pens so that it is **readable**, write **legibly**.*
- *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 either as **NEW PATIENT** or **OLD PATIENT** as appropriate.*

   Complete all fields in the electronic register.

   Use font size 12 and sans serif font type.

Instruction for Consulting Room Register

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

EMERGENCY CASES:

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

OUTREACH SERVICES:

  o *Register clients using the appropriate register.*
  o *Complete ALL fields.-Make sure no field is left blank.*
  o *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, Total OPD attendance = Facility OPD attendance + Outreach OPD attendance).***

INPATIENT SERVICES (Refer Medical Records Policy):

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

MORTUARY SERVICES:

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

2. **Data collation**

This shall be a daily activity in 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) and 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 should 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 should cross- check and sign all reporting forms.*

- *Hospitals and other health facilities with the capacities to do so should enter data from the reporting forms into the DHIMS.*

- *Complete ALL data fields in DHIMS.*

3. Data Validation

- *Facility heads should set up Facility Data Validation Teams. The facility head is the chairperson of this team.*
- Data validation routine*:*
  - *Meet monthly to validate data before transmission.*
  - *Data validation meetings should be held between the 1st and the 4th of the following month.*
  - *Cross-check total figures on the reporting forms.*
  - *Check for accuracy and completeness of reports.*
  - *Cross check data consistency across reports.*
  - *Look for unusually low or high values for events/diseases and respond appropriately.*
  - *Compare with previous months and same period the year before.*
  - *Do necessary corrections before transmission.*
- *Chairperson of the validation team should sign off the reports as having been 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 appendix 4)*

LOCKING SYSTEM THAT WILL PREVENT DATA FROM BEING ALTERED WILL BE ACTIVATED IN SEPTEMBER AND MARCH.

1. DATA FOR JANUARY TO JUNE CANNOT BE CHANGED AFTER SEPTEMBER OF THE SAME YEAR.

2. DATA FROM JULY TO SEPTEMBER CANNOT BE CHANGED AFTER MARCH OF THE ENSURING YEAR

4. Data transmission

This can be manual or electronic.

Transmit reporting forms to the next levels within the deadline (Service Delivery Point to District – 5th of the following month).

For the manual transmission

- *All forms being submitted to the DHD should be in duplicate (2 copies).*

- *The submitting officer should 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 should be retained and properly filed at the facility level.*

- *The officer submitting the reporting forms should 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 **Appendix 2***

For the electronic Transmission

- *Data is uploaded on to central server.*

- *The officer in-charge of the facility should sign off the data entered electronically.*

5. Data Analysis

- *Always indicate the level of completeness 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*)

6. Report Writing

- *Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized report writing format.(Appendix 3)*

- *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.*

7. Data Storage
Manual Storage

- *All registers should be kept for life. District and Regional Managers shall put in place an archival system to ensure the storage of the registers.*

- *Provide adequate secure space and cabinets for 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 should be used to back-up and update data from all computers which is 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.*

Filing and Record Keeping

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

- *Assign separate folders for keeping both soft copies and hard copies of source (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 (or update), 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.*

8. Data Request/Release

Request for data with respect to facilities should be referred to the DDHS. However Medical Superintendents and Medical Directors can authorize directly at their levels but should inform their respective DDHS.

External request (Request from outside the GHS)

All data requests should be written and duly endorsed by the person/organization making the request stating reasons for the 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 an officer to work on the approved request with the Health Information Officer; after which the Authorizing Officer shall release the report so requested.*

- *The authorizing officer shall ensure that copies (electronic/manual) of all reports released to persons/organizations are duly filed.*

- *All data should not be patient identifiable and unlinked to client records before reports are released. (Refer Medical Records Policy).*

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.*(Ref : Code of Ethics of GHS)*

Internal Request (Request from within GHS)

- *An Internal memo should 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 an officer to work on the approved request with the Health Information Officer; after which the Authorizing Officer shall release the report so requested.*

- *The authorizing officer shall ensure that copies (electronic/manual) of all reports released to persons/organizations are duly filed.*

- *All data should be anonymised and unlinked to client records before reports are released. (Refer medical records manual).*

9. 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.*

10. Dissemination

- *Develop a dissemination plan for the facility.*

- *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 channels for dissemination (e.g. Gong-Gong, Information Centres, FM Stations, Workshops, Print Media, Bulletin, Internet, and Mobile Phones etc.).*

- *Implement and document dissemination activities.*

11. Facilitative Supervision

Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize at least quarterly supervisory visit to provide technical support to department/unit teams (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 other to identify outliers and broad issues that require clarification.*

- *Write reports.*

- *Provide feedback to the units/departments.*

DISTRICT LEVEL

1. Data collation

- *Receive and record all reports from facilities.*

- *The receiving officer should stamp, and append his/her name, signature, date and time of receipt to the reports being received. One copy should 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 person submitting the report is appropriate or written feed-back within 72 hours on completeness to person submitting the reports.*

- *If data is submitted by e-mail, written feedback shall be sent to the Head of Facility to acknowledge receipt. This should 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.*

- *Keep reporting forms from all facilities filed for audit purposes.*

- *Enter data from the reporting forms into the appropriate screens in DHIMS.*

2. Data validation

All district health directorates shall form District Data Validation Teams.

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

- *The DDHS is the chairperson of the team.*

- *Post dates for data validation meetings on district notice boards.*

- *Establish data validation routine-*

- o *Data validation routine:*
  - *Meet monthly to validate data before signing off data.*
  - *Data validation meetings shall be held by 14th of the month.*
  - *Check for accuracy and completeness of reports.*
  - *Cross check data consistency across reports.*
  - *Look for unusually low or high values for events/diseases.*
  - *Look for rare events e.g. guinea worm, yellow fever, lassa fever diphtheria.*
  - *Compare with previous months and same period previous years.*
  - *Alert facilities on inconsistencies, discrepancies and rare events.*
  - *Take appropriate action for unusual and rare events.*

- *Chairperson of the validation team should sign off the reports as having been validated.*

- *Upon approval of request for data update from facilities, changes made shall be communicated to the region accordingly.*

3. Data Transmission
Transmission of data shall be through the DHIMS

- *DDHS signs off the data entered electronically by the 15th of the month.*

- *Save data on storage device (CD-ROM and computers, external hard drives at both onsite and offsite).*

4. Data Analysis
There shall be data 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 implementation.

In doing the analysis:

- *Always indicate the level of completeness 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 district performance with targets and or historical data.*

- *Compare performance between sub-districts and also between facilities.*

- *Draw graphs to demonstrate performance and trends.*

- *Interpret findings and discuss results.*

5. Report Writing

- *Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized report writing format. (See appendix 3)*

- *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.*

6. Data Storage
Manual storage

- *All reporting forms shall be kept for life or archived electronically if there is need to destroy them.*

- *DHD shall provide an archival system to ensure the storage of the registers from the facilities that might require it.*

- *DHD shall ensure that facilities have adequate secure space for documents storage.*

- *File all reporting forms by type chronologically and store in secured place.*

For electronic storage

- *Set up and ensure monthly data updates and back-up.*

- *External drives/Storage devices should be used to back-up and update data from all computers which is 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.*

7. 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.*

8. 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.*

9. Facilitative Supervision
Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize at least 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 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 reports.*

- *Provide feedback to the units/departments.*

REGIONAL LEVEL

1. DATA COLLATION

Data entered into DHIMS at the District 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 which is 15th of the ensuing month

The Region should

- *Send reminder to district if after the 15th of the month data from the district is not signed off.*

- *Check in DHIMS for the number of returns expected from the districts.*

- *Examine the data within 72 hours after it has been signed off by the district and give feedback to the districts on completeness and inconsistencies.*

- *Post dates for data validation meetings on region's notice board.*

- *Meet monthly to validate data entered by district into the DHIMS.*

- *Sign off regional data by the 25th of the month.*

2. 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.*

- *Post dates for data validation meetings on notice board at RHD.*

- *Establish data validation routine-*

- *Data validation routine:*
    - *Meet monthly to validate data before signing off data.*
    - *Data validation meetings shall be held by 24th of the month.*
    - *Check for accuracy and completeness of reports.*
    - *Cross check data consistency across reports.*
    - *Look for unusually low or high values for events/diseases.*
    - *Look for rare events e.g. guinea worm, yellow fever, lassa fever diphtheria.*
    - *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 having been validated.*

3. Data Transmission
Transmission of data shall be through the DHIMS

- *Save data on storage device (CD-ROM and computers, external hard drives at both on-site and off-site).*

4. Data Analysis
There shall be comprehensive data analysis and interpretation of service data at the RHD. This shall form the basis for all planning, monitoring and decision making process to guide implementation at the Regional level.

In doing the analysis:

- *Always indicate the level of completeness 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 district performance with targets and or historical data.*

- *Compare performance between districts and also between facilities.*

- *Draw graphs to demonstrate performance and trends.*

- *Interpret findings and discuss results.*

    (Refer Data Utilization Manual)

5. Report Writing
- *Use findings from analysis to write routine performance report quarterly, half yearly and annually using standardized report writing format. (**Appendix 3**).*

- *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.*

6. Data Storage
Data at the regional level is mainly electronic. However it is recommended that RHD print a summary of the complete regional report and file appropriately.

For the electronic data:

- *Set up and ensure monthly data back-ups and updates.*

- *External drives/Storage devices should be used to back-up and update data from all computers which is 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.*

7. 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.*

8. Dissemination

Reports from analysed data and interpretations shall be disseminated to relevant stakeholders in the region.

The region shall:

- *Develop a dissemination plan for the region.*

- *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.*

9. Facilitative Supervision

Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize at least 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 should be developed and supervisors trained to use the tools.*

- *Review performance of districts, sub-districts and facilities prior to supervision in order to identify outliers and broad issues that require clarification.*

- *Write reports*

Provide feedback to the districts, sub-districts and facilities

CENTRE FOR HEALTH INFORMATION MANAGEMENT (CHIM)

1. Data Collation

Data entered into DHIMS from the District 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 date which is 25th of the ensuing month.

- *CHIM shall send a reminder to regions if by the 25th of the month the Region has not signed off the data. Once data are available for use check in DHIMS for the number of returns expected from the regions.*

- *Examine the data within 5 working days after it has been signed off by the region and send feedback to the region on completeness and inconsistencies.*

- *Post dates for data validation meetings on CHIM's notice board and by e-mail.*

- *Meet monthly to validate data entered in the DHIMS. Regions and Districts shall have one month after the scheduled signing off date to effect any changes.*

- *Changes cannot be effected after the next sign-off date.*

- *Chairperson of the DVT shall finally authorize the data for use one month after the RHD sign-off date.*

2. 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:

- *Post dates for data validation meetings on CHIM's notice board 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 of reports.*
        - *Cross check data consistency across reports.*
        - *Look for unusually low or high values for events/diseases.*
        - *Look for rare events e.g. guinea worm, yellow fever, lassa fever diphtheria*
        - *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.*

3. 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, Feb of the following year*
- *Document the reports sent to IME and other Divisions. Print forwarded email and file.*
- *File copies or all reports sent out as appropriate.*

4. Data Analysis

There shall be comprehensive data analysis and interpretation of service data at CHIM to enable them to provide IME and the Division with 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 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 regional and district performance with targets and or historical data.*

- *Compare performance between regional and district and also between facilities.*

- *Draw graphs to demonstrate performance and trends.*

- *Interpret findings and discuss results*

5. 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.*

6. Data Request/Release

External request

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

- *Head of Division approves all data requests.*

- *Assign a staff to work on the request.*

- *Head of Division certifies and approves the report.*

- *Head of Division releases the report to the person/organization making the request.*

- *File all data request letters appropriately.*

- *File all copies (electronic/manual) of all reports released to persons/organizations.*

Internal Request

- *Internal memo should be written and duly signed by person or unit making the request.*

- *Head of Division approves all requests.*

- *Head of Division assigns a staff to work on the request.*

- *Head of Division certifies and approves the report.*

- *Head of Division releases the report to the person or unit making the request.*

- *File all data requests memos appropriately.*

- *File all copies (electronic/manual) of all reports released to person/unit.*

7. Data Quality Audit

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

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

The National DQA team 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.*

8. 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.*

9. Facilitative Supervision

Facilitative supervision will be performed at all levels. Supervisors at all levels shall organize at least 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 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 must be from all stakeholders with Chairperson from the 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.*

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

a. Collaboration with ICT department

   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 training 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.

1. **M&E Unit of National level (Divisions and Programmes) shall:**
    *   *Check for completeness and timeliness of data set relevant to their Divisions in the DHIMS.*

    *   *Analyse Data from DHIMS.*

    *   *Conduct DQA periodically to check up on data quality relevant to their division.*

    *   *Record date and time of all activity reports received from PPMED and Technical Reports from Regions*

2. **Report Writing**

    Use findings from analysis to write progress report quarterly, half yearly and annually. Use standard report writing format **(Appendix 3)**

    Write Exception Reports; these are reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

3. **Data Storage**
    *   *Set up filing system for the storage of documents used for report writing.*

    *   *File all reports and store in secured place.*

    *   *Set up and ensure monthly data updates and back-up.*

    *   *Establish an offsite back up facility. (National level server)*

    *   *Keep rooms where data are stored out of bounds to unauthorized persons.*

4. **Data Request/Release**
    External request

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

    *   *Head of Division approves all data requests.*

    *   *Assign a staff to work on the request.*

    *   *Head of Division certifies and approves the report.*

    *   *Head of Division releases the report to the person/organization making the request.*

    *   *File all data requests letters appropriately.*

- *File all copies (electronic/manual) of all reports released to persons/organizations.*

Internal Request

- *Internal memo should be written and duly signed by person or unit making the request.*

- *Head of Division approves all requests.*

- *Head of Division assigns a staff to work on the request.*

- *Head of Division certifies and approves the report.*

- *Head of Division releases the report to the person or unit making the request.*

- *File all data requests memos appropriately.*

- *File all copies (electronic/manual) of all reports released to person/unit.*

5. DISSEMINATION
- *Identify and make a list of all stakeholders. (E.g. Divisions, Development Partners, NGOs, Relevant Sector Ministries 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.*

6. FACILITATIVE SUPERVISIONS
- *Review performance of Regions with regards to data management.*

- *Identify outliers and broad issues that require clarification.*

- *Organize half yearly supervision to provide technical support to regions (principle is to teach, coach, guide and support officers to do their work better).*

- *Write reports.*

- *Provide feedback to the regions.*

7. Data Quality Audit

Divisions and Programmes shall set up DQA teams.

Teams shall work in collaboration with the RDQA and DDQA teams to perform data quality audit at their respective levels.

The DQA team shall:

- *Select relevant indicators for each audit.*

- *Write reports on DQA conducted by the Divisions/Programmes*

- *Support Regions and Districts to develop action plan to address identified gaps in DQA.*

APPENDIX 1 CHECKLIST ON TASK AND ACTIVITIES OF HEALTH INFORMATION OFFICERS

CHECK LIST ON TASKS AND ACTIVITIES OF HEALTH INFORMATION OFFICER

Facility Level

Daily/Weekly Basis

Collation of returns

- *Receive and check obvious errors for immediate feedback to departments.*
- *Follow up on outstanding reports from various departments of the facility.*
- *Perform Data entry (DHIMS and other Programmes).*
- *Update record.*
- *File reports properly.*

Analyze data using the following to show trends in report.

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

Disseminate Data

- *Brief Hospital/Facility Management.*
- *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.*
- *Routine PC maintenance.*
- *Report notifiable diseases.*
- *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.*
- *Do cleaning and reconciliation.*
- *Perform Data entry (DHIMS and other Programmes).*
- *Sort, verify and update returns.*

- *Coordinate the data validation process.*

Analyze 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.*
- *Routine PC maintenance.*
- *Report notifiable diseases.*
- *Monitoring and Supervision.*
- *Updating of monitoring charts.*
- *Perform in other official duties that will be assigned.*

Quarterly/Half Yearly

Compilation of reports

- Receive reports
- *Follow up on outstanding reports (if any) from departments.*
- *Do cleaning and reconciliation.*
- *Data entry (DHIMS and other programmes).*
- *Sort, verify and update returns.*

Analyze 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

- *Write quarterly/half yearly reports.*

Data dissemination

- *Brief Hospital Management Team (HMT) and DHMT.*
- *Submit reports to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in Quarterly and Half yearly Facility and 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.*
- *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 and update returns.*
  .

Analyze data

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

Data dissemination

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

Other activities

- *Participate in annual HMT and DHMT meetings and possibly 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.*
- *Plan on meeting set target that were not achieved.*
- *Perform in other official duties that shall be assigned.*

TASKS AND ACTIVITIES OF HEALTH INFORMATION OFFICER

DISTRICT

WEEKLY Basis

Collation of returns:

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

Analyze data using the following to show trends in report

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

Disseminate Data

- *Briefing DDHS/DHMT.*
- *Submission of returns to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in weekly DHMT meetings.*
- *Perform weekly data updates and back-up.*
- *Routine PC maintenance.*
- *Report notifiable diseases.*
- *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 of returns

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

Analyze 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

- *Briefing DDHS/DHMT, Program Heads.*
- *Submission of returns to the appropriate level.*
- *Feedback to whom it may concern.*

Other activities

- *Participate in monthly DHMT meetings.*
- *Perform monthly data updates and back-up.*
- *Routine PC maintenance.*
- *Report notifiable diseases.*
- *Monitoring and Supervision.*
- *Updating of monitoring charts.*
- *Perform in other official duties that will be assigned.*
- *Training: identify those that need training, plan and effect training...*

Quarterly/Half Yearly

Compilation of reports

- *Receive and follow up on outstanding reports.*
- *Do cleaning and reconciliation.*
- *Data entry (DHIMS and other programmes).*
- *Sort, verify and update returns*

Analyze 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.*

Data dissemination

- *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 in other official duties that will be assigned.*

Annually

Annual compilation of returns

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

.

Analyze data

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

Data dissemination

- *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 meeting set target that were not achieved.*
- *Perform any other official duties that shall be assigned.*

TASKS AND ACTIVITIES OF HEALTH INFORMATION OFFICER

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 reports.*
- *File any other reports properly.*

Analyze 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 returns

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

Analyze 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 online for obvious errors for immediate feedback.*
- *Follow up on outstanding reports.*
- *File other reports properly.*

Analyze 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.*

Data dissemination

- *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.*
- *Do routine PC maintenance and support Districts to do same.*

Annually

Annual compilation of returns

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

Analyze 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.*

Data dissemination

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

Other activities

- *Coordinate and Participate in annually DHMT meetings and possibly annual review meeting.*
- *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 meeting set target 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 returns

- *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.*

Analyze 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 Divisions, Programmes and PPME*
- *Produce Annual Facts and Figures.*
- *Support the conduct of training on health information skills 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 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.*

APPENDIX 2- DISTRICT REPORT/RETURNS LOGBOOK

DISTRICT REPORT/RETURNS LOGBOOK					
Date of Reporting	Facility/Officer Reporting	Returns/Reports (list all for each Facility)	Outstanding Reports (list all for each Facility)	Officer Receiving	Remark

APPENDIX 3- REPORT WRITING FORMAT

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 2013

Executive Summary

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

HO1: *Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor.*

HO2: *improve governance and strengthen efficiency in health service delivery, including medical emergencies.*

HO3: *Improve access to quality maternal, neonatal, child and adolescent health services.*

HO4: *Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles.*

HO5. : *Improve Institutional Care Including Mental Health Service Delivery.*

Summary mention should be made of implementation of POW major achievements for the year under review

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

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

- M & E activities & performance
  - o M& E activities including monitoring visits
  - o 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, Newborn, Child Health (RMNCH) Services

   Subtitles
- ✓ Maternal and Newborn 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.

Explanation should be provided for results

Gaps should be identified and the needed actions to be taken identified.

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

Detailed tables should be put in annex

APPENDIX 4- DATA REQUEST FORM

GHANA HEALTH SERVICE
DATA REQUEST FORM

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_____

_____

_____

REGISTERS

OUT-PATIENT 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	A client who has visited the facility before in the calendar year (Jan-Dec) and has a patient number assigned by the facility	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 / Verbal
9	TOWN/ LOCALITY	Name of locality where client resides, e.g. Madina	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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	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 REGISTERS

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
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	NAME OF CLIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal
4	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place.	Verbal
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	Verbal, insurance card
6	SEX	Indicate the sex of the client. **M** for Male and **F** for Female	Observation / Verbal
7	PROVISIONAL DIAGNOSIS	The suspected morbidity condition that the client is presenting	Clinician
8	REFERRED FOR TESTING (Yes or No)	If client is referred to lab indicate so with a **Yes**. If client is not referred to lab indicate so with a **No**	Attending Clinician
9	TEST RESULT (+ OR -)	This is the lab result sheet that is returned from the lab to show the confirmation or otherwise of the suspected condition. Indicate "+" or "–" as the case may be.	Lab result sheet
10	PRINCIPAL DIAGNOSIS	The main morbidity condition for which the client is being treated	Attending Clinician
11	STATUS OF PRINCIPAL DIAGNOSIS (NEW CASE TICK)	A **CONDITION** that is seen at the facility for the first time for which the facility is beginning treatment. This is referring to the diagnosis only and it is not the same as a **New Client** in the OPD register.

It is the new cases that are counted and reported on the Monthly OPD Morbidity Reporting Form as individual cases.

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 | Attending Clinician / Records |
| 12 | STATUS OF PRINCIPAL DIAGNOSIS (OLD CASE TICK) | A condition that treatment has begun at the facility and the client is coming for review of the same condition after treatment has begun.
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.
The principle is to ensure that no diagnosis is counted more than once. | Attending Clinician / Records |
| 13 | ADDITIONAL DIAGNOSIS | Any other diagnosis that the client is confirmed by the clinician to have in addition to the principal diagnosis | Attending Clinician |
| 14 | STATUS OF ADDITIONAL DIAGNOSIS | Tick if additional diagnosis is a new case as defined in row 11 above. | Attending Clinician / Records |

No.	VARIABLE	DEFINITION	DATA SOURCE
	(NEW CASE TICK)		
15	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
16	PREGNANT CLIENT (Y/N)	This is to indicate if female clients visiting where this register is being used are pregnant or not If the client is pregnant then ,write "**Y**" and "**N**" if the client is not pregnant	Lab result / Verbal / observation
17	NHIS CLIENT (Y/N)	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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	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	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Insurance card, Verbal
3	ADDRESS	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. **M** for Male and **F** for Female	Patient folder
6	OCCUPATION	The work the client does. example, Farming, Teaching etc.	Patient folder
7	WARD	The name of the ward client is admitted to.	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	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 (TOWN/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 main work that the client makes a living from e.g. Teaching, Farming, Civil Servant, etc.	Patient folder
7	EDUCATIONAL STATUS	The highest level of education that the client 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, Pediatric, Maternity etc.	Patient folder
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
13	PRINCIPAL DIAGNOSIS	The main morbidity condition for which the patient was admitted and treated	Patient folder
14	ADDITIONAL DIAGNOSIS	Any other diagnosis that the patient was confirmed by the clinician to have in addition to the principal diagnosis	Patient folder
15	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
16	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
17	NHIS (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.	Patient folder / Insurance Card

No.	VARIABLE	DEFINITION	DATA SOURCE
		If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.	

GENERAL WARD REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
5	PATIENT NUMBER	The client's identification number found on the Patient folder	Patient folder
6	NAME OF PATIENT	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Patient folder
7	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place	Patient folder
8	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
9	SEX	Indicate the sex of the client. M for Male and F for Female	Patient folder
10	DATE OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Patient folder
11	PROVISIONAL DIAGNOSIS	The initial diagnosis assigned for client's admission before investigations are carried out	Patient folder
12	DATE OF DISCHARGE	The date on which client was discharged and even for those transferred out to another facility.	Patient folder
13	FINAL DIAGNOSIS	The main confirmed morbidity condition for which the patient was admitted and treated	Patient folder
14	ADDITIONAL DIAGNOSIS	Any other diagnosis that the patient was confirmed by the clinician to have in addition to the principal diagnosis	Patient folder
15	OUTCOME OF ADMISSION	How the client left the facility. Discharged, Transferred, Died or Absconded	Patient folder
16	COST OF TREATMENT	Total cost of the treatment of the client, paid by client or by insurance	Patient folder
17	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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	Insurance Card

MATERNITY WARD 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 OF ADMISSION	The date on which the client was admitted and even for those transferred in from another facility.	Calendar
3	TIME OF ADMISSION	The time the client was admitted	Clock in Maternity Ward.
4	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.	ANC card/Folder
5	PATIENT NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	ANC card/Folder
6	ADDRESS (LOCALITY)	The locality in which the client resides but not the birth place	ANC card/Folder
7	AGE	The exact age of the client in completed years e.g. 30 years.	ANC card/Folder
8	PARITY	Parity under ANC means the number of pregnancies (GRAVIDA) and number of live births (PARA*). Therefore, you shall indicate the number of pregnancies and children alive. For a current pregnant woman who has had three previous pregnancies all of which resulted in live births you should write G4P3*	ANC card/Folder
9	DURATION OF PREGNANCY	The age of the pregnancy at the time of admission in weeks	ANC card/Folder
10	PARTOGRAPH	Graph to monitor the progress of labour. Indicate whether done	ANC card/Folder
11	FOETAL HEART ON ADMISSION	Number of times the heart of the foetus beats per minute	ANC card/Folder
12	ANTE NATAL RISK FACTORS	Medical conditions that can lead to complications in labour	ANC card/Folder
	OUTCOME OF DELIVERY	Number of baby or babies that were delivered and their condition	ANC card/Folder
13	DATE OF DISCHARGE	Date on which the woman and baby or babies were discharged or transferred to another facility.	ANC card/Folder
14	COMPLICATIONS OF DELIVERY	'Difficult/Extreme/Unexplained' conditions that required other medical interventions during delivery	ANC card/Folder
15	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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	Insurance Card

MEDICAL LABORATORY REGISTER

No.	VARIABLE	DEFINITION	DATA SOURCE
1	DATE	Date lab test is being done	Calendar
2	PATHOLOGY NUMBER	Identification number assigned to the client/specimen	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	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 CLINICIAN	Name of clinician requesting investigation	Lab request form
8	SOURCE OF REQUEST	Where the request is originating from; consulting1, ANC, self, CHPS (Name).	Lab request form
9	DIAGNOSIS	Condition for which test is being requested for confirmation.	Lab request form
10	TYPE OF SPECIMEN	Type of specimen required for the investigation.	Lab request form
11	TEST REQUESTED	The type of test that has been requested by attending health personnel to be done.	Lab request form
12	RESULTS OF TEST	Result of the investigation carried out	
13	NHIS (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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	Insurance Card

FAMILY PLANNING REGISTER

No	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER (S/NO)	The serial number is the sequential numbering of the first column in the register which can be used to identify clients if written on the client card.	Family Planning Register/Card
2	DATE	Indicate the date the visit was made to the SPD. All dates shall be recorded as DAY/MONTH/YEAR.	Family Planning Register/Card
3	NHIS	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. *If the health insurance card indicates that the insurance has expired then it means the client is not insured, treat as non-insured.*	Family Planning Register/Card
4	CLIENT'S CARD 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/Card
5	NAME	Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie, Wofa, etc.	Family Planning Register/Card
6	MARITAL STATUS	The condition of being married or unmarried, indicate which one applies to your client.	Family Planning Register/Card
7	SEX (M/F)	Indicate the sex of the client. **M** for Male and **F** for Female	Family Planning Register/Card
8	ADDRESS (LOCATION / COMMUNITY / HSE NO.)	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/Card
9	METHOD OF CHOICE	The name of the commodity the client chooses after the counseling.	Family Planning Register/Card
10	1ST EVER USE OF METHOD (Y/N)	Indicate in this column whether the client is using this method for the first time with a **Yes** or **No**	Family Planning Register/Card
11	AGE (CIRCLE IF < 20 OR > 35 YRS.)	The age of the client in completed years 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/Card
12	PARITY (CIRCLE IF >4)	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/Card
13	JAN-DEC (SUBSEQUENT VISITS)	Record dates for which FP services will be provided for subsequent visits in the year.	Family Planning Register/Card
14	REMARKS	Indicate anything of interest that is important for continuous care	

ANC REGISTER

No	VARIABLE		DEFINITION	DATA SOURCE
1	SERIAL NUMBER (S/NO)		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.	ANC Card
2	DATE		Indicate the date the visit was made to the service delivery point. All dates shall be recorded as DD/MM/YYYY.	ANC Card
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.	ANC Card
4	NAME		Name of client in full without titles, avoid informal names such as: Sister, Maame, Auntie,, etc.	ANC Card
5	ADDRESS (LOCATION/ COMMUNITY/ HOUSE NUMBER)		The residence of the client but not the 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. include telephone number*	ANC Card
6	AGE		The age of the client in completed years	ANC Card
7	PARITY		Parity under ANC means the number of pregnancies (GRAVIDA) and number of live births (PARA). *Therefore, you shall indicate the number of pregnancies and children alive. For a current pregnant woman who has had three previous pregnancies all of which resulted in live births you should write G4P3.*	ANC Card
8	BP		The Blood Pressure of the client measured with a sphygmomanometer.	ANC Card
9	HT (CM)		The height of the client measured centimeters.	ANC Card
10	WT (KG)		Weight of the client measured in kilograms.	ANC Card
11	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.	ANC Card
12	FUNDAL HEIGHT		It is a measure of the size of the uterus used to assess fetal growth and development during pregnancy. It is measured from the top of the mother's uterus to the top of the mother's pubic bone in centimeters.	ANC Card
13	FOETAL HEART RATE		The heartbeat of the foetus measured over 60 seconds with the foetoscope.	ANC Card
14	EXPECTED DATE OF DELIVERY		Indicate the estimated date that the delivery is expected	ANC Card
15	HEMOGLOBIN AT REGISTRATION		The level of the pregnant woman's hemoglobin level at the time of registration	ANC Card
16	HEMOGLOBIN AT 36 WEEKS		The pregnant woman's hemoglobin level at 36 weeks of gestation	ANC Card
17	BLOOD GROUP (ABO)		The blood group of the pregnant woman.	ANC Card
18	SICKLING	STATUS (P/N)	Sickle cell test result of the pregnant woman.	ANC Card
		TYPE	If the sickling is positive then Type is the result obtained from the HB electrophoresis : indicate the	ANC Card

No	VARIABLE		DEFINITION	DATA SOURCE
			type e.g. AS, SS, SC CC	
19	BLOOD FILM		It is the malaria investigation that is done to find out if pregnant woman has the parasites in blood. Indicate whether malaria parasite are present or not present in blood of the pregnant woman	Lab result.
20	TRIMESTER		First TRIMESTER means the first three months of pregnancy, Second TRIMESTER means second three months of the pregnancy, and Third TRIMESTER means last three months of pregnancy.	ANC Card
21	VDRL (VENEREAL DISEASE REFERENCE LAB)		The result obtained from syphilis test which can be reactive or non-reactive.	Lab result
22	**PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)**			
23	TEST AND COUNSELING		This indicates whether pregnant woman was provided information about HIV in pregnancy and the need to have a test	ANC card
24	TEST RESULTS		The results of the HIV test.	ANC card
25	POST TEST COUNSELING		This indicates whether pregnant woman was provided information about the implications of the HIV results after the test	ANC card
26	ARV		Whether ARV was given to the pregnant woman if she tested positive.	ANC card /PMTCT Register
27	**SUBSEQUENT VISITS (2-12)**			
28	DATE			Calendar
29	BP		Same as defined in previous rows related to the specific variable	Sphygmomanometer Reading
30	WT			ANC card
31	FHT			Foetometer
32	BF			Lab / RDT Result
33	REFERRED		This is to indicate whether the client was referred in or out of the facility.	Referral Book
34	TT-1, TT-2, TT-3 TT-4, TT-5		The number of tetanus vaccines that was given in the course of a pregnancy. In the duration of a pregnancy a maximum of 3 doses can be given. *The cells in this register represent the number of 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 previously taken up to TT3 in the yellow card.* *The date and the dose number following from the yellow card is what will be written.*	ANC Card / Yellow Card
35	PROTECTED NOT DOSED		This means the client has received all the 5 doses of TT needed to protect her for life so she is not vaccinated. All such clients will be recorded as "protected not	Yellow card / ANC Card

No	VARIABLE	DEFINITION	DATA SOURCE
		dosed". But if you give a booster then still record under this heading.	
36	IPT- 1, 2, 3, 4, 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	ANC Card
37	ITN Distributed	This is to find the number of insecticide treated nets given to the clients	Client
38	COMPLAINTS	Any general or specific symptoms that the client will present. Please write them down briefly so that care can be given	Client
39	REMARKS	Provider notes written at during or at the end of the session. This is to help you remember and render better care next time.	Provider's notes

POST NATAL CARE MOTHER

No	VARIABLE	DEFINITION	DATA SOURCE
1	SERIAL NUMBER(S/NO)	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.	Records
2	SURNAME	The family name of the client i.e. father's name or husband's name.	Verbal/ID Card
3	FIRST NAME	The first given name	Verbal/ID Card
4	AGE	Indicate the exact age of the mother in year	Verbal/ID Card
5	TELEPHONE NUMBER & TRACEABLE ADDRESS	Indicate the Telephone number and the residence of the client but not the 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.*	Mother
6	SITE OF DELIVERY	Name and type of the facility where the woman delivered	Verbal / Child Health Record/ Antenatal Record booklets/Cards
7	DELIVERED BY	Cadre or person who delivered the woman	
8	No. OF ANC VISITS BEFORE DELIVERY	Number of Antenatal Care visits by a woman before delivery	Antenatal Record booklets/Cards
9	EXCLUSIVE BREASTFEEDING	Where the baby is fed wholly on breast milk	Verbal
10	CURRENT ITN USAGE	Mother who has just delivered is sleeping under insecticide treated net.	Verbal
11	TT2+	When a woman who had delivered took 2 or more TT injection	ANC Card or Yellow Card
12	COUNSELED ON POST-PARTUM FAMILY PLANNING (PPFP)	This indicates whether woman after delivery was given information about family planning.	Records

13	ACCEPTING FP	Woman who after delivery have started using a form of family planning method.	ANC Card
14	HIV STATUS (KNOWN/UNKNOWN)	Indicates whether the woman's HIV status is known or unknown.	Antenatal Card
15	PP VIT. A GIVEN WITHIN 8 WEEKS	This indicates whether Vit. A was given to a woman after delivery within the first 8 weeks.	Antenatal Card
16	**VITAL SIGNS (1ST, 2ND AND 3RD VISITS)**		
17	DATE	Date on which the ante natal visit is made by the client	Antenatal Register/ Card
18	BP	Blood pressure of woman measured with a sphygmomanometer	Antenatal Register/ Card
19	PULSE	Pulse rate of woman	Antenatal Register/ Card
20	TEMPERATURE	This measures the degree of intensity of heat present in the body of the woman as measured by a thermometer.	Antenatal Register/ Card
21	WEIGHT	Weight of woman in kg	Antenatal Card/Register
22	FUNDAL HEIGHT	It is a measure of the size of the uterus used to assess whether to its normal size as expected. It is measured from the top of the mother's uterus to the top of the mother's pubic bone in centimeters.	Antenatal Card/Register
23	LOCHIA COLOUR & SMELL	Lochia is the vaginal discharge after delivery or abortion. Observe or ask the woman about the following characteristics of the lochia -Number Of Days Of Flow -Color -Odor -Content and quantity	Observation/ Verbal

POST NATAL CARE CHILD

No	VARIABLE	DEFINITION	DATA SOURCE
1	Date of Birth	The date of birth of the baby/babies	Child Health Record
2	Weight at Birth	The weight of the baby/babies at birth in kilograms	Child Health Record
3	Sex	This is sex of baby/babies. M for Male and F for Female	Child Health Record
4	Birth Reg. No.	Childs registration number given at birth	Birth Certificate
5	Date Of Immunization BCG, Polio0, HepB	Date on which the above immunization where given	Child Health Record
6	Sickling Status	Sickle cell test result of the baby (SS, AS, AC, CC, SC)	Child Health Record
7	**VITAL SIGNS (1ST, 2ND AND 3RD VISITS)**		
8	Date	Date of each subsequent visit	Calendar
9	Age	Age of baby at each visit (age of child in days/months)	Child Health Records/ Client
10	Weight	Weight of baby at each visit(in kilograms)	Readings from weighing scale

11	Temperature	This measures the degree of intensity of heat present in the body of the baby as measured by a thermometer.	Readings from thermometer
12	Respiration	Breathing rate of the baby at the time of each visit	Readings
13	Pulse	The heart rate of the baby at the time of each visit	Readings
14	Cord Condition	The condition of the cord at the time of each visit	Observation
15	Exclusive Breastfeeding	Where the baby is fed wholly on breast milk	Client
16	Mother (1st, 2nd And 3rd Visits)	1. This indicates the condition of mother at each visit (e.g. physical including nipple condition, psycho-social support etc.) and concerns raised; and 2. Note actions(s) taken.	Observation/ Verbal
17	Baby (1st, 2nd and 3rd Visits)	1. This indicates the condition of baby at each visit (e.g. Refusal to suck, well/sick appearing, active/lethargic, breathing pattern, bluish colour, yellowish colour, ability to suckle etc.) and concerns raised; and 2. Note action(s) taken.	Observation/Verbal

CHILD WELFARE CLINIC 0-11

No	VARIABLE	DEFINITION	DATA SOURCE
1	Serial No.	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	Child Registration No.	The registration number given to the child on first visit to clinic	Child Health Record Card
3	Child's Name	Official name given child, if child is not name yet use Baby with mothers name appended till child is named. e.g. Baby Serwah Akoto where the mother is called Serwah Akoto	Birth Certificate. / Child Health Records Card
4	Date of Birth	The date of birth of the baby	Birth Certificate. /Child Health Records Card
5	Date First Seen	Date when baby is first seen at health facility if not already registered for CWC	Child Health Records Card
6	Sex	This is sex of baby **M** for Male and **F** for Female	Child Health Records Card
7	Birth Registration No.	Birth registration number of baby is given	Birth Certificate
8	Sickling Status	Sickle cell test result of the baby (SS, AS, AC, CC, SC)	Child Health Records/Lab Results
9	Mother's Name	The name of the baby's mother	Child Health Records Card/Verbal
10	Telephone No. /Traceable Address	Indicate the Telephone number and the residence of the client but not the 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*	Verbal

No	VARIABLE		DEFINITION	DATA SOURCE
			directions from the client.)	
11	Month (1-12)	Weight	Weight of baby (Kilogram)	CWC Register / Records
		*Adequate Wt. Gain (Y/N)	Indicate status of weight gain yes for adequate and no for below	
12	Complementary Feeding Initiated at Six Month (Y/N)		This is to indicate whether baby has started any weaning diet at six months.	
13	MUAC		This means Middle (mid)-Upper Arm Circumference. The circumference of the upper arm of a child is taken to determine if the child is malnourished or at risk for malnutrition.	
14	Bilateral Pitting Oedema		The inability of the skin of both feet to lift itself up when pressed	
15	Hep B, BCG, Polio 0, 1, 2, 3, Rotavirus1,2, Penta 1,2,3, Pneumococcal 1, 2, 3, Vit A @ 6mths, Measles 1, Yellow Fever, CSM, Others		These are the dates on which each of these vaccines are given	
16	Remarks		The presence of the following or some of these Diarrhoea treatment fever use of ITN cough, cold, difficulty in breathing	Child Health Records/Verbal

CHILD WELFARE CLINIC 12-23

No	VARIABLE	DEFINITION	DATA SOURCE
1	Serial No.	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	Child Registration No.	The registration number given to the child on first visit to clinic	Child Health Records
3	Child's Name	Official name given child, if child is not name yet use Baby with mothers name appended till child is named. e.g. Baby Serwah Akoto where the mother is called Serwah Akoto	Birth Certificate. / Child Health Records Card
4	Date Of Birth	The date of birth of the baby	Birth Certificate. / Child Health Records Card
5	Date First Seen	Date when baby is first seen at health facility if not already registered for CWC	Birth Certificate. / Child Health Records Card
6	Sex	This is sex of baby M for Male and F for Female	Birth Certificate. / Child Health Records Card
7	Birth Registration No.	Birth registration number given the baby	Birth Certificate. / Child Health Records Card
8	Mother's Name	The name of the baby's mother	Birth Certificate. / Child Health Records Card
9	Telephone No. /Traceable Address	Indicate the Telephone number and the residence of the client but not the birth place. (*This should include where the house is located, the name of the community and the house*	Birth Certificate. / Child Health Records Card

No	VARIABLE		DEFINITION	DATA SOURCE
			number. This address is very useful for home visits so it is important to get the correct directions from the client.)	
10	Frequency Of Complementary Feeds		This is to indicate how often baby is fed with weaning diet.	Verbal
11	Middle Upper Arm Circumference (MUAC)		This means Middle (mid)-Upper Arm Circumference. The circumference of the upper arm of a child is taken to determine if the child is malnourished or at risk for malnutrition.	Readings
12	Bilateral Pitting Oedema		The inability of the skin of both feet to lift itself up when pressed	Observation
13	Month (1-12)	Weight	Weight of baby (Kilogram)	Readings from weighing scale
		Adequate Wt. Gain (Y/N)	Indicate status of weight gain yes for adequate and no for below	Readings by comparing to standard chart
14	VIT A At 12MTHS		This is to indicate whether Vit. A given at age 12 months	Child Health Record Cards
15	BCG, Polio 0,1,2,3, Penta 1,2,3, Pneumococcal1,2,3, Yellow Fever, Vit A At 18mths, Measles 2, Others		These are the dates on which each of these vaccines are given	Child Health Record Cards

CHILD WELFARE CLINIC 24-59

	VARIABLE	DEFINITION	DATA SOURCE
1	Serial No.	The numbering of clients as they attend the facility, it is done serially to know the number of clients registered at a given period	Records
2	Child Registration No.	The registration number given to the child on first visit to clinic	Records
3	Child's Name	Official name given child, if child is not name yet use Baby with mothers name appended till child is named. e.g. Baby Serwah Akoto where the mother is called Serwah Akoto	Birth Cert. / CHRC
4	Date Of Birth	The date of birth of the baby	Birth Cert. / CHRC
5	Date First Seen	Date when baby is first seen at health facility if not already registered for CWC	Records
6	Sex	This is sex of baby M for Male and F for Female	CHRC
7	Birth Registration No.	Birth registration number of baby is given	Birth Cert. / CHRC
8	Mother's Name	The name of the baby's mother	Birth Cert. / CHRC
9	Telephone No. /Traceable Address	Indicate the Telephone number and the residence of the client but not the 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.)*	CHRC

	VARIABLE		DEFINITION	DATA SOURCE
10	Middle Upper Arm Circumference (MUAC)		This is to indicate how often baby is fed with weaning diet.	Readings
11	Bilateral Pitting Oedema		This means Middle (mid)-Upper Arm Circumference. The circumference of the upper arm of a child is taken to determine if the child is malnourished or at risk for malnutrition.	Observation
12	No. Of Times Fed		The inability of the skin of both feet to lift itself up when pressed	Client
13	Month (1-12)	Weight of baby (Kilogram)	Weight of baby	Readings
		Indicate status of weight gain **Yes** for adequate and **No** for below	Indicate status of weight gain YES for adequate and NO for below	Readings from weighing scale.
14	VIT A at 24, VIT A at 30, VIT A at 36, VIT A at 42, VIT A at 48, VIT A at 54		This is to indicate whether Vit. A given at age 24, 30, 36, 42, 48, and 54months	Child Health Records Card
15	BCG Polio 0,1,2, 3, Penta1,2,3, Pneumococcal 1,2,3, Yellow Fever, Measles and Others		These are the dates on which each of these vaccines are given	Child Health Records Card

HEALTH PROMOTION

	VARIABLE			DEFINITION	DATA SOURCE
1	Date			Date health promotion activity took place	Calendar
2	Name Of Community /Locality/School			Name of area within the community where health promotion activity is taking place	Records
3	Participants	Male		Number of male participants	Records
		Female		Number of female participants	Records
4	Target Audience			The population for whom the programme is focused	Records
5	Health Talk / Meeting	Topic		The subject discussed.	Records
		Purpose		Reason for selecting the topic	Records
		Location (Tick)	Durbar	This is to indicate where the meeting or talk took place	Records
			CHC		Records
			Home Visit		Records
			School		Records
			Religious Setting		Records
			Others	This is to indicate whether venue of talk is different from any of the above	Records
6	School Health Services Provided (If Any)			This is to indicate the school health service that is provided	Records
7	Supervision	Volunteers		This to indicate the number of	Records

	VARIABLE		DEFINITION	DATA SOURCE
	(Indicate No.)		volunteers supervised	
		TBAs	This is to the number of TBAs supervised	Records
8	REMARKS			Records

APPENDIX 5 - Forms
STATEMENT OF OUT-PATIENTS

No.	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

STATEMENT OF INPATIENT

No.	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 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

No.	VARIABLE	DEFINITION	DATA SOURCE
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 Ages	Totals per column	Ward Register
16	**Summary Of Inpatient Malaria Cases**		
17	Malaria Below 5 Years Male	Number of under 5 males admitted with malaria (Complicated and uncomplicated)	Ward Register
18	Malaria Below 5 Years Female	Number of under 5 females admitted with malaria(Complicated and uncomplicated)	Ward Register
19	Malaria 5 Years And Above Male	Number of males 5 years and above admitted with malaria(Complicated and uncomplicated)	Ward Register
20	Malaria 5 Years And Above Female	Number of females 5 years and above admitted with malaria(Complicated and uncomplicated)	Ward Register
21	Number Of Pregnant Women Admitted With Malaria	Number of pregnant women admitted with malaria (Complicated and uncomplicated)	Ward Register
22	Malaria Male Below 5 Deaths	Number of males under 5 dying of malaria	Ward Register
23	Malaria Female Below 5 Deaths	Number of females under 5 dying of malaria	Ward Register
24	Malaria Male 5 & Above Deaths	Number of males 5 and above dying of malaria	Ward Register
25	Malaria female 5 & Above Deaths	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	Complicated Malaria Below 5 Years Male	Number of male patients below five years admitted with diagnosis of complicated malaria according to the accepted case definition.	Ward Register
28	Complicated Malaria 5 Years And Above Male	Number of male patients above five years admitted with diagnosis of complicated malaria according to the accepted case definition.	Ward Register
29	Complicated Malaria Below 5 Years Female	Number of female patients below five years admitted with diagnosis of complicated malaria according to the accepted case definition.	Ward Register
30	Complicated Malaria 5 Years And Above Female	Number of male patients above five years admitted with diagnosis of complicated malaria according to the accepted case definition.	Ward Register
31	Medical Officer In-Charge	Name and signature/stamp of officer In-charge of the facility	Facility Head

MONTHLY OUTPATIENTS MORBIDITY RETURNS

No.	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	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	CR Register
8	Uncomplicated Malaria suspected treated but not tested (Clinically Diagnosed)	All OPD new cases that were Clinically Diagnosed and treated as malaria but not tested at all	CR Register
9	Uncomplicated Malaria Suspected Tested	Total number of suspected cases of malaria tested for malaria parasites (both RDTs and Microscopy)	CR Register
10	Uncomplicated Malaria Tested Positive	Total number of suspected cases of malaria that tested positive for malaria parasites(both RDTs and Microscopy)	CR Register
11	Uncomplicated Malaria in Pregnancy Suspected treated but not tested (Clinically Diagnosed)	Total number of malaria in pregnant suspected that were clinically diagnosed and treated without testing	CR Register
12	Uncomplicated Malaria in Pregnancy Suspected Tested	Total number of pregnant women suspected for malaria who were tested for malaria parasites (both RDTs and Microscopy)	CR Register
13	Uncomplicated Malaria in Pregnancy Tested Positive	Total number pregnant women suspected of malaria tested positive for malaria parasites (both RDTs and Microscopy)	CR Register
14	Grouping the cases	Male, Female under the various Age Groups	CR Register
15	Total	Totals for each strata	CR Register
16	All Other Diseases	Disease that are not listed from 1-92 are all counted as part of to this	CR Register
17	Total New Cases	Total of each column	CR Register
18	Re-Attendance	Conditions that came for review	CR Register
19	Referrals	Condition that were referred out	CR Register
20	Signature	Signature of In-charge of the facility reporting	Facility Head
21	Rank	Rank of the In-charge of the facility reporting	Facility Head
22	Date	Date of submission of the report	Calendar

DAILY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	Ward	Name of the ward, e.g. Male Surgical, Male General	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

MONTHLY BED UTILIZATION FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Hospital	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	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 SDP is located e.g. Ashanti.	Records
5	Ward	Name of the ward, e.g. Male Surgical, Male General	Records
6	Admissions	Number of clients admitted to the ward in the Month	Ward Register
7	Discharges	Number of discharge 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

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

LEPROSY QUARTER REPORT FORM

No.	VARIABLE		DEFINITION	DATA SOURCE
1	Year		Year in which the transaction took place e.g. 2010	Calendar
2	Quarter		Quarter in which transaction took place, e.g. 1st quarter	calendar
3	Health Facility		The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
4	Sub-District		The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso	Records
5	District		The name of the district in which SDP is located, e.g. Kwabre.	Records
6	Region		The name of the region in which the SDP is located e.g. Ashanti.	Records
7	Total Cases Under Treatment During The Quarter		Total number of all cases under treatment in the course of the quarter in question	Leprosy Register
8	IN-COMING CASES SEEN DURING THE QUARTER	Total New Cases Never Treated (Detection)	The total number of **new cases detected** during the reporting quarter, categorized into multibacillary and Paucibacillary	Leprosy Register
9		0-14YRS	The total number of new cases detected during the reporting quarter of clients who below fourteen years.	Leprosy Register
10		15+ YRS	The total number of new cases detected during the reporting quarter who are fifteen years or more, categorized into multibacillary and Paucibacillary	Leprosy Register
11		New Cases With <2nd Degree Disability	The number of new cases without deformed fingers, nose, ears and open sores, categorized into multibacillary and Paucibacillary.	Leprosy Register
12		Relapse, Defaulter Or Transferred	The total number of cases registered during the quarter as new cases who had previously completed treatment and develop signs of leprosy again after two years or new case transferred from another facility, categorized into Multibacillary and Paucibacillary	Leprosy Register
13	Cases that left programme during this quarter	Died	The total number of client who died while on treatment, categorized into Multibacillary and Paucibacillary	Leprosy Register
14		Treatment Finished	The total number of client who completed treatment, categorized into Multibacillary and Paucibacillary	Leprosy Register
15		Transferred	The total number of clients in register who transferred to another district to continue treatment, categorized into Multibacillary and	Leprosy Register

No.	VARIABLE		DEFINITION	DATA SOURCE
			Paucibacillary	
16		Lost to Follow-Up (At Least 1year Without Treatment)	The total number of leprosy cases in the register who have not come for drugs for at least one year, categorized into Multibacillary and Paucibacillary	Leprosy Register
17		Total	The total number of clients who left programme during the quarter (died, finished treatment, transferred out and those transferred to other districts for treatment), categorized into Multibacillary and Paucibacillary	Leprosy Register
18	Cases in programme at the last day of the quarter	Total (Cases At The Beginning Plus New Cases During The Quarter Minus Cases That Left The Programme)	Total number of cases remaining in the register at the end of the quarter (cases in the register at the beginning of the quarter minus cases leaving the programme through death, completing treatment, transferred out and lost to follow –up), categorized into Multibacillary and Paucibacillary	Leprosy Register
19	Analysis, Interpretations, Comments And Recommendations		Any important information obtained from analyzing the data for the quarter, with issues identified and suggestions proposed to address them	Analysis
20	Comment On Observed Trends, Abnormal Increase In Cases		Observations that have been made with regards to the trend of leprosy in the district , comparing with previous quarters and same quarter in previous years (3 year trend)	Analysis
21	Conclusions, actions taken, and recommendations		Actions taken to address the issues identified and recommendations made.	Records
22	Sent Report	Date	Date on which report was sent to the next reporting level	Records
		Person	Name of the person who sent the report to the next level	Records
23	Received Report	Date	Date on which report was received at the next reporting level.	Records
		Person	Name of the person who received the report.	Records

MONTHLY MALARIA DATA RETURNS ON ANTIMALARIALS

No.	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	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	**HEALTH FACILITY RECORDS – MALARIA**		
9	Number of OPD Malaria Cases Put On Anti-Malarias	Number of suspected malaria cases treated with anti-malarias (ACTs and Quinine for pregnant women)	Consulting Register, Dispensary register/ tally sheet
10	Number Of OPD Malaria Cases put on ACTs	Total number of suspected malaria cases treated with ACTs ONLY	Consulting Register, Dispensary register
11	Number Of OPD Malaria Cases Tested For Malaria Parasites Using Microscopy	Total number of suspected malaria cases tested for parasites using microscopy	Lab Register Consulting Register,
12	Number Of OPD Malaria Cases Tested For Malaria Parasites Using RDTs	Total number of suspected malaria cases tested for parasites using RDTs	Lab Register Consulting Register,
13	Number Of OPD Malaria Cases Tested Positive Using Microscopy	Total number of suspected malaria cases that tested positive for malaria using microscopy	Consulting Register, Lab Register
14	Number Of OPD Malaria Cases Tested Positive Using RDTs	Total number of suspected malaria cases that tested positive for malaria using RDTs	Consulting Register, Lab Register
15	**Incidence Of Adverse Effects**		
16	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
17	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/ Ward register
18	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
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

No.	VARIABLE	DEFINITION	DATA SOURCE
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(***this is in doses/ packs and not tablets***)	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(***this is in doses/ packs and not tablets***)	Dispensary Inventory control card
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 (***not the currier***)	Records
32	Received By (Stamp & Signature)	Stamp and Signature of person who received the completed report at the next higher level.	Records

IDSR FACILITY REPORTING FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Year	**Year** in which the transaction took place e.g. 2010	Calendar
2	Month	The month in which the transaction took place e.g. July	Calendar
3	Health Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
4	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	Records
5	District	The name of the district in which SDP is located, e.g. Kwabre.	Records
6	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
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
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

No.	VARIABLE	DEFINITION	DATA SOURCE
9	Death	Number of deaths as a result of the occurrence of the event in the locality	MCCD
10	Lab Confirmed Cases	Number of the conditions or events that have been confirmed using laboratory investigations	Lab Register
11	Comments	Any information of importance that will help in managing the condition	
12	NB: a. Acute Flaccid Paralysis b. Poliomyelitis	All cases that show the signs and symptoms of AFP but not limited to poliomyelitis only This are limited to flaccid paralysis limited to poliomyelitis only	Consulting Register, Lab Registers, Reference lab results
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(s)	What action you recommend to be taken	
17	Report Date:	Date of reporting to the district in the form dd/mm/yyyy	calendar
18	Person Reporting	The officer filling the form to the district, 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. In the form dd/mm/yyyy	Calendar
20	Person Receiving	Details of the officer receiving the report at the district level	

Report zero (0) when no cases of disease are seen in reporting period. There should be no blank space left. If no case is reported for a disease condition for the month write zero in the space.

NEGLECTED TROPICAL DISEASE CONTROL PROGRAMME MDA REPORTING FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
1	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	
2	District	The name of the district in which SDP is located, e.g. Kwabre.	
3	Month	The **Month** in which the transaction took place e.g. July 2010	
4	Year	**Year** in which the transaction took place e.g. 2010	
5	No.		
6	Name Of Community	The name of the community being treated	
7	Total Population	Total population of the community	
8	Number Treated	Total number of people treated	
9	Total Population Coverage	Proportion of population covered with the treatment	
10	Albendazole Received	Number of tablets received	
11	Albendazole Used	Number of tablets used/dispensed	
12	Ivermectin Received	Number of tablets received	

13	Ivermectin Used	Number of tablets used/dispensed	
14	Adverse Reaction	Number persons reporting adverse reaction	
15	Non-Eligible Pregnant Mothers	Number of pregnant women who not dosed	
16	Non-Eligible Lactating < 1 Week	Number of lactating mothers not dosed	
17	Non-Eligible Seriously Sick	Number not dosed because of serious sickness	
18	Non-Eligible Under Height	Number not dosed due height	
19	Refused	Number refusing to be dosed	
20	Absent	Number not present at the time of dosing	
21	Clinical State Hydrocele	Number with clinical state hydrocele	
22	Clinical State Elephantiasis	Number with clinical state elephantiasis	
23	Clinical State Blindness	Number with clinical state blindness	
24	Clinical State Skin Disorders	Number with clinical state skin disorder	
25	Name/Signature Of Officer I/C	Name and Signature of the officer In-Charge of the SDP	

NEGLECTED TROPICAL DISEASE CONTROL PROGRAMME (CDTI REPORTING FORM)

No.	VARIABLE	DEFINITION	DATA SOURCE
1	District	The name of the district in which SDP is located, e.g. Kwabre.	
2	Region	The name of the region in which the SDP is located e.g. Ashanti.	
3	Year	Write down the year the report was generated	
4	Treatment Cycle		
5	Sub-District	The name of the sub-district in which the Service Delivery Point is located, e.g. Aboaso.	
6	No.		
7	Community	Name of the community being served	
8	Population	Population of the community	
9	Treatment By Dose 1, 2 ,3,4 Tabs	Treatment being given and the regimen	
10	No. Treated	Total number of people treated	
11	% Coverage	Proportion of the population treated	
12	Drug Inventory Received	Number (in tablets) of drugs received for the management of conditions	Inventory control card
16	Drug Inventory Used	Number of (in tablets) drugs used during in the period	Inventory control card
17	Drug Inventory Balance	Balance of the drugs on the inventory control card	Inventory control card
18	Refusals	Number of people who refused to take treatment drugs	
19	No. Absent	Number of people who were absent for their drugs	
20	Non-Eligible Lactating/ Pregnant	Number of lactating mothers or pregnant women not dosed	
21	Non-Eligible Very Sick	Number not dosed because of serious sickness	
22	Non-Eligible Under		

	Height	Number not dosed due height	
23	No. of SAES		
24	Clinical State Blindness	Number with clinical state blindness	
25	Clinical State Skin Disorders	Number with clinical state skin disorder	

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
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	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 SERVICE			
13	Number of 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 4th Visit	Number of pregnant women making their 4th antenatal visit for the period.	ANC register
16	Age of Mother at Registration	Age of the pregnant woman as at the time of first ANC visit with the current pregnancy	ANC register
17	Mothers Below 150cm (5ft)	Number pregnant women with height below 150cm or 5 ft.	ANC register
18	Syphilis Screening Tested And Positive	Total number of pregnant women who were screened for syphilis and the number positive.	ANC register
19	Hepatitis B Screening Tested and Positive	Total number of pregnant women who were screened for hepatitis and the number positive	ANC register
20	Parity	Number of deliveries prior to the current pregnancy	ANC register
21	Duration of Pregnancy at Registration (**Trimester**)	Age of the pregnancy at first contact with any SDP calculated in weeks and expressed as 1st, 2nd or 3rd trimester.	ANC register
22	**HB AT REGISTRATION & AT 36 WEEKS**		
23	Clients With Hb	Number of pregnant women whose HB were	ANC register

No.	VARIABLE	DEFINITION	DATA SOURCE
	Checked at Registration	checked at ANC registration	
24	Clients With Hb < 11gm/Dl at Registration	Number of pregnant women with HB less than 11gm/dl at the time of registration	ANC register
25	Clients With Hb < 7gm/Dl at Registration	Number of pregnant women with HB less than 7gm/dl at ANC registration	ANC register
26	Clients With Hb Checked at 36 Weeks	Number of pregnant women whose HB were checked, at 36 weeks	ANC register
27	Clients With Hb < 11gm/Dl at 36 Weeks	Number of pregnant women with HB less than11gm/dl at 36 weeks	ANC register
28	Clients With Hb <7gm/Dl at 36 Weeks	Number of pregnant women with HB less than7gm/dl at 36 weeks	ANC register
29	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
30	Primigravidae With Hb< 7gm at 36wks	Number of pregnant women who are pregnant for the first time with HB less than7gm/dl at 36 weeks	ANC register
31	IPT1	Number of pregnant women given their first dose of SP at ANC	ANC register
32	IPT 2	Number of pregnant women given their second dose of SP at ANC	ANC register
33	IPT 3	Number of pregnant women given their third dose of SP at ANC	ANC register
34	IPT 4	Number of pregnant women given their fourth dose of SP at ANC	ANC register
35	IPT 5	Number of pregnant women given their fifth dose of SP at ANC	ANC register
36	Pregnant Women With Adverse Reaction	Number of pregnant women who had adverse reaction after taking SP.	ANC register, AERF
37	ITN		
38	ITN Distributed.	Number of pregnant women who were given ITN.	ANC register
39	PMTCT		
40	Number Counseled	Number of pregnant women counseled on HIV	ANC register
41	Number Tested	Number of pregnant women tested for HIV	ANC register
42	Number Positive	Number of pregnant women testing positive for HIV	ANC register
43	Number Of Babies On ARV	Number of babies given ARV	Labour Ward register (LWR)
44	Number Of Mothers On ARV	Number of Pregnant Women/Mothers put on ARV therapy	ANC and LWR
45	**DELIVERIES**		
PRIMIGRAVIDAE OUTCOMES			
46	Live Birth To Primigravidae (Male And Female)	Number of babies delivered by primigravidae by sex (male and female)	ANC register
47	Primigravidae Still Birth	Total number of still births by primigravidae	ANC register
48	Outcome Of Delivery	Indicate mother and the number of babies that came out of the pregnancy; single, twin, Triplet and others	LWR
49	Total Births	Sum of all the number of mothers having such giving birth	
50	Live (Male/Female)	Number of babies born alive split into male and female	LWR
51	Still (Fresh/Macerated)	Number of babies born dead, that are either fresh and those that are macerated	LWR

No.	VARIABLE	DEFINITION	DATA SOURCE
52	Deliveries With 2+ IPT Doses	Number of women delivering who took at least two doses of IPT during pregnancy	LWR
53	Below 2.5kg Primipara	Number of babies born weighing less than 2.5kg to women with first delivery	LWR
54	Below 2.5kg Multipara	Number of babies born weighing less than 2.5kg to women previous deliveries	LWR
55	Total	Total number of babies weighing less than 2.5kg (PRIMIPARA + MULTIPARA)	LWR
56	2.5kg & Above	Number of babies born weighing 2.5kg and above	LWR
57	Normal	Number of mothers with spontaneous vaginal deliveries	LWR
58	C/Section	Number of mothers with deliveries through caesarian section	LWR
59	Vacuum	Number of mothers with vaginal deliveries assisted with vacuum extractor	LWR
60	Forceps	Number of mothers with vaginal deliveries assisted with forceps	LWR
61	**MORTALITIES**		
62	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)/MCCD
63	Total Maternal Deaths	Total number of deaths due to pregnancy and child birth related issues by adding up all the age groups	
64	Maternal Deaths Audited	Maternal deaths that are audited and reports presented	MCCD
65	Neonatal Deaths	Babies dying before 28 days of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCCD
66	Post-Neonatal Deaths	Babies dying after 28 days of life	Ward Registers (Maternity, Neonatal Intensive Care Unit, Children and Emergency Ward Registers)/MCCD
67	Deliveries With 2+Ipt Doses	Total number of women who delivered who from records had taken at least two doses of SP	ANC Card
68	**MORBIDITIES**		
69	Vesico-Vaginal Fistula (VVF) number seen	Number of VVF cases seen	LWR / CR Register
70	VVF Number Repaired	Number of VVF cases repaired	LWR / CR Register
71	VVF Number Referred	Number of VVF cases referred	LWR / CR Register
72	Drop Foot Cases	Number of DROP FOOT CASES seen	Consulting, ANC, female ward register

No.	VARIABLE	DEFINITION	DATA SOURCE
73	Puerperal Psychosis	Number of cases of puerperal psychosis	Consulting, ANC, female ward register
74	Endometritis	Infection of the Uterus	Maternity or female ward register
75	Mastitis	Infection of the Breast	LW, female ward register
76	Puerperal Psychosis	Number of cases of puerperal psychosis	LWR
77	Age Group Of Mother At Delivery	The age in completed years of mother at delivery	ANC Register
78	**BABY FRIENDLY HOSPITAL INITIATIVE**		
79	Number Receiving Oxytocin At 3rd Stage Of Labour	Number of mothers receiving oxytocin for 3rd stage of labour	Labour ward register and theatre register
80	Number of Mother/Infant Pairs Discharged	Number of mother/infant pairs discharged after delivery	Maternity(lying-in ward) register
81	Number Of Mother/Infant Pairs Exclusively Breastfeeding At Discharge	Number of mother/infant pairs exclusively breastfeeding at discharge	Maternity(lying-in ward) register
82	Number Of Mothers Initiating Breastfeeding Within First 1 Hour	Number of mothers initiating breastfeeding within first 1 hour	Maternity(lying-in ward) register
83	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
84	Number Trained In Lactation Management	Number of health care providers in the facility that were trained in lactation management for the reporting month	Administrative records
85	**POSTNATAL**		
86	Registrants	Mothers accessing PNC for the first time after delivery	PNC Register
87	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
88	number receiving 1st PNC on day 3-7	All client attending 1st PNC between days 3-7 after delivery.	PNC Register
89	No. Receiving 1st PNC from Day 8 And Above	Mothers visiting clinic from DAY 8 after delivery for their first PNC	PNC Register
90	Age Group (Years) Of PNC Registration	The age-bracket into which a woman attending PNC falls.	PNC Register
91	Supervised Delivery (Site Of Delivery)	Number of postnatal mothers reporting that they delivered at a health facility(public or private)	PNC Register
92	Post-Partum FP	Number of post-natal mothers accepting and using a modern family planning method	Family planning, PNC register,
93	Post-Partum Vit. A For Mother	Number of postnatal mothers given Vitamin A	Maternity(lying-in ward), PNC register,
94	Baby's Weight (Within	Number of babies weighed within 6-10day grouped	PNC Register

No.	VARIABLE	DEFINITION	DATA SOURCE
	6-10 Days)	into below and above 2.5kg	
95	**REFERRALS (IN/OUT)**		
96	ANTENATAL	Number of pregnant women referred either into the facility or out of the facility for further management during ANC	Admission and discharge register
97	LABOUR	Number of women in labour referred either into the facility or out of the facility for further management	Admission and discharge register
98	POSTNATAL	Number of postnatal mothers referred either into the facility or out of the facility for further management	Admission and discharge register
99	BIRTH ABNORMALITIES	Number and type of birth abnormalities seen	Labour ward
100	**ABORTIONS**		
101	Elective	Number of elective abortion done or recorded in the SDP for the period	FP /theatre register
101	Spontaneous	Number of spontaneous abortion recorded	Gynecology or female ward register
103	Induced	Number of pregnancies terminated outside by self-inducement. Mostly "criminal"	Gynecology or female ward register
104	Electronic/ Manual Vacuum Aspirations Done	Number of manual vacuum aspiration procedures done	FP/theatre register
105	D&CS DONE	Number of dilatation and curettage procedures done	theatre register
106	MEDICAL ABORTION	Number of abortions done using medical methods according to the protocol.	
107	Age Group Performing Abortion	Age of women having abortion in completed years	
108	Number Of Bleeding / Haemorrhage	Number of post abortion bleeding cases reported	FP/ theatre register
109	Number Of Sepsis/Infection	number of post abortion sepsis/infection cases reported	FP/ theatre register
110	Number Of Perforations	Number of post abortion perforations cases reported	FP/ theatre register
111	Total Number Of Deaths From Post Abortion Complication	Number of deaths resulting from post abortion complication. Should be equal to the sum of the age distribution performing abortion	FP/ theatre register
112	**POST ABORTION FAMILY PLANNING**		
113	Number Counseled	Number of persons counseled on family planning following abortion care	FP register
114	Number Accepting	Number accepting family planning following abortion	FP register
115	Male Involvement	Number of women being accompanied by their male partners at ANC, DELIVERY, PNC, FP, CWC	Various Registers
116	SIGNATURE	Signature of person who is to completing and submitting	Facility Head
117	NAME	Name of person who is to complete and submit the form	Facility Head

No.	VARIABLE	DEFINITION	DATA SOURCE
118	RANK	Rank of person who is to complete and submit the form	Facility Head
119	DATE	Date on which the form is submitted	Calendar
120	SUBMITTED TO	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.	
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	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		STOCK BALANCE	
9	Beginning Balance	The amount of the item/commodity on hand at the beginning of a reporting period. It is the total sum of the quantity of the item/commodity of a particular type that is left from the last reporting period.	Inventory control card
10	Received	Quantity of commodities that was taken delivery of in the courses of the period from the supply point.	Inventory control card
11	Issued /Dispensed	Commodities that are given to clients for the purpose of family planning from the stock in store at the facility.	
12	Transferred [Circle One]	The quantity that you moved to another facility / practitioner MoH = Ministry of Health GRMA = Ghana Registered Midwife's Association PPAG = Planned Parenthood Association of Ghana	Inventory control card
13	Loss / Expired /Demonstration	Number of commodities that were dispensed but not for the use of clients for FP purposes, e.g. expired, stolen, broken, used for demonstration.	Inventory control card
14	Ending Balance	Quantity of usable commodity that is left in store at the end of the reporting period calculated using columns [(1+2)-(3+4+5)]	Inventory control card
15		STOCK REQUIRED	
16	Col 3 X 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	Work Sheet
17	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 need to top up the ending balance to make it last for 3 months	Work Sheet
18	Unit Price [Col9]	The unit cost of each commodity used for service delivery. This information is supplied by FHD	Records

No.	VARIABLE	DEFINITION	DATA SOURCE
19	Cedis Collected [Col10]	The total number amount of Cedis collected by multiplying the quantity *Issued/Dispensed* by the *Unit Price*.	Records
20	Cedis Retained	The amount of Cedis retained of the total amount of *Cedis Collected* [col10]by level of Service Delivery Point: The SDHS [col11] is to retain 50% of what is collected [col10] The DHMT [col12] is to retain 10% of what is collected [col10] The RHMT [col13] is to retain 10% of what is collected [col10]	Records
21	Cedis Submitted	Each level is to submit a specified percentage of *Cedis Collected* [col10] to the next level: The SDHS is to submit 50% of total amount of *Cedis Collected* [col10] to the DHMT (after retaining 50% at the SDHS) The DHMT is to submit 40% of total amount of *Cedis Collected* [col10] to the RHMT (after retaining 10% at the DHMT) The RHMT is to submit 30% of total amount of *Cedis Collected* [col10] to Central Account (after retaining 10% at the RHMT)	Records
22	Acceptors By Method	The Total number of persons who have accepted to use a family planning method. This number includes the **New Acceptors (First Ever Use)**: -The numbers of persons who accept for the first time in their lives a method of contraception within the reporting period. **Continuing (Users):** - the number of persons who started using a method from a date/time before the start of the reporting period and still continue to use the method over the reporting period **Total**: - The sum of all persons who accepted one method or the other. (New Acceptors and Continuing)	FP Register
23	Brand Name (Insert Appropriate Names)	The trade name of a commodity, service or process. E.g., Cupper-T, Protector etc., if there is a commodity managed by the facility but not on the form, insert the appropriate name in one of the rows	Records
24	Moh/Grma/Ppag/Private	These are acronyms used to represent sources of commodities such as: Private = Other sources	Records
25	Total Visits (From Tally Sheets)	Total visits (from tally sheets)	Tally Sheet
26	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

MONTHLY CHILD HEALTH RETURNS (FORM C)

No	VARIABLE	DEFINITION	DATA SOURCE
1	Name Of Facility	The name of the Service Delivery Point (SDP) e.g., Aboaso Health Centre etc.	Records
2	Sub-District	The name of the sub-district in which	Record

No	VARIABLE	DEFINITION	DATA SOURCE
		the Service Delivery Point is located, e.g. Aboaso.	
3	District	The name of the district in which SDP is located, e.g. Kwabre	Records
4	Region	The name of the region in which the SDP is located e.g. Ashanti.	Records
5	Year	Year in which the transaction took place e.g. 2010	Calendar
6	Month	The Month in which the transaction took place e.g. July	Calendar
7	Prescribers	Number of service providers that prescribe medicine	Administrative records book
8	Trained In IMNCI	Number of service providers trained in IMNCI	Administrative records book
9	No. Of Children Referred	Number of sick children referred out of the facility	CR Register
10	Given Pre Referral Treatment	Number of children given some treatment before referral	CR Register
12	Sick Children Weighed	Number of sick children who were weighed	CWC register
13	Sick Children Given 1st Dose Of Prescribed Drugs In Clinic	Number of sick children given 1st dose of prescribed drugs in clinic	OPD or CR Register
14	**School Health Services**		
15	Number Of Schools	Number of schools within catchment area for SDP	SHR
16	Number Of Schools Visited	Number of schools visited within catchment area for the period	SHR
17	Number Of Schools Receiving 3+ Health Talks	Number of schools that have received at least 3 health educational talks	SHR
18	Enrolled	Number of children within a specified class	SHR
19	Examined	Number of children examined by care giver	SHR
20	Of Children Referred	Number of children with health problems who were referred for further management	SHR
21	Number Of Environmental Certificates Awarded	Number of environmental certificates awarded to the schools in the catchment area	SHR
22	Type A	Number of schools in catchment area with type A certificate	SHR
23	Type B	Number of schools in catchment area with type B certificate	SHR
24	None	Number of schools without certificate	SHR
25	**Referrals**	Number of pupils referred for the following problems: Ear Problems, Eye Problems, Oral Health Problems, Skin Problems Undescended Testis, Hernia	SH register
26	Name	Name of person submitting the form	Records
27	Rank	Rank of person submitting the form	Records
28	Submit To	Person to whom the Form is submitted to	Records

No	VARIABLE	DEFINITION	DATA SOURCE
29	Date	Date in which the form was submitted	Calendar

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 Service Delivery Point (SDP) 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 procedure that involves respiratory assistance and anesthesia including spinal anesthesia and pre-operative sedation.	Theatre Register
6	General Surgery	Number of general surgeries done e.g., intestines including esophagus, 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 anesthesia 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 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	Readings

No.	VARIABLE	DEFINITION	DATA SOURCE
		(kg/m)	
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

NUTRITION RETURN FORM

No.	VARIABLE	DEFINITION	DATA SOURCE
		GROWTH MONITORING AND PROMOTION	
		AGE (MONTHS)	
3	0 -11	Number of children aged 0 – 11 months or below one (1) year	Child health register
4	12 - 23	Number of children aged 12-23 months or from 1 year to below 2 years	Child health register
5	24 - 59	Number of children aged between 2 years and 5 years	Child health register
	Registrant	All children reporting at the facility for the first time	Child health register
	Attendance	Registered children who reported at the facility for services excluding registrant	Child health register
6	Total	Total number of children reporting for services	Child health register
7		**WEIGHED**	
8	Severe (UW) Under Weight -3	A child whose weight for age is below the line -3 is severely underweight	Child health register
9	Moderate (Underweight) Between -3 To -2	A child whose weight for age is between the line -3 to -2 is moderate underweight	Child health register
10	Normal (Between -2 To +2)	A child whose weight for age is below the line -2 to +2 has normal weight	Child health register
11	Exclusive Breastfeeding(EBF) From 0-5 Months	Given wholly breast milk from 0-5 months	Child Health Register
12	Lactating Mothers Seen	Number of lactating mothers seen	Child health register
13	Lactating Mothers Initiating Ebf With 1st Hour Of Birth	Number of lactating mothers who initiated EBF within 1st 1 hour of delivery	Child health register
14	Lactating Mothers Practicing Ebf	Number of lactating MOTHERS practicing EBF	Child health register
	MTMSGs Formed	Number of mother to mother support group(MTMSGs) formed	Child health register
MTMSGs MEETING HELD		Number of meeting held with health staff	Child health register
17	BF Mothers Visited/ Supported By MTMSGs	Number of breastfeeding mothers visited/ supported by MTMSGs	Child health register
		BIRTH WEIGHT	
19		**SEX**	
20	Male < 2.5 Kg	Number of male children weighed below 2.5kg	Child health register
21	Female < 2.5 Kg	Number of female children weighed below 2.5 kg	Child health register
22	Total Sex	Total number of children for both sexes	Child health register
23	TOTAL < 2.5 Kg	Total number of children weighed below 2.5 kg (male + female)	Child health register
		ANAEMIA AMONG PRE-SCHOOL	

No.	VARIABLE	DEFINITION	DATA SOURCE
	AGE (MONTHS)		
26	0 - 11	Number of children aged 0 – 11 months or below one (1) year who are anaemic	Admission and discharge
27	12 – 23 MTHS	Number of children aged 12-23 months or from one (1)year to two (2) years who are anaemic	Admission and discharge
28	24 – 59 MTHS	Number of children aged 24-59 months or from two (2) years to five (5) years who are anaemic	Admission and discharge
29	**ADMISSIONS DUE TO ANAEMIA**		
30	Male	Number of male children admitted due to anaemia	Admission and discharge
31	Female	Number of female children admitted due to anaemia	Admission and discharge
32	Total	Total number of children (male +female) admitted due to anaemia	Admission and discharge
	DEATH DUE ANAEMIA		
34	Male	Number of male children who died due to anaemia	Admission and discharge
35	Female	Number of female children who died due to anaemia	Admission and discharge
36	Total	Total number of children (male +female) who died due to anaemia	Admission and discharge
	VITAMIN A SUPPLEMENTATION		
37	Capsules 100,000 IU		
38	Received	Number of capsules(100,000 iu) received at the facility	Immunization / CWC register
39	Used	Number of capsules(100,000iu) used	Immunization / CWC register
40	Balanced	Number of capsules(100,000iu) left	Immunization / CWC register
41	Capsules 200,000 IU		
42	Received	Number of capsules(200,000 iu) received at the facility	Immunization / CWC register
43	Used	Number of capsules(200,000 iu) used	Immunization r/ CWC register
44	Balance	Number of capsules(200,000 iu) left	Immunization/ CWC register
	No DOSED		
45	6-11 Months(100,000IU)	Number of children 6-11 months who were dose 100,000iu	Immunization register/ CWC register
46	12-59 Months(200,000IU)	Number of children 12-59 months who were dose 200,000iu	Immunization register/ CWC register
47	Total	Total number of children from 6-59 months (6-11mths+12-59mths) dosed Vit A supplement	Immunization register/ CWC register
48	Post-Partum(200,000IU)	All mother who received high dose for Vit A (200,000iu) within 8 weeks after delivery	Postnatal register
	COMMUNITY-BASED GROWTH PROMOTION MALE		
49	Total Male < 2 Years In Register	Total number of male children < 2 years(0-23 months) currently in register	Community-based growth promotion register
50	Children Male <2 Years	Number of male children under 2 years	Community-based growth

No.	VARIABLE	DEFINITION	DATA SOURCE
	Weighed	weighed	promotion register
51	Inadequate Weight Gain This Month	Number of children under 2 years who did not gain adequate weight this month	Community-based growth promotion register
52	Inadequate Weight Gain Two Consecutive Months	Number of children < 2 years who did not gain adequate weight this and last month	Community-based growth promotion register
53	Referred	Number of male children <2 years referred	Community-based growth promotion register
54	Dead	Number of male children who died	Community-based growth promotion register
55	Total	Total number of male children < 2 years in growth promotion	Community-based growth promotion register
		GROWTH PROMOTION FEMALE	
56	Total Female < 2 Years In Register	Total number of female children < 2 years(0-23 months) currently in register	Community-based growth promotion register
57	Children Female <2 Years Weighed	Number of female children under 2 years weighed	Community-based growth promotion register
58	Inadequate Weight Gain This Month	Number of children under 2 years who did not gain adequate weight this month	Community-based growth promotion register
59	Inadequate Weight Gain Two Consecutive Months	Number of children < 2 years who did not gain adequate weight this and last month	Community-based growth promotion register
60	REFERRED	Number of female children <2 years referred	Community-based growth promotion register
61	DEAD	Number of female children who died	Community-based growth promotion register
62	**IODATED SALT COMMITTEE**		
63	Members	Number of members in committee	Records
64	Meetings Held	Number of meetings held	Records
65	Activities Carried Out	Number of all activities carried out	Records
66	**IODATED SALT MARKET SURVEY**		
67	Market Name	Write the name of the market	Records
68	Salt Traders	Number of salt traders	Records
69	Tested	Number of different salt samples tested in the market	Records
70		**RESULTS**	
71	0 PPM	Zero part per million(ppm)	Records
72	<15 PPM	Under 15 ppm	Records
73	>15 PPM	Above 15 ppm	Records
74		**HOUSEHOLD SALT CONSUMPTION SURVEY**	
75	SUB-DISTRICT	Write the name of the sub-district	Records
76	No of HH visited	Number of household visited	Records
77	No tested	Number of household with salt tested	Records
78	RESULT		Records
79	0PPM	Number of samples with iodine level at 0PPM	Records
80	<15PPM	Number of samples with iodine level UNDER 15 PPM	Records
82	>15PPM	Number of samples with iodine level above 15 PPM	Records
83		**DISTRICT TOTAL**	
84	Prepared By	Person preparing the report for submission	Records
85	Signature	Signature of person completing the form	Records
86	Title	Title of person completing the form	Records
87	Date	Date in which the form is completed	Calendar
88	Certified By	Person authenticating the report	Records

No.	VARIABLE	DEFINITION	DATA SOURCE
89	Signature	Signature of person certifying the report	Records
90	Title	Title of person certifying the report	Records
91	Date	Date on which the report was submitted	Calendar
92	Note:	Any comment that may necessary	

DISTRICT QUARTER CHPS REPORT

No.	Data Elements	Definition
1	Number of Electoral Areas	Number of Electoral Areas in the district
2	Total Number of Communities in District	Total number of communities in district
3	Number of Communities Served by GHS	Number of communities served by GHS facilities and outreaches in the district
4	Number Communities served by other partners	Number of communities whose health needs are served by other partners
5	Number of GHS Institution	Number of GHS health facilities in the districts
6	Number of Outreach sites	Number of outreach sites in the districts
7	Number of Demarcated CHPS Zones	Number of Demarcated CHPS zones in the district
8	Number of Completed CHPS Zones	Number of completed CHPS zones in the district. The definition of completed CHPS zone is "*all the milestones/activities had been completed and the CHO actually resides in the community and provide a basic package of services to the catchment population*"
9	Number of CHPS Compounds	Number of CHPS compound (which consists of residence for CHOs and clinic in any form) at the end of the quarter, including newly constructed compound during the quarter.
10	Number of Functional CHPS with Equipment	Number of functional CHPS zones which have basic equipment necessary for providing basic service of CHO. Equipment include • Cold Chain Equipment; • Service delivery equipment and consumables; • Working gear (wellington boot, raincoat, torch light etc.); • Communication equipment (two way radio or mobile phones, etc.); • Personal Digital Assistants (PDAs) for data collection; • Motorcycle for the CHO; • Bicycles for the Volunteers in each community within the zone;
11	Population Covered by CHPS	Population covered by completed and functional CHPS zones. (Total population of communities within the completed and functional CHPS zones)

12	Number of Functional CHPS	Number of Functional CHPS Zones (Completed CHPS Zone is NOT included) in the district. Functional CHPS Zone shall be commissioned when: 1. The community entry process is completed and community members are fully engaged; 2. The CHMCs are formed and actively involved in health planning and service delivery design; 3. CHO is deployed to the defined zone; 4. Volunteers selected from the community and trained for service delivery; 5. A community profile (see appendix 2) is in place; 6. Health service delivery is targeted at households and families; 7. CHO has developed a schedule of home visits that covers all homes in the catchment area and is implementing regular home visits on schedule; 8. Identifiable service delivery data from the CHPS zone reported as an organizational unit and are available in the health information management system; AND 9. The Community Health Compound (newly constructed or rented or hired or refurbished) and the needed equipment are not yet ready.
13	Number of Trained CHOs	Number of trained CHOs who are assigned to CHPS zone in the district.
14	Number of Active CHMC with meeting held at least once in the last 6 months	Number of active Community Health Management Committees (CHNC) which the last meeting had been held within the last 6 month.
15	Number of Active CHV	Number of active Community Health Volunteers in the district
16	Number of Functional CHPS with CHAP	Number of Functional CHPS which have Community Health Action Plan.
17	Number of Zones planned to be made functional for the year	Number of CHPS zones which are planned to be functional in the year.
18	Number of Zones planned to be made functional for the quarter	Number of CHPS zones which are planned to be functional in the quarter.
19	Number of CHPS Compound planned to be constructed in the quarter	Number of CHPS zones which are planned to be functional in the quarter.
20	New functional CHPS zones during the quarter	Number of CHPS zones which became functional in the quarter.
21	Number of CHPS Compound constructed in the quarter	Number of CHPS compound newly constructed during the quarter.
22	Number of Home Visits done in the quarter	Total number of home visits done by all CHOs during the quarter.
23	Number of Durbars in the quarter	Number of Durbars related with CHPS activities held in the quarter
24	Number of Meetings with Social Groups in the	Number of Meetings with social groups such as women's group, youth group, in the quarter.

	quarter	
25	No of Volunteers Trained in Surveillance	Number of Community Health Volunteers trained in surveillance (Community –Based Surveillance Volunteer(CBSV))in the district
26	No of Volunteers Trained in Malaria	Number of Community Health Volunteers trained in Malaria control activities.
27	No of Volunteers Trained in Child Health	Number of Community Health Volunteers trained in child health activities (IMNCI)
28	No of Volunteers Trained in FP Distribution	Number of Community Health Volunteers trained in Family Planning Commodity Distribution.
29	No of Trained TBAs	Number of trained Traditional Birth Attendance(TBAs)
30	TBA Deliveries	Number of deliveries conducted by TBAs
31	TBA Postnatal	Number of postnatal client seen by TBAs
32	TBA Antenatal	Number of antenatal client seen by TBAs

APPENDIX
Glossary of Indicators

PERCENTAGE OF ANTENATAL COVERAGE

Definition of the indicator: Proportion of pregnant women receiving antenatal care during pregnancy.

Definition of key terms:

1. Numerator: Number of antenatal registrants in the year.

2. Denominator: Number of expected pregnancies

Data sources: Reproductive and Child Health Reports.

Use: This indicator is used to assess the coverage of antenatal services and to decide when and where to begin interventions to improve low coverage.

PERCENTAGE ANTENATAL CLIENTS MAKING 4TH VISIT

Definition of the indicator: Proportion of Women making at least 4th visit

Definition of key terms:

1. Numerator: Number of women delivering in a specified time period who made at least their 4th visit to ANC sites

2. Denominator: Total number of antenatal registrants within the specified period

Data source: Reproductive and Child Health Reports

Use: Measures whether pregnant women are receiving minimal antenatal visits

PERCENTAGE REGISTERED DELIVERIES

Definition of the indicator: Proportion of deliveries conducted in a specified time period

Definition of key terms:

1. Numerator: Number of deliveries conducted in a specified time period

2. Denominator: Total number of expected deliveries within the specified period

Data source: Reproductive and Child Health Reports

Use: Measures fertility rate within a specified period thereby guiding planning

TETANUS VACCINATION COVERAGE

Definition of the indicator: Proportion of pregnant women receiving at least 2 doses of Tetanus vaccination before delivery

Definition of key terms:

1. Numerator: Number of women delivering in a specified time period who had been adequately vaccinated with tetanus toxoid (at least 2 doses)

2. Denominator: Total number of expected pregnancies in the specified time

Data source: Reproductive and Child Health Reports

Use: Measures whether women of reproductive age are being vaccinated with tetanus toxoid. This indicator is measured at the time of birth. Neonatal tetanus cases should also be reported.

PERCENTAGE OBSTETRIC EMERGENCIES MANAGED

Definition of the indicator: Proportion of women with obstetric emergencies treated appropriately and timely according to protocol

Definition of key terms:

1. Numerator: Number of women with obstetric emergencies who are treated in a timely and appropriate manner in a specified time period

2. Denominator: Total number of women with obstetric emergencies within the specified time period

Data source: Reproductive and Child Health Reports

Use: Measures the quality of obstetric care. Case definitions for various obstetric emergencies need to be developed.

PERCENTAGE KNOWLEDGE OF DANGER SIGNS ON OBSTETRIC COMPLICATIONS

Definition of the indicator: Proportion of women of reproductive age with knowledge on at least two danger signs of obstetric complications

Definition of key terms:

1. Numerator: Number of women of reproductive age who can name at least two danger signs of obstetric complications

2. Denominator: Number of women of reproductive age

Data source: Reproductive and Child Health Reports

Use: Measures whether women can identify danger signs of obstetric complications, which can facilitate referral for proper care

PERCENTAGE CAESAREAN SECTION

Definition of the indicator: Proportion of deliveries performed by Caesarean section at acceptable standards (depending on the physical characteristics of the women)

Definition of key terms:

1. Numerator: Number of women delivered by Caesarean section in the specified time period

2. Denominator: Total number of deliveries within the specified time period

Data sources: Reproductive and Child Health Reports

Use: Measures access to emergency surgical obstetric services. Caesarean section rates will depend on the physical characteristics of refugee women (e.g., pelvic size is hereditary and will affect these rates)

INCIDENCE OF UNSAFE AND SPONTANEOUS ABORTIONS

Definition of the indicator: Proportion of pregnancies loss due to spontaneous abortion before 22 weeks of gestation

Definition of key terms:

1. Numerator: Number of unsafe and spontaneous abortions before 22 weeks of gestation or below 500g in the specified time period

2. Denominator: Number of live births in the specified time period

Data sources: Reproductive and Child Health reports

Use: Measures effectiveness of antenatal care in preventing early pregnancy loss. Also is measure of women's general health

MANAGEMENT OF COMPLICATIONS DUE TO ABORTIONS

Definition of the indicator: Proportion of women with complications due to unsafe and spontaneous abortions treated in a timely and appropriate manner according to protocol

Definition of key terms:

1. Numerator: Number of women with complications due to abortions who are treated in a timely and appropriate manner, in the specified time period

2. Denominator: Total number of women with complications due to abortions within the specified time period

Data sources: Reproductive and Child Health reports

Use: Measures the quality of care for complications due to unsafe and spontaneous abortion

PERCENTAGE OF SUPERVISED DELIVERIES (BY SKILLED ATTENDANTS)

Definition of the indicator: Proportion of deliveries supervised by (skilled attendants)

Definition of key terms:

1. Numerator: Number of women who deliver in the specified time period who were attended by a trained health worker

2. Denominator: Number of live births in the specified time period

Data sources: Reproductive and Child Health reports.

Use: Measures whether trained health workers attend deliveries. Trained health workers could include staff in facilities and hospitals, etc. (TBAs are not included in this category, per GHS guidelines). This indicator is used to assess the coverage of delivery by skilled health personnel and to decide when and where to begin interventions to improve low coverage.

PERCENTAGE OF POSTNATAL CARE COVERAGE

Definition of the indicator: Proportion of women who delivered and attended postpartum clinic twice within the first 3 days

Definition of key terms:

1. Numerator: Number of women who have delivered in the specified time period who made at least 2 postpartum visits within 3 days after delivery

Denominator: Total number of expected deliveries in the specified time period **Data sources:** Reproductive and Child Health reports.

Use: Measures whether women receive postpartum visits. Time period can be up to 42 days following delivery. Factors determining the timing of the visit include: Incidence and type of obstetric complications, the percent of low birth weight births, the proportion of home deliveries, and the neonatal mortality rate, among others. 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 MOTHERS WITH NO PREVIOUS ANC VISIT

Definition of the indicator: Proportion of postnatal care mothers who did not make any antenatal visit till delivery

Definition of key terms:

1. Numerator: Number of postnatal mothers with no previous antenatal care visit to the time of delivery in a specified period

2. Denominator: Total number of postnatal registrants within the specified period

Data sources: Reproductive and Child Health reports

Use: Used to determine the drop out for ANC, by determining of those who came for PNC how many attended Ante Natal Clinic.

POST-PARTUM VITAMIN A COVERAGE

Definition of the indicator: Proportion of mothers who were given Vitamin A just after delivery and 24hours after delivery

Definition of key terms:

1. Numerator: Number of women who were given Vitamin A just after delivery and 24hours after delivery in a specified period

2. Denominator: Total number of postnatal registrants within the specified period

Data sources: Reproductive and Child Health reports

Use:

PERCENTAGE MATERNAL DEATHS AUDITED

Definition of the indicator: Proportion of reported maternal deaths that are investigated according to established guidelines, and the results are disseminated to health staff

Definition of key terms:

1. Numerator: Number of reported maternal deaths which are investigated according to established guidelines, and the results of which are disseminated to health staff

2. Denominator: Total number of reported maternal deaths within the specified period

Data sources: Reproductive and Child Health reports

Use: Measures the programmes capacity to identify all maternal deaths and to determine the risk factors contribute to those deaths. Assumes that: a) both indirect and direct maternal mortality events are investigated, to reduce under- reporting; b) a protocol for investigations is in place.

MATERNAL MORTALITY RATIO (100,000 live births)

Definition of the indicator: Estimated number of maternal deaths for every 100,000 live births during the year in a specified population

Definition of key terms:

1. Numerator: Number of maternal deaths reported in a specified time period

2. Denominator: Total live births in a specified period

Data sources: Reproductive and Child Health reports

Use: 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.

PERCENTAGE Hb CHECKED AT REGISTRATION

Definition of the indicator: Proportion of pregnant women who had their Hb checked at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women with Hb checked at registration in a specified period

2. Denominator: Total number of ANC registration within the specified period

Data sources: Reproductive and Child Health reports

Use: To determine the haemoglobin level among pregnant women. It is used in the service to ensure that if anaemia is present it is corrected before the woman goes into labour

PERCENTAGE ANAEMIC AT REGISTRATION

Definition of the indicator: Proportion of pregnant women who were found anaemic at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women anaemic at the time of registration in a specified period

2. Denominator: Total number of ANC registration within the specified period

Data sources: Reproductive and Child Health reports

Use: To identify those with anaemia at registration and take steps to correct this before they go into labour.

PERCENTAGE HB CHECKED AT TERM

Definition of the indicator: Proportion of pregnant women who had their Hb checked at 36 weeks of gestation

Definition of key terms:

1. Numerator: Number of pregnant women with Hb checked at 36 weeks in a specified period

2. Denominator: Total number of Hb checked within the specified period

Data sources: Reproductive and Child Health reports

Use: To determine the quality of ANC care being given. Will help to determine how well those with anaemia have been managed.

PERCENTAGE ANAEMIC AT TERM

Definition of the indicator: Proportion of pregnant women who were found anaemic at 36 weeks of gestation

Definition of key terms:

1. Numerator: Number of pregnant women found anaemic at 36 weeks in a specified period

2. Denominator: Total number of Hb checked within the specified period

Data sources: Reproductive and Child Health Reports

Use: To determine how well ANC intervention was able to address anaemia before the pregnant woman goes into delivery.

PROPORTION OF ANC ATTENDANTS BY TBAs

Definition of the indicator: Proportion of ANC attendants by a trained traditional birth attendants

Definition of key terms:

1. Numerator: Number of ANC attendants by TBAs in a specified period

2. Denominator: Total number of ANC attendants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the contribution of TBAs to ANC services

PERCENTAGE TBA DELIVERIES

Definition of the indicator: Proportion of total deliveries conducted by a trained traditional birth attendants

Definition of key terms:

1. Numerator: Number of deliveries conducted by a traditional birth attendant in a specified period

2. Denominator: Total number of deliveries from all sectors within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the contribution that TBAs are making to delivery service

PERCENTAGE 1ST TRIMESTER REGISTRATION

Definition of the indicator: Proportion of pregnant women making their first ever visit to the ANC in their 1st trimester

Definition of key terms:

1. Numerator: Number of pregnant women making their first ever visit to the ANC in their 1st trimester of gestation in a specified period

2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine how early pregnancy women attend ANC as advocated by policy

PERCENTAGE 3RD TRIMESTER REGISTRATION

Definition of the indicator: Proportion of pregnant women in their 3rd trimester at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women making their first ever visit to the ANC in their 3rd trimester of gestation in a specified period

2. Denominator: Total number of ANC registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent of the problem of late registration at ANC.

PERCENTAGE PREGNANT WOMEN WITH PARITY 5+

Definition of the indicator: Proportion of Pregnant Women with parity 5+ at the time of ANC registration

Definition of key terms:

1. Numerator: Number of pregnant women with parity 5+ at the time of ANC registration in a specified period

2. Denominator: Total number of registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To assess the extent of which the risk of multi-parity is present in women attending ANC

PERCENTAGE PREGNANT WOMEN LESS THAN 5 FEET

Definition of the indicator: Proportion of Pregnant Women less than 5 feet at the time of registration

Definition of key terms:

1. Numerator: Number of pregnant women less than 5 feet in a specified period

2. Denominator: Total number of registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent to which the risk of low stature is present in ANC registrants.

PERCENTAGE PREGNANT WOMEN 35YRS AND ABOVE

Definition of the indicator: Proportion of Pregnant Women 35yrs and above

Definition of key terms:

1. Numerator: Number of pregnant women aged 35years and above at the time of registration in a specified period

2. Denominator: Total number of registrants within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine the extent to which the risk of older age group among ANC registrants

PERCENTAGE OF HEALTH FACILITIES PROVIDING INTEGRATED PACKAGE OF PMTCT SERVICES

Definition of the indicator: Proportion of health facilities providing integrated package of PMTCT services

Definition of key terms:

1. Numerator: Number of health facilities providing integrated package of PMTCT services in a given period

2. Denominator: Total number of health facilities in a given period

Data sources: Reproductive and Child Health Report

Use: To determine the coverage of PMTCT services in a district.

PERCENTAGE OF HEALTH FACILITIES PROVIDING EID SERVICES USING DBS

Definition of the indicator: Proportion of health facilities providing early infant diagnosis (EID) services using dried blood sample (DBS)

Definition of key terms:

1. Numerator: Number of health facilities providing EID services using DBS in a specified period

2. Denominator: Total number of health facilities in a given period

Data sources: Reproductive and Child Health Report

Use: To determine the coverage of early infant diagnosis for HIV using dried blood sample in a district.

PERCENTAGE OF PREGNANT WOMEN TESTED FOR HIV AND RECEIVED RESULTS

Definition of the indicator: Proportion of pregnant women tested for HIV and received results

Definition of key terms:

1. Numerator: Number of ANC clients who were tested for HIV and received result in the specified time period

2. Denominator: Total number of ANC clients who were tested for HIV in the specified period of time

Data sources: Reproductive and Child Health Report

Use: To determine the proportion of women tested for HIV who received their results, an indication of how effective the pre-test counseling has been.

PERCENTAGE OF HIV NEGATIVE WOMEN COUNSELLED

Definition of the indicator: Proportion of HIV negative women counseled and provided information on HIV and STI prevention, and how to remain HIV free

Definition of key terms:

1. Numerator: Number of HIV negative women counselled in a specified time period

2. Denominator: Total number of pregnant women who tested negative for HIV within the specified period

Data sources: Reproductive and Child Health Report

Use: To determine how well the post-test situations are handled

PERCENTAGE OF INFECTED PREGNANT WOMEN ASSESSED FOR ART ELIGIBILITY (CD4 COUNT OR CLINICAL STAGING)

Definition of the indicator: Proportion of infected pregnant women assessed for ART eligibility (CD4 count or clinical staging)

Definition of key terms:

1. Numerator: Number of pregnant women who tested positive for HIV and assessed for ARV eligibility within a specified period

2. Denominator: Total number of pregnant women who tested positive for HIV within the specified period

Data sources: Reproductive and Child Health Reports

Use: Use to determine the proportion of HIV pregnant women who are eligible for ART.

PERCENTAGE OF INFECTED WOMEN WHO RECEIVED ARVS FOR PMTCT

Definition of the indicator: Proportion of infected women who received ARVs for PMTCT

Definition of key terms:

1. Numerator: Number of HIV positive pregnant women who were assessed for ARV and put on ARV within a specified period

2. Denominator: Total number of HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To determine the coverage of ARV for eligible women who are eligible.

PERCENTAGE OF ELIGIBLE INFECTED PREGNANT WOMEN RECEIVED HAART FOR OWN HEALTH

Definition of the indicator: Proportion of eligible infected pregnant women received HAART for own health

Definition of key terms:

1. Numerator: Number of eligible infected pregnant women who received HAART for own health in a given specified period

2. Denominator: Total number of HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To determine how the overall health of pregnant women are taken care of.

PERCENTAGE OF ELIGIBLE INFECTED PREGNANT WOMEN ON CO-TRIMOXAZOLE PROPHYLAXIS (20% OF TOTAL)

Definition of the indicator: Proportion of eligible infected pregnant women on

Co-trimoxazole prophylaxis (20% of total)

Definition of key terms:

1. Numerator: Number of eligible infected pregnant women on Co-trimoxazole in a given specified period

2. Denominator: Total number of HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To determine the proportion of HIV positive pregnant woman who are receiving care appropriate for their HIV status.

PERCENTAGE OF INFECTED WOMEN PROVIDED COUNSELLING AND SUPPORT ON MATERNAL FEEDING

Definition of the indicator: Proportion of exposed infants started on Co-trimoxazole prophylaxis within 2 months of age

Definition of key terms:

1. Numerator: Number of infants born to HIV positive mothers who started receiving Co-trimoxazole prophylaxis within 2 months of age in a given period

2. Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: Used to determine how preventive measures have been put in place to prevent newborn infections.

PERCENTAGE OF EXPOSED INFANTS RECEIVING FIRST HIV VIROLOGICAL TEST WITHIN TWO MONTHS AGE

Definition of the indicator: Proportion of exposed infants received first HIV virological test within two months age

Definition of key terms:

1. Numerator: Number of infants born to HIV positive mothers who received first virological test within 2 months of age in a given period

2. Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To determine steps put in place to identify potentially infected infants as early as possible so as to put them on treatment to prevent deaths.

PERCENTAGE OF HIV EXPOSED INFANTS WHO ARE ON EBF, RF OR MIXED FEEDING AT PENTA 3 VISIT

Definition of the indicator: Proportion of HIV exposed infants who are on EBF, RF or mixed feeding at Penta 3 visit

Definition of key terms:

Numerator: Number of HIV exposed infants who are on EBF, RF or mixed feeding at Penta 3 visit in a given period

Denominator: Total number of infants born to HIV positive women within the specified time period

Data sources: Reproductive and Child Health Report

Use: To assess the adoption of measures by mothers to prevent mother to child transmission

PERCENTAGE OF FAMILY PLANNING ACCEPTORS

Definition of the indicator: Proportion of women in the fertile age group who receive family planning services during the year.

Definition of key terms:

1. Numerator: Number of women in the fertile age-group (15-49 years) who accepted family planning services during the year.

2. Denominator: The number of women in the fertile age group (WIFA).

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the use of family planning services. Low coverage can prompt health workers to adopt new strategies to increase coverage.

Couple Years of Protection (CYP)

Definition of the indicator: The estimated protection provided by contraceptive methods during a one year period based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

Conversion Factors

Short term methods

Commodity	CYP Factor
Oral Contraceptives	13 cycles
Condoms	120 pieces
Depo Provera	4 doses
Norigynon	12 doses
LAM	0.25

CYP for short term methods is estimated by dividing the total number of commodities dispensed by the CYP factor e.g. no. of condoms dispensed-20,000 then CYP will be 20,000/120= 166.67

Long term methods

Commodity	CYP Factors
Jadelle	3.5

Sino Implants	3.2
Implanon	2.5
Copper T	3.5
Vasectomy	10
Female Sterilization	11
Natural	2

CYP for long term methods is estimated by multiplying the total number of commodities/procedures/method by the CYP factor e.g. no. of jadelle -20,000 then CYP will be 20,000 X 3.5= 70,000

CONTRACEPTIVE PREVALENCE

Definition of the indicator: Proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time

Definition of key terms:

1. Numerator: Total number of family planning acceptors in a given period

2. Denominator: Target population within the specified period

Data sources:

Use: 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

CONTRACEPTIVE METHOD PREFERENCE

Definition of the indicator: The measure to contraceptive method use and uptake in a given period

Definition of key terms:

Numerator: Number of contraceptive acceptors to a specific method in a given period

Denominator: Total number of family planning acceptors within the given period

Data sources: Family planning Report

Use: To determine the acceptability of family planning

PERCENTAGE POSTNATAL CARE MOTHERS COUNSELED ON FAMILY PLANNING

Definition of the indicator: Proportion of mothers who were given counsel on family planning during their postnatal visit

Definition of key terms:

Numerator: Number of mothers who received counseling on family planning during their postnatal visit in a specified period

Denominator: Total number of postnatal registrants

Data sources: Family Planning Reports

Use: To determine if opportunities for offering family planning services are being utilized.

PERCENTAGE POSTNATAL CARE MOTHERS ACCEPTING FAMILY PLANNING

Definition of the indicator: Proportion of mothers who were given counseling and accepted to use a family planning method during their postnatal visit

Definition of key terms:

Numerator: Number of family planning acceptors in a specified period

Denominator: Total number of postnatal care registrants

Data sources: Family Planning Report

Use: To determine the number of post-natal accepting Family Planning

SCHOOL HEALTH INDICATORS

PERCENTAGE OF SCHOOLS VISITED

Definition of the indicator: Proportion of schools within the catchment area visited or reached by outreach teams

Definition of key terms:

Numerator: Number of schools visited in a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources: School Health Report

Use: To determine how many schools in a vicinity are covered by school health

PERCENTAGE OF SCHOOLS CURRENT ENVIRONMENTAL CERTIFICATE

Definition of the indicator: Proportion of schools within the catchment area with currently approved environmental certificate

Definition of key terms:

Numerator: Number of schools with current environmental certificate within a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources: School Health Report

Use: To determine the environmental situation of schools

PERCENTAGE OF SCHOOLS CHILDREN EXAMINED

Definition of the indicator: Proportion of school children visited by outreach teams within the catchment area

Definition of key terms:

Numerator: Number of School children examined within a catchment area in specified period

Denominator: Total number of school children enrolled within a catchment area in a specified period

Data sources: School health Report

Use: To determine the number of children who were examined under the school health programme.

PERCENTAGE OF SCHOOL CHILDREN REFERRED

Definition of the indicator: Proportion of School children who were examined but referred to a higher level for treatment due to condition seen

Definition of key terms:

Numerator: Number of school children referred within a catchment area in specified period

Denominator: Total number of School children examined within a catchment area in specified period

Data sources: School Health Programme

Use: To determine the number of children referred from school health after being examined.

PERCENTAGE OF SCHOOLS RECEIVING 3+ HEALTH EDUCATIONAL TALKS

Definition of the indicator: Proportion of Schools receiving at least 3 health Educational talks

Definition of key terms:

Numerator: Number of schools receiving at least 3 health educational talks within a catchment area in a specified period

Denominator: Total number of schools within a catchment area in a specified period

Data sources: School Health Report.

Use: To determine the health educational talks held in the schools.

CHILD HEALTH INDICATORS

OPV1 COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Oral polio (OPV1) vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the OPV1 vaccine in the year.

2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

OPV 3 COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Oral polio

(OPV 3) vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the OPV 3 vaccine in the year.

2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

PENTA 1 (PENTA1) COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Penta1 vaccine during the year.

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Penta 1 vaccine in the year.

2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: 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.

PENTA 3 (PENTA3) COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Penta3 vaccine during the year

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Penta 3 vaccine in the year.

2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: 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.

IMMUNIZATION DROP OUT RATE

Definition of the indicator: Proportion of children under 1 year who do not complete their immunization schedule. 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.

Definition of key terms:
1. Numerator: Number of children 0-11 months who have received PENTA 1 minus the number of children 0-11 months who have received PENTA 3
2. Denominator: Number of children 0-11 months who have received PENTA 1

Data sources: Reproductive and Child Health reports.

Use: 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.

MEASLES COVERAGE

Definition of the indicator: Proportion of children under 1 year receiving Measles Vaccine during the year

Definition of key terms:

1. Numerator: Number of children under 1 year receiving the Measles vaccine in the year.

2. Denominator: Number of children under 1 year.

Data sources: Reproductive and Child Health reports.

Use: This indicator is used to assess the performance of the immunization and infant health programmes.

PERCENTAGE OF CHILDREN RECEIVING VITAMIN A SUPPLEMENTATION

Definition of the indicator: Proportion of children aged 6–59 months who received a high-dose vitamin A supplement within the last 6 months.

Definition of key terms:

1. Numerator: Number of children between 6-59 months who receive Vitamin A supplementation in the last 6 months.

2. Denominator: number of children between 6-59 months.

Data sources: Reproductive and Child Health and immunization reports. DHS and MICS.

Use: This indicator is used for monitoring and assessing the performance of the child health programmes.

EARLY NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths occurring between 0 - 6 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from 0 - 6 days of life

2. Denominator: Total number of live births within the specified period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

PERINATAL MORTALITY RATE

Definition of the indicator: Estimation of death of 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 in a 1,000 live births

Definition of key terms:

1. Numerator: 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

2. Denominator: Total number of live births within the specified period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths occurring between 0 - 28 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from 0 - 28 days of life in a specified period

2. Denominator: Total number of live births in the specified time period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

LATE NEONATAL MORTALITY RATE

Definition of the indicator: Estimation of newborn deaths from the frist 7 days to the 28 days of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of live born infants who die from the frist 7 days to the 28 days of life in the specified time period

2. Denominator: Total number of live births in the specified time period

Data sources:

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

POSTNEONATAL MORTALITY RATE

Definition of the indicator: Estimation of infant deaths occurring between 28 days and 11 months (29-364 days) of life in a 1,000 live births

Definition of key terms:

1. Numerator: Number of infant deaths occurring between 28 days and 11 months of life in a specified period

2. Denominator: Total number of live births in the specified time period

Data sources:

121

Use: This indicator is a measure of the general health status of the population and the performance of the infant health programmes

STILLBIRTH RATE

Definition of the indicator: Proportion of babies born with no signs of life at or after 28 weeks' gestation

Definition of key terms:

1. Numerator: Number of baby born with no signs of life at or after 28 weeks' gestation in the specified time period

2. Denominator: Total number of live births in the specified time period

Data sources:

Use: A general measure of pregnancy outcome.

CHILDHOOD MORTALITY

Definition of the indicator: Proportion of child deaths occurring between 1 - 4years of life

Definition of key terms:

1. Numerator: Number of child deaths occurring between 1 - 4 years of life in a specified period

2. Denominator: Total number of live births in the specified time period

Data sources: Nominal roll of inpatient morbidity and mortality

Use: This indicator is a measure of the general health status of the population and the performance of the child health programmes

CHILD MORTALITY RATE/UNDER-FIVE

Definition of the indicator: Proportion of infant deaths occurring <5 years (0 - 59 months) of life

Definition of key terms:

Numerator: Number of infant deaths occurring between 0 - 59 months of life in a specified period

Denominator: Total number of live births in the specified time period

Data sources: Nominal roll of inpatient morbidity and mortality

Use: This indicator is a measure of the general health status of the population and the performance of the child health programmes

UNDER 5 MALARIA CASE FATALITY RATE

Definition of the indicator: Under 5 malaria case fatality rate is defined as the proportion of children under five years of age who die of malaria out of the total number of children under five years who have malaria. In other words it expresses the proportion of children under five years with malaria who die from it (**ratio of deaths to cases**).

Definition of key terms:

1. Numerator: Number of children under five years dying of malaria.

2. Denominator: Number of children under five years with malaria.

Data sources: The data is obtained from the hospital Inpatient Morbidity and Mortality Returns

Use: This indicator is used to assess the performance of the malarial control programme and quality of care of the health services.

PERCENTAGE UNDER FIVE YEARS WHO ARE MALNOURISHED (UNDERWEIGHT)

Definition of the indicator: Proportion of children under five years whose weight-for-age measures are below minus two standard deviations (-2SD) from the median weight-for-age of the WHO/NCHS reference population.

Definition of key terms:

1. Numerator: Number of children under five years surveyed who are below minus two standard deviations from the median.

2. Denominators: Number of children under five surveyed.

Data sources: A number of survey which collect anthropometric data can provide such data. In Ghana the most extensively quoted data is the DHS. Data from children seen at health facilities do not provide data reliable assessment of the nutritional status. A representative

sample of the population should be used instead and surveys need to be carried out at reasonable intervals (e.g. five years) since malnutrition status do not change rapidly.

Use: This indicator is a measure of the general health status of the population and the performance of the child health programmes.

AFP NON-POLIO RATE

Definition of the indicator: Acute flaccid paralysis (AFP) non-polio rate measure the number of AFP cases that are not due to polio per 100,000 population under 15 years. The rationale behind this indicator is that the surveillance system should be sensitive enough to detect at least one case of AFP for every 100,000 population under 15 years. Without such surveillance system it would be impossible to verify when the wild polio virus has been eradicated.

Definition of key terms:

1. Numerator: Number of AFP cases recorded. Denominator: Population of less than 15 years

2. **Data sources:** AFP non-polio rate is calculated from data collected from the surveillance report.

Use: This is an indicator used to assess the sensitivity of the surveillance system to detect polio cases even when the disease no longer occurs. This is important since even if polio would be eradicated, there will still be cases of AFP related to other causes.

ADOLESCENT HEALTH INDICATORS

PERCENTAGE EARLY TEEN PREGNANCIES

Definition of the indicator: Proportion of pregnant women within the ages of 10 - 14 years at the time of registration

Definition of key terms:

Numerator: Number of pregnant women within the ages of 10 - 14 years at the time of registration in a specified period

Denominator: Total number of ANC registrants within the specified period

Data sources: Ante Natal Register and the Monthly Midwife Returns Form

Use: To determine how well adolescent health programme is preventing undesirable pregnancies in early adolescents.

PERCENTAGE LATE TEEN PREGNANCIES

Definition of the indicator: Proportion of pregnant women within the ages of 15 - 19 years at the time of registration

Definition of key terms:

Numerator: Number of pregnant women within the ages of 15 - 19 years at the time of registration in a specified period

Denominator: Total number of ANC registrants within the specified period

Data sources: Ante Natal Register and the Monthly Midwife Returns Form

Use: To determine how well adolescent health programme is preventing undesirable pregnancies in late adolescents.

COVERAGE OF ADOLESCENT HEALTH CORNERS

Definition of the indicator: Proportion of health facilities with adolescent health corners

Definition of key terms:

1. Numerator: Number of health facilities with Adolescent Health Corner

2. Denominator: Total number of health facilities

Data sources:

Use: This indicator measures the proportion of health facilities with functional adolescent health corners. NB: and adolescent health corner is basically a counselling place solely for adolescents. The counselling place service can be enhanced with a library, game area, audio-visuals, e-learning, m-learning, computer room or laboratory and other recreational activities as may be suitable and affordable

SPECIALISED SERVICES INDICATORS

HIV SEROPREVALENCE (AMONG REPRODUCTIVE AGE, 15-19, 20-24)

Definition of the indicator: HIV prevalence is the percentage of persons testing HIV positive in the 15-19 and 20-24 year age group.

Definition of key terms:

1. Numerator: Number of HIV positives in 15-19 and 20-24 age groups.

2. Denominator: Total number of persons in the specified age group tested for HIV.

Data sources: HIV prevalence is calculated from the routine data collected in the national sentinel surveillance system for HIV.

Use: HIV prevalence among the young population (15-19 and 20-24 years) reflects infections which are of more recent onset and therefore is a good proxy of HIV incidence. This indicator is therefore used to monitor the HIV epidemic dynamics in the population.

TUBERCULOSIS CURE RATE

Definition of the indicator: TB cure rate is the percentage of TB clients who have been cured after anti-TB treatment, meaning that they are smear negative at (or one month prior to) the completion of treatment and on at least one previous occasion.

Definition of key terms:

1. Numerator: Smear Positive that got cured

2. Denominator: Total smear positive put on treatment

Data sources: TB cure rate is calculated from data from the Report on TB Treatment Results

Use: Since the highest priority in the TB control programme is the identification of new cases and the cure of the detected cases, this indicator is the key determinant in evaluating the effectiveness of the TB control programme.

NUMBER OF GUINEA WORM CASES

Definition of the indicator: This is the number of Guinea Worm cases reported in the year.

Data sources: The number of Guinea Worm cases is obtained from the Monthly Guinea Worm Returns.

Use: Since Guinea Worm is targeted for eradication this indicator is used to assess the performance of the Guinea Worm Eradication programme and to determine strategies to implement towards its eradication.

ACCESS TO HEALTH SERVICES INDICATORS

NUMBER OF COMMUNITY RESIDENT NURSE PER DISTRICT

Definition of the indicator: This basically shows the trend in the deployment of community health officer (CHO) under the CHPS programme. Over the years the indicator has been presented too 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 from the teaching (tertiary) facilities. However region may also organize specialists from the regional hospital to the districts 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 which 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 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 medical practitioners 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 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 is 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.

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 hospital admissions in the year

2. Denominator: Total population of the district.

Data sources: The data is obtained from the inpatient admissions recorded in the inpatient register for each hospital and summed for all the hospitals in the 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

Definition of the indicator: Bed Occupancy Rate (BOR) 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

Definition of the indicator: The average length of stay (ALOS) is 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: The number of client-days is obtained from the Monthly Bed State Returns compiled at each hospital. The number of inpatients is 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

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

Definition of key terms:

1. Numerator: Number of clients discharged or died.

2. Denominator: Number of hospital beds.

Data sources: The number of inpatients discharged or died 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.

INDICATORS ON FINANCE

PERCENTAGE RECURRENT BUDGET FROM GOG AND HEALTH FUND

USED BY PRIVATE SECTOR, NGOs, CSOs AND OTHER MDAs

Definition of the indicator: Total amount of funds allocated from the district budgets to support other health providers other than the GHS facilities.

Definition of key terms:

1. Numerator: Proportion of budget allocated to Private providers, NGOs etc.

2. Denominator: Total budget released to the district for the year.

Data sources: Financial management reports on disbursements at the regional/district level.

Use: This indicator is used to measure the extent of inter-sectoral collaboration and partnership between the DHMT and the other sectors.

PERCENTAGE OF GOG BUDGET SPENT ON HEALTH

Definition of the indicator: Proportion of total government budget allocated to the health sector. The health sector in this case is the Ministry of Health including all implementing agencies.

Definition of key terms:

1. Numerator: Total allocation to the health sector as a percentage.

2. Denominator: Total government budget.

Data sources: Ministry of Finance budget estimates reports.

Use: This indicator is used to measure the extent of central government commitment to the provision of health care in particular and social services in general.

PERCENTAGE GOG RECURRENT BUDGET FOR HEALTH

Definition of the indicator: Proportion of total government recurrent budget allocated to the health sector. The health sector in this case is the Ministry of Health including all implementing agencies.

Definition of key terms:

1. Numerator: Total recurrent allocation to the health sector as a percentage.

2. Denominator: Total government recurrent budget.

Data sources: Ministry of Finance budget estimates reports

Use: This indicator is used to measure the extent of central government commitment to the provision of health care in particular and social services in general. This does not take into account capital expenditure which may be high due to the high cost in new buildings and

other physical investments. It gives an indication of investments in actual provision of health care services.

PERCENTAGE OF INTERNALLY GENERATED FUNDS (IGFs) COMING FROM PRE-PAYMENT AND COMMUNITY-INSURANCE SCHEME

Definition of the indicator: Proportion of all revenue for service delivery obtained through premiums or bills settled by schemes.

Definition of key terms:

1. Numerator: Total revenue from schemes multiplied by 100.

2. Denominator: Total revenue realized by the BMC.

Data sources: Revenue returns.

Use: This indicator provides information on the general performance of the health insurance and prepayment schemes.

TOTAL AMOUNT SPENT ON EXEMPTIONS BY EXEMPTION CATEGORY

Definition of the indicator: Total cost of rendering services to exempted clients based on agreed framework for costing those services. Another way of defining this is the total revenue that would have accrued to the BMC if the clients were to pay full fees for all services provided.

Definition of key terms: Total cost of services to exempted client by category of client.

Data sources: Exemptions register.

Use: This indicator is used to assess the extent to which health services is being made available and accessible to the poor and vulnerable.

INDICATORS ON PARTNERSHIP AND COLLABORATION

PERCENTAGE OF MEETINGS HELD BY THE COMMUNITY MANAGEMENT COMMITTEE

Definition of the indicator: Proportion of planned meetings held with community management committee.

Definition of key terms:

1. Numerator: Number of meetings held by the community management committee.

2. Denominator: Number of meetings planned by the community management committee.

Data sources: DHMT minutes.

Use: This indicator is used to measure the extent of collaboration and partnership with the community and the DHMT.