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JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
MINISTRY OF HEALTH, ISLAMIC REPUBLIC OF PAKISTAN

THE STUDY ON IMPROVEMENT OF MANAGEMENT INFORMATION SYSTEMS IN HEALTH SECTOR IN THE ISLAMIC REPUBLIC OF PAKISTAN

DHIS MANUAL

FEBRUARY 2007

NATIONAL HEALTH INFORMATION RESOURCE CENTER
SYSTEM SCIENCE CONSULTANTS INC.

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Japan International Cooperation Agency
Ministry of Health, Islamic Republic of Pakistan

THE STUDY ON IMPROVEMENT OF MANAGEMENT INFORMATION SYSTEMS IN HEALTH SECTOR IN THE ISLAMIC REPUBLIC OF PAKISTAN

FINAL REPORT

DHIS MANUAL

February 2007

System Science Consultants Inc

Part I

Procedures manual

Procedures Manual For District Health Information System (DHIS) Pakistan

The Study on Improvement of Management Information Systems in Health Sector in the Islamic Republic of Pakistan

**National Health Information Resource Center,
Ministry of Health, Pakistan**

Japan International Cooperation Agency (JICA)

Systems Science Consultants, Inc.

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Table 2: When and Who Fills the DHIS Instruments

	DHIS INSTRUMENT	Who uses/fills the instrument?	When the instrument is filled?
1.	CENTRAL REGISTRATION POINT REGISTER	The CRP Staff at RHC, THQH & DHQH	At the time of patient /client registration at CRP
2.	OPD TICKET	i. The CRP staff	At the time of patient registration at CRP
		ii. The service provider at OPD	During OPD consultation to the patient
3.	OUTPATIENT DEPARTMENT REGISTER	The service provider at OPD or Emergency Department	At the time of consultation at OPD/Emergency Department.
4.	OPD ABSTRACT FORM	Service provider or assistant	At the end of the day after completing the OPD consultations
5.	LABORATORY REGISTER	Laboratory staff	i. At the time a patient comes to the laboratory for tests, and ii. After the complication of tests, to note test results
6.	RADIOLOGY/ ULTRASONOGRAPHY REGISTER	Radiology Department Staff	i. At the time a patient comes to the radiology/ultrasound department for investigations, and ii. After the completion of investigations, to note the results
7.	INDOOR PATIENT REGISTER	On-duty Nurse (Charge-Nurse/Head Nurse) in the ward	i. At the time of admission of the patient in the ward and ii. At the time of discharge from the ward
8.	INDOOR ABSTRACT FORM	Charge-Nurse/Head Nurse	At the end of the month
9.	DAILY BED STATEMENT REGISTER	On-duty Nurse (Charge-Nurse/Head Nurse) during the evening shift in the ward	At the end of the day, i.e., at midnight
10.	O.T. REGISTER	OT Nurse (Charge-Nurse/Head Nurse)	i. Before the operation to note basic data on the patients to be operated, and ii. After the operation to note operation procedure and result
11.	FAMILY PLANNING REGISTER	WMO, LHV, FHT, or any other service provider	At the time of Family Planning service delivery to FP clients

	DHIS INSTRUMENT	**Who uses/fills the instrument?**	**When the instrument is filled?**
12.	FAMILY PLANNING CARD	WMO, LHV, FHT, or any other service provider	At the time of Family Planning service delivery to FP clients
13.	MATERNAL HEALTH REGISTER	WMO or LHV	During consultation to pregnant women for ANC or PNC services
14.	ANTENATAL CARD	Obstetrician, WMO, LHV	During ANC check-up
15.	OBSTETRIC REGISTER	WMO, Nurse in Obstetric/female ward and WMO/Nurse/LHV managing the labor room	i. Basic data filled at the time of admission of the pregnant woman/patient in the ward/labor room ii. Outcome data filled after delivery iii. Discharge/death/referral data on discharge/death/referral
16.	DAILY MEDICINE EXPENSE REGISTER	Dispenser	At the end of the day
17.	STOCK REGISTER (MEDICINE/SUPPLIES)	Store-keeper or dispenser	At every transaction of medicines and other supplies made in or out of the facility-store
18.	STOCK REGISTER (EQUIPMENT/FURNITURE/ LINEN)	Store-keeper or dispenser	At every transaction of equipment/furniture/linen made in or out of the facility-store
19.	COMMUNITY MEETING REGISTER	Facility in-charge or person holding the community meeting	After holding the community meeting
20.	FACILITY STAFF MEETING REGISTER	Facility in-charge or assistant	After facility staff meeting
21.	PHC FACILITY MONTHLY REPORT FORM	Designated person in the facility	At the beginning of each month
22.	SECONDARY HOSPITAL MONTHLY REPORT FORM	Designated person in the facility	At the beginning of each month
23.	TERTIARY HOSPITAL MONTHLY REPORT FORM	Designated person in the facility	At the beginning of each month
24.	CATCHMENT AREA POPULATION CHART	Facility in-charge or assistant	Every year in January
25.	HID REPORT FORM	Designated person in the facility	Every year in January

1. Central Registration Point Register DHIS – 01 (R)

This register is maintained by the registration staff at the Central Registration Point (CRP) of the health facility. CRP is a place in the health facility designated by the facility in-charge where all patients and clients coming to the health facility for various services are first registered in this register, pay registration fees and are directed towards the appropriate room/service provider by the staff at CRP.

Purpose:

The Central Register is an important permanent record of financial receipts and patient/client load at the facility. The data from this register will be used for internal management, i.e., for:

i. financial audit of fee received,

ii. calculating the workload of each service provider, and

iii. internal checking of number of patients/clients sent to each service provider and the number reported by each service provider.

When filled: At the time of registration at CRP

Who fills: The CRP Staff

Central Registration Point Register
(To be maintained at facility Central Registration Point by dispenser/ clerk)

Monthly CRP Serial Number (New case)	**Follow-up Case** *(Tick only)*	**Name**	**Purchee Fee**	**Sent to**
1	2	3	4	5

Instructions for making entries in the register

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

Column 1: Monthly CRP Serial No. (New Case)

A new case is the one who is coming for the first time to the health facility, or is revisiting the health facility for a different disease or a different type of service from the health facility. Any such patient/client coming to the CRP is allotted a monthly serial number.

Write monthly numbers for all new cases in this column. The procedure to record the Monthly Number is:

- start from number 1 that is given to the first patient/client coming to the CRP on the first working day of the month
- end with the number given to the last patient/client coming to the CRP on the last working day of that month.

Thus, every month, a new monthly serial starts from the first day of that month.

Column 2: Follow-up Case

Patients/clients coming for follow-up of the same episode of a disease or for same type of service e.g. second or third check-up visit during a pregnancy are considered as follow-up cases. As a proof of previous visit to the facility for the same episode of the disease, the patient/client must show the OPD ticket issued to him/her earlier. For all such cases, only put a tick mark (✓) in this column.

In case the patient does not bring the previous OPD ticket then consider the patient as a new case and enter his/her data accordingly.

Column 3: Name (of the patient/client)

Write the name of the patient/client in this column.

Column 4: Purchee Fee

Any new patient coming for services from OPD is charged a fee, commonly known as Purchee Fee. The amount of the fee charged from each patient is fixed by the Provincial Health Department or the District Government.

- Write the amount of fee received from the patient in this column.
- Government employees, patients referred by the Social Welfare Department, children coming for vaccination, follow-up patients, AIDS patients, cancer patients and prisoners are provided free services. In such cases, write “Free” in this column.

Column 5: Sent to

The CRP staff is supposed to guide the patients/clients to the appropriate service provider/room according to the service sought by the patient/client. Write the type of service provider to whom the patient/client is assigned. For example, for patient sent for curative care write MO, for pregnant women sent for ANC checkup write WMO/LHV according to the service delivery setup at the facility.

In case of hospitals where there are more than one OPD rooms, write MO/Gen for patients sent to General OPD, MO/M for Medical OPD, MO/S for Surgical OPD, MO/P for Pediatric OPD, MO/G for Gynecological OPD.

In case of RHC where there are more than one OPD rooms, assign room numbers to each OPD room, e.g., OPD 1 , OPD 2 etc, and accordingly write in this column the room number to which the patient is sent.

Central Registration Point (CRP) Register Monthly Summary Table

In the last page of the CRP Register there is a table for preparing the monthly summary of the total patients/clients registered and total fee collected at the CRP. This summary is prepared using data from the CRP register itself. The benefits of this summary are that it will:

- help the facility manager and staff in understanding the overall utilization of the facility's OPD and the fee collection.
- serve for recording the total fee collected from OPD during a month. The amount of fee collected can be verified with the amount deposited in the government/district treasury and this will help in financial auditing.

The instructions for transferring the data from CRP Register to the relevant row of the Summary Table are written in the heading of the corresponding row of the table. In brief, the "Total Patients Registered" is calculated by adding the month's total of Column No. 1 and 2 of the CRP Register, and "Total Fee Collected" is the month's total of the Column No. 4 of CRP Register. The data for a particular month is calculated at the end of that month and transferred on to this Summary Table. In other words, the Summary is maintained up-to-date at the end of each month.

If a new register is started anytime during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register on to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Central Registration Point Register
Monthly Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
Total Patients Registered Total of col. 1 and 2													
Total Fee Collected Total of col. 4													

2. Out-Patient Department (OPD) Ticket

DHIS – 02 (F)

Sent To:	**OUTDOOR PATIENT TICKET**
District …………	CRP No:____________
Facility Name……………………………………….…	
Name:____________________________ Age:_____ Sex:____	
Father's / Husband's Name: ___________________________________	
Monthly OPD No.:__________________	
Provisional Diagnosis:____	
Date	Clinical Findings / Investigation/ Treatment/ Referral/Test Findings

Purpose:

The OPD ticket serves as a tool for maintaining record of the patient and service provided.

- It is used for recording the brief history, provisional diagnosis and treatment given to a patient/client at OPD.
- OPD ticket is retained by the patient as a prescription for follow-up of the instruction/advice given by the service provider.
- If a revisit to the service provider is necessary, the patient/client brings the OPD ticket with him/her; in that case, it serves as record of previous patient-provider encounter(s).
- In case of referral, the OPD ticket serves as a referral slip
- In case investigations are necessary, OPD ticket serves as an investigation request form and the test findings are recorded on the OPD ticket.
- To serve as a basis for self-assessment and supervision of quality of care[1]

[1] The facility in-charge or district supervisor can randomly select a few OPD tickets from patients after completing their consultations with the service provider in the OPD. Review of these OPD tickets can give an indication of the quality of care in terms of prescription practices of the

By whom and when OPD ticket is completed:

The CRP staff fills in the basic data about the patient/client on the OPD ticket and gives it to the patient/client. The patient takes the ticket to the service provider at OPD.

At the time of OPD consultation, the service provider notes down the Monthly OPD No. from his/her OPD Register on the OPD Ticket. He/she uses the main body of the OPD ticket to write down the brief history, provisional diagnosis, and investigations and/or treatment as advised to the patient. MO concerned also writes the medicines to be provided from the facility's dispensary on another medicine requisition slip.

The patient will take both the OPD ticket and medicine requisition slip to the dispensary. At the dispensary, the dispenser provides the medicines accordingly and retains the medicine requisition slip for future auditing purpose while returning the OPD ticket back to the patient. The patient will preserve the OPD ticket for future reference.

Instructions for making entries in OPD ticket

Entries to be made by CRP staff

At the CRP, the CRP staff will issue an OPD ticket to every new patient coming for out-patient consultation. He will stamp the District's name and Facility's name beforehand. At the time of issuing the OPD ticket to the patient/client, he will make the following entries:

- Name of the patient/client
- Age and sex of the patient/client
- Father or husband's name, and
- CRP No. Transfer the CRP No. from the CRP register in the box.
- Sent to: At the top left corner of the OPD ticket, the CRP staff will note down the room number/name of the service provider to whom the patient is being sent to from CRP.

Entries to be made by the service provider on OPD ticket

Monthly OPD Serial No.

When a new patient is first registered in the OPD register, a Monthly No. is allotted to the patient; record the same number in the given row.

At health facilities where more than one service providers are available, each will maintain his/her own OPD register. In that case, each service provider will fill in the Monthly OPD Serial No. from his/her respective OPD register.

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services providers including over-prescription of injections, and appropriateness of prescription in relation to the diagnosis.

Provisional Diagnosis
Write the provisional diagnosis in the given row after history taking and doing clinical examinations. The salient findings are to be noted in the lower section of the OPD ticket.

Date
The OPD ticket may be used more than once for follow-up consultations for the same episode of illness. On each consultation, write the date in the appropriate column for the date.

Clinical findings/Investigation/Treatment/Referral/Test findings
This part of the ticket is used to write the salient clinical findings and treatment advised. The provisional diagnosis should be written in the upper part of the OPD ticket.

In case the all or some of the prescribed medicine(s) are to be provided from the facility dispensary, write the name of the medicines to be issued from the dispensary in a separate medicine slip. Also, put the patient's Monthly OPD No. and your signature with date in that medicine slip.

In case investigations are necessary, write the name of the required investigations in this part of the OPD ticket. The investigating lab can also use this slip to record the findings of the tests performed in the back side of the OPD ticket.

In case the patient is referred to another health facility, write the name of the facility where the patient is referred to.

Put your signature and name at the end.

For follow up patients

When a patient returns back to the health facility for follow-up, he/she must bring the previous OPD ticket with him/her. On presenting the previous OPD ticket at the Central Registration Point, the CRP Staff writes down the current date and puts his initial below the last entry made in the body of the OPD ticket.

The service provider will check the date and signature of CRP Staff to confirm that the patient has come through the CRP and will make new entries below the current date.

3. Outpatient Department (OPD) Register DHIS – 03 (R)

The OPD Register is maintained at the OPD of the facility for recording all the visits of the patients and treatment given at the OPD. Records of both new and follow-up/repeat cases attending the OPD are made in this register.

Purpose:

- To serve as a facility-based archive of clinical diagnosis and treatment by the OPD or emergency department
- To provide facility-based morbidity data
- To provide data on load of new cases on the OPD/emergency department, disaggregated by sex and age
- To provide data on follow-up visits and referred cases attended at the OPD/emergency department

When filled: At the time of consultation at OPD or emergency department

Who fills: Entries in the OPD register are made by the service provider at OPD/Emergency department. For every OPD point in the facility, separate OPD register is to be maintained. Similarly, the Emergency Department will maintain a separate OPD register.

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: __________ Year:

Monthly OPD Serial No. (New cases)	Follow-up Cases (Put Tick., only)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Malnutrition (Tick if child <5 yrs. with low weight for age)	Referred from(if applicable)	Diagnosis	Action Taken/ Special Remarks
				MALE					FEMALE								
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		<<Total Brought From Previous Page>>															
		<< Total >>														*<< Transfer Total to Next Page>>*	

Instructions for filling the columns of the OPD register

There are 18 columns in the OPD Register that are spread over in two adjacent pages. During interactions with the patients, entries are made in Column No. 1-18 depending upon whether the patient is a new patient[2] or a follow-up case[3]. For new cases, entries are required to be made in all the columns except Column No. 2; for follow-up cases entries are only necessary in Column No. 2, 3 and 18. Please do not fill in Column No. 4-17 for

[2] A new case is the one who is coming for the first time to the facility, or is revisiting the facility for a different disease or asking for a different type of service from the facility.

[3] Follow-up case is a patient who comes for the same episode of a disease (e.g., diarrhea, hypertension) or for same type of service (e.g. maternal health check-up during the same pregnancy).

follow-up cases as this will lead to miscalculation of morbidity data and data on OPD load.

Start a new page of the register at the beginning of each month. Write the name of the month and the year on the right upper corner of the page. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below the above-mentioned horizontal line,
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month by starting a new page.

For a given month in the last row of each page, write down the totals in respect of Column No. 1, 2 and 5-14. Transfer/bring forward these totals to the first row of the next page in their respective columns. Continue the practice till last day of the month. At the end of the month, calculate the entire month's totals in respect of column No. 1, 2 and 5-14. The month's totals in these columns would later be used for completing the monthly report. Repeat the procedure every month by starting a new page. Do not transfer the previous month's total to the next page on which current month's entries are to be made.

Column 1: Monthly OPD Serial No.

Any new patient/client coming to the OPD is allotted a monthly serial number which is recorded in this column. The monthly serial number:

- starts from 1 that is given to the first patient/client coming to the OPD on the first working day of a month
- ends with the number given to the last patient/client coming to the OPD on the last working day of that month.

The monthly number will provide up-to-date total of all new patients/clients attending a particular OPD point for that month; yearly total can also be calculated using the monthly number.

If more than one OPD points are functional at the facility, each point will maintain separate monthly serial numbers for patients attending that particular OPD point.

Column 2: Follow-up case

For all follow-up cases, put a tick mark in this column.

Column 3: Name with Father/Husband's Name

Write the patient's name and his/her father/husband's name in this column.

Column 4: Address

Write the name of the village/mohallah/union council/city name to which the patient belongs to. In case of Emergency Department, it is very important that the complete address is recorded.

Column 5-14: Age Category

These columns are to record the age group of the new patient according to his/her sex (male/female). Only put a tick (✓) mark in the appropriate column according to the patient's age and sex. Note that:

<1 year	= age group between 0 to 11 months and 29 days
1-4 years	= age group between 1 year to 4 years 11 months and 29 days
5-14 years	= age group between 5 year to 14 years 11 months and 29 days
15-49 years	= age group between 15 year to 49 years 11 months and 29 days
50+ years	= age group 50 years and above

Column 15: Malnutrition (Tick if < 5 years low weight for age)

In case of children of less than 5 years of age and who are underweight for age, put a tick mark in this column.

Column 16: Referred from

Write the name of the health facility from where the patient has been referred to this health facility. If LHW has referred the case to the facility, write LHW.

Column 17: Diagnosis

Write the provisional diagnosis of the patient after taking history and doing clinical examination.

In case of Emergency Cases coming to the Emergency Department, note the findings in detail for future reference. You may use more than one row to note down the findings, if required.

Column 18: Action Taken/ Special Remarks

Filling up this column is optional depending upon the situation in the district/province. If it is a requirement from the district/provincial health department for audit purpose, then this column must be filled with the names of the medicines prescribed or to be provided from the facility's dispensary. Otherwise, there is no reflection of data from this column in the monthly report.

If investigation is advised, you can write the name of the investigation(s) in this column.

If treatment is advised, you can write the name of the medicines prescribed to the patient; or if the patient is referred to another health facility, you can write the name of the referral facility in this column.

Note: This OPD Register is also maintained at the Emergency Department/Casualty Outdoor (COD) where medico-legal cases (e.g. injury or road-traffic accident cases) are also attended. In those cases where it is necessary, note down the time of arrival at the Emergency Department or COD and the details of the findings in this column. You can use more than one row in such a case.

OPD Register Monthly Summary Table

In the last page of the OPD Register there is a table for preparing summary using data from the OPD Register. At the end of each month, the service provider who maintains the OPD Register will prepare summary from his/her own OPD Register. The benefits of preparing the monthly summary using the table (sample format given below) are given below:

- The service provider will be able to make self-assessment of the change in his/her own performance over the months
- The supervisor, during the field visit, can directly go to the summary page and have a quick assessment of the utilization of a particular OPD and the interest taken by the service provider of that OPD for improving his/her performance.
  - If the supervisor finds that the summary table is not filled at all, he/she will know that the service provider is not interested to make self-assessment or to improve his/her own performance.
  - If the supervisor sees that the summary table is filled, then he/she can cross-check the data with the data recorded in the register. This will give a reflection of the accuracy of data. If the data is accurate, the supervisor can appreciate the service provider for both the data accuracy and doing self-assessment.
  - Based on the summary data, the supervisor can discuss the performance of the service provider and its related issues, and can help the service provider to improve his/her performance.

OPD Register

Monthly Summary

***Year:*______________**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	**Year Total**
Total New Cases From Col. 1													
Follow Up Cases The total count of all the ticks for the given month in Column No. 2 of OPD Register													
Referred from Cases The total count of all the ticks for the given month in Column No. 16 of OPD Register													

The Summary Table has 12 columns (vertical lines) representing 12 months of a year, i.e. from January to December, and another last column for recording the total of all the months.

There are three rows representing:

1. **Total New Cases**: The data for this will come from the monthly total of Column No. 1 of the OPD Register
2. **Follow-up Cases**: The data for this will come from the monthly total of Column No. 2 of the OPD Register
3. **Referred from** (cases): The data for this will come from the monthly total of Column No. 16 of the OPD Register.

Instructions for transferring the data on to the relevant rows of the Summary Table are given in the corresponding boxes of the table. These instructions tell from which column of the related register the data should be transferred to which row of the table. Each health provider who maintains the OPD Registers is responsible for preparing the summary of the data from his/her OPD register. This summary is prepared at the end of each month and the data is also transferred to the monthly report of the facility.

If a new register is started anytime during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register on to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Graph of Monthly Total New Cases Attended at the OPD

Year: ____________

Total New Cases	f	3000																								
	e	2500																								
	d	2000																								
	c	1500																								
	b	1000																								
	a	500																								
	Month		J		F		M		A		M		J		J		A		S		O		N		D	
			1		2		3		4		5		6		7		8		9		10		11		12	

The above format given in the OPD Register below the Summary Table is to help you draw a graph of the Monthly OPD cases you attended. The graph is updated every month corresponding to the Summary table and it will help you visualize the progress of your monthly OPD

performance. In order to construct the graph, calculate the total number of new cases attending your OPD from Column No. 1 of the OPD Register. Shade all the cells of the format corresponding to the current month that match with the value of the total new cases for the current month. For example, if 1500 patients were attended by you in the month of January, shade Cell Number 1a, 1b and 1c of the above format. Then, in February, if there were 1740 patients who attended the OPD, shade Cell Number 2a, 2b, 2c and approximately half of 2d.

In case you think that the scale of the values of Total New Cases given in the format is too high for your OPD, you can change it to a lower level but maintaining a uniform scale of the values, e.g. 100, 200, 300, 400, 500 and so on, or 250, 500, 750, 1000, 1250 etc.

4. OPD Abstract Form DHIS – 04 (F)

Morbidity data on cases of selected diseases attending the OPD are to be reported monthly. At the time of every OPD consultation, the service provider writes the provisional diagnosis in Column No. 17 of the OPD register. The OPD Abstract Register is basically a tally sheet for compilation of the morbidity data from the OPD register. This compiled data is later transferred to the monthly report.

Purpose:

- To provide compiled morbidity data recorded as on OPD Register.
- To serve as a basis for self-assessment and supervision

OPD Abstract Form at ____________________OPD

Month:_______Year:______

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Priority Health Problems		Tally	Total
1		2	3
Respiratory Diseases			
1.	Acute (upper) respiratory infections		
2.	Pneumonia < 5 yrs.		
3.	Pneumonia > 5 yrs.		
4.	Cough > 3 weeks		
5.	Chronic Obstructive Pulmonary Diseases		
6.	Asthma		
Gastro Intestinal Disease			
7.	Diarrhoea / Dysentery < 5 yrs		
8.	Diarrhoea / Dysentery > 5 yrs		
9.	Typhoid		

When filled: At the end of each day after completing the OPD consultations.

Who fills: The respective service provider or his/her assistant.

In case there are more than one OPD points, each service provider will have his/her own OPD Register and, will fill in his/her own OPD Abstract Form. Every day the respective service provider/assistant will complete the abstract register and on the last working day of the month, calculate the month's totals on the Abstract Form and send it to the designated IS staff of the facility.

Instructions for filling the form

Daily compilation of the abstract from OPD register is recommended to avoid over-burden and mistakes. On the upper part of the first page of the form, there is a row of boxes representing 31 days of a month. Put a tick (✓) on the box corresponding to the date for which the marking tallies has been completed. In case of Government holidays, put a cross mark (x) on the corresponding date.

Column No. 1 contains a list of priority health problems for which morbidity data is collected, compiled and reported every month. The last row in this column is for recording any unusual disease not in the list but which you think should be reported to the higher authorities during the current month. In that case, write the name of that disease in this row.

Column No. 2 is for marking tallies of each case of a particular disease recorded in the OPD Register. Browse through the entries made in Column No. 16 of OPD Register and for every case of a particular disease recorded in the register put a tally mark in the OPD abstract form against the name of that disease. In this way, complete counting of all the cases of the listed diseases. Make total of all the tallies at the end of the month and note it down in **Column No. 3** of the abstract form.

For marking the tallies, the method is:

- Each case of a particular disease is noted in Column No. 2 of abstract register with one vertical line
- For every fifth case, a diagonal line is drawn that crosses the four vertical lines
- The process is repeated till all the cases have been counted.

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5. Laboratory Register

DHIS – 05 (R)

Purpose

The Laboratory Register is an important permanent record of laboratory investigations performed, patient/client load and financial receipts at the laboratory. The data from this register is used for:

i. calculating the workload of the laboratory
ii. calculating the proportion of outpatient and indoor patients receiving laboratory services from the facility
iii. financial audit of fee received for performing lab tests
iv. future reference of test results

When filled: Column No.1 through 6 are filled at the time a patient comes to the laboratory; Column No. 7 is filled after the tests are performed

Who fills: The laboratory staff

Laboratory Register

Name of Examination: ________________________Month: _____________ Year: __________ Page No.______

Monthly Lab Serial No.	Name with Father/Husband's Name	Age	Fee Paid (Rs.)	OPD	Indoor	Results
				Monthly OPD No.	Ward /Unit/Bed No.	
1	2	3	4	5	6	7

<u>Instructions for making entries in the register</u>

Before starting to use the register, allocate sections of the register for particular tests performed in the laboratory. Note the type of test (e.g., Blood for Hg%, Urine R/E, Sputum for AFB, Blood for MP, etc.) in the upper left corner of the pages allocated for each test and the page number in the upper right part of each page. Use the first few pages as index to list down the various tests and the respective page numbers allocated for each test.

Please note that in case HIV test is conducted in the facility, maintain a separate register for HIV tests. Confidentiality of the patients has to be ensured in such cases.

For each test make entries in the respective section of the register. Thus, if a patient has been advised two or more tests make his/her entries in the corresponding sections of the register.

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

Column 1 is for recording the monthly lab serial numbers of the patients coming for a particular test. For every type of tests maintain separate monthly lab serial numbers. Also, note the name of the month and the year in the upper part of each page.

In **Column 2**, note the patient's name and his/her father/husband's name.

In Column 3, write the patient's age in this column

In **Column 4**, record the amount of fee paid. If no fee is collected, as in case of indoor patients, write "Free". Please note that this practice may vary from district to district and accordingly follow your District Health Department's guidelines on charging fee for services.

For patients referred from the OPD, write the OPD Monthly Number in **Column No. 5**; and for patients from the indoor, write the ward name/number in **Column No. 6**. After performing the required test, note down the test findings in **Column No. 7**.

Laboratory Register Monthly Summary Table

In the last few pages of the Laboratory Register, there are tables for preparing monthly summary of all the tests done and the amount of fee collected/received. For each month there is a separate table and, therefore, there are twelve tables for the 12 months of a year.

Laboratory Register Monthly Summary Table

SUMMARY
Month: January **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 4)	Count from Col. No. 4)		(Total of fee paid recorded in Col. No. 4)

There are seven columns in each monthly summary table. The instructions for filling up the columns are as following:

- **Serial No**.: Put the serial number in this column according to the number of laboratory tests available in the facility
- **Test Name**: Serially put the names of all the tests available from the laboratory in this column. Repeat the same sequence of test names in all the monthly summary tables.
- **Total Patients**: At the end of the month, count the total number of patients under each test from Column No. 1 of the Laboratory Register and transfer the data on this column of the related month against the name of the corresponding test.
- **Free**: From Column No. 4 of the Laboratory Register, count the number of patients who received free lab test and put the number of such patients against the name of the corresponding test in the summary table
- **Paid**: From Column No. 4 of the Laboratory Register, count the number of patients who paid fee for lab tests and put the number of such patients against the name of the corresponding test in the summary table
- **Rate**: Put the prescribed rate of each test in this column.
- **Receipt**: Calculate the total of the fee collected for the month against each test from Column No. 4 of the Laboratory Register and put that total amount in this column against the name of the corresponding test in the summary table.

The benefits of this summary are that it will:

- Help the facility manager and staff in understanding the overall utilization of the facility's laboratory and the fee collection from lab tests.

Serve for recording the total fee collected from the laboratory during a month. The amount of fee collected can be retaliated with the amount deposited in the government/district treasury and this will help in financial auditing.

6. Radiology/Ultrasonography Register DHIS – 06 (R)

The Radiology Register is an important permanent record of radiology or ultrasound investigations performed, patient load and financial receipts at the radiology department. The data from this register is used for:

i. calculating the workload and the proportion of outpatient and indoor patients receiving radiology services from the radiology department

ii. financial audit of fee received for performing X-ray, ultrasound or other radiology investigations

iii. future reference of investigation results

When filled: Column No. 1 through 7 are filled at the time a patient comes to the radiology department for investigations; Column No. 13 is filled after the investigation is performed. Column No. 8-12 are filled only in case of X-ray examinations.

Who fills: The radiology department staff.

Radiology/Ultrasonography Register

Name of Examination: ______________________________ Month: ________Year:_________

Monthly Serial No.	**Patients Name with Father/Husband's Name**	**Age**	**Investigation Requested**	**Fee Paid (Rs.)**	**OPD**	**Indoor**	**No. of X-ray Films** *(Only in case of X-ray)*					**Findings/Remarks**
					Monthly OPD No.	Admission No. with Ward /Unit/Bed No.	**6 X 8**	**8 X 10**	**10 X 12**	**12 X 14**	**Dental** (3 x 1. 5)	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	<<Total Brought From Previous Page>>											
	<< Total >>											*<< Transfer Total to Next Page>>*

Instructions for making entries in the register

Maintain separate registers for X-ray, ultrasound, CT scan etc. according to the investigation facilities available in the hospital. Write the name of the investigation on the cover of the register and also in the right upper part of each page of the register.

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

For a given month, in the last row of each page, write down the respective totals for columns 5 to 12. Please note that for Column No. 6 and 7, calculate the number of entries made in that page and put that as the respective total of these column. Transfer the column totals to the corresponding columns (columns 5 to 12) in the first row of the next page. Thus, the totals in the last row of this page will include the figures noted in the first row of that page. Continue calculating the totals of the columns and transferring them to the next page till the last day of the month. Totals calculated for columns 5 to 12 at the end of the month are not transferred to the next page on which entries for the next month would begin. With the start of a new month, fresh calculation of the total figures would start in similar method.

Column 1:
Record the monthly serial numbers of the patients coming for a particular test. For each type of test, maintain a separate monthly serial number.

Column 2:
Record the patient's name and his/her father/husband's name in this column.

Column 3:
Record the patient's age in this column.

Column 4:
Record the name of the investigation requested. For example, X-ray chest PA view.

Column 5:
Record the amount of fee paid in this column. If no fee is charged, as in case of indoor patients, write "Free". Please note that this practice may vary from district to district and accordingly follow your District Health Department's guidelines on charging fee for services.

Column 6 and 7:
For patients referred from the OPD, write the OPD Monthly Number in Column No. 6; and for patients from the indoor, write the ward name/number in Column No. 7.

Column 8 to 12:
Only in case of X-ray, complete these columns according to the size of X-ray films used. Put the number of films used in the respective column

After performing the required investigation, copy the findings in **Column No. 13** as noted down by the Radiologist/Specialist/MO.

Radiology/Ultrasonography Register Monthly Summary Table

In the last page of the Radiology/Ultrasonography Register, there is a table for preparing monthly summary of all the radiological or ultrsonography investigations done and the amount of fee collected/received. Each month's data is entered in a separate column and the last column is for recording the year's total.

There are four rows in the monthly summary table. Instructions for filling the rows for each month are as following:

- **Total Investigations**: For a particular (current) month, put the total number of patients registered for investigation from Column No. 1 of the Radiology/ Ultrasonography Register.
- **Free**: Put the number of patients who received free radiology or ultrasonography investigation counted from Column No. 4 of the Radiology/Ultrasonography Register.
- **Total Paid**: Put the number of patients who paid fee for the investigations counted from Column No. 4 of the Radiology/Ultrasonography Register
- **Fee Collected**: Calculate the total of the fee collected for the month from Column No. 4 of the Radiology/Ultrasonography Register and put that total amount in this row.

The benefits of this summary are that it will:

- Help the facility manager and staff in understanding the overall utilization of and the fee collection from the facility's radiology/ultrsonography services.
- Serve for retaliating with the amount of fee from radiography/ultrasonography deposited in the government/district treasury, and this will help in financial auditing.

Radiology/Ultrasonography Register
Monthly Summary

Year:_______________

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
Total Investigations From Col. No. 1													
Free Count number of Free cases from Col. No. 5													
Total Paid Count number of cases who paid for investigation from Col. No. 5													
Fee Collected Total of fee paid recorded in Col No. 5													

7. Indoor Patient Register DHIS – 07 (R)

The Indoor Patient Register is maintained at the indoors of the facility for recording all the admissions in the inpatient departments (indoors) of the hospital.

INDOOR PATIENT REGISTER

(To be filled by Head Nurse /Charge Nurse)

Ward/_______________ *Month: _______Year:________*

Monthly Indoor Serial No.	Name with Father/ Husband's Name	Address	Sex (M/F)	Age	Bed No.	Diagnosis	Any Operative procedure done	Tick in appropriate Column				Date of Discharge/ DOR/ LAMA/ Death/ Referred	MLC
								Discharged /DOR	LAMA	Referred	Death		
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Purpose:

- To serve as a facility-based record of admissions, discharges, and outcomes in the inpatient department
- To provide facility-based morbidity and mortality data
- To serve as a basis for self-assessment and supervision

When filled: At the time of admission - columns (1) through (7) and column 14
At the time of discharge - columns (8) through (13)

Who fills: Each indoor department/ward is to maintain separate Indoor Registers for the respective ward. Entries in the register are made by the Charge Nurse or Head Nurse responsible for the ward using relevant documents provided by the Doctor, e.g., Admission slip or OPD ticket for data recording at admission, and Bed Head Ticket/discharge note for data recording at discharge.

Note: Admissions in obstetric ward or labor room are recorded in Obstetric Register.

<u>Instructions for filling the Indoor patient register</u>

On the top cover of the register, write the name (and number, if applicable) of the indoor ward where the register is maintained.

Start a new page of the register at the beginning of each month. Write the name of the month and the year on the right upper corner of the page. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below the above-mentioned horizontal line,

- start current day's entries in the same page below the horizontal line

Repeat the procedure every month by starting a new page.

Column 1: Monthly Indoor Serial No.
Write the monthly Indoor serial number of the patient admitted in the ward in this column. At the beginning of each month, start a new page and a new serial number for that month. Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

Columns 2-5:
Note the patient's name and his/her father/husband's name, patient's complete address, sex and age in the appropriate columns.

Note: In case the patient is a prisoner admitted for treatment, write "Prisoner" in parenthesis (--) against his/her name.

Column 6: Bed No.
Note the bed number in which the patient is placed after admission. If there is any change in the bed number afterwards, cross the previous entry with a line and write down the new bed number in the same cell.

Column 7: Diagnosis
Note the provisional diagnosis as written in the admission slip by the doctor. If subsequently the diagnosis is changed, cross the initial entry and write down the new diagnosis in the same cell.

Column 8: Any Operative Procedure Done
Particularly in case of surgical or gynecological wards, if any operative procedure was done during the stay in the ward, note that in this column.

Column 9-13:
These columns are filled at the time of discharge. Put a tick mark (✓) in any one of these columns according to the status of the patient at discharge.

- if the patient is discharged after getting cured or improved, put tick in Column No. 9
- if the patient has left against the medical advice (LAMA) of the attending doctor, put tick in Column No. 10
- if the patient has been referred to other hospital, put a tick in Column No. 11
- if the patient has died, put a tick in Column No. 12

Note the date of discharge/DOR or LAMA or death or referral, as the case may be, in Column No. 13.

Column 14: MLC
If the admitted patient was a medico-legal case, put a tick mark in this column at the time of admission.

Indoor Register Monthly Summary Table

Months	Total patients admission	Total Discharge	Total LAMA	Total Referred	Total Deaths	Total MLC
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

8. Indoor Abstract Form DHIS – 08 (F)

Morbidity data on selected diseases/health problems of the patients admitted in hospital indoors are to be reported monthly. Provisional or definitive diagnoses of the admitted patients are recorded in Column No. 7 of the Indoor patient register. The Indoor Abstract Form is basically a tally sheet for compilation of the morbidity on selected diseases from the indoor register. This compiled data is later transferred to the monthly report.

Purpose:

- To provide compiled morbidity and mortality data on selected diseases from the Indoor Register.
- To serve as a basis for self-assessment and supervision

When filled: At the end of each month

Who fills: The Charge Nurse or Head Nurse in-charge of the ward. For each ward, separate indoor registers are maintained and, therefore, separate abstract forms are completed by each ward every month.

INDOOR ABSTRACT FORM

Priority Health Problems		Tally	Total
1		2	3
Medical			
1.	Diarrhoea < 5		
2.	Diarrhoea > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Typhoid		
11.	Diabetes Mellitus		

<u>Instructions for filling the form</u>

Column 1: of the form contains a list of selected diseases for which morbidity and mortality data is collected, compiled and reported every month. The list of reportable diseases is arranged by specialty, e.g., medicine, surgery, obstetrics, gynecology,

pediatrics, etc. Each ward will complete only that part of the abstract form which is relevant to its specialty.

Column 2 is for making tallies of each case of a particular disease recorded in the indoor Register. Browse through the entries made in Column No. 7 of Indoor Register and for every case of a particular disease recorded in the register mark a tally in the abstract form against the name of that disease. In this way, complete counting of all the cases of the listed diseases and note the row total in the corresponding cell of **Column No.3**.

For making tallies, the method is:

- Each case of a particular disease is counted with one vertical line
- For every fifth case, a diagonal line is drawn that crosses the four vertical lines
- The process is repeated till all the cases have been counted.

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9. Daily Bed Statement Register DHIS – 09 (R)

The daily Bed Statement Register is designed to record the status of new admissions, and discharge/deaths/LAMA/referrals in a hospital ward at the end of each day.

Purpose:

- To serve as a permanent record of indoor bed status at the end of each day to furnish daily bed statement for submitting to the Medical Superintendent (MS) of the hospital
- To provide the basis of calculating number of vacant beds available for new admissions
- To provide data for calculating Bed Occupancy Rate of the respective ward.

When filled: The Daily Bed Statement Register is filled at the end of the day, i.e., at midnight.

Who fills: The Charge Nurse or Head Nurse responsible for evening shift duty.

Daily Bed Statement Register

Ward: ---------------- Month: ____________Year: ________

Total Beds: ___________ Male Beds: _________ Female Beds: _________

Date	Previous Patients		New Admissions		Discharged/ DOR		LAMA		Referred		Deaths		Total Patients		Serious		MLC	
1	2		3		4		5		6		7		8		9		10	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																		
2																		
3																		
Total																		

<u>Instructions for filling the Daily Bed Statement Register</u>

Each page of the register is for recording the daily bed statements of one month. On the top part of each page record the ward number, the name of the month and the year for which the statement is being prepared, the total number of beds and number of male and female beds in the ward. There are nine main columns in the register. Each column is again sub-divided into Male and Female columns for filling data for males and females separately. In case, the there are separate male and female beds within the same ward, fill data for both male and female columns. In case, the male and female wards are separate, e.g., separate ward for male surgical/medicine patients and separate ward for female surgical/medicine patients, only fill in the male or female columns accordingly. In case of obstetric/gynecology ward, fill in female columns only.

Column 1: Date
Dates are printed in the column. Make the required entries in the row corresponding to the current date.

Column 2: Previous (admitted) patients
Write the number of patients at the time of completing this register (i.e., mid-night) who were admitted in the ward anytime before the current date and, therefore, are present in the ward since then.

Column 3: New Admissions
Write the number of patients newly admitted in the ward during the current day.

Column 4-7
Write:

- in column 4, the number of patients who were discharged/DOR from the ward during the current day
- in column 5, the number of patients who left against medical advice (LAMA) from the ward during the current day
- in column 6, the number of patients who were referred to other hospital during the current day
- in column 7, the number of patients who died in the ward during the current day

Column 8: Total Patients
Write here the total number of patients present in the ward at mid-night of the current day. This number should equal "Previous Patients" plus "New Admissions" minus patients discharged/LAMA/referred/died.

Column 9: Seriously Ill Patients
Write the number of patients present in the ward who have been declared seriously ill by the attending doctor.

Column 10: MLC
Write the number of medico-legal cases present in the ward during the current day.

At the end of each month, make the monthly aggregate in the last row of the page and send the register to the IS section or designated person of the facility responsible for preparing the Monthly Report.

Note: The Bed Occupancy Rate (BOR) is the percent of occupancy obtained by dividing the average daily census by the number of available beds.[4] It can be calculated for a given month or year.
The monthly BOR can be calculated as:

[4] Wennberg J, Gittelsohn A and Shapiro N: Health Care Delivery in Maine III: Evaluating the Level of Hospital Performance

$$\frac{\text{Total admitted patient-days in the ward(s) during the month}}{\text{Total number of available (sanctioned) beds in the ward(s)} \times \text{Number of days in the month}} \times 100$$

Total admitted patient-days is calculated by adding up data in column No. 8 (both Male and Female) of the Daily Bed Statement Register.

Please note that in case extra beds are used during any given month, do not add them in the sanctioned bed strength of that ward/facility.

10. Operation Theatre (OT) Register DHIS – 10 (R)

OT Register

Specialty/Ward Name: _________________ Month:____________

Year:______________

Monthly OT Serial No.	Patient's Name with Father/ Husband's Name	Age	Sex	Referred from		Diagnosis	Name of Operation	Type of Anesthesia				Name/Sign of Operating Surgeon	Name of Anesthetist	Remarks
				OPD	Indoor *(Bed No.)*			General	Spinal	Local	Other / None			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	<<Total brought from previous page>>													

The OT Register is maintained at the Operation Theatre of the hospital. For each specialty using the OT, separate registers are maintained. For example, Surgery Ward, Obstetric/Gynecology Ward, Orthopedic Ward, ENT ward, or Eye Ward each maintains a separate register kept at the OT.

Purpose:

- To serve as a permanent record of the operations carried out in the OT
- To provide data on the load of operations carried out in the OT according to the type of anesthesia used.

When filled: Columns 1 through 7 of the register are completed in the morning according to the operation list or before the operation. Columns 8 to 15 are completed after the operation is over.

Who fills: The Charge Nurse/Head Nurse in charge of the OT completes the register according to the operation list and sends the patients' files to the OT.

Instructions for making entries in the register

At the front page of the register and in the upper left portion of each page in the register, note down for which specialty or ward the register is being maintained. Write the name of the month and the year in the upper right portion of each page.

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

For a given month, in the last row of each page, write down the respective totals for columns 9 to 12. Transfer the column totals to the corresponding columns (columns 9 to 12) in the first row of the next page. Thus, the totals in the last row of this page will include the figures noted in the first row of that page. Continue calculating the totals of the columns and transferring them to the next page till the last day of the month. Totals calculated for columns 9 to 12 at the end of the month are not transferred to the next page on which entries for the next month would begin. With the start of a new month, fresh calculation of the total figures would start in a similar method.

Column 1 is for recording the monthly OT serial number

Note the patients name and father/husband's name, age and sex in **Column No. 2 to 4**.

If the patient is referred form OPD to the OT, put a tick mark (✓) is **Column No. 5**. For patients sent from the indoor, write the patient's bed number in **Column No. 6**.

In **Column No. 7** note down the diagnosis of the case as mentioned in the patient's file or the operation list.

After the operation is over, write the name of the operation in **Column No. 8** and tick in **Column No. 9, 10, 11 or 12** according to the type of anesthesia used during the operation.

Write the name (or signature) of the operating surgeon in **Column No. 13**.

Use **Column No. 14**. to write the name of Anesthetist.

Use **Column No. 15** to write operation notes or remarks.

OT Register Monthly Summary Table

In the last few pages of the OT Register, there is a table for preparing monthly summary of all the various types of surgeries done. For each month there is a separate column and, therefore, there are twelve columns for the 12 months of a year, and another column for recording the year's total. At the end of each month, the MO/Nurse in-charge of the OT will fill the column for that month. The data for the summary table is calculated from the relevant part of the OT Register.

There are five rows in the summary table. The instructions for filling up the rows for each month are given in the corresponding boxes of the Table and are as following:

- **General Anesthesia**: Put the total number of surgeries done under general anesthesia for the respective month in this row from Column No. 9 of the OT Register.
- **Spinal Anesthesia**: Put the total number of surgeries done under spinal anesthesia for the respective month in this row from Column No. 10 of the OT Register
- **Local Anesthesia**: Put the total number of surgeries done under local anesthesia for the respective month in this row from Column No. 11 of the OT Register
- **Others/None**: Put the total number of surgeries done using no or other form of anesthesia for the respective month in this row from Column No. 12 of the OT Register
- **Total**: Calculate the total of the above 4 rows of the Summary Table and record the total number of all the surgeries in this row for the respective month.

The benefits of this summary are that it will:

- help the facility manager and staff in understanding the overall utilization of the facility's operation theatre and the extent to which various anesthetic procedures are used for the surgeries.
- help in planning logistics and other resources for the OT.

OT Register
Monthly Summary

***Year:*________________**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
General Anesthesia Total of Col. No. 9													
Spinal Anesthesia Total of Col. No. 10													
Local Anesthesia Total of Col. No. 11													
Others/ None Total of Col. No. 12													
Total Total of the above rows													

11. Family Planning (FP) Register DHIS – 11 (R)

Family Planning (FP) Register is used to record each visit of FP client to the facility. FP Register does not provide a longitudinal record of all the FP services provided to an individual FP client over the course of the couple's reproductive life. Such longitudinal records are maintained in the FP card issued to every FP client/couple.

Purpose:

- To serve as a facility-based record of FP services
- To provide data on total number of visits to the facility for FP services.
- To provide data on total amount of FP commodities distributed by type of commodity
- To provide data on number of services provided/referrals made for surgical contraceptive methods (tube ligation and vasectomy)

When filled: At the time of FP service delivery.

Who fills: WMO, LHV, FHT or any other service provider providing FP services at the facility

Family Planning Register **Year: _______Month: _______**															
Yearly FP Client No. (New client)	**Follow-up Client No.**	**Client Name with Spouse Name**	**Age**	**Address**	**FP Commodities Provided**										**Others**
					Quantity			*Tick appropriate column*							
					Pills *Cycles*		Condom *(Pieces)*	**Injections**		**IUCD**		Tubal Ligation	Vasectomy	Implant	
					Combined Oral Contraceptives (COC)	Progesterone only Pills (POP)		NET-EN	DPMA	Cu-T 380A	Cu - 375				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total Brought From Previous Page>>													

Instructions for filling the columns of the register

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and

- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

For a given month, in the last row of each page, write down the respective totals for columns 6 to 15. Transfer these totals to the corresponding columns (columns 6 to 15) in the first row of the next page. Thus, the totals in the last row of this page will include the figures noted in the first row of that page. Continue calculating the totals of the columns and transferring them to the next page till the last day of the month. Totals calculated for columns 6 to 15 at the end of the month are not transferred to the next page on which entries for the next month would begin. With the start of a new month, fresh calculation of the total figures would start in a similar method.

Column 1: Yearly FP Client No.

Any FP client coming for the first time to the facility for FP services or is switching from one FP method to another method is considered as a new case and is allotted a new FP client number that is recorded in this column. This client number is a yearly serial and:

- starts from 1 that is given to the first new client coming to the facility for FP services on the first working day of January
- ends with the number given to the last new FP client coming to the facility on the last working day of December of that year.

Thus, every year, a new yearly serial starts from the first day of that year.

Column 2: Follow-up client

All FP clients coming for replenishment of FP commodities that they are already using or for the follow-up of clinical contraceptive methods are considered as follow-up clients. For all follow-up clients, note down in this column the Client No. previously allotted to this client on the FP Card.

Column 3: Client Name with Spouse Name

Write the woman's name and her husband's name in this column. In case client is a man, write his name and his wife's name in this column.

Column 4 (Age)

Write the age of the FP client in this column.

Column 5: Address

Write the name of the village/mohallah/union council/city name to which the FP client belongs.

Columns 6 to 15

Write in the appropriate column according to the service provided to the FP client.

- In case of women receiving the combined oral contraceptive pills (COC), put the number of cycles provided in Column No. 6.
- For lactating mother who are given progesterone only pills (POP), write the number of cycles provided to them in Column No. 7.
- If condoms are provided, write the number of pieces of condom provided in Column No. 8.
- If contraceptive injection has been given to the client, put a tick mark (✓) in Column No. 9 or Column No. 10 according to the type of injectable contraceptive provided (i.e. Net-En or DMPA)
- If IUCD is inserted during the visit, put a tick mark (✓) in the Column No. 11 or Column No. 12 according to the type of IUCD inserted.
- If Tubal Ligation is done at the facility during the client's visit, put a tick mark (✓) in Column No. 13; if vasectomy is done, put tick mark in Column No. 14; and if implant is performed, put tick mark in Column No. 15.

Column 16: Others

Note in the column if any other service is provided to the client. In case the client is provided only counseling, write "Counseling" in this column.

Family Planning Register Monthly Summary Table

In the last page of the Family Register there is a table for preparing summary using data from the Family Planning Register. At the end of each month, the service provider who maintains the Family Planning Register will prepare summary from his/her own Family Planning Register. The benefits of preparing the monthly summary using the table are as following:

- The service provider will be able to do self-assessment of the change in utilization of family planning services from the facility over the months
- The supervisor, during the field visit, can directly go to the summary page and have a quick assessment of the utilization of a particular Family Planning service and the interest taken by the service provider of that family planning service point for improving his/her performance.
  - If the supervisor sees that the summary table is not filled at all, he/she will know that the service provider is not interested to do self-assessment or to improve his/her own performance.
  - If the supervisor sees that the summary table is filled, then he/she can cross-check the data with the data recorded in the register. This will give a reflection of the accuracy of data. If the data is accurate, the supervisor can appreciate the service provider for both the data accuracy and doing self-assessment.
  - Based on the summary data, the supervisor can discuss the performance of the service provider and its related issues, and can help the service provider to improve his/her performance.

The Summary Table has 12 columns (vertical lines) representing 12 months of a year, i.e. from January to December, and another last column for recording the total of all the months.

There are nine rows representing:

1. **Combined Oral Contraceptive (COC) Pills**: The data for this will come from the monthly total of Column No. 6 of the Family Planning Register
2. **Progesterone only Pills (POP)**: The data for this will come from the monthly total of Column No. 7 of the Family Planning Register.
3. **Condoms**: The data for this will come from the monthly total of Column No. 8 of the Family Planning Register.
4. **Injection Net-En**: The data for this will come from the monthly total of Column No. 9 of the Family Planning Register.
5. **Injection DMPA**: The data for this will come from the monthly total of Column No. 10 of the Family Planning Register.
6. **IUCD**: The data for this will come from the monthly total of Column No. 11 and 12 of the Family Planning Register.

7. **Tubal Ligation**: The data for this will come from the monthly total of Column No. 13 of the Family Planning Register.
8. **Vasectomy**: The data for this will come from the monthly total of Column No. 14 of the Family Planning Register.
9. **Implant**: The data for this will come from the monthly total of Column No. 15 of the Family Planning Register

Instructions for transferring the data to the relevant rows of the Summary Table are given in the corresponding boxes of the table. These instructions describe from which column of the related register the data should be transferred to which row of the table. Each health provider who maintains Planning Register is responsible for preparing the summary of the data from that register. This summary is prepared at the end of each month and the data is also transferred to the monthly report of the facility.

If a new register is started at anytime during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register on to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Family Planning Register
Monthly Summary

Year:________________

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
Combined Oral Contraceptive (COC) Pills Total of col. no. 6													
Progesterone Only Pills (POP) Total of col. no. 7													
Condoms Total of col. no. 8													
Injection Net-En Total of col. no. 9													
Injection DMPA Total of col. no. 10													
IUCD Total of col. no. 11 and 12													
Tubal Ligation Total of col. no. 13													
Vasectomy Total of col. no. 14													
Implant Total of col. no. 15													

12. Family Planning Card DHIS – 12 (C)

The Family Planning Card is provided to every couple adopting family planning method.

Purpose

- To serve as a record of clinical family planning methods used by the couple
- To serve as a reminder for the next visit for follow-up or re-supply of contraceptive commodities

When filled: At the time of consultation.

Who fills: WMO, LHV, FHT or any other service provider providing FP services at the facility

FAMILY PLANNING CARD

Name & Address of Service Outlet: ______________________________

____

Name of Client: ______________________________________

Name of Spouse:_______ ______________________________

No. of Children:___________. Age of last child:___________________

Client No.__________________

Registration Date:____________

Sr. No.	Date of Visit	Contraceptive Method Adopted	Date of Next Visit	Signature

Instructions for making entries in the card

On the front page of the card, make entries about the identification of the family planning client.

On the back page, there is a table for recording:

- Date of visit
- Contraceptive Method Adopted
- Date of next visit
- Signature (of the service provider)

Depending on the type of contraceptive method adopted and the amount/dose provided to the client, decide on the next date for the client's visit and note it in the appropriate column.

If the card has no more space, issue a new card to the client.

13. Maternal Health Register DHIS – 13 (R)

The Maternal Health Register is a cross-sectional register in which each visit of the pregnant mother is recorded separately.

Purpose:

- To serve as a facility-based record of antenatal and postnatal services
- To provide data on number of first ANC visits, total ANC visits, first PNC visits and total PNC visits, and number of Post-Abortion Care (PAC) visits.
- To provide data on pregnant women with low hemoglobin (<10g Hb)
- To provide data on TT immunization of Child Bearing Age women.

The Maternal Health Register does not provide a longitudinal record of antenatal and postnatal services provided during the course of a single pregnancy to an individual pregnant woman. Such longitudinal records are maintained in the ANC card issued to every pregnant woman attending the facility.

When filled: At the time of consultation with the pregnant woman.

Who fills: The WMO or LHV while providing ANC/PNC services at the facility

MATERNAL HEALTH REGISTER

Month: ________Year: _______

Yearly MH Serial No. (New cases)	Follow-up Cases (Previous yearly No.)	Name with Husband Name	Age (*in years*)	Address	EDD	Hb (Circle if <10 g/dl)	ANC Services		PNC Services		TT Vaccination Advice (Tick Only)	Other Services (*Investigation/*)
							ANC1	ANC Revisit	PNC1	PNC Revisit		
1	2	3	4	5	6	7	8	9	10	11	12	13
		<<Total brought from previous page>>										
		<<Total >>										

Instructions for completing the columns of the register

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

For a given month, in the last row of each page, write down the respective totals for Column No. 7 to 12. Transfer these totals to the corresponding columns (Column No. 7 to 12) in the first row of the next page. Thus, the totals in the last row of this page will include the figures noted in the first row of that page. Continue calculating the totals of the columns and transferring them to the next page till the last day of the month. Totals calculated for Column No. 7 to 12 at the end of the month are not transferred to the next page on which entries for the next month would begin. From the next month, fresh calculation of the total figures would start in a similar manner.

Column 1: Yearly MH Serial No.

Any pregnant woman/mother coming for the first time to the facility during the course of a single pregnancy is allotted a Yearly Maternal Health Serial No. that is recorded in this column. This yearly number:

- starts from 1 that is given to the first client coming to the facility for maternal health services on the first working day of January
- ends with the number given to the last maternal health client coming to the facility on the last working day of December of that year.

Thus, every year, a new yearly serial number starts from the first day of calendar year.

Column 2: Follow-up case

For all follow-up cases, enter in this column the Yearly MH Serial No. previously allotted to the pregnant woman/mother on the Antenatal Card.

Column 3: Name with Father/Husband's Name

Write the woman's name and her husband's name in this column.

Column 4: Age

Put the appropriate age of the woman in this column

Column 5: Address

Write the name of the village/mohallah/union council/city name to which the woman belongs.

Column 6: EDD

Write the expected date of delivery of the woman in this column.

Column 7: Hb

Hemoglobin level of every pregnant woman coming for the first antenatal service (ANC1) and, thereby, getting registered with the facility for the first time must be recorded. Circle in this column if the Hb level is less than 10g/dl.

Column 8-12
Tick the appropriate column according to the type of service/services provided to the pregnant woman/mother during her current visit to the facility. In case of TT immunization, liaison with the vaccinator may be necessary to enter correct data.

Column 13: Other services *(Investigation/Referrals)* **/ Remarks**
Write any other services given to the pregnant woman/mother or other investigations advised or write the name of the referral facility if she is referred else where.

Maternal Health Register Monthly Summary

In the last page of the Maternal Health Register there is a table for preparing summary using data from the Maternal Health Register. At the end of each month, the service provider who maintains the Maternal Health Register will prepare summary from her/his own Maternal Health Register. The benefits of preparing the monthly summary using the table (sample format given below) are many.

- The service provider will be able to do self-assessment of the change in the utilization of services by pregnant women from her OPD over the months
- The supervisor, during the field visit, can directly go to the summary page and have a quick assessment of the utilization of maternal health services and the interest taken by the service provider of that OPD for improving her/his performance.
  - If the supervisor finds that the summary table is not filled at all, she/he will know that the service provider is not interested to do self-assessment or to improve her/his own performance.
  - If the supervisor finds that the summary table is filled, then she/he can cross-check the data with the data recorded in the register. This will give a reflection of the accuracy of data. If the data is accurate, the supervisor can appreciate the service provider for both the data accuracy and doing self-assessment.
  - Based on the summary data, the supervisor can discuss the performance of the service provider and its related issues, and can help the service provider to improve his/her performance.
- The service provider/supervisor will be able to do a quick comparison between the extent of first visits to the facility by pregnant women and their revisits for continued services, which in turn may be a reflection of the quality of service and counseling done during the initial visits.

The Summary Table has 12 columns (vertical lines) representing 12 months of a year, i.e. from January to December, and another last column for recording the total of all the months.

There are five rows representing:

1. **ANC 1 (cases)**: The data for this will come from the monthly total of Column No. 8 of the Maternal Health Register
2. **ANC Revisit**: The data for this will come from the monthly total of Column No.9 of the Maternal Health Register
3. **PNC 1** (cases): The data for this will come from the monthly total of Column No. 10 of the Maternal Health Register.
4. **PNC Revisit**: The data for this will come from the monthly total of Column No. 11 of the Maternal Health Register.

Instructions for transferring the data to the relevant rows of the Summary Table are given in the corresponding boxes of the table. These instructions tell from which column of the related register the data should be transferred to which row of the table. Each health provider who is maintaining the Maternal Health Register is responsible for preparing the summary of the data from her/his own Maternal Health Register. This summary is prepared at the end of each month and the data is also transferred to the monthly report of the facility.

If a new register is started anytime during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Maternal Health Register
Monthly Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
ANC 1 Total monthly count from Column No. 8													
ANC revisit Total monthly count from Column No. 9													
PNC 1 Total monthly count from Column No. 10													
PNC Revisit Total monthly count from Column No. 11													

Graph of Monthly ANC Visits

Year:________________

No. of Pregnant Women	f	150																																			
	e	125																																			
	d	100																																			
	c	75																																			
	b	50																																			
	a	25																																			
Type of ANC visit			ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit		ANC-1	ANC Revisit
Month			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec	
			1	2		3	4		5	6		7	8		9	10		1	12		3	14		5	16		7	18		9	20		1	22		3	24

The above format given in the last page of Maternal Health Register below the Summary Table is to help you draw a graph of the Monthly utilization of ANC services from your OPD. The graph is updated every month corresponding to the Summary table and it will help you to visualize the progress of your monthly performance of antenatal care services and provides you a comparison of number of pregnant women coming for first ANC visit (ANC-1) and revisits. In order to construct the graph, calculate the total number of ANC-1 cases from Column No. 7 of the Maternal Health Register. According to the number of ANC-1 visits calculated, shade the relevant cells of the column in the format that correspond to the current month's ANC-1 visits. Similarly, according to the number of ANC revisits, shade the relevant cells of the column that correspond to the current month's ANC revisits. For example, in the month of January, there were 75 ANC-1 cases and 20 ANC Revisit cases. In this situation, shade Cell Number 1a, 1b and 1c for 75 ANC-1 cases and shade approximately $4/5^{th}$ of Cell Number 2a for 20 ANC-revisits. Likewise, for February, shade the cells in Column No. 3 for ANC-1 and Column No. 4 for ANC Revisits according to the value of these two services in that month.

In case you think that the scale of the values of given in the format is too high or too low for your facility, you can change them accordingly but maintaining a uniform scale of the values.

14. Antenatal Card

DHIS – 14 (C)

Antenatal Card	
Yearly Serial No.	Date:
Hospital/Health center's Name:	District:
Name:	Age:
Husband's Name:	
Address:	

LMP:	EDD:	Gravida:	Para:
Years Married:	Blood Group:	Husband's Blood Group:	

A. Obstetric History

Year of delivery	Outcome			Mode of deliveries			Complications (if any)		
	Live birth	Still birth	Abortion	NVD	Forceps / Vacuum	CS	Pregnancy	Labor	Puerperium
1	2	3	4	5	6	7	8	9	10

B. Menstrual History

1. Menarche		2. Cycle	
		3. Regular/Irregular	

C. Past History Medical/Surgical/ Gynecological etc.

Doctor:
Signature:
Date:

1. Present Pregnancy Antenatal Record																
Date	Weeks Pregnant	Fundal Ht.	Fetal Heart Sound / Fetal Movements	Pre-sentation	Engaged/ Not Engaged	Hb %	HBV/ HCV	Urine		Blood Sugar	BP	Weight	Edema	Next visit	Advice	Signature
								Sugar	Albumin							
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**

2. USG Findings/ Findings of other Test

3. MANAGEMENT PLAN				
☐ Await Spontaneous Delivery	☐ Induction of Labor	☐ Trial of Labor	☐ C-Section	☐ Delivery at tertiary level hospital

This card is provided to every pregnant woman coming for antenatal care services at the health facility. The antenatal card records antenatal history and care provided by the care providers (doctor/LHV) of the health facilities. The pregnant woman retains the card with her and brings it with her every time she goes for antenatal checkup, either to the same health facility or to a different one. Wherever the woman goes, the same Antenatal Card is used for recording the findings.

Purpose

- To serve as a record of clinical observations, services and referrals during pregnancy
- To serve as referral card in case referral is necessary to higher level facility
- To assist in decision making for deciding the management plan for the pregnancy

When filled: At the time of consultation.

Who fills: The care provider (Doctor or LHV)

<u>Instructions for making entries in the card</u>

The front page (Page 1) and the back page (Page 3) of the card are filled at the time of first antenatal visit by a pregnant woman at the facility. Record the identification details,

obstetric, medical, surgical, gynecological and menstrual histories of the woman in the respective sections of the card.

The attending doctor/LHV will also sign and put the date on the back page of the card.

The inner page (Page 2) of the card is for recording the examination findings for the current pregnancy. There are three sections in this page.

In Section 1, there are five rows for recording the findings of five antenatal visits by the pregnant woman. After recording the examination and lab investigation findings in Column No. 1 to 14 in each row, write the date for next antenatal visit in Column No.15 and any advice for the woman in Column No.16.

In Section 2 record the Ultrasonography findings. There are four rows in this section for recording USG scan findings.

Section 3 is for noting down the probable plan for managing the delivery. Tick the appropriate plan as decided by the doctor after reviewing the woman's history and examination /investigation findings notes in the sections above.

After every consultation advise the pregnant woman to carefully retain the card and bring it with her at the time of next consultation. Also tell her to take it to other health facility where she might go for her next visit.

15. Obstetric Register

DHIS – 15 (R)

The Obstetric Register is intended for recording the deliveries and obstetric complications managed at the facility and their outcomes. This register is maintained in both the Obstetric/Female ward and the labor room. In case of Obstetric/Gynecology or Female wards, where pregnant /obstetric patients and non-pregnant female patients are admitted in the same ward, two separate registers are maintained. One is the Obstetric registers for registering the pregnant/obstetric patients and the other one is the Indoor register for registering other female patients (e.g., gynecological patients, medical/surgical patients)

OBSTETRIC REGISTER
(To be maintained at Obstetric Ward/Female Ward/Labor Room)

Monthly Obs. Serial Number	**Time of Admission**	**Name with Husband's Name**	**Address**	**Age** *(in Years)*	**Parity**	**Diagnosis** *(Complication or illness if any, tick appropriate column)*										**Management** *(Tick appropriate column)*			
						Ante partum Hemorrhage (APH)	Complications of Abortion	Ectopic Pregnancies	Postpartum Hemorrhage (PPH)	Pre-Eclampsia/ Eclampsia	Prolonged/ Obstructed Labors	Puerperal Sepsis	Rupture Uterus	**IUD** (Intrauterine Death)	Others	**Nature of Delivery**			Other procedure done
																Normal (NVD)	Vacuum / Forceps	Cesarean	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
	<<Total brought from Previous Pages>>																		

Delivery		**Outcome: Baby**										Complications after Delivery (Specify)	**Outcome: Mother** *(Tick appropriate column)*					**Delivery Conducted by** *(Name / Signature)*	**Remarks**
		Live Birth			**Still birth**	**Neonatal Death** *(Tick appropriate column)*													
Date/Time	Place of Delivery Health Facility/ Home)	Sex *(Tick)*		Weight in Kg ***(Circle if <2.5 kg)***		Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Pre-maturity	Hypothermia		Discharged/DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA/		
		M	F																
21	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**

Purpose:

- To serve as a permanent record of deliveries attended at the facility and their outcomes
- To provide facility-based data on deliveries and obstetric complications managed in the facility

- number of deliveries conducted in the facility, by mode of delivery
  - number and type of obstetric complications attended at the facility
- To provide facility-based data on number of live births, low birth-weight babies and still births
- To provide facility-based maternal and neonatal mortality data
- This register can also be used to record those deliveries which were conducted at home by the facility staff. In such a case that the delivery was conducted at home should be appropriately noted down in the relevant column of the register.

When filled:

- The basic data about the patient/client and the diagnosis is completed at the time of admission to the labor/obstetric ward
- Data on management and outcome of the baby is completed after the delivery
- Data on discharge, death and referral are completed at the time of discharge from the ward.

Who fills: WMO, LHV/Nurse, FHT

Instructions for filling the columns of the register

Start a new page of the register at the beginning of each month. Write the date of the first working day of the month in the top row of the page. Subsequently, at the beginning of each day:

- draw a horizontal line below the last entry of the preceding day
- note down the date of the current day below that horizontal line, and
- start current day's entries in the same page below the horizontal line

Repeat the procedure every month beginning with a new page.

For a given month, in the last row of each page, write down the respective totals for Column No. 7 to 15, Column No. 17 to 19 and Column No. 23 to 37. Transfer these totals to the corresponding columns (Column No. 7 to 15, Column No. 17 to 19 and Column No. 23 to 37) in the first row of the next page. Thus, the totals in the last row of this page will include the figures noted in the first row of that page. Continue calculating the totals of the columns and transferring them to the next page till the last day of the month. Totals calculated for Column No. 7 to 15, Column No. 17 to 19 and Column No. 23 to 37 at the end of the month are not transferred to the next page on which entries for the next month would begin. From the next month, fresh calculation of the total figures would start in a similar way.

Note: For pregnant women admitted directly in labor room for delivery, fill in Column 1-15 at the time of admission. Fill the remaining columns after the delivery is over and the patient is discharged. However, in case the patient was transferred to the OT/ward, write in bold letters "Transferred to Ward" in the corresponding row. You do not need to fill the rest of the columns in this case.

Column 1-6:
At the time of admission to the ward, fill in the following in columns 1-6:
- Monthly Obs. Serial No.
- Time of admission
- Name of the patient with her husband's name
- Address of the patient
- Age
- Parity

Column 7-16: Diagnosis (Complications, if any)
In case the pregnant woman/mother is admitted with some complication, tick in the appropriate column according to the diagnosis made at admission.

Column 17-19: Nature of Delivery
Tick (✓) in the appropriate column according to the nature/mode of delivery

Column 20: Other procedure done
Write if any other procedure was carried out for the management of the case, e.g., episiotomy, manual extraction of placenta, D&C, repair of perineal tear, hysterectomy.

Column 21-22: Delivery (Date/Time, Place of delivery)
Write down the date/time of delivery in Column 21; note whether the delivery was conducted at home or at facility in Column 22. Only those deliveries that were conducted at home by the health facility staff will be recorded in this register. This recording is dome to understand the performance of the facility staff in providing skilled birth attendance both in the health facility and at home.

Column 23-32: Outcome of the Baby
In case of live birth fill-in the relevant Column No. 23-32. If the weight of the newborn baby is less than 2.5 kg, circle the entry in Column No. 25 with red pen/marker.

In case of still birth, put a tick mark (✓) in column 26 only.

In case the newborn child dies in the ward/labor room/OT, put a tick mark in any one of the Column No. 27 to 32 according to the cause of the newborn's death.

Column 33: Complication after Delivery (Specify)
If any complication of the mother develops after the delivery during her stay in the health facility, note down the diagnosis of the complication in this column.

Column 34-40
Entries in these columns are made at the time of discharge.
- On discharge or DOR (Discharge on Request) of the patient put a tick mark in Column No. 34
- For patient who left against medical advice (LAMA), put a tick mark in Column No. 35

- If the patient is referred to other hospital, put a tick in Column No. 36
- In case of death of the pregnant woman/mother in the ward/labor room/OT, put a tick mark in Column No. 37
- Note the time and date of discharge/DOR or LAMA or Referral or Death as the case may be in Column No. 38
- Put the name or signature of the service provider who conducted the delivery n Column No. 39
- Column No. 40 is for any remarks.

Obstetric Register Monthly Summary Table

In the last page of the Obstetric Register there is a table for preparing summary using data from that Register. At the end of each month, the MO/Nurse in-charge of the Ob/Gyn ward or labor room will prepare the summary from the Obstetric Register maintained in that ward or labor room. The benefits of preparing the monthly summary using the table (sample format given below) are many.

- The service providers will be able to self-assess the changes in the utilization of delivery/obstetric services by pregnant women from their ward/labor room over the months
- The supervisor, during the visit to the Ob/Gyn ward or labor room can directly go to the summary page and have a quick assessment of the utilization of delivery/obstetric services and the interest taken by the service providers of that ward/labor room for improving their performance.
  - If the supervisor finds that the summary table is not filled at all, she/he will know that the service providers are not interested to do self-assessment or to improve their own performance.
  - If the supervisor finds that the summary table is filled, then she/he can cross-check the data with the data recorded in the register. This will give a reflection of the accuracy of data. If the data is accurate, the supervisor can appreciate the service providers for both the data accuracy and doing self-assessment.
  - Based on the summary data, the supervisor can discuss the performance of the Ob/Gyn ward or labor room and its related issues, and can help the service providers to improve their performance.
- The service provider/supervisor will be able to make a quick comparison between the total admissions, LAMA cases, maternal and new-born deaths in the ward/labor room which in turn may give a reflection of the quality of service provided from the ward/labor room.

The Summary Table has 12 columns (vertical lines) representing 12 months of a year, i.e. from January to December, and another last column for recording the total of all the months.

There are five rows representing:

1. **Total Admissions**: The data for this will come from the monthly total of Column No. 1 of the Obstetric Register
2. **LAMA**: The data for this will come from the monthly total of Column No. 35 of the Obstetric Register
3. **C-Sections** The data for this will come from the monthly total of Column No. 19 of the Obstetric Register

4. **Maternal Deaths**: The data for this will come from the monthly total of Column No. 37 of the Obstetric Register.
5. **Referred (cases)**: The data for this will come from the monthly total of Column No. 36 of the Obstetric Register
6. **Neonatal Deaths**: The data for this will come from the monthly total of Column No. 27 to 32 of the Obstetric Register

Instructions for transferring the data to the relevant rows of the Summary Table are given in the corresponding boxes of the table. These instructions tell from which column of the related register the data should be transferred to which row of the table. The MO/Nurse in-charge of the ward/labor room is responsible for preparing the summary of the data from the Obstetric Register maintained in that ward or labor room. This summary is prepared at the end of each month and the data is also transferred to the monthly report of the facility.

If a new register is started any time during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Obstetric Register
Monthly Summary

Year: _______________

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Year Total**
Total Admissions (From Col No. 1)													
LAMA From Col. No. 35)													
C Sections From Col. No. 19													
Maternal Deaths From Col. No. 37													
Referred From Col. No. 33													
Neonatal Deaths Compilation of the totals of Col. No.s 27 to 32													

Graph of Monthly Obstetric Cases in Ob/Gyn Ward or Labor Room

Year:_______________

No. of cases			Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths	Total Admission	C-sections	Maternal Deaths
	j	100																																				
	i	90																																				
	h	80																																				
	g	70																																				
	f	60																																				
	e	50																																				
	d	40																																				
	c	30																																				
	b	20																																				
	a	10																																				
Month			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	6	17	8	9	20	21	2	23	24	5	26	7	8	29	30	1	32	33	4	35	36

The above format given in the last page of Obstetric Register after the Summary Table is to help you draw a graph of the Monthly utilization of Obstetric/Delivery services from your Ward/Labor room. The graph is updated every month corresponding to the Summary table and it will help you to visualize the progress of your monthly performance.

There are three columns for each month. The first column is for Total Admission in the Ward/Labor Room, the second column is for number of C-sections performed and the third column is for number of maternal deaths in the ward/Labor room. In order to construct the graph, calculate the total number admissions, C-section and maternal deaths from the Monthly Summary Table and shade the cells of the respective column for that month according to the value of each data element. For example, say the previous month was January in which 75 obstetric cases were admitted, 10 were delivered with the help of C-section and there were 2 maternal deaths. In this situation shade the Cell No. 1a to 1g and half of 1h for Total Admission, shade Cell No. 2a for C-sections and shade 1/5th of Cell No. 3a for maternal deaths. Next month, in February shade the cells in Column No. 4, 5 and 6 according to the values of the three data elements in that month.

In case you think that the scale of the values given in the format is too high or too low for your facility, you can change them accordingly but maintaining a uniform scale of the values.

16. Daily Medicine Expense Register DHIS – 16 (R)

The dispensary of the facility is responsible for dispensing medicine and other supplies to the patients/clients as per the advice of the service providers (Medial Officer, Specialist) written on the OPD ticket and OPD Medicine Slip. Daily Expense Register is intended for recording the type and quantity of medicines/supplies that have been dispensed each day by the facility's dispensary.

Purpose:

- To serve as a tool for self-assessment and internal/external audits

When filled: At the end of the day.

Who fills: Dispenser

Daily Medicine Expense Register

Month_____ Year ______

Name of Article	Unit	Medicine Expensed /Amount Received																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1	2	3																															4

<u>Instructions for filling the register</u>

Columns 1-2:
In Column No. 1 write the names of the medicines/supplies to be issued from the dispensary to the patients/clients, and in Column No. 2 write the units of those medicines/supplies.

Column 3 (Medicine Expensed /Amount Received):
This column is sub-divided into 31 columns corresponding to 1-31 days in one month. For each type of medicine/supply, note the amount dispensed in a particular day in the respective column for that day.

Whenever a fresh lot of medicines is received by the dispensary from the main store, put a diagonal line in the cell for the corresponding date for that medicine and note the amount of medicine received in the lower right portion of the cell. Amount of that medicine dispensed that day should be recorded in the upper left portion of the cell.

Column 4: Total
At the last working day of the month, calculate the row total for each medicine/supply dispensed and write it in this column.

At the end of the month, the facility in-charge verifies the entries made and signs in the lower right portion of the page.

17. Stock Register for Medicine/Supplies DHIS – 17 (R)

The Medicine Stock Register is intended for recording the movement of medicines and other supplies in and out of the facility store.

Purpose:

- To serve as a permanent record of medicines and other supplies received by and distributed from the facility store
- To serve as a tool for assessing stock positions and expiry dates of medicines in the store
- To provide annual data on total amount of medicines and other supplies consumed by the facility
- To provide facility-based data on stock-out position of the medicines and other supplies

When filled: Every time when a transaction is made, relevant entries are made in the register accordingly.

Who fills: The store-keeper or dispenser or any other staff responsible for maintaining the medicine store of the facility.

STOCK REGISTER Page No. ____

Medicines/ Supplies

Name of Article:______________________________ Unit/Strength ____________

Minimum Recommended Stock Level: _______________*(Take action for replenishment if the minimum level is reached)*

		Quantity in Units						
Date	**Received From / Issued to, with Reference No.**	Received	Issued	Discarded	Balance	**Store Keeper Signature**	**Counter Sign**	**Remarks** *(Tick if balance '0')**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
	Balance brought forward							

* Immediately inform the In-charge or appropriate authority in case balance is 0.

Instructions for filling the register

All pages of the register are to be serially numbered. The first few pages of the register are for index. In these pages list down the names of medicines/supplies that are in the store or are usually provided to the facility and put the corresponding page number where the entries of the respective medicine/supply is made.

In the remaining pages of the register, allocate one page for one type of article (medicine/supply) only. In case the whole page for a particular medicine/supply is filled-out, transfer the balance from this page to another page of the register and note the new page number in the index.

In the upper part of each page note down the name of the article (medicine/supply) and its unit/strength and calculate the minimum recommended stock level for that particular item. This level is calculated based on the average monthly consumption of the medicine/supply and the time lag between placing the order and receiving the replenishment. For example,

Name of Article: Amoxicillin **Unit/Strength:** Capsule/500mg

Minimum Recommended Stock Level: 1000 capsules[5]

There are 9 columns for recording data at each transaction.

Column 1: Date
Write in this column the date of each transaction (receipt or issue of medicine/supply).

Column 2: Received from/Issued to with Reference No.
Write the name of the institution from where medicine/supply was received or to whom it was issued. Write the reference number of the official letter on the basis of which the medicine was received or issued.

Columns 3-6: Quantity in units
Write the quantity of units of medicine/supply received, issued or discarded in the appropriate column. Calculate and record the balance amount after each transaction in Column No. 6.

Column 7-8:
After each transaction, the store-keeper will sign in Column No. 7; and after verification of the transaction, the facility in-charge will countersign in Column No. 8.

Column 9: Remarks
In case a quantity of the medicine/supply is discarded due to breakage, expiry of the date or change in color of the medicine, write the reason for discarding in the remarks column.

If the stock balance becomes zero at anytime, put a red tick mark (✓) in this column.

Please note that if the stock balance is below the minimum recommended stock level, flag the page and take necessary measures for replenishment of the stock. If the stock level is approaching zero or the medicine/supply has gone out of stock, immediately report to the facility in-charge in writing.

[5] If, for example, the average monthly consumption of the medicine is 500 capsules and it takes on average almost 2 months for getting the replenishment, then the minimum stock balance that must be available is 500x2=1000 capsules. If the stock balance is near to this level, the store keeper must initiate the process for getting replenishment of the stock.

18. Stock Register (Equipment/Furniture/Linen) DHIS – 18 (R)

The Stock Register (Equipment/Furniture/Linen) is intended for recording the movement of equipment/furniture/linen in and out of the facility store.

Purpose:

- To serve as the permanent record of equipment/furniture/linen received by and distributed from the facility store
- To serve as a tool for assessing and providing annual data on stock positions of equipment/furniture/linen in the store

When filled: Every time a transaction is made, relevant entries are made in the register accordingly.

Who fills: The store-keeper or dispenser responsible for maintaining the store of the facility.

STOCK REGISTER
Equipment / Furniture/ Linen

Name of Article: ______________________ Specification: ____________

Date	Received From / Issued to, with Reference No.	Quantity				Status		Store Keeper Signature	Counter Signature	Remarks
		Received	Issued	Struck Off	Balance	Repairable	Unserviceable			
1	2	3			6	7	8	9	10	11
	Balance brought Forward									

Instructions for filling the register

All pages of the register are to be serially numbered. The first few pages of the register are allocated for index. In these pages list down the names of equipment/furniture/linen that are in the store or are usually provided to the facility and put the number of the corresponding page where the entries of the respective equipment/furniture/linen are made.

In the remaining pages of the register, allocate one page for one type of article (equipment/furniture/linen) only. In case the whole page for a particular equipment/ furniture/linen is filled-out, transfer the balance from this page to another page of the register and note the new page number in the index.

In the upper part of each page, note down the name of the article (equipment/furniture/ linen) and its specification. For example:

Name of the Article: Office Table **Specification:** Wooden 8x3 ft.

There are 11 columns in this register for recording data on each transaction.

Column 1: Date
Write in this column the date of each transaction.

Column 2: Received From / Issued to, with Reference No.
In this column, write the name of the institution from where equipment/furniture/linen was received or to whom it was issued or was permanently removed from the facility. Write the reference number of the official letter on the basis of which this transaction took place.

Columns 3-6: Quantity
Write the quantity of equipment/furniture/linen received, issued or permanently removed (struck-off) from the facility in the appropriate column. Calculate and record the balance amount after each transaction in column 6.

Please note that the balance includes all the items that are in the store, whether they are intact or broken/damaged or in-serviceable but have not been permanently removed from the facility.

Columns 7-8: Status
Write the number of the article in the store that are repairable in Column No. 7; and record the number of the article in the store that are in-serviceable but have not been declared condemnable by the competent authority in Column No. 8.

Column 9-10:
After each transaction, the store-keeper will sign in Column No. 9; and after verification of the transaction, the facility in-charge will countersign in Column No.10.

Column 11: Remarks
This column is for recording any remarks by the store-keeper, facility in-charge or district supervisor may have regarding the transaction and the condition of the store.

Physical verification at the end of the year

At the end of each year draw a horizontal line below the last entry and calculate the totals of Column No. 3 to 5, and copy the last balance in Column No. 6 from the row above and put your signature in column 9. The facility in-charge will physically verify these entries and put his signature in column 10.

Continue recording new entries in the same page for the subsequent year(s) till the page is completely filled. If there is no space left in the page for further entries, transfer the last entries in Column No. 6, 7 and 8 to the corresponding columns in another page available in the register. Update the new page and record the new page number for that particular article in the index also.

19. Community Meetings Register DHIS – 19 (R)

One of the responsibilities of the in-charge of the health facility is to conduct community meetings. The Community Meetings Register is intended for recording these activities.

Purpose:

- To serve as a basis for self-assessment and supervision

When filled: After holding each community meeting

Who fills: Facility in-charge/staff conducting/supervising the community meeting

COMMUNITY MEETINGS REGISTER Month: ___________ Year: ___________								
Date	Place			Number of Participants		Topics Discussed	Recommendation	Sign of Facility In-charge
	At Facility	Community	LHW Houses	Male	Female			
1	2	3	4	5	6	7	8	9

Instructions for filling the register

There are 9 columns in the Community Meetings Register. At the upper right portion of each page note down the month and year.

Column 1: is for recording the date on which the meeting was held.

Columns 2-4: Place
Put a tick mark (✓) at the appropriate column according to the place of meeting.

Column 5-6: Number of Participants
Note down the number of male participants in column 5 and female participants in column 6.

Column 7: Write briefly the major topic/topics discussed in the meeting in this column

In **Column 8,** note the major recommendations that were made during the meeting and in

Column 9 put your signature after completing the entries regarding the meeting.

The last row in each page is for calculating the totals of Column No. 2 to 6. If entries for the same month continue onto the next page, transfer these totals to the first row of that page in the corresponding columns.

20. Facility Staff Meeting Register DHIS – 20 (R)

This register is maintained at the health facility by the facility in-charge. Proceedings of every staff meeting at the facility are recorded in this register. The in-charge may designate a staff to note down the minutes of the staff meeting in this register.

In general, the facility in-charge holds a monthly meeting with his staff where the discussion on the performance of the facility or follow-up of the previous decisions is made, issues are identified, solutions are sought and the decisions are made accordingly. Improving data quality of the DHIS is also one of the topics of this monthly staff meeting.

Purpose:

- To serve as a permanent record of the proceedings of the staff meetings held at the facility
- To serve as a record for the decisions taken at the staff meetings for follow-up and future references.
- To serve as a basis for self-assessment and supervision

When filled: After facility staff meetings

Who fills: Facility in-charge or designated person.

Facility Staff Meeting **Minutes of Meeting and Recommendations**	
No. of Participants:	**Date:**
Topics Discussed:	
Follow-up of decisions of the previous meeting:	
Proceedings of the Meeting:	
Recommendation/Decision:	
Signature of facility In-charge:	

Instructions for making entries in the register

Make note of the following points:

- Number of participants in the meeting
- Date of the meeting
- Topics discussed
- Follow-up of the decisions of the previous meeting
- Main points of discussion in the current meeting
- Decisions or recommendations made.

At the end, the facility in-charge will review the minutes and put his/her signature.

Important topics for discussion during the staff meeting include:

- Results of data quality checks, possible reasons for low quality data and how to improve the data quality
- Review of performance indicators using the monthly DHIS report, areas of improvement, possible reasons for low performance, and how to improve the performance.
- Staff discipline

21. Monthly Reports

i. PHC Monthly Report (For RHC, BHU, MCH Center, Disp.): DHIS – 21 (MR)
ii. Secondary Hospital Monthly Report: DHIS – 22 (MR)

The Monthly Report is prepared every month at the facility for onward submission to the EDOH through HMIS Cell.

Purpose: This report provides a summary of information on services provided by the health institution in each of its areas of operation (Outpatient, Maternal and Child Health, Obstetrical Care, Vaccinations, etc.). In addition, management information is recorded on drugs, human resources, and financial resources.

When filled: The report is filled on a monthly basis by health institutions.

Who fills: The in-charge or statistics clerk, with the assistance of other staff members. The facility In-charge will designate one person as responsible for the compilation of the monthly report. At the beginning of each month, the staff responsible for providing services in their respective fields (e.g., curative, immunization or maternal health services) will prepare aggregates of data elements from their corresponding registers/forms.

The facility in-charge will call a monthly meeting of the relevant staff on third working day of each month where the staff will share their aggregated data with the designated person for compiling the monthly report. Later, the in-charge will scrutinize the report and send it to the district's HMIS cell.

Alternately, in bigger institutions, the responsible staff of each department can note the aggregated data on a piece of paper using the format of section of the monthly report corresponding to his/her department and by third working day of each month submit it to the person in charge of compiling the monthly report.

Month: _________, Year: 20__

Total Working Days: _______

DHIS – 21 (MR)

PHC Facility Monthly Report

District

Page 1

Date of Submission

Section I: Identification				
1.	Facility ID		4.	Signature of Facility In-charge:
2.	Facility Name			
3.	Tehsil		5.	Designation:

Section II: Monthly Performance		Monthly Target (Number)	Performance (Number)
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	Total Visits for FP		
8.	LHW pregnancy registration coverage		

Section III: Outpatients Attendance *(From OPD Register)*		<1yrs	1-4yrs	5 - 14	15 - 49	50 +	Total
1.	Male *(New Cases)*						
2.	Female *(New Cases)*						
	Grand Total						
3.	Follow-up cases.		4.	Referred cases attended			
5.	Total Homeo cases		6. Total Tibb/Unani cases		7. No. of cases of Malnutrition (<5) children		

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
Respiratory Diseases		
1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	Cough > 3 weeks	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Disease		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Typhoid	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Diseases	
16	Benign Enlargement of Prostrate	
Other Communicable Diseases		
17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	
Vaccine Preventable Diseases		
20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neo Natal Tetanus	
Cardiovascular diseases		
23	Ischemic heart disease	
24	Hypertension	
Skin Diseases		
25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	
Endocrine Diseases		
28	Diabetes Mellitus	
Neuro-Psychiatric Diseases		
29	Depression	
30	Drug Dependence	
31	Epilepsy	
Eye & ENT		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
Oral diseases		
36	Dental Caries	
Injuries /Poisoning		
37	Road traffic accidents	
38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bits (with signs/ symptoms of poisoning)	
Miscellaneous Diseases		
42	Acute Flaccid Paralysis	
43		
44	**Any Other Usual Diseases *(Specify)***	
a.		
b.		

Section V- Immunization *(From EPI Register)*					
1.	Children <1 received DPT 3		3.	Children <1 fully immunized	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*						7.	IUCD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1) in the facility		7.	Live births in the facility	
2.	ANC-1 women with Hb. <10 g/dl		8.	Live births with LBW(< 2.5kg)	
3.	Antenatal Care revisit in the facility		9.	Stillbirths in the facility	
4.	Postnatal Care visit		10.	Maternal deaths in the facility	
5.	Normal vaginal deliveries in facility		11.	Neonatal deaths in the facility	
6.	Vacuum / Forceps deliveries in facility				

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*							*(For RHC ONLY)*
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Total Lab Investigations			3.	Total Ultra Sonographies		
2.	Total X-Rays			4.	Total ECGs		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve				

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Anathematic	
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions	
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone	
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid	
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS	
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)	

Section XII-B: Stock out Report: Vaccines **(Tick where applicable)**

1.	BCG		4.	Hepatitis		7.	Anti Rabic Vaccine	
2.	DPT		5.	Measles		8.	Anti Snake Vaccine	
3.	Polio		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII: Indoor Services *(From Daily Bed Statement Register)* ***(For RHC ONLY)***

		Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male								%	
2.	Female								%	

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		Number of Admission	Number of Deaths
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary Tuberculosis		
5.	Other causes		
	Total		

Section XVI: Human Resource Data *(From Facility Records)*						
	Post Name/Category	Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife/Dai					
18	LHW					
19	Others					

Section XVII-A: Revenue Generated *(From Receipt Register)*							
		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		5.	X-Ray	Rs.	
2.	Indoor	Rs.		6.	Ultrasound	Rs.	
3.	Laboratory	Rs.		7.	Dental Procedures	Rs.	
4.	ECG	Rs.		8.	Ambulance	Rs.	
				9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)* *(For RHC ONLY)*				
		Total Allocated Budget	Expenditure previous month	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Section XVIII – Achievements/ Issues

Month: __________, Year: 20__

Total Working Days: _______

DHIS – 22.B (MR)

Page 1

Secondary Hospital Monthly Report

________________ *District*

Date of Submission

Section I: Identification				
1.	Facility ID		3.	Signature of Facility In-charge:
2.	Facility Name		4.	Designation:

	Section II: Monthly Performance	Monthly Target (Number)	Performance (Number)			Monthly Target (Number)	Performance (Number)
1.	Daily OPD attendance			8.	C-Section performed		
2.	Fully immunization coverage			9.	Lab services utilization		
3.	Ante Natal Coverage			10.	Bed occupancy rate		
4.	Delivery coverage at facility			11.	LAMA		
5.	Proportion of TB-DOTS patients missing			12.	Hospital death rate		
6.	Total family planning visit			13.	Monthly report data accuracy		
7.	Obstetric complications attended						

Section III: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases										Total	Follow-up	No. of cases of Malnutrition (<5)	Referred Attended
		MALE					FEMALE								
		<1 year	1-4	5-14	15-49	50+	<1 year	1-4	5-14	15-49	50+				
1.	General OPD														
2.	Medicine														
3.	Surgery														
4.	Pediatrics														
5.	Eye														
6.	ENT														
7.	Orthopedics														
8.	Psychiatry														
9.	Dental														
10.	Skin														
11.	OB/GYN														
12.	Emergency/ Casualty														
13.	Homeo Cases														
14.	Tibb/Unani Shifa Khana OPD cases														
15.	Others														
Grand Total															

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
Respiratory Diseases		
1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	Cough > 3 weeks	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Disease		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Typhoid	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Diseases	
16	Benign Enlargement of Prostrate	

Other Communicable Diseases		
17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	
Vaccine Preventable Diseases		
20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neo Natal Tetanus	
Cardiovascular diseases		
23	Ischemic Heart Disease	
24	Hypertension	
Skin Diseases		
25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	
Endocrine Diseases		
28	Diabetes Mellitus	
Neuro-Psychiatric Diseases		
29	Depression	
30	Drug Dependence	

31	Epilepsy	
Eye & ENT		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
Oral diseases		
36	Dental Caries	
Injuries /Poisoning		
37	Road Traffic Accidents	

38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bits *(with signs/ symptoms of poisoning)*	
Diseases (Surveillance Importance)		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
44	**Any Other Usual Diseases *(Specify)***	
a.		
b.		

Section V- Immunization *(From EPI Register)*					
1.	Children <1 received DPT 3		3.	Children <1 fully immunized	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*						7.	IUD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1)		13.	Ectopic Pregnancies	
2.	ANC-1 women with Hb. <10 g/dl		14.	Postpartum Hemorrhage (PPH)	
3.	Antenatal Care revisit, in the facility		15.	Pre-Eclampsia/ Eclampsia	
4.	Postnatal Care visit, in the facility		16.	Prolonged/ Obstructed Labors	
	Deliveries in the facility		17.	Puerperal Sepsis	
5.	Normal vaginal deliveries		18.	Rupture Uterus	
6.	Vacuum / Forceps deliveries		19.	Other causes	
7.	Cesarean Sections			**Neonatal deaths in the facility**	
8.	Live births in the facility		20.	Birth Trauma	
9.	Live births with LBW < 2.5kg		21.	Birth Asphyxia	
10.	Stillbirths in the facility		22.	Bacterial sepsis	
	Maternal deaths in the facility		23.	Congenital Abnormalities	
11.	Ante partum Hemorrhage (APH)		24.	Prematurity	
12.	Complications of Abortion		25.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*							
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Total Lab Investigations			3.	Total Ultra Sonographies		
2.	Total X-Rays			4.	Total CT Scan		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Anthelmintic	
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions	
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone	
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid	
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS	
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)	

Section XII-B: Stock out Report: Vaccines (**Tick where applicable**)

1.	BCG		4.	Hepatitis		7.	Anti Rabic Vaccine	
2.	DPT		5.	Measles		8.	Anti Snake Vaccine	
3.	Polio		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*

	Specialty	Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Medicine								%	
2.	Surgery								%	
3.	Pediatrics								%	
4.	OB/GYN								%	
5	Eye								%	
6.	ENT								%	
7.	Orthopedics								%	
8.	Cardiology								%	
9.	Neuro Surgery								%	
10.	Psychiatry								%	
11.	TB/ Chest								%	
12.	Skin								%	
13.	Others								%	
	Grand Total									%

Section XIII-B: Cases attending Indoors
(From Abstract Forms for Indoor)

		Total Admission	Total Deaths
Medical			
1.	Diarrhoea < 5		
2.	Diarrhoea > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Typhoid		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B & C		
14.	Meningitis		
15.	Chronic Liver Diseases		
16.	Chronic Renal Diseases		
Cardiac Diseases			
17.	Congestive Cardiac Failure (CCF)		
18.	Hypertension		
19.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
20.	Neonatal Tetanus		
21.	Suspected Acute Flaccid Paralysis (AFP)		
Surgical			
22.	Acute Appendicitis		
23.	Burns		
24.	Cholelithiasis / Cholecystitis		
25.	Hernias		
26.	Hyperplasia of Prostate		
27.	Urolithiasis		

Section XIII-B:Cases attending Indoors
(From Abstract Forms for Indoor)

		Total Admission	Total Deaths
Orthopedic Diseases			
28.	Arthropathies		
29.	Fractures		
Eye			
30.	Cataract		
31.	Corneal Opacity		
32.	Glaucoma		
ENT			
33.	Chronic Otitis Media		
34.	DNS		
Gynecological			
35.	Fibroid Uterus		
36.	Inflam. diseases of female pelvic organs (PID)		
37.	Uterine Prolape		
38.	Vesico -Vaginal Fistula		
Obstetrics			
39.	Ante partum Hemorrhage (APH)		
40.	Complications of Abortion		
41.	Ectopic Pregnancies		
42.	Postpartum Hemorrhage (PPH)		
43.	Pre-Eclampsia/ Eclampsia		
44.	Prolonged/ Obstructed Labour		
45.	Puerperal Sepsis		
46.	Rupture Uterus		
Neurological/Neurosurgical			
47.	CVA/Stroke		
48.	Head Injuries		
Mental Behavioral Disorder			
49.	Drug Abuse (Psycho-Active substance use)		
50.	Mental Disorder		

Section XIV: Surgeries
(From OT Register)

1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Other operations	

Section XVI: Human Resource Data *(From Facility Records)* Sanc = Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

	Post Name/Category	Sanc.	V	C	G-In	G-Out		Post Name/Category	Sanc.	V	C	G-In	G-Out
1	MS /Deputy MS						18	Dental Surgeon					
2	Medical Specialist						19	Physiotherapists					
3	Surgical Specialist						20	Matron					
4	Cardiologist						21	Head /Charge Nurse					
5	Chest Specialist						22	Staff Nurse					
6	Neurosurgeon						23	Lab Assistant/Techs.					
7	Orthopedic Surgeon						24	X-Ray Assist /Techs					
8	Child Specialists						25	Dental Assist. /Techs					
9	Gynecologists						26	ECG Assist. /Techs.					
10	Eye Specialists						27	Lady Health Visitors					
11	ENT Specialists						28	Health Technicians					
12	Anesthetist						29	Dispensers					
13	Pathologist						30	EPI Vaccinators					
14	Radiologist						31	Sanitary Inspectors					
15	SMO/ SWMO						32	Midwife/Dais					
16	MO/WMO						33	Others					
17	Medical Assistant												

Section XVII-A: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*

		Total Allocated Budget	Expenditure previous month	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Section XVIII – Achievements/ Issues

Instructions for filling DHIS Monthly Reports

Section 1:
This section is for recording the identification data of the health facility. The data, especially the Facility ID, are obtained from the EDOH Office or the District HMIS Cell.

Cell No. 4 and 5 of this section are for the signature and designation of the Facility In-Charge (I/C). Once the monthly report preparation is complete, the Facility I/C will examine the report and then put his signature on this part of the report. By putting his signature, the Facility I/C is certifying the authenticity of the report and taking responsibility of correctness and completeness of the data in the report.

Section II:
This section is filled after the rest of the monthly report is complete. The objective of putting this section on the top of the front page of the monthly report is to ensure that the Facility I/C can have a quick look at the performance of the facility at the time of signing the report and, therefore, becomes aware of the progress made or the issues demanding his attention.

A suggestive list of indicators is provided in this section of the Monthly Reports. However, depending on the priority or focus of the province/district, these indicators can be re-set. Target for each indicator is decided by the EDOH or the Facility I/C in consultation with other district health managers or facility staff respectively. Performance against each indicator is derived from the data in the monthly report.

Sections III to XVII:
The two tables (Table 3 and Table 4) below provide the details of the source of data, i.e., which column of which register is the data source for each data element in the monthly report.

As a general rule, for Section III, VII, VIII, X, XI (Rows 1 to 4), XIII /XIII-A, XIV and XV, pick the appropriate register as given in Table 3, calculate the relevant column total for that month in the register and transfer the corresponding column total from the register to the appropriate section/cell of the monthly report as given in Table 4. However, for reporting maternal deaths in the facility by cause in Section VII of Secondary Hospital Monthly Report, first look at Column No. 34 of the Obstetric Register for occurrence of maternal deaths. Then check out the diagnosis of the case by looking at Column No. 7-15 of that register. Count the maternal deaths according to their diagnosis, note the numbers in a white paper and, later on, transfer the data to the Monthly Report.

For Sections IV and XIII-B, calculate the row totals in the relevant Abstract Forms used for that month by adding up all the tally marks in a particular row. Then, transfer the row total against a particular disease from the Abstract Form to the corresponding cells of the monthly report.

However, for Obstetric cases in Section XIII-B, calculate the column totals for the particular obstetric complications recorded in the Obstetric Register and transfer the data to the corresponding cells of Section XIII-B.

Data for Sections V and IX has to be collected from EPI Register and LHW Reports respectively. Make sure that the data in Section V is the total of both the facility-based and outreach EPI activities and match with the data reported in the EPI Report prepared by the Vaccinator. Similarly, the data in Section IX should match with the data in the LHW Reports.

In case of Section XI, reporting on Malaria, TB and Viral Hepatitis/HIV Tests, count the number of positive results from the "Results" column of the corresponding section of the Laboratory Register or TB Register and transfer the data to the monthly report accordingly.

For Section XV, first look at the Column 11 of the indoor register and identify fatalities. Next look for the diagnosis (Column No. 7) of the case and count the number of deaths due to the given diseases. Note the number of deaths in a white paper and later transfer the data to the monthly report.

The table below provides a list of various sections in DHIS monthly reports and the corresponding registers/forms as the data source for those sections. Details of the data elements in the monthly reports and their respective data source are given in the next table.

Table 3: Source of Data for DHIS Monthly Reports

Section	Section Name	Section present in Monthly Report for		Source of data (register/forms)
		PHC (BHU/ RHC)	Secondary Hospital	
Section I	Identification	✓	✓	EDOH Office
Section II	Achievements made	✓	✓	Monthly Report
Section III	Outpatient Attendance	✓	✓	OPD Register
Section IV	Cases attending OPD	✓	✓	OPD Abstract Form
Section V	Immunization	✓	✓	EPI Register
Section VI	TB-DOTS	✓	✓	TB Card TB-01
Section VII	Family Planning Services	✓	✓	Family Planning Register
Section VIII	Maternal and Newborn Health	✓	✓	Maternal Health and Obstetric Registers
Section IX	Community based data	✓	✓	LHW Report
Section X	Community meetings	✓	✓	Community Meeting Register
Section XI	Diagnostic services	✓	✓	Laboratory Register, TB lab registers and Radiology Registers
Section XII	Stock out report	✓	✓	Stock Register for Medicines
Section XIII-A	Indoor services	✓ (RHC only)	✓	Daily Bed Statement Registers
Section XIII-B	Cases attending indoors		✓	Indoors Abstract Forms
Section XIV	Surgeries	✓ (RHC only)	✓	OT registers
Section XV	Indoor Deaths	✓ (RHC only)	✓	Indoor Registers
Section XVI	Human Resources	✓	✓	Facility Records
Section XVII	Financial	✓	✓	A. Receipt Register B. Expenditure statement

Source of data for each data element in the Monthly Reports is listed below.

Table 4: Detail Description of Data Source for DHIS Monthly Reports

Section in Monthly Report	Name of the Section	Data Element		Source of Data (DHIS Register/Form)		
Section I	Identification	Facility ID, Facility Name, Tehsil		EDOH Office/District HMIS Cell		
Section II	Monthly Performance	Monthly Target (Number)		EDOH Office/ Facility In-charge office		
		Performance (Number)		Calculated from data in Monthly Report and CA pop chart		
Section III	Outpatient Attendance	PHC Report	Secondary Hosp. Report		PHC Report	Secondary Hosp. Report
		<1yrs (Male)	<1yrs	OPD Register	Col. 5	Col. 5
		<1yrs (Female)			Col. 10	+ Col. 10
		1-4yrs (Male)	1-4yrs	OPD Register	Col. 6	Col. 6
		1-4yrs (Female)			Col. 11	+ Col. 11
		5 to 14 (Male)	5 to 14	OPD Register	Col. 7	Col. 7
		5 to 14 (Female)			Col. 12	+ Col. 12
		15 to 49 (Male)	15 to 49	OPD Register	Col. 8	Col. 8
		15 to 49 (Female)			Col. 13	+ Col. 13
		50 + (Male)	50 +	OPD Register	Col. 9	Col. 9
		50 + (Female)			Col. 14	+ Col. 14
			Male	OPD Register		Sum Col. 5 to Col. 9
			Female			Sum Col.10 to Col. 14
		Follow-up		OPD Register		Col. 2
		Referred cases attended		OPD Register		Col. 15
		Total Homeo cases		OPD Register (used by Homeo staff)		Col. 1
		Total Tibb/Unani cases		OPD Register (used by Tibb staff)		Col. 1
		No. of cases of malnutrition (<5 children)		OPD Register		Col. 15
Section IV	Cases attending OPD	List of Diseases		OPD Abstract Form		Col. 3
Section V	Immunization	1. Children <1 received DPT 3 2. Children <1 rcvd. Measles vacc. 3. Children <1 fully immunized		Permanent EPI Register		
		4. Pregnt women rcvd. TT-2 vacc.		Maternal Health Register		Col. 12
Section VI	TB-DOTS	1. Intensive-phase TB-DOTS pts		TB Card TB-01		
		2. Intensive phase TB-DOTS pts missing treatment > 1 week				

Section in Monthly Report	Name of the Section	Data Element	Source of Data (DHIS Register/Form)	
Section VII	Family Planning Services/ Commodities Provided	1. Total FP visits	Family Planning Register	Col.1 + Col.2
		2.COC Cycles		Col. 6
		3. POP Cycles		Col. 7
		4. Condom Pieces		Col. 8
		5. Net-En Inj.		Col. 9
		6. DMPA Inj.		Col. 10
		7. IUD		Col. 11 + Col. 12
		8. Tubal Ligation		Col. 13
		9. Vasectomy		Col. 14
		10.Implant		Col. 15
Section VIII	Maternal and Newborn Health	1. First Antenatal Care visits (ANC-1) in the facility	Maternal Health Register	Col. 8
		2. ANC-1 women with Hb. <10 g/dl		Col. 7
		3. Antenatal Care revisit in the facility		Col. 9
		4. Total Postnatal Care visit		Col. 10 & Col 11
	Deliveries in the facility	5. Normal Vaginal Deliveries	Obstetric Register	Col. 17
		6. Vacuum/Forceps deliveries		Col. 18
		7. Cesarean Sections		Col. 19
		8. Live births in the facility		Col.23+ Col. 24
		9. Live births in the facility with LBW (< 2.5 kg)		Col. 25
		10. Still births in the facility		Col. 26
	Maternal deaths in the facility	11. Maternal deaths due to obstetric causes	*(for occurrence of maternal deaths)*	Col. 37
			(for Diagnosis of the case)	Col. 7-16
	Neonatal deaths in the facility	13. Birth Trauma 14. Birth Asphyxia 15. Bacterial sepsis of newborn 16. Congenital Abnormalities 17. Pre Maturity 18. Hypothermia		Col. 27-32
Section IX	Community based data	1. Pregnant women newly registered by LHW 2. Delivery by skilled persons reported 3. Maternal deaths reported 4. Infant deaths reported	LHW Report Section 5	

Section in Monthly Report	Name of the Section	Data Element		Source of Data (DHIS Register/Form)	
		5. No. of modern FP method users 6. <5 year diarrhea cases reported 7. < 5 year ARI cases reported			
Section X	Community Meetings	1. No. of community meetings		Community Meeting Register	Col. 1
		2. No. of Participant	Male		Col. 5
			Female		Col. 6
Section XI	Diagnostic services	1.Lab Investigations	OPD	Laboratory Register	Col. 5
			Indoor	Laboratory Register	Col. 6
		2. X-Ray 3. Ultrasonography 4. CT Scan/ (ECG)	OPD	Radiology Register (for respective investigation)	Col. 6
			Indoor		Col. 7
	Laboratory Investigation for communicable diseases	Malaria	1.Slides examined	Laboratory register (Blood Slides for MP Section)	Col. 1
			2.Slides MP +ve		Col. 6
			3. Slides P. Falciparum +ve		Col. 6
		T.B	1. Slides for AFB Diagnosis 2. Diagnosis slides with AFB +ve 3. Follow-up slides for AFB 4. Follow-up slides with AFB +ve	Tuberculosis Laboratory Register	
		Viral Hepatitis & HIV	1. Patients screened	Laboratory register (Blood Screening Section)	Col. 1
			2. Hepatitis B +ve		Col. 6
			3. Hepatitis C +ve		Col. 6
			4. HIV +ve	Laboratory register (Separate for HIV testing)	Col. 6
Section XII	Stock out report	Occurrence of stock out of tracer drugs		Stock Register (Medicines)	Col. 9
Section XIII-A	Indoor services	Allocated Beds		Daily Bed Statement Register (from respective Wards)	Page top
		Admissions			Col. 3
		Discharged /DOR			Col. 4
		LAMA			Col. 5
		Referred			Col. 6

Section in Monthly Report	Name of the Section	Data Element	Source of Data (DHIS Register/Form)	
		Deaths		Col. 7
		Total of Daily Patient Count		Col. 8
		Bed Occupancy Rate (BOR)	To be calculated	
		Average length of stay (ALS)		
Section XIII-B	Cases attending indoors	Disease-wise number of patients admitted	Indoor Abstract Form (for each specialty)	Col. 3
Section XIV	Surgeries	1. Operations under GA	OT Register	Col. 9
		2. Operations under Spinal Anesthesia		Col. 10
		3. Operations under LA		Col. 11
		4. Others		Col. 12
Section XV	Indoor deaths	1. Deaths of < 5 yr. children admitted with diarrhea. 2. Deaths of <5 yr. children admitted with Pneumonia 3. Deaths of patients admitted with Malaria 4. Deaths of patients admitted with TB	Indoor Patient Register *(for occurrence of deaths)* *(for Diagnosis of the case)*	Col. 11 Col. 7
		Number of Patients Admitted by disease type *(For RHC Only)*	Indoor abstract form	Col. 3
Section XVI	Human Resources	Sanctioned Vacant Contract Working on General duty in facility Working on General Duty out of facility	Facility's Administrative Records	
Section XVII-A	Revenue Generated	Total Receipt (Rupees) Deposited (Yes or No)	Receipt Register	
Section XVII-B	Financial	Total Allocated Budget Expenditure this Monthly Balance to date	Expenditure statement	

23. Catchment Area Population Chart

DHIS – 24 (C)

CATCHMENT AREA POPULATION CHART

Section I:
Facility name: ____ ______________Facility I.D. No.: | | | | | | | Year: _________

Union Council name: __ __________________District: ___________ Province: ______________

Section II:

Sr. No	Name of Villages	Population	Distance from Facility (km)	No. of LHWs	Population covered by LHWs	No. of Trained TBAs
1	2	3	4	5	6	7
1						
2						
3						

Section III:

Target Groups	Standard Demographics Percentages*	Estimated Yearly Target Population	Estimated Monthly Target Population
1	2	3	4
Expected Pregnancies	**3.4 %**		
Expected Births	**2.9 %**		
0-11 Months	**2.7 %**		
0- Less than 5 years	**8 %**		
CBAs (15 to 49 years)	**22 %**		
Married CBAs (15 to 49 years)	**16 %**		

** Data Source: National Institute of Population Studies (NIPS)*

Section IV:

No. of Registered Allopathic Medical Practitioners	
No. of Registered Homoeopathic Medical Practitioners	
No. of Qualified Hakims	

This chart is to be maintained at the Facility and provides an overview of the important demographic data of the catchment area of the facility.

In general, the catchment area of a facility is the administrative area assigned to it. Thus, in case of a BHU, it is the union council in which the BHU is located.

Purpose:

- To serve as a permanent record at the facility for calculating the population denominators

When filled: It is updated every year in January

Who fills: The facility in-charge is responsible to arrange collection/updating of the data.

Instructions for updating the Catchment Area Population Chart

In Section I of the chart, complete the identification details of facility. These are:

- Name of the facility
- Facility ID number
- Name of the union council, district and province

Also note the year of update in this section.

In Section II, write:

- the name of villages in the union council in Column No. 2,
- their population in Column No. 3,
- distance in kilometers (km) of the village center from the facility in Column No. 4,
- the number of LHWs in that village in Column No. 5,
- the population of the respective village covered by the LHWs in Column No. 6
- the number of trained TBAs in the respective village in Column No. 7
- the totals of Column No.s 3, 5, 6 and 7 in the last row of this section.

In Section III, use the percentages given in Column No. 2 for each type of target group mentioned in Column No. 1 of this section to calculate the estimated target group population from the total population of the union council. Note the calculated estimate of each target group population in Column No. 3 of this section. The district HMIS cell can also help in calculating these figures and sent back the completed printed forms to the respective facilities for their use.

In Section 4 of the chart, update the union council data on the following:

- Number of Registered Allopathic Medical Practitioners
- Number of Registered Homoeopathic Medical Practitioners
- Number of Qualified Hakims

Monthly Summary Table

In the last page of the registers (CRP Register, OPD Register, Radiology Register, Laboratory Register, Maternal Health Register, Family Planning Register, Obstetric Register, OT Register, and Community Meeting Register) there are tables for preparing summary using compilation of data from the respective register. The Summary Table has 12 columns (vertical lines) representing 12 months of a year, i.e. from January to December, and another last column for recording the total of all the months.

For transferring the data to the relevant rows of the Summary Table, follow the instructions given in the corresponding boxes of the Summary Table. These instructions tell from which column of the related register the data should be transferred to which row of the table. Each health provider who is maintaining one of the above stated registers is responsible for preparing the summary of the corresponding register. This summary is prepared at the end of each month and the data is also transferred to the monthly report of the facility.

If a new register is started anytime during a given year, transfer the data of the previous months of the year from the Summary Table of the previous register on to Summary Table in the new register. This will help in keeping record of the month-wise data for the whole year in one place for quick reference.

Government of Pakistan, Provincial Health Department, HIS Cell
JOB AID Self-assessment for Checking and Monitoring Data Accuracy at *Facility level*

1. Checking Data Accuracy of Monthly Report, Using LQAS Table

1. Selection of data elements is random, which means select data elements without any preference. A broad representation of the data elements from different sections of the monthly report form is required to assure all data elements are given equal opportunity for selection. A sample of 12 data elements is required based on LQAS table.
2. Select randomly one data element from each section of the previous monthly report. Write the selected data element in the first column of the data accuracy check sheet given below. Repeat the procedure till all data elements from different sections are entered in first column.
3. Copy the figures of the selected data elements as reported on the monthly report form in second column of data quality check sheet, under the heading of "figures from monthly report form".
4. Pick the register which has the selected data element. Count the actual entries in the register related to a specific selected data element. Put the figure you counted in third column of check sheet, under the heading "figure from register". Repeat this procedure for all data elements.
5. If the figures in column 2 and 3 are same, put a cross under YES in column four. If they are not the same (does not match), put a cross under NO in column four. Repeat this procedure for all data elements.
6. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 12.

Data Accuracy Check Sheet Write down month for which data accuracy is checked_______________				
Randomly Selected Data Elements from the monthly reporting form	Figures from the Monthly report form (2)	Figures counted from registers (3)	Do figures from column 2 &3 Match?	
			YES	NO
1. OPD monthly report section-				
2. OPD monthly report section –				
3. EPI monthly report section –				
4. Family planning monthly report section -				
5. Mother health monthly report section –				
6. LHW monthly report section –				
7. Community meeting monthly report section				
8. Stock monthly report section –				
9.				
10.				
11.				
12.				
		Total		

7. Total in "Yes" column corresponds to the percentage of level of data accuracy in the following LQAS table. For example, if total "yes" number is 2, the accuracy level is between 30-35%; if total "yes" number is 7, the accuracy level is between 65-70%.
8. Circle the data accuracy percentage and write it in section 15 of monthly report in the monthly report and submit to district office.

2. Monitoring the Data Accuracy Using LQAS Table

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase

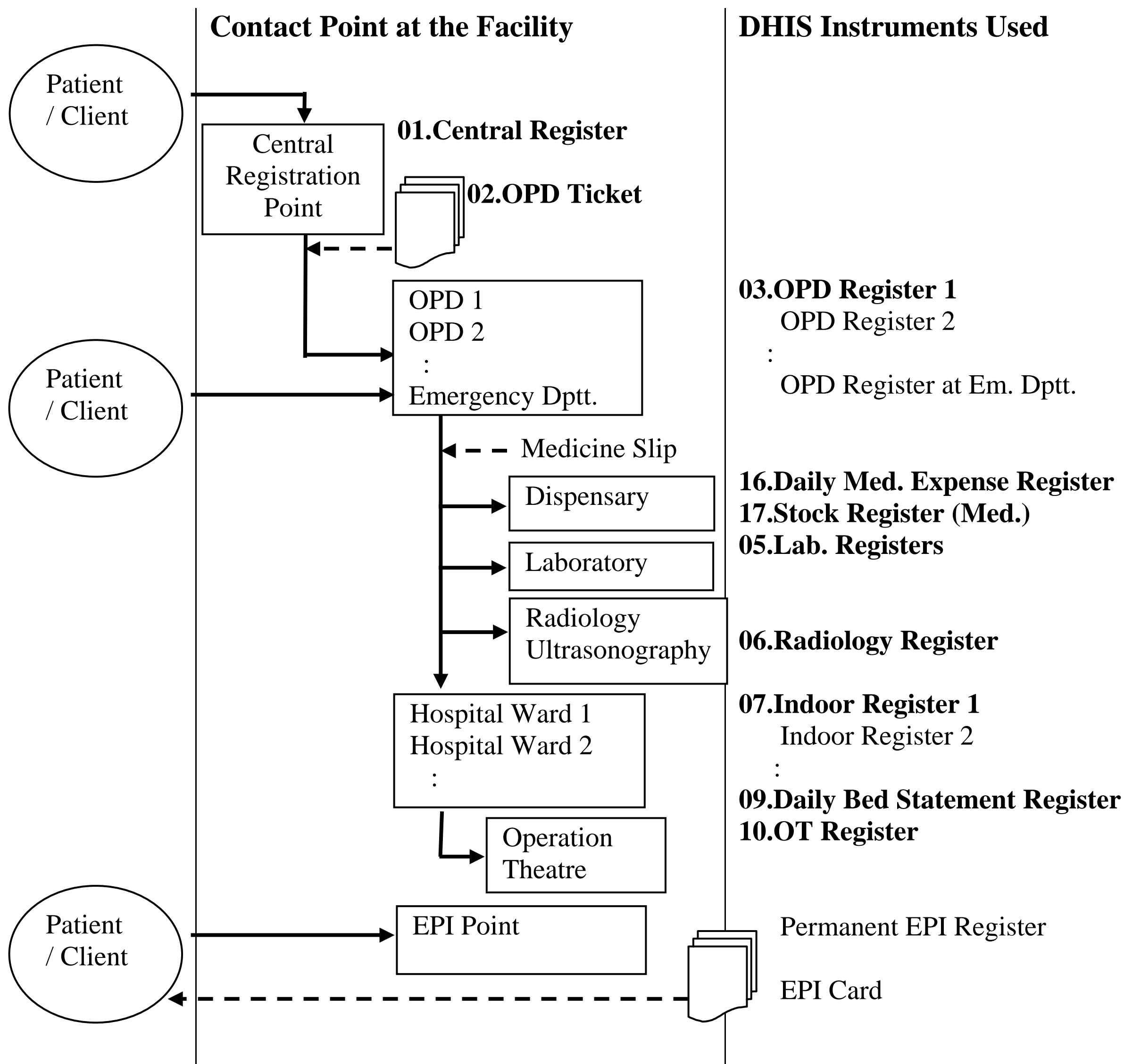
accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.

- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges ±15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

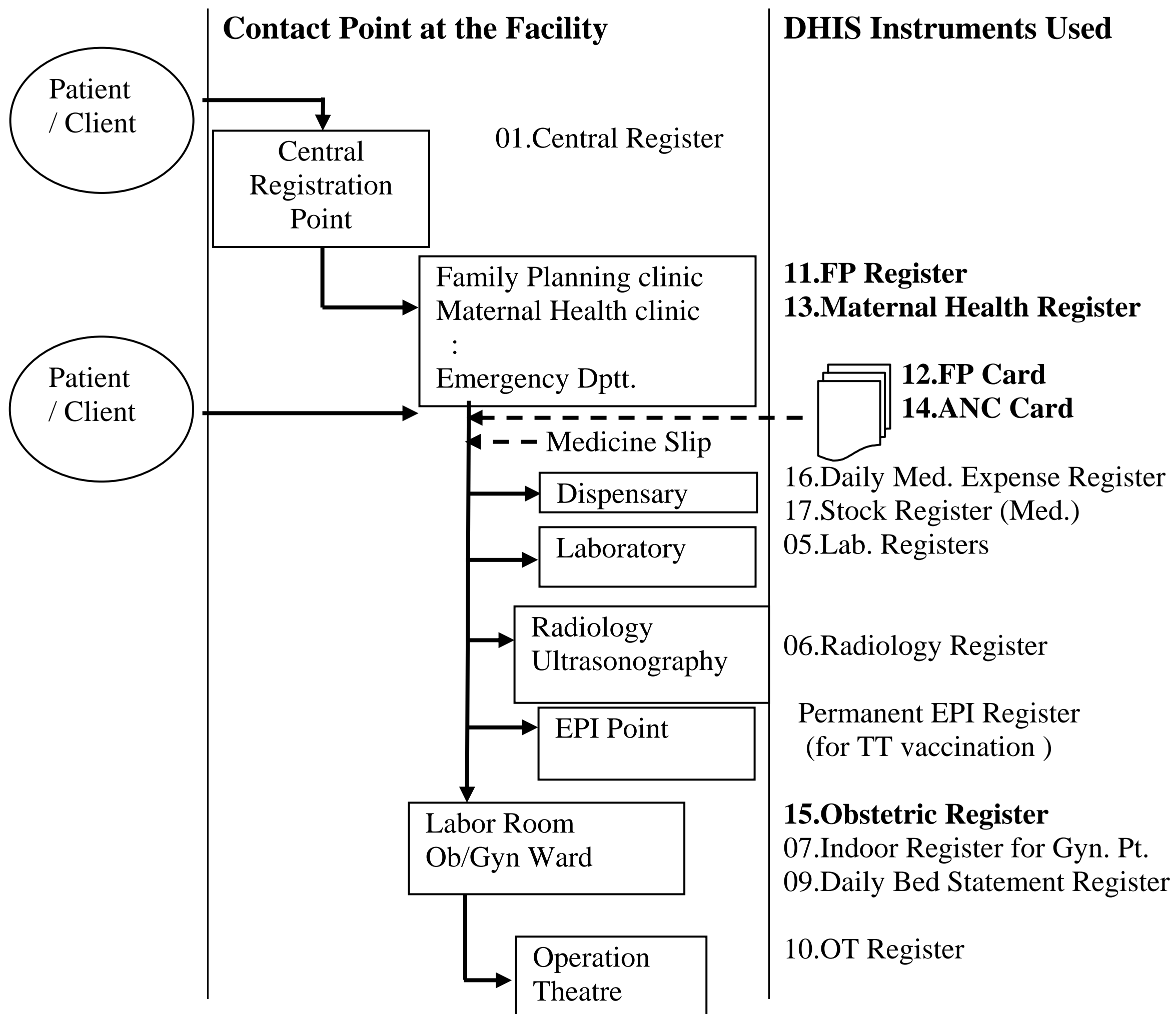
DHIS Instruments Used for General Patients in a Health Facility

The diagram below gives an overview of which DHIS instruments should be used for general patients at various contact points in a health facility.



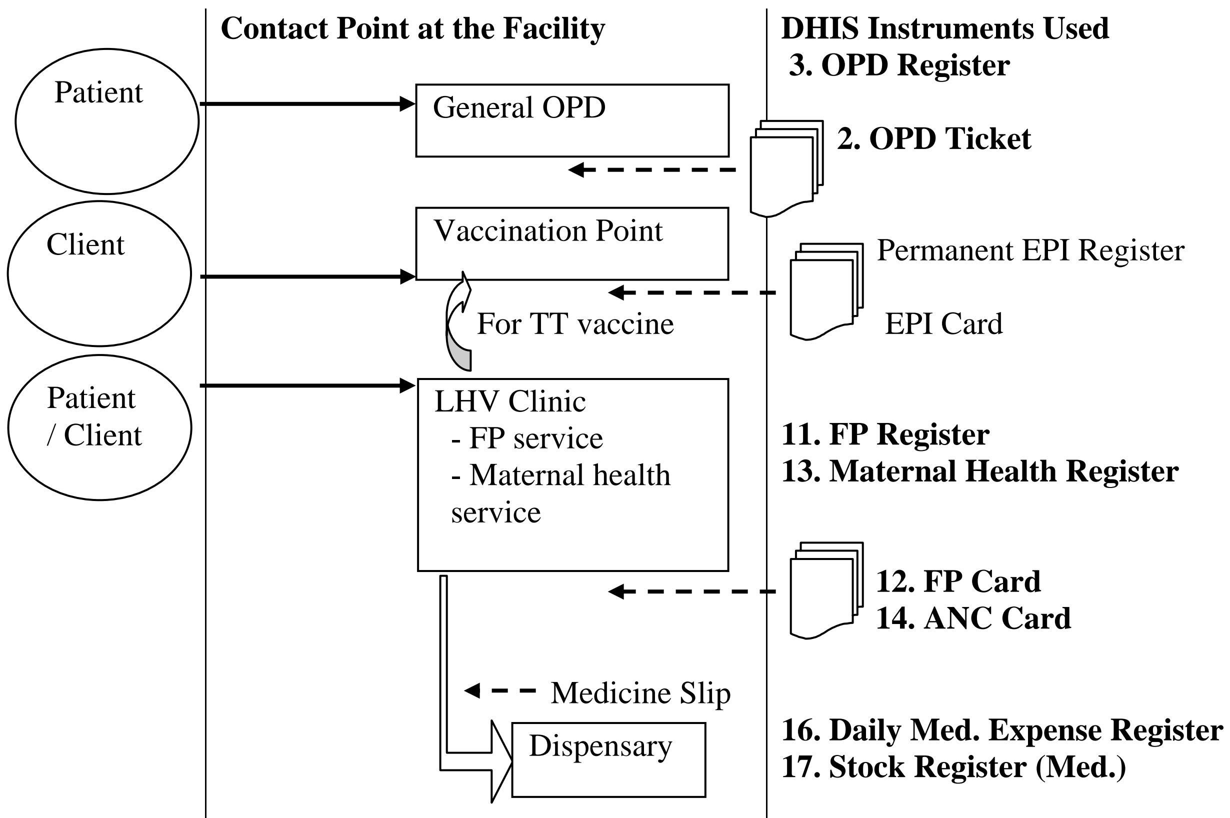
DHIS Instruments Used for Reproductive Health Services

The diagram below gives an overview of which DHIS instruments should be used for reproductive health service seekers in a health facility.



DHIS Instruments Used in a BHU/MCH Centre/Civil Dispensary

The diagram below gives an overview of which DHIS instruments should be used at various contact points in a BHU, an MCH centre or a civil dispensary.



Use of DHIS instruments in relation with Patient/Client Flow within the heath facility

Patient/client Flow		**DHIS Instrument**	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Patient comes to the health facility for consultation/treatment of illness			
▪ Patient at Central Registration Point	Get registered, pay fee and sent to the relevant OPD room	Central Registration Point Register	Record patient data
▪ Patient at OPD	Consultation for illness	OPD Ticket	Prescribe treatment, advising investigations
		Medicine slip	Write medicines for supply from facility dispensary
		OPD Register	Record patient data
▪ Patient at dispensary	Collect prescribed medicines from facility	Medicine slip	Provide medicine to patient from dispensary; retaining the slip for future audit
		Daily medicine expense register	Record daily medicine disbursement for assessing temporary stock position and future audit
▪ Patient at laboratory	For lab tests	OPD Ticket	Know the investigations advised by the doctor Stamp test names & write test results on back side
		Lab Register	Record patient data and test findings
▪ Patient at Radiology department	For radiology/USG investigations	OPD Ticket	Know the investigations advised by the doctor
		Radiology Register	Record patient data and investigation findings
▪ Patient at indoors	Hospital admission	OPD Ticket	As advice slip to indoor nurse for admission
		Indoor register	Register patient in the ward
▪ Patient referred out	Referral	OPD Ticket	Request for referral services at higher level facility

Patient/client Flow		DHIS Instrument	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Pregnant woman/mother comes for antenatal/postnatal care services			
▪ Pregnant mother at Central Registration Point	Get registered, and sent to the relevant WMO/LHV room	Central Register	Record patient data
▪ Pregnant mother at WMO/LHV room	Consultation and examination	ANC card	Record pregnant mother's data and physical examination, lab test, and/or USG finding and follow-up date
		Maternal Health Register	Record contact data
		OPD Ticket	Prescribe medicines, advice investigations
		Medicine slip	Write medicines for supply from facility dispensary
▪ Pregnant mother at dispensary	Collect prescribed medicines from facility	Medicine slip	Provide medicine to patient from dispensary; retaining the slip for future audit
		Daily medicine expense register	Record daily medicine disbursement for assessing temporary stock position and future audit
▪ Pregnant mother at laboratory	For lab tests	OPD Ticket	Know the investigations advised by the doctor Stamp test names & write test results on back side
		Lab Register	Record patient data and test findings
▪ Pregnant mother at Radiology department	For USG investigations	OPD Ticket	Know the investigations advised by the doctor
		Radiology Register	Record patient data and investigation findings
		ANC card	Record USG findings
▪ Pregnant mother referred out	Referral	ANC Card	Request for referral services at higher level facility

Patient/client Flow		DHIS Instrument	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Pregnant woman comes for delivery			
▪ Pregnant woman at OB/GYN OPD or Labor room/Obstetric ward	Delivery	Obstetric register	Record patient data, delivery management and outcome data
Pregnant woman with obstetric complications comes for the treatment of complication/illness, including delivery			
▪ Pregnant woman/mother at OB/GYN OPD or Emergency Deptt.,	Treatment of complication	OPD ticket	For referral to indoor for admission or to OT for emergency surgery
▪ Pregnant woman/ mother in OB/GYN ward or female ward	Admission and treatment of complications, including delivery if required	Obstetric Register	Record patient data, management and outcome data
		Daily Bed Statement Register	Record data on admitted, discharged/death cases
▪ Pregnant woman/ mother sent to OT	Surgery (e.g., C-Section)	OT Register	Record patient data and operative procedure data
Patient with gynecological condition requiring hospital admission (other than obstetrical case)			
▪ Patient at OPD or Emergency Deptt.	Treatment of illness requiring admission	OPD Ticket	As advice slip to indoor nurse for admission
▪ Patient at indoors	Admission in the ward	Indoor register	Register patient in the ward
		Daily Bed Statement Register	Record data on admitted, discharged/death cases
▪ Patient's sample (blood, urine etc) at laboratory	For lab tests	Lab Register	Record patient data and test findings
▪ Patient at Radiology department	For radiology/USG investigations	Radiology Register	Record patient data and investigation findings

Patient/client Flow		DHIS Instrument	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Patient with medical condition requiring hospital admission			
▪ Patient at OPD or Emergency Deptt.	Treatment of illness requiring admission	OPD Ticket	As advice slip to indoor nurse for admission
▪ Patient at indoors	Admission in the ward	Indoor register	Register patient in the ward
		Daily Bed Statement Register	Record data on admitted, discharged/death cases
▪ Patient's sample (blood, urine etc) at laboratory	For lab tests	Lab Register	Record patient data and test findings
▪ Patient at Radiology department	For radiology/USG investigations	Radiology Register	Record patient data and investigation findings
Patient with gynecological condition requiring hospital admission (other than obstetrical case)			
▪ Patient at OPD or Emergency Deptt.	Treatment of illness requiring admission	OPD Ticket	As advice slip to indoor nurse for admission
▪ Patient at indoors	Admission in the ward	Indoor register	Register patient in the ward
		Daily Bed Statement Register	Record data on admitted, discharged/death cases
▪ Patient's sample (blood, urine etc) at laboratory	For lab tests	Lab Register	Record patient data and test findings
▪ Patient at Radiology department	For radiology/USG investigations	Radiology Register	Record patient data and investigation findings

Patient/client Flow		DHIS Instrument	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Patient with surgical condition requiring hospital admission			
▪ Patient at OPD or Emergency Deptt.	Treatment of illness requiring admission	OPD Ticket	As advice slip to indoor nurse for admission
▪ Patient at indoors	Admission in the ward	Indoor Patient Register	Register patient in the ward
		Daily Bed Statement Register	Record data on admitted, discharged/death cases
▪ Patient sent to OT	Surgery	OT Register	Record patient data and operative procedure data
▪ Patient's sample (blood, urine etc) at laboratory	For lab tests	Lab Register	Record patient data and test findings
▪ Patient at Radiology department	For radiology/USG investigations	Radiology Register	Record patient data and investigation findings

Client Flow		DHIS Instrument	
Contact point	**Purpose of the contact**	**Instrument(s) used**	**Purpose**
Client for FP Services			
▪ Patient at Central Registration Point	Get registered, sent to the relevant LHV room	Central Registration Point Register	Record client data
▪ Patient at LHV room	Get FP services/ commodities	FP Register	Record client data, service data
		FP card	Record client data, follow-up visit date

Use of data from DHIS Instruments

	DHIS INSTRUMENTS	Data available from the instrument	Use of Data Captured in the Instrument	
			Calculating DHIS indicators	**Other uses**
1.	01. CENTRAL REGISTRATION PONIT REGISTER	1. New patients 2. Follow-up patients 3. Fee received		1. Total OPD load 2. Financial audit 3. Load on each service provider
2.	02. OPD TICKET	1. Diagnosis 2. Treatment advised 3. Investigation advised		Assessment of prescription practices, injection safety practices
3.	03. OPD REGISTER	1. New patients 2. Follow-up patients 3. Referred cases 4. Age & sex data 5. Morbidity data	1. Daily OPD attendance 2. Age and gender wise utilization of OPD 3. Referred case proportion 4. Follow-up case proportion 5. Emergency service utilization 6. Daily OPD staff load 7. Per capita OPD attendance 8. STI/RTI cases: women 9. STI cases: men	
4.	04. OPD ABSTRACT FORM	OPD Morbidity data	1. Annual OPD case load profile 2. Annual top 5 communicable and top 5 non-communicable diseases at OPD	
5.	05. LABORATORY REGISTER	1. Number of lab tests performed (by type) 2. lab test results 3. OPD/Indoor cases tested 4. Fee collection	1. Lab service utilization 2. Malaria Slide Positivity Rate 3. P. falciparum rate 4. Number of HIV+ cases detected 5. Number of HIV+ cases detected	Audit of fees collected
6.	06. RADIOLOGY REGISTER	1. Number of radiology/USG investigations performed (by type)	1. X-ray service utilization	1. Audit of fees collected 2. Ultrasound services utilization

		2. investigation results 3. OPD/Indoor cases investigated 4. Fee collection		
7.	07. INDOOR PATIENT REGISTER	1. Admissions 2. Diagnosis 3. Discharge, LAMA referrals, deaths 4. Morbidity and mortality data	1. Indoor case fatality rates for diarrhea, pneumonia, malaria, TB	Data used to fill: i. Daily Bed statement register and ii. Indoor Abstract form
8.	08. INDOOR ABSTRACT FORM	Morbidity data	1. Annual IPD case load profile 2. Annual top 5 communicable and top 5 non-communicable diseases at IPD	
9.	09. DAILY BED STATEMENT REGISTER	1. Admissions 2. Discharge 3. LAMA 4. Deaths 5. Referral 6. Bed strength	1. Bed occupancy rate 2. Average length of stay 3. Hospital death rate 4. Left against medical advice rate 5. Annual per capita hospital admissions	
10.	10. O.T. REGISTER	1. Cases operated by diagnosis 2. Types of operations by type of anesthesia used		1. OT utilization 2. proportion of surgeries by type of anesthesia used
11.	11. FAMILY PLANNING REGISTER	1. New and follow-up clients 2. Amount and type of contraceptives provided	1. New acceptors 2. Couple years of protection delivered	Forecasting for future supply of FP commodities
12.	12. FAMILY PLANNING CARD	Date of next visit		Assessment of timely return of clients for replenishment through sampling
13.	13. MATERNAL HEALTH REGISTER	1. ANC 1 cases 2. ANC revisits	1. Antenatal care (ANC) coverage 2. Average number of ANC attendances	

		3. PNC 1 cases 4. PNC Revisits 5. TT immunization to pregnant women	3. Prevalence of anemia among first ANC attendance 4. Postnatal coverage 5. Neonatal tetanus coverage (TT2 in pregnant women)	
14.	14. ANC CARD	1. Obstetric/ medical/ surgical history 2. ANC findings 3. Investigation findings		Assessment of quality of antenatal services through sampling
15.	15. OBSTETRIC REGISTER	1. Deliveries by type 2. Live/still births 3. Maternal and neonatal deaths 4. Discharge, LAMA referrals, deaths	1. Delivery coverage at facility 2. Expected obstetric complications attended 3. Expected Caesarean sections performed 4. Obstetric case fatality rate 5. Newborn case fatality rate 6. Stillbirth proportion Overall Obstetric ward utilization indicators: 1. Bed occupancy rate 2. Average length of stay 3. Hospital death rate 4. Left against medical advice rate 5. Annual per capita hospital admissions	Calculation of: 1. Obstetric complication cases by causes 2. Maternal deaths by causes 3. Neonatal deaths by causes
16.	16. DAILY MEDICINE EXPENSE REGISTER	1. Medicine received 2. Medicine issued		1. Internal management of medicine stock at dispensary
17.	17. STOCK REGISTER (MEDICINES/SUPPLIES)	1. Stock position 2. received 3. issued	1. Stock out of tracer drugs / supplies	1. Audit of medicine utilization
18.	18. STOCK REGISTER (EQUIPMENT/FURNITURE/ LINEN)	1. Stock position 2. received 3. issued	1. Facility equipment need	1. Yearly inventory of equipment/furniture/linen

19.	18. STOCK REGISTER (EQUIPMENT/FURNITURE/ LINEN)	1. Stock position 2. received 3. issued	1. Facility equipment need	1. Yearly inventory of equipment/furniture/linen
20.	19. COMMUNITY MEETING REGISTER	1. Number of meetings 2. Place of meeting 3. Number of participants		1. Number of community meetings held 2. Participants by gender
21.	20. FACILITY STAFF MEETING REGISTER	1. Number of staff meetings held 2. Follow-up of previous decisions		For self-assessment and as supervisory tool
22.	24. CATCHMENT AREA POPULATION CHART	Population based data on catchment population	Denominator for population-based calculation of certain DHIS indicator	1. Number of LHW distribution by village 2. Number of TBA distribution by village 3. Number of available private health service providers 3. Population within 20 km of facility

Pakistan District Health Information System (DHIS)

Procedures Manual
Vol. 2

DHIS Management Procedures
and
Monthly Feedback Reports

Organizational structure of DHIS management

The tasks related to DHIS management at the district include:

1. Filling-out of DHIS data collection instruments
2. Data compilation at the facility and timely submission of the Monthly Report to the district EDOH Office
3. Computer data entry using DHIS software at district HMIS cell
4. Generation of feedback reports and district report, and timely dissemination of the reports to appropriate persons/offices
5. Self-assessment and supervision to ensure production of high quality data
6. Ensuring availability of DHIS supplies
7. Ensuring allocation/availability of budget for DHIS related activities
8. Ensuring availability of staff at District HMIS Cell and assigning specific DHIS responsibilities to staff at facility level
9. DHIS training/orientation and on-the-job training of staff
10. Use of information generated through DHIS

1. Filling-out of DHIS data collection instruments

The facility staff involved in providing a specific service (e.g., OPD consultations, maternal health care, indoor care, laboratory or radiology services, stock management, etc.) is responsible for filling-out the data collection instruments corresponding to that service. Table "When and Who Fills DHIS Instruments" provides the detail of the persons responsible for completing specific DHIS instruments.

2. Data compilation at the facility and timely submission of the Monthly Report to the district EDOH Office

At every facility, the facility's Officer In-charge (OIC) will designate one staff as the facility's DHIS Focal Person who will become responsible for managing/coordinating DHIS activities in the facility. At DHQ Hospital, this DHIS Focal Person will also have (or will be trained to have) basic computer skills for data entry, data transfer and hospital report/feedback report generation using DHIS Software.

At BHU and RHC, individual staff responsible for filling-out specific DHIS data collection instruments registers will also be responsible for compilation of the data from those instruments (registers). Thus, MO or MT providing OPD services will compile data from OPD Register, WHO/LHV providing MCH services will compile data from Mother Health Register, Obstetric Register and FP Register, laboratory or radiology technician from Laboratory or Radiology Register, and so forth. In case of Hospitals (Civil Hospitals, THQH, DHQH) the head of each department or ward will designate one staff for compilation of data from the respective data collection instruments maintained at that department or ward.

The staff responsible for data compilation from the registers will use a white paper to draw the format of the corresponding section of the Monthly Report and compile data on the format by the 2nd of each month. In case the deadline date is a public holiday or weekend, this task should be completed by the working-day previous to the deadline date of the month. This principle applies to all the other cut-off dates mentioned later in this document.

By the 4th of each month, the facility OIC will call a meeting of the facility staff. In case of BHU and RHC, all staff may be asked to join; and in case of hospitals, only the head of the department/ward and relevant staff compiling the data for that department/ward may be asked to join the monthly meeting. During this monthly staff meeting, every department/ward will submit the compiled data from the respective registers to the DHIS Focal Person. LHS and EPI Vaccinator will also share the relevant data with the DHIS Focal Person.

The DHIS Focal Person will then consolidate all the data onto the Monthly Report, check consistency and submit the Monthly Report to the facility OIC by the 5th of each month.

The facility OIC will examine the Monthly Report and sign it. He will arrange for the Monthly Report to be sent to the District HMIS Coordinator at EDOH Office by the 6th of the month in a manner so that the report is received at the District HMIS Cell not later than 8th of the month.

3. Computer data entry using DHIS software at district HMIS cell

The staff of the district HMIS cell will maintain a log book for registering name of the facility sending the Monthly Report and the date on which it was received at the HMIS cell.

The District HMIS Coordinator will also liaise with vertical program managers for receiving relevant data from those programs.

Using the DHIS software, the HMIS cell staff will enter data of all the reports received by them. This task should be completed by the 13th of the month.

4. Generation of feedback reports and district report and timely dissemination of the reports to appropriate persons/offices

Once data entry is complete, the staff will produce the compiled district report and feedback reports by the 15th of the month and submit them to the District HMIS Coordinator. Also, they will generate a report on facilities submitting reports after the due date for submission and the facilities submitting incomplete reports.

The District HMIS Coordinator will supervise the tasks performed by the HMIS cell staff. He will also examine all the computer-generated reports and prepare a text summary of the salient features in these reports. He may use graphs for presenting the salient findings. The HMIS Coordinator will then submit the computer generated reports and his summary report to EDOH by the 17th of the month.

EDOH will examine the reports and add his comments or directives as the case may be and arrange for their dissemination to the District Nazim, DCO and the facility OICs by the 20th of the month. EDOH should also arrange for monthly meeting by 25th of the month where the district report and feedback reports will be discussed. EDOH will also issue letters to the facilities not submitting monthly reports in time or submitting incomplete reports.

Once the data entry is complete, the data will be accessible to Provincial HMIS cell and NHIRC through internet. Therefore, district will not be required to submit monthly reports to the Provincial Health Department.

5. Self-assessment and supervision to ensure production of high quality data

The facility OIC will be responsible for assessment of the quality of data of the Monthly Reports, and the District HMIS Coordinator will be responsible for cross-checking level data accuracy using LQAS method. The district managers and HMIS Coordinator will also use supervisory checklist during their supervisory visits to the facilities.

Detail (i.e. how to conduct and who will do and at what frequency, what actions to be taken based on the findings, etc.) of the procedures for self-assessment and data cross-checking procedures using LQAS method and DHIS supervision are given in Data Quality Assurance Manual.

6. Ensuring availability of DHIS supplies

The DHIS Focal Person will be responsible for managing the DHIS supplies at the facility. He will coordinate with the store-keeper of the facility and regularly check the availability of DHIS instruments at the facility and ensure that a minimum level of stock of the DHIS instruments is always available for at least 2 months. Once the stock level reaches the minimum level, he will initiate the paper work for the replenishment of the DHIS supplies. In case of BHU and RHC the requisition letter for replenishment should be sent to DHO/DOH through the facility OIC. In case of secondary hospitals (and RHC in Punjab), the requisition should go to the Medical Superintendent (or SMO of RHC in Punjab) who will be responsible for arranging the replenishment of the printed instruments.

(Note: The current practice/rule is that all the printing has to be done through the government printing press; and there are ample instances where the printing press has not supplied the materials in time and the district authority cannot do anything for this non-compliance of the government printing press. Till now one of the reasons for non-availability of printed HMIS instruments has been this red tape-ism. However, if the district assembly passes a rule that the DHIS printing can be done locally through private printing press, the district assembly has that jurisdiction, then the district can manage their own printing and influence the press to provide supplies in time.)

The staff of each department within the facility will place their demands for supply of DHIS instruments to the facility's DHIS Focal Person. It will be the staff's own responsibility to place demand in time to avoid shortage of the instruments for data collection. However, during the monthly staff meetings the OIC and DHIS Focal Person can also discuss the availability of the instruments.

7. Ensuring allocation/availability of budget for DHIS related activities

Overall, EDOH will be responsible to ensure that sufficient allocation for printing and supply of DHIS instruments is reflected in the annual health budget of the district. At the time of budget preparation, EDOH will advice the DHO/DOH (responsible for BHU, RHC and other OHC facilities), Hospital MSs and SMOs (in case of Punjab) to develop their respective budget demand that should include allocation for printing of DHIS instruments for their respective facilities. The OICs will calculate their requirement for DHIS instruments based on the previous year's utilization and current trend of patient flow.

The consolidated health budget (including that for DHIS instruments) will be sent to the District Assembly through District Nazim/DCO and EDO (Finance) for approval. Once the budget is approved and the budget is allocated, it will be the responsibility of EDOH, DHO/DOH and MS to ensure timely and proper utilization of the budget.

In case the allocated budget is exhausted and additional DHIS supplies are necessary, the EDOH, DHO/DOH or MS can request for re-appropriation of the budget for taking necessary measures to ensure the supply of printed materials for DHIS.

8. Ensuring availability of staff at District HMIS Cell and assigning specific DHIS responsibilities to staff at facility level

The Provincial Health Department (PHD) or EDOH, according to the situation in the province, will assign responsibility to the district staff for working in District HMIS cell. PHD can also appoint new district HMIS Coordinator, if needed. EDOH may also ask District Nazim/DCO for appointing/transfer of junior staff to work in the HMIS cell.

At the facility, the facility OIC will be responsible for assigning DHIS tasks to specific staff.

9. DHIS training/orientation and on-the-job training of staff

The initial training on DHIS can be organized by NHIRC or respective PHD. However, during the regular implementation of DHIS, the district managers, district HMIS Coordinator and facility OICs will be responsible for the supervision of DHIS implementation and to identify staff's DHIS training needs. Accordingly, the managers will arrange for on-the-job training of the staff or to arrange a formal training utilizing district budget and resources. PHD or NHIRC may also arrange refresher training of the staff according to the need.

10. Use of information generated through DHIS

Staff and managers at every level will be responsible for using the DHIS data for monitoring the performance and identifying areas for improvement. This can be done informally at any time and also formally during the monthly facility staff meetings and monthly meeting of EDOH with district managers and facility OICs.

DHIS management tasks, responsibility and cut-off dates

	DHIS Management Task	Responsibility	Cut-off Date for completion of the task
1.	Filling-out DHIS data collection instruments	Service providers	
2.	Data compilation from DHIS data collection instruments		2nd of the month
3.	a. Monthly facility staff meeting; b. Submission/ collection of the compiled data	a. Facility OIC b. Respective service provider or designated staff of the department/ward c. DHIS Focal Person	4th of the month
4.	Consolidation of Monthly Report, checking consistency and submission to facility OIC	DHIS Focal Person	By 5th of the month
5.	Monthly Report sent to District HMIS cell	Facility OIC	6th of the month (in a manner that it is received at HMIS cell not later than 8th of the month)
6.	Data entry	District HMIS cell staff	13th of the month
7.	Production of compiled district report and feedback report, and submission to HMIS coordinator	District HMIS cell staff	15th of the month
8.	Submission of district report, feedback reports and summary of salient features to EDOH	District HMIS Coordinator	17th of the month
9.	Examination of the reports, dissemination to Nazim/DCO and facility OICs	EDOH	20th of the month
10.	Monthly EDOH meeting to review and discuss Monthly Report data for performance monitoring and identifying areas for improvement	EDOH, DHO/DOH, Facility OICs, HMIS Coordinator	25th of the month
11.	Preparation of DHIS budget proposal (as part of overall budget proposal) and submission to EDOH	DHO/DOH, MS, SMO	January
12.	Preparation of district health budget (including budget proposal for DHIS)	EDOH	April
13.	Approval of budget and allocation of funds for DHIS (as part of overall district budget)	District Nazim/DCO, EDO (F)	June
14.	Arrangement for printing of DHIS instruments	EDOH, DHO/DOH, MS, SMO	July

	DHIS Management Task	Responsibility	Cut-off Date for completion of the task
15.	Supply of DHIS Instruments to the facilities	EDOH/Printing press	July
16.	Self-assessment of DHIS data quality	Facility OIC	
17.	Data quality cross-check using LQAS	HMIS Coordinator	
18.	Supervision of facility on DHIS	District managers, HMIS Coordinator	
19.	On job training of staff on DHIS	Facility OIC, District HMIS Coordinator	Need base

District Feedback Reports

There are three types of District Feedback Reports. These are:

1. Tehsil and District-wise Monthly Review of Indicators (Form A)
2. Secondary hospital-wise Monthly Review of Indicators (Form B)
3. Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators (Forms C-1 to C-11)

Purpose and Use

The overall purpose of these feedback reports is to provide the district managers and facility in-charges with basic analyses of important performance indicators every month. This will help in the monthly monitoring of the progress in achieving the performance targets. This would then lead to identification of problem areas or best practices, problem analysis and planning of solutions, implementation of the solution, monitoring the implementation and evaluating the solutions.

These monthly feedback reports provide analysis of only selected DHIS indicators. Once a problem or interest area is identified through the review of the indicators in the feedback reports, further analysis of the indicators and review of other indicators may be necessary to grasp the whole picture. Use of line graph, run chart and control charts (See appendix below) for more advance analysis/review of a given indicator may yield more useful information and help in decision making.

Who produces: The District HMIS Cell will generate these feedback reports using the DHIS software.

When produced: These reports will be produced by the 15th of each month when the data entry from the Monthly Reports of all health facilities in the district is complete.

How disseminated

- The District HMIS cell will submit these feedback reports to the EDOH by the 20th of each month.
- EDOH will review the reports and arrange for dissemination of the reports to relevant facility in-charges by 25th of each month
- During the monthly meeting at EDOH office to be held on the first week of the next month, these reports will be discussed to identify problem areas or best practices, analyze the problems and plan solutions; or monitor the implementation of the solutions decided in the previous meeting.

Note: These feedback report formats include minimum suggested indicators for monthly review only. The district may decide to include more indicators on need-basis.

Description of the Monthly Feedback Reports

1. Tehsil and District-wise Monthly Review of Indicators (Form A)

There are 23 indicators that are presented in this report form. They are arranged as following:

- I. Overall health facility utilization *(1 indicators)*
- II. Preventive care services *(7 indicators)*
- III. Curative care *(5 indicators)*
- IV. Obstetric/Neonatal care *(4 indicators)*
- V. Financial Management *(2 indicators)*
- VI. Logistics *(1 indicator)*
- VII. Human Resources *(1 indicator)*
- VIII. Information system *(2 indicators)*

The list of indicators is given in Column No. 1. Column No. 2 to 5 correspond to the Tehsil in the district. Column No. 6 is for district overall and Column No. 7 is for noting the performance target for the corresponding indicator that was set by the district. The number of columns can vary according to the number of Tehsils in the district.

The value of each indicator under each Tehsil or District Overall is the aggregate value of the performance of all the health facilities (i.e., THQH, RHC, BHU and other PHC facilities) in that Tehsil or the District respectively. Thus, for indicators calculated by using catchment area population, the aggregate of data from all the health facilities in the Tehsil is divided by the estimated target population in the Tehsil. Values of indicators for District overall is calculated like-wise and includes data from DHQH also.

The performance target for each indicator is set by the District in consultation with all the health managers and relevant health facility in-charges. This is done at the beginning of the year, preferably in the first week of January. In setting the performance targets considerations are given to the previous year's performance and the national targets for specific programs.

In case of curative care indicators, no targets are set for diarrhea, pneumonia and malaria related indicators. These indicators have been included in the feedback form for reviewing the overall situation of the tehsil/district in terms of occurrence of unusual number of cases or fatalities of those diseases.

In general, Form A of the District Feedback Report provides a view of

- The overall performance of the district
- Comparison of the district's performance with the performance targets
- Comparison of Tehsils' performance among themselves, with district overall and with the performance targets.

The Form A is mainly used by EDOH and other District Managers, and also used for reviewing the overall situation of the district during the monthly meeting at EDOH office. It can also be used by the District Nazim and District Coordination Officer (DCO) for understanding the overall performance of the district's public health system.

2. Secondary hospital-wise Monthly Review of Indicators (Form B)

There are 20 indicators that are presented in this report form. They are arranged as following:

I. Overall health facility utilization *(7 indicators)*
II. Preventive care services *(3 indicators)*
III. Obstetric/Neonatal care *(4 indicators)*
IV. Financial Management *(2 indicators)*
V. Logistics *(1 indicator)*
VI. Human Resources *(1 indicator)*
VII. Information system *(2 indicators)*

The list of indicators is given in Column No. 1. Column No. 2 to 5 correspond to the Tehsil HQ Hospitals in the district. Column No. 6 is for District HQ Hospital and Column No. 7 is for noting the performance target for the corresponding indicator that was set by the district.

Form B provides a comparison of the performance of the secondary hospitals among themselves and with the performance targets set by the district.

This form is used for providing feedback to the secondary hospitals in the district. It can also be used for providing the overview of the performance of the secondary hospitals to the District Nazim and the DCO.

3. Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators (Forms C-1 to C-11)

There are 11 types of Form C numbered from 1 to 11. Each type of the Form C represents one specific indicator. In total, there are 11 such forms for providing feedback to the PHC facilities on the following indicators:

1. Daily OPD attendance
2. Full immunization coverage
3. Neonatal tetanus coverage (TT2 in pregnant women)
4. CYP delivered
5. Antenatal care (ANC) coverage
6. LHW pregnancy registration
7. Proportion of TB-DOTS intensive-phase patients missing
8. Stock out of tracer drugs / supplies
9. Proportion of staff positions filled
10. Reporting timeliness
11. Reporting accuracy

Form C provides a picture of primary health care facility (BHU/RHC)-wise situation of a specific indicator. The performance target for that indicator is given on the top of the form. Below, the form contains a table with 5 columns.

Column No. 1 is the serial ranking of the facilities according to their current month's performance. The highest rank (Rank 1) is on the top of the list and the lowest rank at the bottom.

The names of the facilities are given in Column No. 2. The highest performing facility is on the top and the remaining facilities are listed according to their ranks so that the lowest performing one is at the bottom of the list. Thus, the arrangement of the names of the facilities in Column No. 2 will change every month according to the performance ranking of the facilities.

Column No. 3 provides the performance rank of the corresponding facility in the previous month. Comparison of the current month's ranking with that of the previous month's ranking of the same facility will provide a view of the improvement/deterioration of facility's overall standing in the district vis-à-vis other public health facilities.

Column 4 provides the actual performance of the corresponding facility in the previous month and Column No. 5 provides the performance in the current/reporting month. These two columns will help in understanding the actual performance level of the facilities in relation to the specific performance indicator.

In the form, the computer program will also generate a red line running across the form. This line represents the target level. That is, the performances of the facilities above this line equal or are above the set target, whereas the performances of facilities below this line lie below the target level.

This form is used for providing feedback to the primary health care facilities in the district. It can also be used for providing the overview of the performance of the secondary hospitals to the District Nazim and the DCO.

Form A: District: XXXXX Month: ________ 2006

Tehsil and District-wise Monthly Review of Indicators

Indicator	Tehsil A	Tehsil B	Tehsil C	Tehsil D	District Overall	Target
1	2	3	4	5	6	7
I. Overall health facility utilization						
1. Daily OPD attendance						
II. Preventive Care Services						
2. Full immunization coverage						
3. Neonatal tetanus coverage (TT2 in pregnant women)						
4. CYP delivered						
5. Antenatal care (ANC) coverage						
6. Average number of ANC attendances						
7. Delivery coverage at facility						
8. LHW pregnancy registration						
III. Curative Care						
9. Diarrhoeal case fatality rate						
10. Pneumonia case fatality rate						
11. Malaria case admissions						
12. Malaria case fatality rate						
13. Proportion of TB-DOTS intensive-phase patients missing						
IV. Obstetric / Neonatal Care						
14. Expected obstetric complications attended						
15. Expected Caesarean sections performed						
16. Obstetric case fatality rate						
17. Newborn case fatality rate						
V. Financial Management						
18. Budget release						
19. Unspent budget						
VI. Logistics						
20. Stock out of tracer drugs / supplies						
VII. Human Resources						
21. Proportion of staff positions filled						
VIII. Information system						
22. Reporting timeliness						
23. Reporting accuracy						

Form B: District: XXXXX Month: ________ 2006

Secondary Hospital-wise Monthly Review of Indicators

Indicator	THQH A	THQH B	THQH C	THQH D	DHQH	Target
1	2	3	4	5	6	7
I. Overall health facility utilization						
1. Daily OPD attendance						
2. Lab service utilization						
3. X-ray service utilization						
4. Bed occupancy rate						
5. Average length of (hospital) stay						
6. Hospital death rate						
7. Left against medical advice rate						
II. Preventive Care Services						
8. Antenatal care (ANC) coverage						
9. Average number of ANC attendances						
10. Delivery coverage at facility						
III. Obstetric / Neonatal Care						
11. Expected obstetric complications attended						
12. Expected Caesarean sections performed						
13. Obstetric case fatality rate						
14. Newborn case fatality rate						
IV. Financial Management						
15. Budget release						
16. Unspent budget						
V. Logistics						
17. Stock out of tracer drugs / supplies						
VI. Human Resources						
18. Proportion of staff positions filled						
VII. Information system						
19. Reporting timeliness						
20. Reporting accuracy						

Form C-1: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Daily OPD Attendance
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line (dashed line between BHU BHAWALY and BHU KAUNTRILLA)

Form C-2: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Full Immunization Coverage
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-3: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Neonatal Tetanus Coverage (TT2 in pregnant women)
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line

Form C-4: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: CYP delivered
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line

Form C-5: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Antenatal care (ANC) Coverage
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
Target Line				
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-6: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: LHW Pregnancy Registration
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line

Form C-7: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Proportion of TB-DOTS intensive-phase patients missing
Target: Less than _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line (between BHU BHAWALY and BHU KAUNTRILLA)

Form C-8: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Stock-out of tracer drugs/supplies
Target: No Stock-out

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Target Line

Form C-9: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Proportion of Staff Positions Filled
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Situation	Current Month's Situation
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
Target Line				
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-10: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Reporting Timeliness
Target: Timely Reporting

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
Target Line	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-11: District: XXXXX Month: ________ 2006

Primary Health Care Facility (BHU/RHC)-wise Monthly Review of Indicators

Indicator: Monthly Report Data Accuracy
Target: _______%

Current Month's Ranking	Facility Name	Previous Month's Ranking	Previous Month's Performance	Current Month's Performance
1	2	3	4	5
	BHU CHANGA MIRA			
	BHU JATLI			
	BHU KURAM BALUCH			
	BHU DHOONG			
	BHU BHADANA			
	BHU JARMOT KALAN			
	BHU DEVI			
	BHU KISRAN			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Appendix:

1. Run and Control Charts[6]

Run charts give a picture of a variation in some process over time and help detect special (external) causes of that variation. They make trends or other non-random variation in the process easier to see and understand. With the understanding of patterns and trends of the past, groups can then use run charts to help predict future performance.

When to Use a Run Chart

If data analysis focuses on statistics that give only the big picture (such as average, range, and variation), trends over time can often be lost. Changes could be hidden from view and problems left unresolved. Run charts graphically display shifts, trends, cycles, or other non-random patterns over time. They can be used to identify problems (by showing a trend away from the desired results) and to monitor progress when solutions are carried out.

How to Use a Run Chart

A run is the consecutive points running either above or below the center line (mean or median). The points in a run chart mark the single events (how much occurred at a certain point in time). A run is broken once it crosses the center line. Values on the center line are ignored: they do not break the run, nor are they counted as points in the run. The basic steps in creating a run chart follow.

Step 1. Collect at least 25 data points (number, time, cost), recording when each measurement was taken. Arrange the data in chronological order.

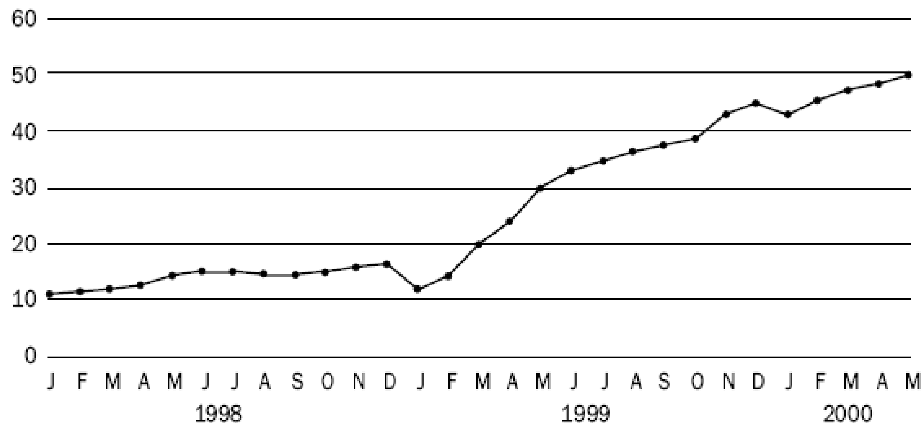
Step 2. Determine the scale for the vertical axis as 1.5 times the range. Label the axis with the scale and unit of measure.

Step 3. Draw the horizontal axis and mark the measure of time (minute, hour, day, shift, week, month, year, etc.) and label the axis.

Step 4. Plot the points and connect them with a straight line between each point. Draw the center line (the average of all the data points).

Figure: A run chart

[6] This section has been taken from the QA Monograph (A Modern Paradigm for Improving Healthcare Quality, by Massoud R, Askov K, & et al) of Quality Assurance Project. This monograph can be downloaded from the QA Project website www.qaproject.org



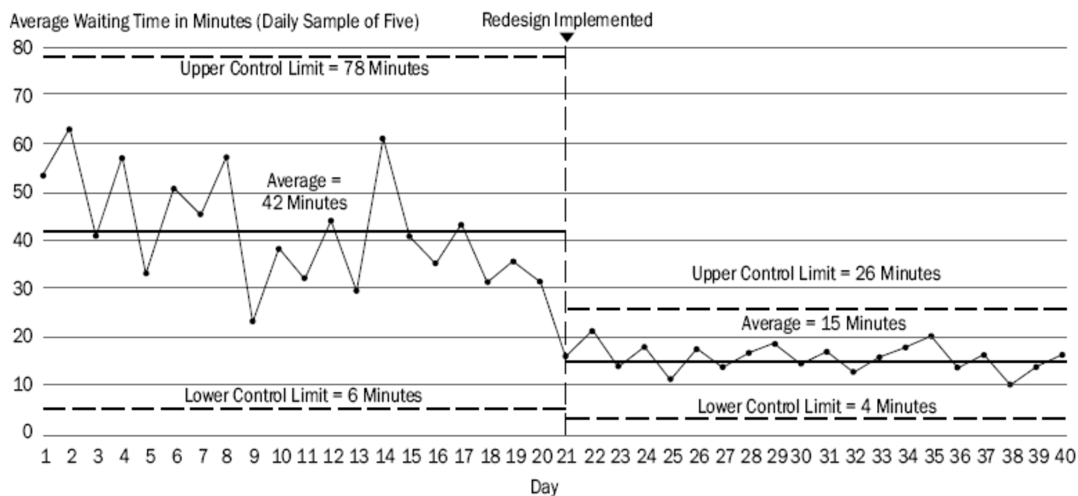
The following provide some guidance in interpreting a run chart:

- Eight consecutive points above (or below) the center line (mean or median) suggest a shift in the process
- Six successive increasing (or decreasing) points suggest a trend
- Fourteen successive points alternating up and down suggest a cyclical process

When and How to Use a Control Chart

If the run chart provides sufficient data, it is possible to calculate "control limits" for a process; the addition of these control limits creates a *control chart.* Control limits indicate the normal level of variation that can be expected; this type of variation is referred to as *common cause variation*.

Points falling outside the control limits, however, indicate unusual variation for the process; this type of variation is referred to as *special cause* variation. This analytical tool helps to distinguish between common and special causes of variation, allowing teams and individuals to focus quality improvement efforts on eliminating special causes of variation (e.g., unplanned events).



Caution

- Be careful not to use too many notations on a run chart.
- Keep it as simple as possible and include only the information necessary to interpret the chart.

- Do not draw conclusions that are not justified by the data.
- Certain trends and interpretations may require more statistical testing to determine if they are significant.
- Whenever possible, use a run chart to show the variation in the process. Do not assume that the variation is so clear and obvious that a run chart is unnecessary.

A run chart must not lie or mislead! To ensure that this does not happen, follow these guidelines:
- Scales must be in regular intervals
- Charts that are to be compared must also use the same scale and symbols
- Charts should be easy to read

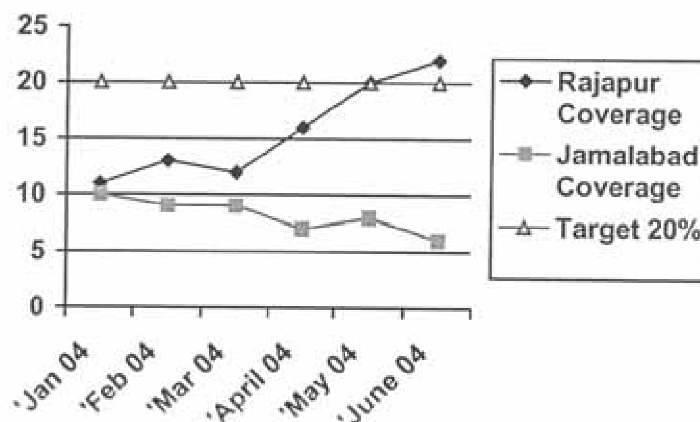
In summary:

Use Control Charts to:
- Monitor the performance of a system
- Distinguish between special and common causes of variation
- Discover and track variation in processes

Use the Run Chart to:
- Detect trends over time
- Determine if there is a change in a process

2. Line Graph with Benchmark

The graph below shows the trends of two Tehsils and the target of an average 20% ANC coverage rate.[7]



[7] Taken from "Manual on Improving Evidence based Decision Making at District Level: National HMIS Cell, MOH, Islamabad.

2. Use of DHIS Information by Health Manager

The DHIS software has been designed to provide variety of information and feedback to the health managers on the performance primary health care facilities and secondary hospitals. These information and feedback are provided through computer screen or can be printed on paper. The report formats include descriptive lists, tables, and bar/pie graphs. All of these reports can also be exported to Excel format for further analysis.

A. Goals and Target Setting:

The software can also be used as a planning tool to define goals and targets for improving status of health. These goals and targets can be set based on selected indicators such as utilization rate, full immunization, antenatal coverage, etc. The goal/targets setting works in a hierarchical manner depending upon the management level, that is, national, provincial, district or health facility level. The national level will usually set long-term targets (5-10 years), a province will set intermediate targets (3-5 years) for the same indicators and a district and health facility can set short-term targets (1 year) as their planning framework.

The targets of higher levels are transferred to the lower level for reference. For instance the 5 long-term target set by the province will be communicated to the provinces automatically through data synchronization process. Similarly, the federal and provincial targets will be shared with the district when the data synchronization takes place between these two levels.

A province or a district is free to define its own priorities and set province and district-specific targets to monitor progress towards achieving those goals/targets.

A detailed description of indicator selection at each level is given as under:

(1) Federal Level

a) 5 indicators are selected out of 79 as long-term goals at federal level, and each indicator's target is set.

Federal)	L	L	L	L	L

(2) Provincial Level

a) Each province develops its own mid-term goals to achieve long term goals set by the federal level.

b) Province additionally sets 4 other indicators and targets respectively as its own midterm goals.
(new indicators can be added)

Federal)	L	L	L	L	L
	M	M	M	M	M
Provincial)	M	M	M	M	

(3) District Level

a) Each district refer to long term goals set at federal and midterm goals set at provincial levels.

Federal)

L	L	L	L	L
M	M	M	M	M

b) Each district sets its own short term goals to achieve midterm goals set at provincial level

Provincial)

M	M	M	M
S	S	S	S

c) Apart from the federal state and provinces, each district additionally develops 3 indicators and their targets respectively as short term goals (new indicators can be added)

District)

S	S	S

(4) Facility Level

a) 3 short term goals are set based on selected 3 goals set by the provinces, and districts.

Provincial or District)

M	S	S
S	S	S

b) Facilities where goals set by federal state, provinces, and districts can be satisfactorily achieved are allowed to set 2 additional indicators as their own short term goals (new indicators can be added)

Facility)

S	S

B. Output Reports:

The software interface offers the following types of outputs what a manager can use interactively to extract output and analytic reports based on his/her needs *(see DHIS User Manual for details on how to run these reports)*:

1. Indicator-based Reports

The DHIS software allows a district manager to select the indicator from a pre-defined list and run a report. Prior to running a report however, a screen appears that allows to specify criteria for the report. A printable report is then displayed on computer screen that lists the health facilities (or districts, if running at the provincial level) according to rank order of the indicator value. The rank order of previous month is also displayed that provides comparison of health facilities performance with its past month. A target line cuts across the health facilities list to show what health facilities are doing above and under the defined target.

For computation of indicators it is necessary that the information on standard demographic percentages and catchment area population is specified. Otherwise, DHIS may not produce correct results.

2. Advanced Reports

The Advanced reports are in fact on-demand reports that a user can define based on his/her needs. The user may select one or two indicator from the available list and set certain other parameters before running the report. The report has the capability to make a scatter graph of any two variable to show with there is a positive or negative relationship between them, or not at all.

These advanced reports, once designed, can be saved in the catalogue for later use for other months as well.

3. Log Reports

Log reports help monitor the *regularity* of reporting. It is desirable to maintain a certain level of minimum reporting for certain aggregate reports to be meaningful. If there are gaps in reporting, then the full district picture may not be portrayed for certain coverage indicators such as ANC or child immunization, etc.

The log report lists all the health facilities in column and a check mark in the corresponding month column to show if the report has been received and entered in computer or not. The manager can immediate check to see if a health facility is consistently not complying with reporting.

Names of non-reporting health facility can also be monitored through the executive dashboard described below.

4. Executive Dashboard

The Executive Dashboard is a dynamic display screen that has four quadrants. The first quadrant displays the list of non-reporting health facilities. A list of selected indicators is

displayed in the second quadrant, where as a graph on selected key indicator on the third and comments from the field and feedback on comments on fourth. The manager at anytime can switch the display to run detailed indicator-based or advanced reports.

Through this executive dashboard, on pertinent is constantly displayed on managers screen for ready reference and quick action. The dashboard gets updated automatically when the data entry operator enters health facility reports from his/her PC.

PART II

DHIS TRAINER MANUAL

DHIS Training Manual for Trainers

The Study on Improvement of Management Information Systems in Health Sector in the Islamic Republic of Pakistan

National Health Information Resource Center,
Ministry of Health, Pakistan

Japan International Cooperation Agency (JICA)

System Science Consultants, Inc.

April 2006

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Hospital -Other Data
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<tr><td>12:15</td><td>Session 11: Monthly Reports
- Transfer of Data and reporting: Monthly Report Form</td></tr>
<tr><td>1:00</td><td>Lunch</td><td>Lunch</td></tr>
<tr><td>2:00</td><td>Session 5:
Stock Data
- Stock Register (Medicines
- Stock Register (Equipment
- Daily Medicine Expense Register</td><td>- Difference between PHC and Hospital Reports
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- Facility Staff Meeting Register</td></tr>
<tr><td>3:00</td><td>Session 6: Data Collection for Catchment Population And Community Meetings
- Catchment Area Population Chart
- Community Meeting Register (13)</td><td>Session 12: Ensuring Data Quality</td></tr>
<tr><td>4:00</td><td>Tea</td><td>Tea</td></tr>
</table>

Overview of Training on DHIS for Facility Staff

Trainers manual has been prepared to assist the trainers to train the facility staff for understanding the benefits of the DHIS instruments and filling them. This manual should be used in combination with the participants' manual. In this manual, objective and training method of each session are described. Relevant handouts and exercises are attached in the corresponding sections of the participants' manual.

Purpose

- To Provide learning activities to health staff to practice DHIS.

Objectives of the training

By the end of the training, the trainee will be able to:

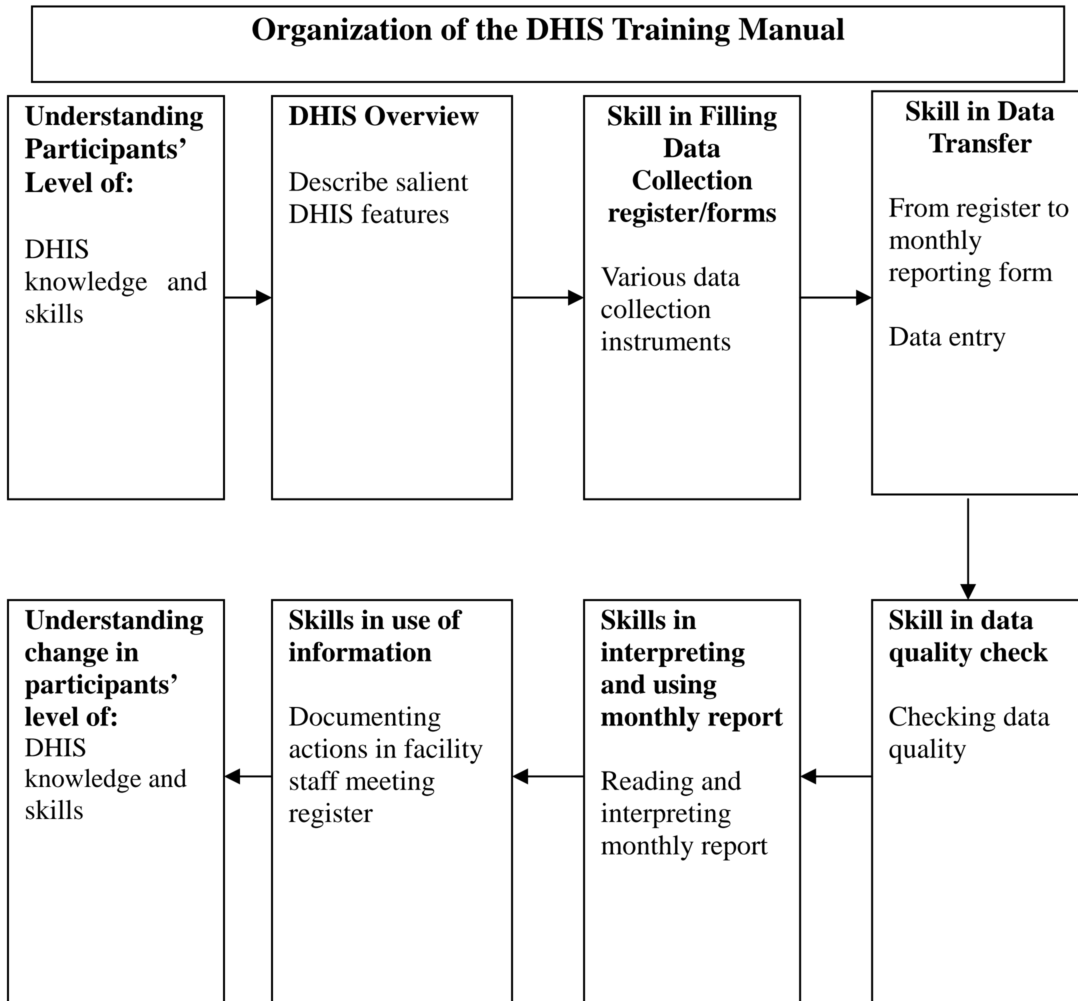
- describe the objectives of DHIS and its added value
- explain DHIS management structure and functions
- fill DHIS instruments, forms and tools
- explain data quality assurance technique
- feel motivated to implement learned knowledge and skills related to DHIS activities

Methodology

The training will be based on adult learning principles and techniques, building on existing experiences, emphasizing dialogue, relevance of information, immediate results, respect, recognition and appreciation, and using feeling, thinking and actions for learning. It will include discussion, questions and answers, individual and group activities, role plays etc.

Materials

The materials include overhead projectors, exercise handouts, flip charts, and markers.


Organization of the DHIS Training Manual
Understanding Participants' Level of:
DHIS knowledge and skills
DHIS Overview
Describe salient DHIS features
Skill in Filling Data Collection register/forms
Various data collection instruments
Skill in Data Transfer
From register to monthly reporting form
Data entry
Skill in data quality check
Checking data quality
Skills in interpreting and using monthly report
Reading and interpreting monthly report
Skills in use of information
Documenting actions in facility staff meeting register
Understanding change in participants' level of:
DHIS knowledge and skills

Session 1: Welcome and Introduction

Objectives
By the end of the session, participants will be able to:
- introduce themselves to one another
- review the goals and objectives of the Training
- compare their expectations with the workshop objectives

Time 15 minutes
Material Flip charts, markers
Method Discussion, Dialogue

Step 1: Inform about objectives and methodology of the session.

Step 2: Ask participants to introduce themselves and their title. What is meaning of your name? This question is added to create some interest and introduce oneself differently.

Step 3: Describe objectives of the training

Step 4: Review the training schedule and inform the participants that this training will use the **DHIS Training Manual** for conducting the training, but will use **DHIS Procedure Manual** as a reference book on how to fill DHIS instruments and tools.

Step 5: Discuss participants' expectations from the training. Ask participants to write expectations on stick-on card and stick it on a Flip chart.

The trainers summarize what expectations will be met and what other expectations are not part of the training.

Step 6: Explain training methodology. Ask the participants to describe some of the adult learning principles.

Show relationship between what participants said and your list

- Respect and learn from participants' experiences
- Praise/appreciation of the participant
- Listen to others and understand their perspective
- Making participants feel safe by valuing their contributions
- 20/40/80 rule – learn 20% by listening; learn 40% by listening and seeing; and learn 80% by listening, seeing and doing
- Involve a combination of thinking, feeling and acting
- Relevance of material to daily work
- Immediate results
- Having fun – entertain and educate
- Repeat, paraphrase key messages to enhance long term memory

End the session by appreciating the participants.

Session 2: Overview of DHIS

> **Objectives**
> By the end of the session, participants will be able to
> - specify their role in improving performance of health system
> - demonstrate salient features of DHIS
>   - Mission and objectives of DHIS
>   - Roles and responsibilities/management structure of DHIS
>   - Data collection and reporting mechanism of DHIS

Time 30 minutes

Material Transparencies, overhead projector, flip chart, markers, DHIS Procedures Manual

Method Dialogue, discussion, listing and categorization

Step 1: Inform about objectives and methodology of the session
Step 2: Ask participant what is the overall goal of any health system?

> **Overall Goal of Health System**
> - To improve health status of the population

Step 3: Ask participants, what would they like to see to assure that health status is improving?

> Reduction in mortality, morbidity, disability and malnutrition and improvement in health behaviors

Please note these two steps/questions could be combined as many participants might not say improvement in health status but rather directly say that goal is to reduce morbidity and mortality
Step 4: Ask participants, how health system reduces mortality, morbidity, disability, and malnutrition?

> By providing preventive, promotive, curative and rehabilitative health services.

Step 5: Beside providing services, is health system concerned about issues of access and coverage/utilization?

> It tries to remove barriers to facilitate access and also measures how many people are receiving the services and their types.

Step 6: Ask participants, do they feel part of the health system?

Step 7: Ask participants to write down one reason per card why they feel being part of the health

system?

Step 8: Categorize responses into

- Being service provider
- Improving health of people we serve
- Working for health department

Step 9: Appreciate the participants and tell them that now we know that we are part of the health system and being responsible for achieving health system objectives. Ask participants, how do you know that health system is providing services and achieving its objectives? Appreciate participants and rephrase their responses by saying:

> By knowing whether health system is achieving its targets, such as 80% of people have access to health service or 50% of people are coming to the clinic, or 40% women are receiving ANC service etc., we can tell that health system is achieving its objectives.

Step 10: Ask participants, does health information system help in assessing and monitoring health system performance on a regular basis?

> The purpose of the routine health information system is to assist in developing performance targets and monitor tham on regular basis.

Step 11: Inform the participants that the new focus is on district health information system (DHIS) supported by provincial health departments and federal ministry; there is consensus on DHIS vision. Explain the vision and objectives of DHIS.

DHIS Vision

- To improve the health care services through evidence-based management of service delivery. Improved service delivery will contribute to the improvement of health status of the population

DHIS Objectives

- To provide information for management and performance improvement of the district health system. More specifically, the DHIS will:
  - Provide selected key information from FLCF, VPs, secondary hospitals and sub-systems such as logistics, financial, human resource and capital asset management systems for improving the district health system's performance
  - Cater to the important routine information needs at the federal and provincial levels for policy formulation, planning and M&E of health programs

Step 12: Inform about changes introduced by DHIS

Changes introduced by DHIS

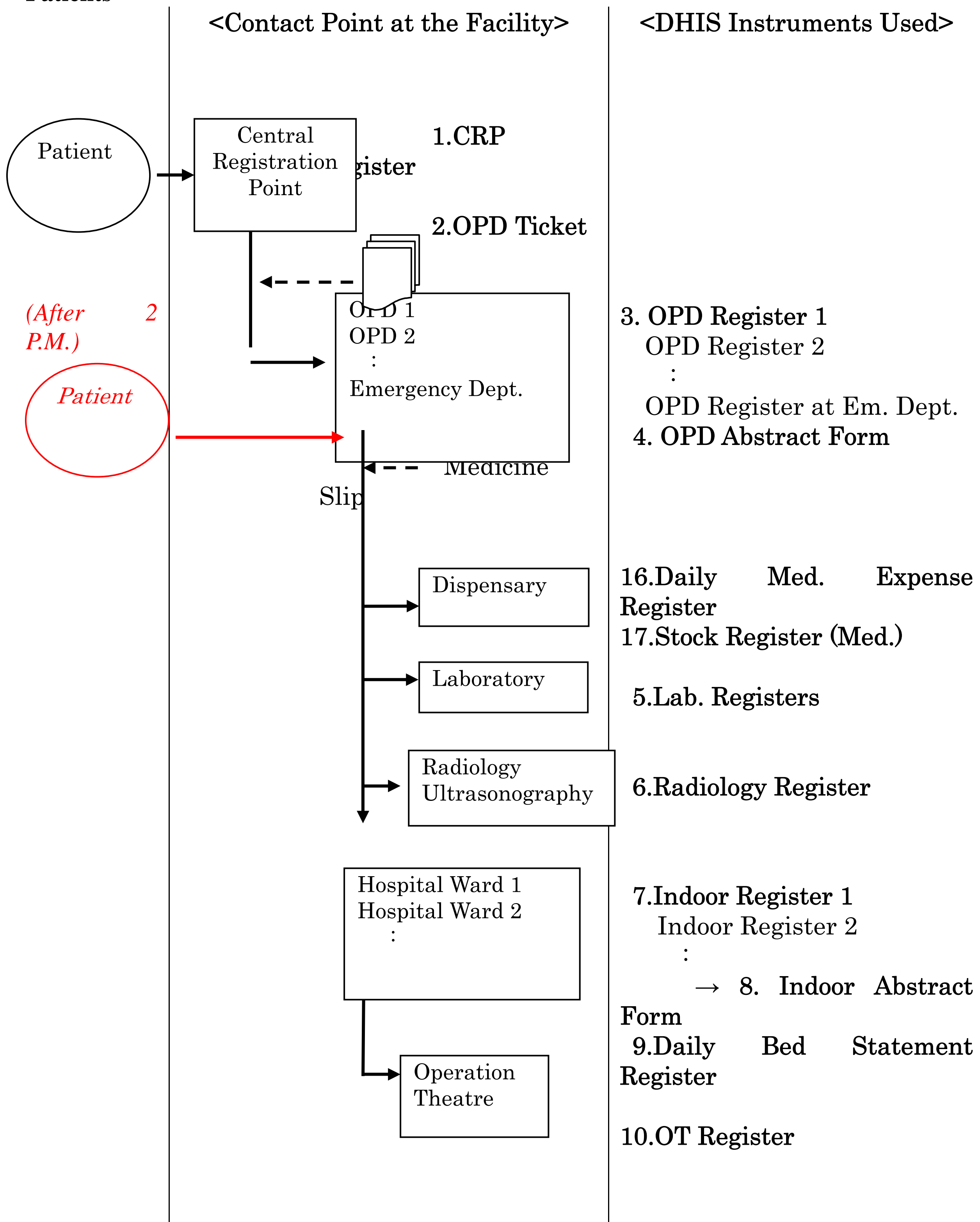
- Updated dataset more responsive to the current information needs
- Expansion of coverage of information system by including the secondary level hospitals
- Introduction of simplified data collection tools and clear instructions on how to use them
- Improvement in data processing and reporting software
- Re-organization of HIS management structure to correspond to decentralized health delivery system
- Introduction of mechanisms to facilitate use of information generated through DHIS
- Revision of supervisory mechanism to ensure production of high quality data

Step 13: Tell the participants that now you would like to explain how DHIS instruments are in line with patient flow at different facilities.

Task 1: Show the diagrams of patient flow in RHCs/ hospitals (Fig.1), and explain that as patient comes in contact with facility, he or she is registered at the central registration. As the patient moves from one contact to other, various registers are used to document this movement and the services availed. Thus, we have different registers such as OPD ticket, OPD register, daily medicine expense register, stock register, if patient is admitted then indoor register, etc.

Task 2: Ask participants to consider whether this distribution of DHIS instruments fits to their local setting. Inform that the project will respect the existing patient flow system and would not disturb it. Rather it would adjust to the local situations ("Localization of the DHIS model to each setting").
Although the registers will remain the same as they document what services were provided.

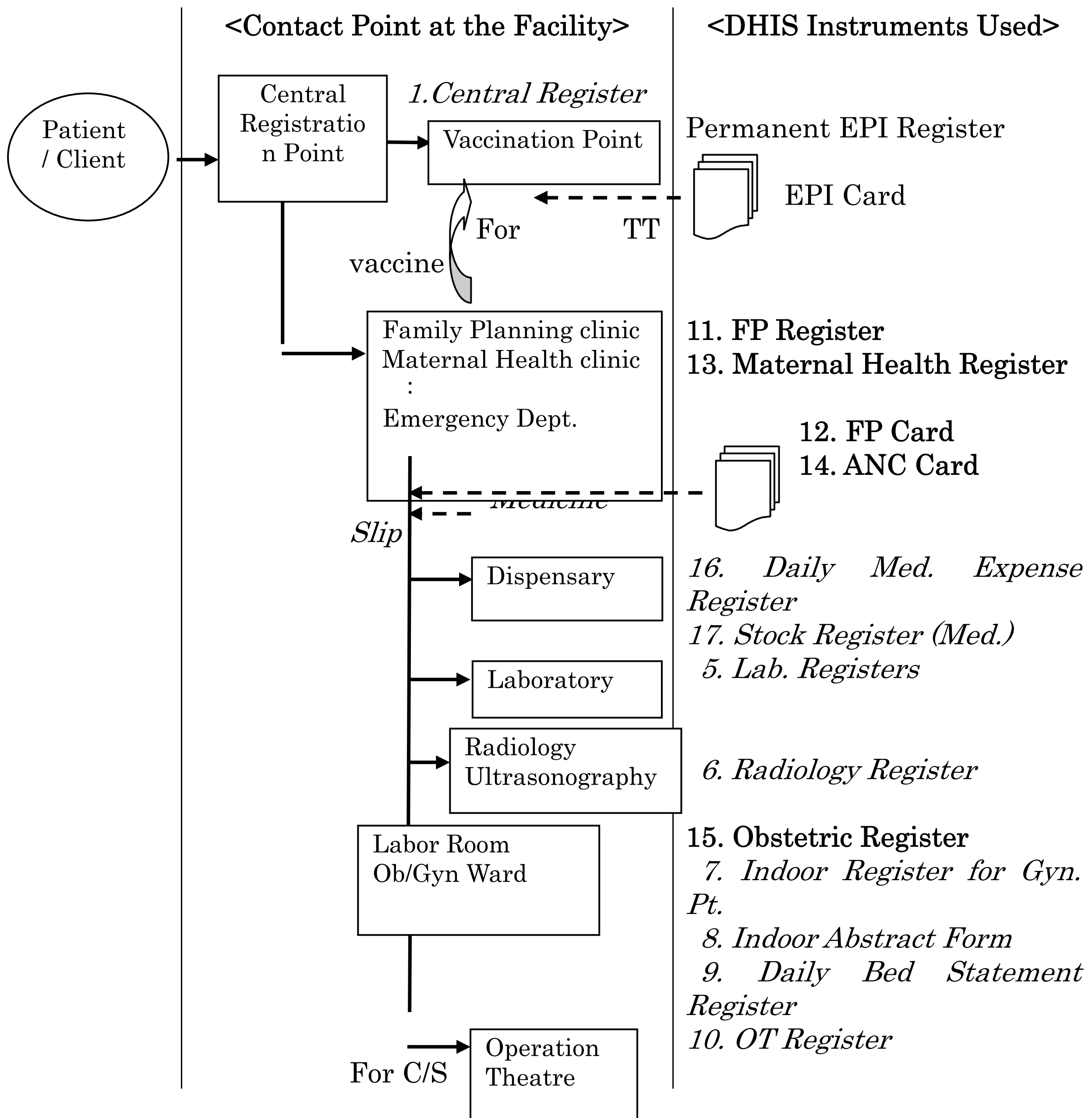
Fig 1: DHIS Instruments Used in RHCs/ Civil Hospitals/ DHQ Hospital for General Patients



Do not think every participant understands the diagram easily. It is recommended that you facilitate the participants to draw a similar diagram in the context of their own setting and keep that diagram pinned up throughout the course and refer to it every time you explain a new instrument.

Task 3: Show Fig 2 to illustrate what registers exist for the preventive services.

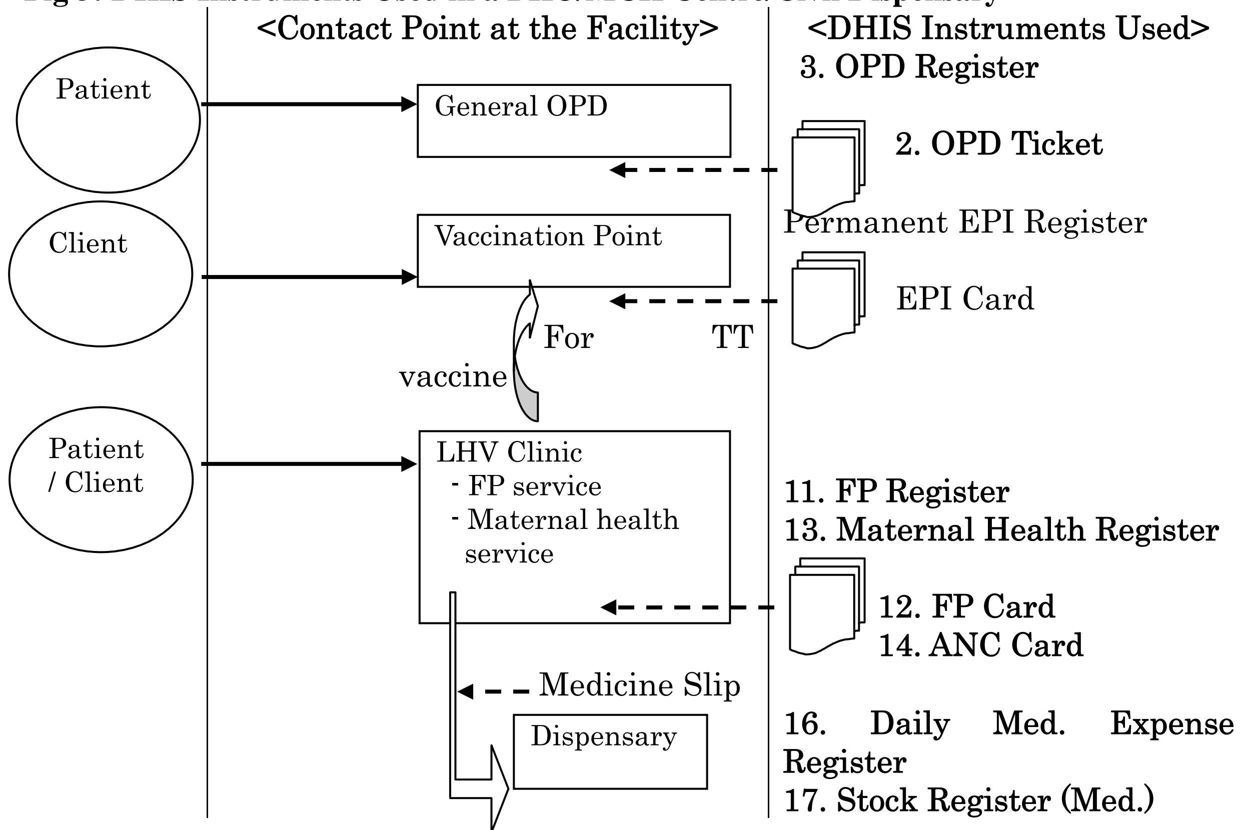
Fig 2: DHIS Instruments Used in RHCs/ Civil Hospitals/ DHQ Hospital for Preventive & Reproductive Health Services



NOTE: DHIS Instruments shown in italic are common with those for general patients.

Task 4: Show Fig 3 of patient flow in a BHU/MCH Centre/Civil Dispensary to illustrate that it is not essential to use central registration at BHU/MCH. The patient/client could go to different service provider directly. The diagram below gives an overview of which DHIS instruments should be used at various contact points in a BHU, a MCH centre or a civil dispensary.

Fig 3: DHIS Instruments Used in a BHU/MCH Centre/Civil Dispensary



Task 5: Ask participants to consider whether this distribution of DHIS instruments fits to their local setting.

Session 3: OPD Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following DHIS instruments
    - CRP register
    - OPD ticket
    - OPD register
    - OPD Abstract Form
- Fill the instruments correctly

Time **75 minutes**
Material Handout of the forms, exercise, overhead projector, flipchart, transparencies, Procedures Manual
Method Discussion, individual and group exercise

Before starting, inform about objectives and methodology of the session

Step 1 **Review Section III & IV of Monthly Report**
See Handout Session# 11, Page 63, Participants' Manual; also in Procedure Manual page 48

Task 1: Show the transparency of the section III and IV of the monthly report. Ask participants from where the data necessary to fill these Sections of Monthly Report will come?

The data will come from the facility registers. Appreciate the response.

Step 2: **Review the Diagram of Patient Flow in a Facility**

Task 1: Show the *Fig 3 from the DHIS overview session* and inform the participant that we would like to discuss these registers and forms in details. However, this section deals only with patient coming to the facility OPD for curative care.

Step 3 **CRP Register** (DHIS instrument 01)
See Handout Session # 3, Page 9, Participants' Manual; also in Procedure Manual page 5

Task 1: Give few minutes to review a blank CPR register (Handout Session # 3, page # 9 of the Participants' Manual).

Task 2: Show participants a sample transparency of CRP register and ask what need to be entered in black spaces. Show a sample transparency of filled CRP register (Handout Session 3, page 10, Participants Manual). Appreciate/praise the correct answers.

Task 4: Ask participants; the benefits of CRP register
- Assist in keeping records of the patients coming to the facility
- Keep records of fee collected
- Caseload of each service provider
- Financial audit is possible

Appreciate/praise the correct answers

Note: Trainer should emphasize that we should respect the *Purchee fee* collection policy currently adopted by each facility, and ***do not*** try to change/rectify it. Accept the status quo, even if no distinction is made between new patients and follow-up patients.

Step 4: **OPD ticket** (DHIS instrument 02)

Task 1: Give few minutes to review OPD ticket (Handout Session 3, page # 11, Participants Manual).

Task 2: Ask participants, what should be written in each blank, and by whom.

Task 3: Show the transparency of sample OPD Ticket (Handout Session 3, page # 11 of the Participants Manual), and explain how the OPD ticket has been filled.

Task 4: Similarly show transparency of sample OPD tickets (Handout Session 3, page # 12, 13,14 and 15 of the Participants Manual) and explain how OPD ticket is used to record advice for investigations and their results, or as an advice slip for admission in the hospital indoors. Also inform the participants that OPD ticket can also be used as a referral form for referring patient to other higher level hospital.

Step 5: **OPD register** (DHIS instrument 03)
Task 1: Give few minutes to review the sample of filled out OPD register (Handout Session 3, page #17-18, Participants Manual) and discuss the entries made in the sample register. Explain how to put the date at the start of each working day and how to make total of relevant columns at the end of the page/month.

Task 4: Show the transparency (Handout Session 3, Page 18, and Participants Manual) and ask participants; which are new cases and which are follow-up cases? Ask participants; why sample patients11 and 14 are not classified as follow-up cases?

Task 5: Show the transparency (Handout session 3, Page 19, Participants Manual) and ask participants; compare the sample patients 7and 20(page 17). Why latter is classified as a new case?

Task 6: Ask participants the benefits of OPD register.

Benefits
- Caseload of patient by sex, age and place
- Are there more cases of a particular disease than usual? Epidemic detection
- Number of referral received and made
- Assesses whether meeting the target of facility utilization?
- Planning resources, medicine stock, etc.
- Managing resources

Step 6: **OPD abstract form** (DHIS instrument 04)

Task 1: Give few minutes to review OPD abstract form (Handout Session 3, page #20 of the Participant Manual).

Task 2: Inform participants that the purpose of the abstract form is to facilitate counting of the cases of priority diseases daily basis. Thus, to remember that the number of disease cases on a particular day has been counted, a tick is put for that day in the row provided on the top of the Abstract Form.

Task 3: Ask participants to count up the number of OPD patients with priority health problem seen on February 1st to 3rd from the sample OPD register (Handout Session 3, pages #17-19 of the Participant Manual) marking one stick for each count on the transparency. After each set of four sticks, fifth should be a cross on all four sticks. This way adding up groups of fives makes it easier to calculate the total count on monthly basis. Explain that sticks are put continuously for the whole month as the patient of that category come in. Make sure that the participants fill the abstract form put tick marks on the numbers indicating February 1st to 3rd respectively to show that they have counted diseases for those days.

Step 7: **Review Sections III & IV of Monthly Report**
Task 1: Inform participants that you have collected data in your OPD register and also used Abstract Form to count priority disease cases. Then ask the participants which data from OPD register and OPD Abstract form can be transferred to Sections III and IV of Monthly Report. Appreciate/praise the correct answers.

The last line of month on OPD register where aggregated data of patients by sex and age is present will be transferred to section III of monthly report and priority disease data from the OPD abstract form will be transferred in section IV of the monthly report.

Session 4: Hospital Indoor Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following forms
  - Indoor register
  - Indoor Abstract form
  - Daily bed statement register
- Fill the register and forms correctly

Time 60 minutes
Material Transparencies, Handouts of the copy of registers, Procedure manual
Method Exercises

Indoor Register

Step 1: Ask participants to review the indoor patient register for the information included. S*ee Handout Session 4, Page 22, Participants Manual; also in Procedure Manual page 20*

Step 2: Ask participants, to **list** types of information is collected. If something is missing from following list probe and complete the list.

- Patients socio-demographic information – Name, Age, Sex, Address
- Ward and Bed No.
- Diagnosis
- Status of discharge from the ward
- Others

Step 3: Ask participants to describe at least one of the benefits of listed information. Verify and confirm the correct answer by asking participants whether they agree to the answer. If not, explain why they do not agree. Clarify the misconceptions, if any.

- It will inform us the number of patients admitted, discharged, LAMA, referred and died in a ward in any given month
- It will inform us about the morbidity and mortality pattern of admitted patients

Step 4: Ask participants to look in their manual copy of the Indoor Patient Register (Handout Session 4, Page 24, Participants Manual*)*. Ask participants fill the register using the scenarios provided.

Step5: Give them five minutes to complete the exercise.

Step 6: After five minutes, show transparency of your own filled format and ask participants those who have differed why they made those entries. Clarify any misinterpretation.

Indoor Abstract form

Step 1: Ask participants to review Indoor abstract form for the information included. *See*

Handout Session 4, Page 25, Participants Manual; also in Procedures Manual page 22

Step 2: Ask participants what are the benefits of the Indoor abstract form?

Benefits:

- It helps in aggregating indoor diseases cases on monthly basis.

Step 3: Ask participants to look at the Indoor abstract form handout (*See Handout Session 4, Page 25, Participants Manual)*. Show them on a transparency how to use the abstract form for aggregating disease cases, using the filled indoor register based on scenarios provided.

Daily Bed Statement Register

Step 1: Ask participants to review the Daily Bed Statement Register. Inform them about the handout location. *See Handout Session 4, Page 27, Participants Manual; also in Procedures Manual page 24*

Step 2: Ask participants what are benefits of Daily Bed Statement Register? List the benefits and compare.

Benefits
- It is inform us about the status of patients in the ward at the end of each day to furnish daily bed statement for submitting to the Medical Superintendent (MS) of the hospital
- It will provide information to calculate number of vacant beds available for new admissions
- It will provide data for calculating Bed Occupancy Rate of the respective ward.

Step 3: Ask participants to look at handout of exercise (*Handout Session 4, Page 27, Participants Manual)* on the daily bed statement register and fill the register using the scenarios provided.

Step 4: Give them five minutes to complete the exercise.

Step 5: After five minutes, show transparency of your own filled format and ask participants those who have differed why they made those entries. Clarify any misinterpretation.

Step 6: Show on transparency how to calculate bed occupancy rate using the filled indoor daily bed statement register. Remember that bed occupancy is defined as percentage of beds occupied in a month. It is calculated first by knowing the total number of beds. Second, find out the number of days in the particular month, i.e. 30 or 31 days, excluding month of February. Third, we multiply number of beds with total number of days in the month to get our denominator. For example, in 20 beds hospital, the denominator for a month with 30 days would be 20 x 30=600. Fourth, to get our numerator we add all patients under the “Total Patients” column (Column No. 8) of the daily bed statement register. The we divide the numerator by the denominator and multiple the result with 100 to get the percentage of bed occupancy.

Step 7: Ask for questions and clarify misperceptions.

Session 5: Stock Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following forms
  - Stock Register (Medicines)
  - Stock Register (Equipment)
  - Daily Medicine Expense Register
- Fill the forms correctly

Time 60 minutes
Material Transparencies, copy of the registers, transparencies, Procedures Manual
Method Exercise

Before starting, inform about objectives and methodology of the session

Stock Register (Medicines/supplies)

Step 1: Ask participants to review stock register for included information. *See Handout Session 5, Page 29, Participants Manual; also in Procedure Manual page 41*

Step 1a: Ask participants what are benefits of stock register (medicine/supplies)?
Compare participants' responses with your own list and acknowledge similarities and differences

Benefits:

- Provide information of stock level of medicine and stock-outs
- Provide information how many medicine were discarded due to expiry dates of medicines in the store
- Provide information on consumption pattern and what is needed
- Provide information for planning and ordering for monthly, quarterly and yearly basis
- Assist in auditing of medicines and other supplies received by and distributed from the facility store

Step 2: Inform that first few pages are for index and each page is numbered. Each page is for one type of medicine. Ask why we need index in the beginning of the register?
Good, it is because it helps us where each medicine is specified.

Step 3: Explain that balance is calculated by adding what is received and subtracting what is issued.
Step 4: Explain that minimum stock level is calculated based on the average monthly consumption of the medicine/supply and the time lag between placing and receiving the order. For example, if the monthly consumption of Tablet Paracetamol 500mg is 3000 and the lag period is 2 months, then minimum stock level should be 6000 Paracetamol tablets.

Make sure that the participants understand that Column No. 9 need to be ticked in stock register when there is stock-out of that particular medicine or supplies.

Step 5: Distribute the handout of exercise *(Handout Session 5, Page 29, Participants Manual)* on Stock Register (Medicine). Ask participants fill the stock register using the information provided. Give them 10 minutes to complete the exercise.

Step 6: After five minutes, show transparency of your own filled format and ask participants those who have differed why they made those entries. Clarify any misinterpretation.

Stock Register (Equipment (10)

See Handout Session 5, Page 30, Participants Manual; also in Procedure Manual page 43

Step 1: Inform that stock registers for medicine/supplies and equipment/linen are similar except that in equipment/linen register the column added are repairable and unserviceable, and the column Discarded is replaced by column Struck Off. Explain the definition of struck out from the *Procedure Manual.*

Explain that balance is always based on received and issued equipment, etc.

Step 2: Distribute the handout of exercise *(Handout Session 5, Page, Partcipants Manual, page 30)* on Stock Register (Equipment/linen). Ask participants to fill the stock register using the information provided. Give them 10 minutes to complete the exercise.

Step 3: After 10 minutes, show transparency of your own filled format and ask participants those who have differed why they made those entries. Clarify any misinterpretation.

Daily Medicine Expense Register

See Handout Session 5, Page 31, Participants Manual; also in Procedure Manual page 40

Step 1: Inform participants that The Daily Expense Register is intended for recording the type and quantity of medicines/supplies that have been dispensed each day by the facility's dispensary.

Step 2: Ask the participants to list benefits of the Daily Medicine Expense Register.

Benefits:

- It assists in keeping a record of what types and quantity of medicine were supplied/dispensed on a given day
- It facilitates keeping the stock register updated by adding use of medicine or discarded medicines
- It serves as a tool for self-assessment and internal/external audits

Step 3: Show a sample of filled register and participants to explain how to fill the register. Clarify any misconceptions.

Session 6: Data Collection for Catchment Population and Community Meetings

Objectives
By the end of the session the participants will be able to:
- Describe the benefits of the following forms
  - Population Catchment area chart
  - Community Meeting register
- Fill the forms correctly

Time 30 minutes
Material Transparencies, copy of the registers, transparencies, Procedures Manual
Method Group Exercise

Before starting, inform about objectives and methodology of the session

Population Catchment Area Chart
See Handout Session 6, Page 33, Participants Manual; also in Procedure Manual page 55

Step 1: Ask participants, how many of you are familiar with population chart? It was part of the HMIS.

Step 2: Ask participants, what are the benefits of catchment area chart?

Benefits:
- It helps in calculating the population target groups who would need preventive services such as expected pregnant women, children under one year needing immunization, etc.
- The population sub-groups act as denominators for calculating proportion of subgroup receiving service. In other words, calculating service coverage
- It helps in setting and monitoring targets or what level of service coverage is expected and achieved.

Step 3: Ask participants to conduct exercise on catchment population chart given in *Handout Session 6, Page 33, Participants Manual*

Step 4: The trainer shares the filled form column by column and ask participant to raise their hands having the same answers.

Step 5: Ask those who have not the same answer, why they got a different answer. Clarify the misinterpretation, if any.

Community Meeting Register
See Handout Session 6, Page 35, Participants Manual; also in Procedure Manual page 45

Step 1: Ask participant to review community meeting register *Handout Session 6, Page 35, Participants Manual* for two minutes and recognize what information is available in this register.

Step 2: Ask participants what are the benefits of community meeting register?

Benefits:
- It provides information about number of meetings held and where
- It provides information about total number participants by gender
- It provides information on types of topics discussed, recommendation made
- It informs facility incharge about health activities of the staff in the community.
- It tracks whether meetings were implemented as planned.

Step 3: Show the transparency of community meeting register. Ask participants what they will fill under each column. Appreciate the correct answer, saying good, excellent, you know it etc

Column 1 – Date of the meeting
Column 2 – tick box when meeting took place at facility
Column 3 – tick box when meeting took place at community
Column 4 – tick box when meeting took place at LHW house
Column 5 - put number of males who attended the meeting
Column 6 - put number of females who attended the meeting
Column 7 - write specific topics discussed
Column 8 – Write specific recommendations of the meeting
Column 9 – space for signature

Session 7: Maternal Health Data

Objectives
By the end of the session the participants will be able to:
- Describe the benefits of the following forms
  - Maternal Health Register
  - ANC card
- Fill the register and card correctly

Time	30 minutes
Material	Transparencies, handout of the copy of maternal register and ANC card, Procedures Manual
Method	Exercise

Before starting, inform about objectives and methodology of the session

Step 1 Ask participants to review the maternal register for included information. *See Handout Session 7, Page 38, Participants' Manual; also in Procedure Manual page 32*

Step 2: Ask participants, to **list** types of information collected in the register. If something is missing from following list probe and complete the list.
- Type of clients - new cases; Follow-up cases
- Identification and Socio-demographic information – Name, Age, Address
- Hemoglobin level < 10 g/dl
- ANC service such as ANC1, ANC revisit
- PNC service such as PNC1, PNC revisit
- TT vaccination
- Other services

Step 3: Ask participants, describe at least one of the benefits of listed information. Verify and confirm the correct answer by asking participants whether they agree with answer. If not, explain why they do not agree. Correct misconceptions, if any

- It will inform us the number of clients received antenatal and postnatal services coverage in the facility which could further be specified by first visit and revisit
- It will inform how many pregnant women have low hemoglobin (<10g Hb) or level of anemia prevalence, need for nutrition counseling, requirement of supplementation of iron and folic acid etc.
- It will inform how many pregnant women received TT immunization by number of injection.
- We could compare this information against our targets of service coverage and see whether we are achieving our targets, below or above them.

Step 4: Ask participants, when they fill the maternal register, will they fill the ANC card?
See Handout Session 7, page 39, Participants Manual; also in Procedure Manual page 34

Appreciate the response that they fill the ANC card, when pregnant mother come for ANC first or follow-up visit. For PNC and other services there is no need to fill the card.

Step 5: Inform that it is difficult to get information on a single pregnant woman receiving ANC services over time as one has to link her all her previous visits with yearly number. However, ANC card provides all that information and thus, pregnant women need to be counseled to keep the card in safe place and bring it on her every visit.
Step 6: Now we would like to conduct an exercise to learn filling the maternal register and ANC card. Please divide yourself in small groups. *Read Handout Session 7, Page 37, Partcipants' Manual for exercise.*

Step 7: After 15 minutes of exercise, each group will present one scenario to receive feedback whether maternal register and ANC card were filled correctly.

Step 8: Master trainer will only intervene when there is confusion about filling the register and cards. If register and card are not filled correctly, then listen to group perspective why they have done it differently. If logical connection makes sense due to confusion in multiple interpretations, then create a consensus on given answer.

Step 9: Ask participants, what are the benefits of collecting information in ANC card?

Benefits

- Provide information about continuity of antenatal care for a given client and pregnancy management plan
- Provide information
  - Socio-demographic – age, year of marriage, address
  - Women and husband blood group
  - Length of pregnancy
  - Expected data of delivery
  - Number of pregnancies
  - Obstetric history
    - Outcome of pregnancy
    - Mode of delivery
    - Complication
  - Menstrual history
  - Medical history
  - Surgical history
  - Gynecological history
  - Present pregnancy status -
  - Number of antennal visits
  - Referral card in case referral is necessary to higher level facility
  - Investigations - urine, blood, USG, To assist in decision making for deciding on the management plan for the pregnancy

Step 10: Appreciate participants' contribution and move to next session

Session 8: Family Planning Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following forms
  - Family Planning Register
  - Family Planning Card
- Fill the forms correctly

Time 30 minutes
Material Ttransparencies, Procedures Manual, copy of the register and card
Method Listing, Role play

Before starting, inform about objectives and methodology of the session

Step 1: Ask participants to review the family planning register for included information. *See Handout Session 8, Page 43, Participants Manual; also in Procedure Manual page 28*

Step 2: Ask participants to write down at least three benefits of the information collected in family planning register separately on the cards. Use one card for one benefit. Ask them to pin the cards on the wall.

Step 3: Appreciate the participants contribution and categorize the responses into following group to facilitate understanding what kind of information would be available for use after filling the register:

- Number of new and follow-up clients by age and sex
- Where most clients come from
- Types and quantity of FP commodities distributed
- Number of clients receiving permanent family planning method
- Planning FP services and demand creation activities
- Setting and tracking FP targets

Step 4: Ask participants to put their benefits card under each category card described above

Step 5: Ask participants whether they have covered all benefits and summarized what is covered and what is missing

Step 6: Inform participants that now I am going to act as a FP service provider who is sitting with family planning register in the clinic. Show the family planning register transparency so that all columns are visible to the participants. I will ask questions from you to help me fill the register.

Step 7: When client come for family planning services, what is the first thing you will fill?

Appreciate the correct response that we fill column of client number or follow-up column. Fill the column that it is new client.

Step 8: What other information will be asked and recorded?

Client's name, age and address

Step 9: Ask the participants the following questions. Appreciate the correct answer, saying good, excellent, you know it etc.

If I provided condoms, where will I enter that information and what I would specify?
If I did vasectomy operation, where will I enter that information and what I would specify?
If I provided combined oral pills, where will I enter that information and what I would specify?
If I provided implant, where will I enter that information and what I would specify?
If I provided DPMA injection, where will I enter that information and what I would specify?
If I provided Progesterone pills, where will I enter that information and what I would specify?
When will I use other column and what I would specify?

Family Planning Card

See Handout Session 8, Page 44, and Participants' Manual; also in Procedure Manual page 31

Step 1: Ask participants what are the benefits of the Family Planning Card?

Benefits:

- Provide information on identification of client and where service was received
- Provide information on when and what types of method was provided to the client
- Serve as a reminder for the next visit for follow-up or re-supply of contraceptive commodities

Step 2: Inform participants that the card has summary information from the FP register. On the back of the card, we write date of the client's visit and what service was provided, along with date of the next visit. The service provider signed it to make ensure service provider identification

Session 9: Obstetric Register Data

> **Objectives**
> **By the end of the session the participants will be able to:**
> - Describe the benefits of the Obstetric Register
> - Fill the forms correctly

Time 45 minutes
Material Transparencies, handout, copy of the registers, Procedures Manual
Method Individual Exercise

Before starting, inform about objectives and methodology of the session

Step 1: Ask participants to review the obstetric registers for included information. *See Handout Session 9, Page 46-47, and Participants' Manual; also in Procedure Manual page 37*

Step 2: Ask participants what are benefits of obstetric register?

Compare participants' responses with your own list and acknowledge similarities and clarify differences

Benefits:

- The Register will provide us information on:
  - Socio-demographic information – Name, Age, Address
  - Parity of the mother/pregnant women
  - Diagnosis of obstetric complications, if any
  - Nature of delivery
  - Other procedures done
  - Outcome of the baby
  - Outcome of the mother
- It will provide information on
  - deliveries conducted/workload in the facility
  - maternal morbidity and mortality among pregnant women/mothers attending the facility
  - Live births, still births and newborn mortalities in the facility.

Step 3: Ask participant to read *Handout Session 9, Page 48, Participants Manual* to the participants for conducting exercise.

Session 10: Hospital Other Data

Objectives
By the end of the session the participants will be able to:
- Describe the benefits of the following forms
    - Laboratory Register
    - Radiology Register
    - OT Register
- Fill the forms correctly

Time 60 minutes
Material Transparencies, Handouts of the copy of registers
Method Exercises

Before starting, inform about objectives and methodology of the session

Laboratory Register

Step 1: Ask participants to review the Register for the information in the register. *See Handout Session 10, Page 53, Participants Manual; also in Procedure Manual page 16*

Step 2: Inform that first few pages are for index and each page is numbered. Each page is reserved for one type of test.

Step 3: Ask participants what are benefits of Register? List the benefits and compare with the following list.

Benefits:
- calculating the workload of the laboratory
- calculating the proportion of outpatient and indoor patients receiving laboratory services from the facility
- financial audit of fee received for performing lab tests
- future reference of test results

Step 4: Distribute the handout of exercise on the Register (*Handout Session 10, Page 53, Participants Manual)*. Ask participants to fill the register using the scenarios provided.

Step 5: Give them five minutes to complete the exercise. Clarify any misconceptions.

Radiology/ Ultrasonography Register

Step 1: Ask participants to review the Register for the information included. *See Handout Session 10, Page 55, Participants Manual; also in Procedure Manual page 18*

Step 2: Inform that first few pages are for index and each page is numbered. Each page is for one type of test.

Step 3: Ask participants what are benefits of Register? List the benefits and compare.

Benefits: The Register will provide us information for

- calculating the workload of the radiology department
- calculating the proportion of outpatient and indoor patients receiving radiology services from the facility
- financial audit of fee received for performing radiology investigations
- future reference of investigation results
- calculating number of X-ray films used

Step 4: Distribute the handout of exercise on the Register (*Handout Session 10, Page 55, Participants Manual)*. Ask participants fill the register using the scenarios provided.

Step 5: Give them five minutes to complete the exercise. Clarify any misconceptions.

OT Register

Step 1: Ask participants to review the Register for the information included. *See Handout Session 10, Page 58, Participants Manual; also in Procedure Manual page 26*

Step 2: Inform that first few pages are for index and each page is numbered. Each page is for one type of medicine

Step 3: Ask participants, to **list** types of information is collected. If something is missing from following list probe and complete the list.

- Socio-demographic information – Name, Age, Sex, Address
- OPD No. in case of OPD patients or Bed No. in case of admitted patients
- Diagnosis
- Type of operations and type of anesthesia used
- Others

Step 4: Distribute the handout of the quiz on OT Register (*Handout Session 10, Page 58, Participants Manual)*. Ask participants answer the questions under each scenario provided

Session 11: Monthly Reports

Objectives
By the end of the session the participants will be able to:
- Describe the benefits of the Monthly report form
- Transfer data from registers and special program forms to monthly report
- Describe differences between PHC Monthly Report and Secondary Hospital Monthly Report.
- Calculating performance indicators
- Interpreting monthly report
- Documenting DHIS based decisions in facility staff meeting register

Time 105 minutes
Material Transparencies, handouts, copy of the registers, Procedures Manual
Method discussion, group exercise

Before starting, inform about objectives and methodology of the session

Step 1: Ask participants how many of them are familiar with monthly report. Ask them to review the latest PHC monthly report and see how many sections are described. *See report Handout Session 11, Page 63, Participants Manual; also in Procedure Manual page 48*

Step 2: Ask participants what are the benefits of the monthly report?

Benefits:
- It provides summary information on the following facility activities in a month:
  - Total number of clients visiting by age, sex and whether new or follow-up cases
  - Total number of cases by selected types of diseases
  - Immunization status under one year by measles and DPT3, and TT2 for pregnant women
  - Family planning service by surgeries and commodities distributed
  - Reproductive health service by ANC1, below 10 g/dl Hb, ANC follow-up, PNC, maternal deaths, complication of pregnancy and during delivery, type of deliveries, LBW, neonatal death and their causes
  - TB such as proportion of TB-DOT patients missing
  - LHW service such as pregnancy registration coverage
  - Lab service
  - Stock out
  - Human resource
  - Financial
  - Performance indicators

- It helps in setting and tracking facility targets

At district level:

- It helps district in assessing whether facility performance is below or above district average or targets
- It helps district in comparing its performance with other facilities performance
- It helps district in setting average performance standards and tracking them

Step 3: Inform participants that monthly report is a monthly summary of all registers, which we have discussed earlier.

Step 4: Ask participants to conduct exercise using Handout Session 9, page 51, Participant Manual. Divide the participants in 4- 5 groups. We have provided the following:

- Selected filled registers to calculate total numbers.
- Empty abstract form which you have to fill or already filled while having a practice of how to fill it.

Step 5: Provide a filled data sheet to check whether group transferred the data correctly

Step 6: Provide feedback on possible mistakes such a calculation was wrong or entry was made in wrong table.

- *Calculating performance indicators*

Step 7: Ask participants, what they would need for calculating an indicator

Excellent, we need the denominator or total population of the target group and numerator or people who received services from the health facility.

Step 8: Ask participants, what are the different population target groups you calculate?

Excellent, children under I and 5 years, expected pregnancies, expected births, married between 15-49 years, etc. Thus, we could easily calculate what percentage of children under one received full immunization or what percentage of pregnant women came for ANC.

Step 9: Ask participants to come and show the formula for calculating percentage on the flip chart.

Numerator/denominator*100

Step 10: Show the example yourself, if the no volunteer come to the stage. For example ANC1

*Number of pregnant women received ANC1/total of number of expected pregnant women*100*

Step 11: Ask participants to look in your monthly report, *Handout Session 11, Page 63, Participants Manual - Monthly Report.* What are some of the performance indicators? They are described under Section III: achievement made. Please describe them one by one…Daily OPD attendance, full immunization coverage, ANC coverage, etc.

Calculation of Daily OPD patients and Setting Targets

Step 12: Inform participant, it is estimated that in a given time 10 to 25% of the community members are sick. Thus, in a population of 5000, we would expect between 500 (10/100*5000=500) and 1250 (25/100*5000=1250) people sick. Having a conservative estimate

of 10% we expect that 500 people being sick. Assuming 20% do not seek treatment for small ailments such as common cold, toothache, headache etc. This means we still have 400 (500*80/100) patients to take care of. However, if our OPD shows only 20 patients or 30 patients on daily basis that means we are missing out 370 to 380 patients, which are going somewhere else.

This means we have to improve our daily OPD clients. We could use this kind of calculation to set our facility of district target for facility utilization.

These performance achievements relates to all members of the facility staff – medical doctor, medical technician, LHV, LHW, vaccinator, etc.

Target should not be set too low or too high but enough to be challenging for achievement. One rule of thumb is that set target of 30% increase from baseline. Usually sample size is calculated with 10% margin of error to avoid large sample size. Thus, if the target is 10% or 20% increase from baseline, it is within the margin of error. For example the baseline is 20% and we set the target at 40%. This means despite achieving our target we will not be sure that we have actually achieved the target. The reason is that 40%±10 ranges between 30% and 50%, which means that our target lies within the range of error thus, we are not sure that we have achieved the target. However, if we have set the target at 50% then we could be sure that we have achieved the target because the range would lie between 40 and 60%.

- *Interpreting monthly report*

You could compare the achievement with target set by the district or your own facility and see whether you have met the target. You could also compare it with past performance.

You have raw data which provide you information about number of disease cases and you could detect whether some cases are more than usual by comparing it with past month and seasonal variations.

You could discuss monthly report with your staff to discuss the reasons for the achievement and gaps which bring us to our next topic facility staff meeting register

Facility Meeting Register

Step 1: Ask participants to review the facility meeting register and note what information could be obtained by this register. *See Handout Session 11, Page 76, Participants Manual; also in Procedure Manual page 46*

Step 2: Ask participants, what are the benefits of the facility meeting register?

Benefits:
- It provides information on number of staff meetings held at the facility and their regularity
- It provides information on the content of the meeting
- It provides documentation on whether monthly report was reviewed in the staff meeting
- It provides records of the decisions taken at the staff meetings for follow-up and future references, especially related to monthly report.
- It serves as a basis for self-assessment, monitoring and supervision

Step 3: Explain the Facility Meeting Register

Inform that major decisions relate to tracking progress against target, thus setting target is necessary which should be based on average performance of the past. Finding causes of the gaps between actual performance and target is essential for taking actions. Thus, review of causes need to be documented along with actions taken to resolve identified causes. The actions are decisions which could relate to resources distributions and using data for advocacy where power to affect identified causes are limited.

Secondary Hospital Monthly Reports

Step 1: Ask participants to review monthly DHIS hospital report form. *See Handout Session 11, Page 77, Participants Manual; also in Procedure Manual page 48*

Step 2: Ask participants what are the difference between this report and PHC monthly report?

- More disease are covered
- Indoor patient data is collected by types of wards
- Indoor death data are collected
- Detail information on maternal and newborn health are collected including causes of death

Step 3: Inform that you have already have learned to transfer data from registers to monthly reports. Same principles and procedures apply to data transfer and interpretation of data. However, here the responsibility lies with medical superintendent and head of the wards to review and discuss the monthly report and use facility meeting register to documents decisions taken and advocacy done. Due to shortage of time we will not repeat the exercise.

Step 4: When training hospital staff, it is better to include indoor registers already filled by the participants such as indoor register, daily bed statement register, Laboratory, OT and radiology register. These register to be added to the PHC registers and thus completing exercise of transferring data from hospital registers to hospital monthly report form.

Session 12: Ensuring Data Quality

Objectives:

By end of this module, participants will be able to:
- Describe characteristics of data quality
- Describe measurable data quality level
- Describe methods of checking data accuracy
- Use LQAS table for assessing level of data accuracy
- Assess data accuracy level at facility and district
- Monitor data accuracy level using LQAS table
- Sharing results in plenary and receiving feedback

Time: **60 minutes**
Materials: **Flip chart, markers, definitions on flip charts or transparencies**

1. Data accuracy assessment Job aid (HANDOUT #DQ1)
2. Monthly reporting form (HANDOUT # DQ 2)
3. Outpatient register (HANDOUT # DQ 3)
4. EPI register (HANDOUT # DQ 4)
5. Family planning register (HANDOUT # DQ 5)
6. Maternal Health and Obstetric register (HANDOUT # DQ 6)
7. LHW register (HANDOUT # DQ 7)
8. Community Meeting register (HANDOUT # DQ 8)
9. Stock register (HANDOUT # DQ 9)
10. Lab register (HANDOUT # DQ 10)
11. TB register (HANDOUT # DQ 11)

Method: **Discussion, Group exercise**

Exercise: Divide the group in a pair of two-three. Distribute the HANDOUT #DQ1, monthly report (HANDOUT # DQ2) and all registers (HANDOUTS #DQ3-10).

Ask them to carry out the exercise using the given instructions in HANDOUT #1, and determine the data accuracy level. Share the results in plenary and receive feedback.

You have 45 minutes to complete this exercise.

Ask group to take three minutes to present their findings – target, decision rule, obtained data accuracy, and whether target achieved? If not what is the gap between target and existing data accuracy?

Part III

DHIS Participant manual

DHIS Training Manual for Participants

April 2006

he Study of Improvement of Management Information Systems in Health Sector in the Islamic Republic of Pakistan

National Health Information Resource Center,
Ministry of Health, Pakistan

Japan International Cooperation Agency (JICA)

System Science Consultants, Inc.

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SAMPLE Schedule : Training of Facility Staff		
Time	**Day I**	**Day II**
9:00	Opening Ceremony **Session 1: Welcome and introduction** - Discussing TOT objectives and feedback	Review of previous day
9:15	**Session 2: Overview of DHIS** - DHIS mission and objectives - Patient flow and DHIS instruments - DHIS structure and processing, analysis and decisions	**Session 7: Maternal health data** - Explain Maternal health register - Explain ANC card
9:45	**Session 3: OPD data** - Explain CRP Register - Explain OPD Ticket - Fill OPD Register - Fill OPD abstract form	**Session 8: Family planning data** - Explain Family planning register and card
10:15		**Session 9: Obstetric Register** - Fill Obstetric Register
11:00	**Tea**	**Tea**
11:15	**Session 4: Hospital indoor data** - Indoor Register - Indoor Abstract Form - Daily Bed Statement Register	**Session 10:** **Hospital other data** - Laboratory Register - Radiology Register - O.T. Register
12:15		**Session 11: Monthly reports** - Transfer of Data and reporting: Monthly Report Form
1:00	**Lunch**	**Lunch**
2:00	**Session 5:** **Stock data** - Stock Register (Medicines - Stock Register (Equipment - Daily Medicine Expense Register	- Difference between PHC and Hospital reports - How to read and interpret monthly report - Facility Staff Meeting Register
3:00	**Session 6: Data Collection for Catchment Population And Community Meetings** - Catchment Area Population Chart - Community Meeting Register (13)	**Session 12: Ensuring data quality**
4:00	**Tea**	**Tea**

Overview of Training DHIS for Facility Staff

Participants' manual is organized to train health staff for understanding the benefits of the DHIS instruments and filling them. For each session objective, training method, and exercises are attached.

Purpose

- Provide learning activities to health staff to practice DHIS Trainer's training manual

Objectives of the training

By the end of the training, the trainee will be able to:

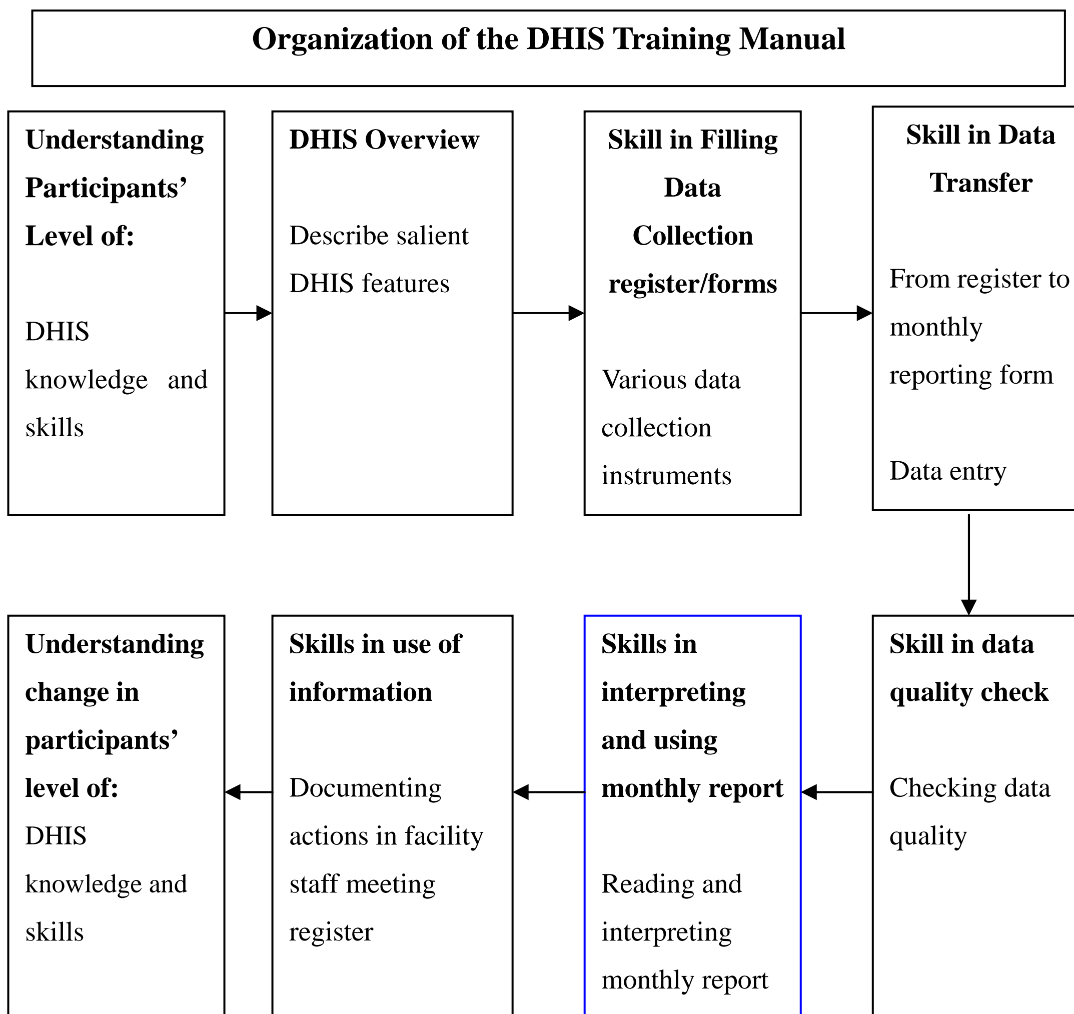
- Describe the objectives of DHIS and its added value
- Explain DHIS management structure and functions
- Fill DHIS instruments, forms and tools
- Explain data quality assurance techniques
- Feel motivated to implement learned knowledge and skills related to DHIS activities

Methodology

The training will be based on adult learning principles and techniques, building on existing experiences, emphasizing dialogue, relevance of information, immediate results, respect, recognition and appreciation, and using feeling, thinking and actions for learning. It will include discussion, questions and answers, individual and group activities, role plays etc.

Materials

The materials include overhead projectors, exercise handouts, flip charts and markers


Organization of the DHIS Training Manual
Understanding Participants' Level of:
DHIS knowledge and skills
DHIS Overview
Describe salient DHIS features
Skill in Filling Data Collection register/forms
Various data collection instruments
Skill in Data Transfer
From register to monthly reporting form
Data entry
Skill in data quality check
Checking data quality
Skills in interpreting and using monthly report
Reading and interpreting monthly report
Skills in use of information
Documenting actions in facility staff meeting register
Understanding change in participants' level of:
DHIS knowledge and skills

Session 1: Welcome and Introduction

Objectives

By the end of the session, participants will be able to:

- introduce themselves to one another
- review the goals and objectives of the Training
- compare their expectations with the workshop objectives

Time	15 minutes
Material	flip charts, markers
Method	Discussion, Dialogue

Session 2: Overview of DHIS

Objectives

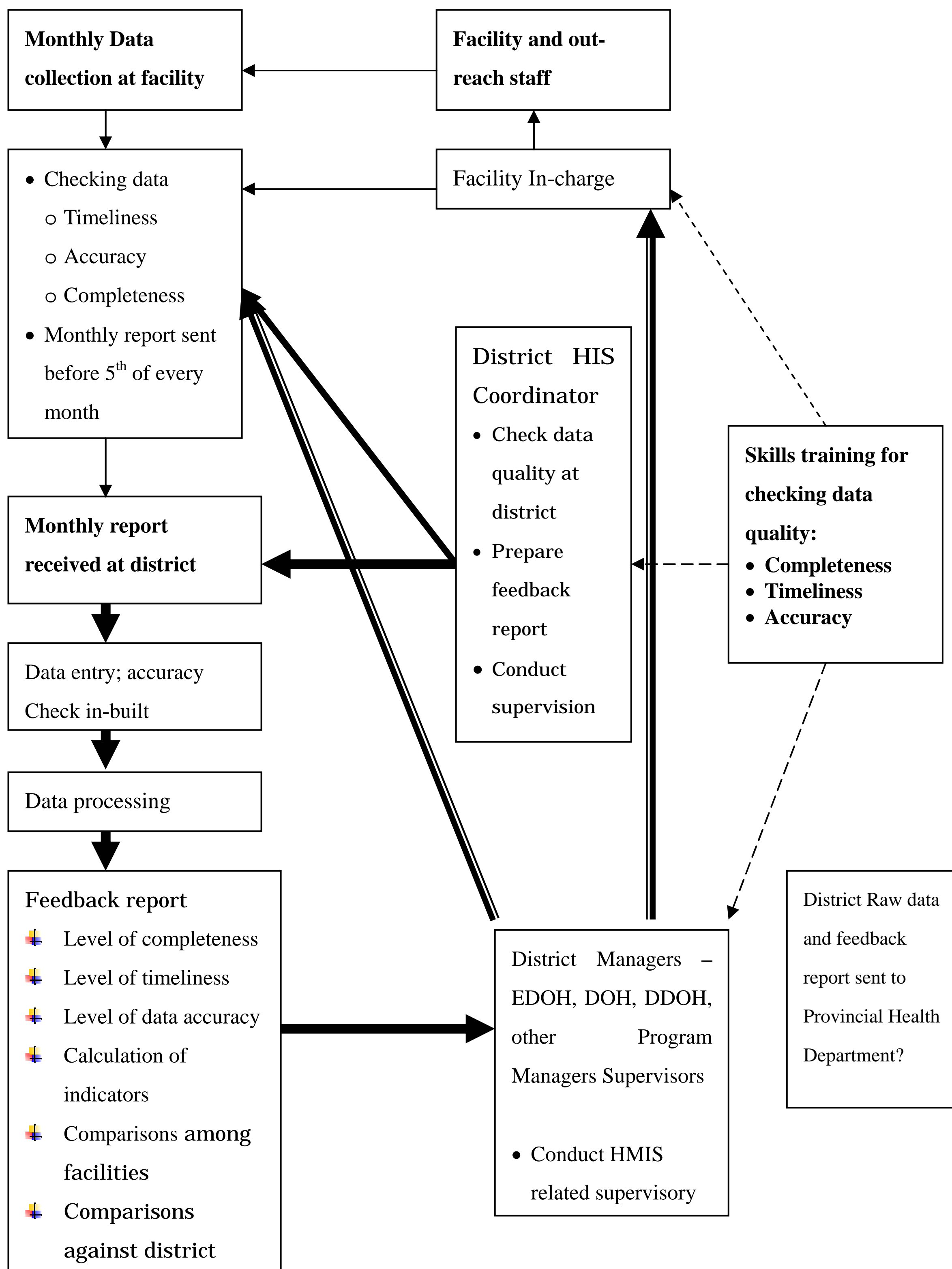
By the end of the session, participants will be able to

- Specify their role in improving health information system
- Demonstrate salient features of DHIS
  - Mission and objectives of DHIS
  - Roles and responsibilities/management structure of DHIS
  - Data collection and reporting mechanism of DHIS

Time	30 minutes
Material	Transparencies, overhead projector, flip chart, markers, DHIS Procedures Manual
Method	Dialogue, discussion, listing and categorization

Before starting, inform about objectives and methodology of the session

Fig 1: DHIS Structure and Processes to Improve Data Quality



Session 3: OPD Data

Objectives

By the end of the session the participants will be able to:

- Describe the benefits of the following instruments
  - CRP register
  - OPD ticket
  - OPD register
  - OPD Abstract Form
- Fill the instruments correctly

Time **75 minutes**

Material Handout of the intruments, exercise, overhead projector, flipchart, transparencies, Procedures Manual

Method Discussion, individual and group exercise

Handout Session 3 – Central Registration Point Register

Central Registration Point Register *(To be maintained at facility Central Registration Point by dispenser/ clerk)*				
Monthly CRP Number (New case)	**Follow-up Case** *(Tick only)*	**Name**	**Purchee Fee**	**Sent to**
1	2	3	4	5

Handout Session 3: Transparency I, Sample Filled CRP Register

Central Registration Point Register

(To be maintained at facility Central Registration Point by dispenser/ clerk)

Monthly CRP Number (New case)	**Follow-up Case** *(Tick only)*	**Name**	**Purchee Fee**	**Sent to**
1	2	3	4	5
		01-Feb-2006		
1		**Asma Bibi d/o Atif**	**3**	**OPD 1**
2		**Ch. Dickens s/o Ejaz**	**3**	**OPD 1**
3		**Manzooran w/o Wali**		**LHV**
4		**Mehran s/o Suzuki**		**EPI**
5		**Fatima Begum w/o M. Malik**	**3**	**OPD 1**
6		**Ghulam Hussain s/o Hamid Hussain**	**3**	**OPD 1**
7		**Ibrahim Jamshed s/o Iqbal Jamshed**	**3**	**OPD 1**
8		**Nilofer w/o Kalia**		**LHV**
9		**Khalid Lala s/o Gulzar Shah**	**3**	**OPD 1**
10		**Luckey Strike s/o Harsh Strike**	**3**	**OPD 1**
11		**M. Amjad s/o M. Asraf**	**3**	**OPD 1**
12		**Marina d/o Arif**		**EPI**
13		**Nazila Maqboor d/o Naveed Maqboor**	**3**	**OPD 1**
14		**Obaid-ullah s/o Saif-ullah**	**3**	**OPD 1**
15		**Raheela w/o Mohammad Afzal**		**LHV**
		02-Feb-2006		

Handout Session 3: Sample Patient # 1; Filled OPD Ticket

Sent To: OPD

OUT DOOR PATIENT TICKET

District …**SWABI**………

CRP No:______25_______

Facility Name…**RHC Amber Khunda**…………..…

Name: ___**Asma Bibi**___________ Age:_**4y 11m** Sex: _**F**_

Father's / Husband's Name: __**Atif**____________________

Monthly OPD No.:__

Fill this blank according to the OPD Register.

Provisional Diagnosis: ___**Acute URI**________

Date	Clinical Findings / Investigation/ Treatment/ Referral
1/Feb.	**Moderate fever for 2 days with mild cough** **Appetite O.K..** **Rx. Paracetamol 150mg x 5**

Handout Session 3: Sample Patient # 2; Filled OPD Ticket

Sent To: OPD 1

OUT DOOR PATIENT TICKET

District …SWABI………

CRP No:_____26______

Facility Name**…RHC Amber Khunda…………..…**

Name:___**Ch. Dickens**_______Age:_**68y** Sex:_**M**_

Father's / Husband's Name: __**Ejaz**____

Monthly OPD No.:_________________

Provisional Diagnosis:__________

Fill this blank according to the OPD

Give a diagnosis according to clinical /investigation findings.

Date	Clinical Findings / Investigation/ Treatment/ Referr…
1/Feb	**Fall from stairs** **Pain and swelling at Rt. Ankle** **Advice: X-rays Rt. Ankle AP/Lat** **Dr. Farman/MO**
1/Feb	**Findings: Fracture of Rt. Calcaneum** **Referred to Swabi DHQ hospital** **Dr. Farman/MO**

Handout Session 3: Sample Patient # 3; Filled OPD Ticket

Sent To:

OUT DOOR PATIENT TICKET

District …**SWABI**………

CRP No:_____27_____

Facility Name…**RHC Amber Khunda……….…**

Name:___**Fatima Begum**____ Age:_**42y** Sex:_**F**_

Father's / Husband's Name: __**M. Malik**_____

Give her an OPD No. according to the OPD Register.

Monthly OPD No.:________________

Provisional Diagnosis:__________________________________

Give a diagnosis according to clinical /investigation findings.

Date	Clinical Findings / Investigation/ Treatment/ Refe…
1/Feb	**Referred from LHW.** **C.C.: Multiple joint pain of fingers Since 2 month ago Swan-neck deformity** **Investigations: X-ray , Rt. Hand Blood count, ESR** **Dr. Farman/MO**
1/Feb	**Results: ESR= 80 (1 h)** **Riaz/ Lab In-charge**

Handout Session 3: Sample Patient # 4; Filled OPD Ticket

Sent To: OPD 1

OUT DOOR PATIENT TICKET

District …**SWABI…**……

CRP No:_____28_____

Facility Name**…RHC Amber Khunda…………..…**

Name:**___Ghulam Hussain____** Age:_**1y 2m** Sex:_**M**_

Father's / Husband's Name: **__Hamid Hussain**____

Monthly OPD No.:_____

Give him an OPD No. according to the OPD Register.

Provisional Diagnosis:__Diarrhoea________

Date	Clinical Findings / Investigation/ Treatment/ Referral
1/Feb	**C.C.: Watery diarrhea** **5-6 times in the last 24 hours** **urination 3 times** **skin turgor not decreased** **Rx.: ORS 3 sachets**
	On the following day, mother of Hussain brings the newly produced Ticket and this Ticket as well. You may add today's consultation record here.
2/Feb	C.C.: Lethargy Decreased fluid intake & urination Skin turgor decreased Dx.: Severe dehydration Rx.: Admission to Children Ward & start i.v. fluid

Handout Session 3: Sample Patient # 5; Filled OPD Ticket

Sent To: OPD 1

OUT DOOR PATIENT TICKET

CRP No:______29______

District …**SWABI**……… Facility Name**…RHC Amber Khunda……………**

Name:___**Luckey Strike**____ Age:_**57y** Sex:_**M**_

Father's / Husband's Name: __**Harsh Strike**_______

Monthly OPD No.:___7___________

Provisional Diagnosis:_Bronchial asthma__

Date	Clinical Findings / Investigation/ Treatment/ Referral
1, Feb.	C..C.. Cough continuing for 20 days. Past Hx. A Heavy smoker x 35 years Wheeze +ve Rx. Theodur 400mg b.i.d. x 7 days
3, Feb.	C.C: Cough continuing for 3 wks. Not responded to Theodur Order for Chest X-ray → PA view shows a coin lesion in Lt. lung field Dx. suspected pulmonary TB Advice: Sputum Smear examination

Two days later, this patient visits your OPD again. He has newly produced Ticket and this Ticket as well. Is he a new case or a follow-up case?

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: __________ Year: ________

Monthly OPD Serial No. (New cases)	Follow-up Cases (Put tick only)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Referred from (if applicable)	Provisional Diagnosis	Special Remarks
				MALE					FEMALE							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		<<Total Brought From Previous Page>>														
		<< Transfer Total to Next Page >>													*<< Transfer Total to Next Page>>*	

Month: FEB Year: 2006

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Monthly OPD Serial No. (New cases)	Follow-up Cases (Put tick only)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Referred from (if applicable)	Provisional Diagnosis	Special Remarks
				MALE					FEMALE							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		<<Total Brought from Pervious Page>>														
			01-Feb													
1		**Asma Bibi d/o Atif**	**Rawalpindhi**							✔					**Acute URI**	
2		**Ch. Dickens s/o Ejaz**	**Lahore**					✔							**Fracture of Rt. Femur**	**X-ray Rt. Leg**
3		**Fatima Begum w/o M. Malik**	**Topi**									✔		**LHW**	**Rheumatoid arthritis**	
4		**Ghulam Hussain s/o Hamid Hussain**	**Swabi**		✔										**Diarrhoea**	
5		**Ibrahim Jamshed s/o Iqbal Jamshed**	**Khunda**				✔								**Amoebic dysentery**	
6		**Khalid Lala s/o Gulzar Shah**	**Topi**				✔								**Enteric Fever**	
7		**Luckey Strike s/o Harsh Strike**	**Swabi**					✔							**Bronchial asthma**	
8		**M. Amjad s/o M. Asraf**	**Khunda**				✔								**Tonsillitis**	

9		**Nazila Maqboor d/o Naveed Maqboor**	**Topi**							✔					**Pneumonia**	**Admission to the Female Ward**
10		**Obaid-ullah s/o Saif-ullah**	**Swabi**			✔									**Acute Flaccid Paralysis**	**Reporting & stool sampling**
			02-FEB													
11		**Parveen w/o Vehram**	**Khunda**									✔			**Hypertension**	
	✔	**Asma Bibi d/o Atif**														
12		**Ehsan**	**Swabi**		✔										**suspected meningitis**	**Referred to the DHQ hospital**
13		**Fahim**	**Khunda**				✔							**BHU**	**suspected Pulmonary TB**	**Sputum smear**
	✔	**Ghulam Hussain s/o Hamid Hussain**														**Admission to the Female Ward**
14		**Saleem**	**Topi**					✔							**Diabetes Mellitus**	
15		**Waheed**	**Swabi**				✔								**suspected viral hepatitis**	**HBV / HCV antigen**
16		**Yasin**	**Khunda**			✔									**Laceration**	**Suturing**
17		**Zaheed**	**Topi**												**suspected Pertussis**	**Referred to the DHQ hospital**
18		**Ismat w/o Javed**	**Skardu**								✔				**Goiter**	
18	*2*	*<< Transfer Total to Next Page >>*		*1*	*2*	*2*	*5*	*3*	*0*	*2*	*1*	*2*	*0*	*2*	*<< Transfer Total to Next Page>>*	

Monthly OPD Serial No. (New cases)	**Follow-up Cases** (Put tick only)	**Name with Father / Husband Name**	**Address**	**SEX & AGE CATEGORY** (Tick in appropriate column)										**Referred from** (if applicable)	**Provisional Diagnosis**	**Special Remarks**
				MALE					**FEMALE**							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
18	*2*	*<<Total Brought from Previous Page>>*		*1*	*2*	*2*	*5*	*3*	*0*	*2*	*1*	*2*	*0*	*2*		
19		**Mattu**	**Tokyo**				✔								**Acute Appendicitis**	**Surgical Operation**
			03-FEB													
20		**Luckey Strike s/o Harsh Strike**	**Swabi**					✔							**Cough > 3weeks**	**Sputum smear**
		<< Transfer Total to Next Page >>													*<< Transfer Total to Next Page>>*	

OPD Abstract Form at ________________ OPD Month: _________, Year: 200__

Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

	Priority Health Problems	Tally	Total
	1	2	3
Cardiac Diseases			
1.	Ischemic Heart Diseases (IHD)		
2.	Hypertension		
Respiratory Diseases			
3.	Asthma /COPD		
4.	Cough continuing > 3 weeks (Suspected pulmonary TB)		
5.	Acute Upper Respiratory Infections		
6.	Pneumonia in <5 y.o.		
7.	Pneumonia in >5 y.o.		
Vaccine Preventable Diseases			
8.	Suspected Diphtheria		
9.	Suspected Measles		
10.	Suspected Pertussis		
Other Medical / Pediatric Diseases			
11.	Clinical Malaria		
12.	Confirmed Malaria		
13.	Diarrhoea / Dysentery in <5 y.o.		
14.	Diarrhoea / Dysentery in >5 y.o.		
15.	Enteric fever/ Typhoid fever		
16.	Parasitic Infestation		
17.	RTI/STI in Females		
18.	STI in Males		
19.	Suspected Meningitis		
20.	Suspected Viral Hepatitis		
21.	Urinary Tract Infection (UTI)		
22.	Fever due to other causes		
23.	Diabetes Mellitus		
24.	Epilepsy		
25.	Goiter		
26.	Malnutrition in <5 y.o.		
Dental Diseases			
27.	Dental Caries		
28.	Periodontitis		
Eye Disease			
29.	Night Blindness		
Mental/ Behavioral Disorders			
30.	Drug (Psycho-Active substance) Abuse		
31.	Mental Disorder		
Orthopedic Diseases			
32.	Arthropathies		
33.	Fractures		
Skin Diseases			
34.	Cutaneous Leishmaniasis		
35.	Dermatitis & Eczema		
36.	Scabies		
Unusual Diseases to be reported			
37.	*(Specify)*		
Emergency *(From OPD Register for Emergency Department)*			
38.	Animal / Dog bite		
39.	Cardio Vascular Emergencies		
40.	Poisoning		
41.	Road Traffic Accident/Injuries		
42.	Snake /Scorpion bite		

Session 4: Hospital Indoor Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following instruments
  - Indoor register -17
  - Indoor Abstract form -18
  - Daily bed statement register -19
- Fill the register and form correctly

Time	60 minutes
Material	Transparencies, Handouts of the copy of registers and form, Procedure manual
Method	Exercises

Handout Session 4: Hospital Indoor Data

INDOOR PATIENT REGISTER

(To be filled by Head Nurse /Charge Nurse)

Ward/______________ *Month: ______ Year:_______*

Monthly Indoor Serial No.	Name with Father/ Husband's Name	Address	Sex (M/F)	Age	Bed No.	Diagnosis	Tick in appropriate Column				Date of Discharge/ DOR/LAMA/ Death/ Referred	MLC
							Discharged /DOR	LAMA	Referred	Death		
1	2	3	4	5	6	7	8	9	10	11	12	13
			M	3		Pneumonia						
				47		COPD						
				2		Diarrhoea						
				38		TB lymphadenopathy						
				51		Chronic liver disease						
			M	62		Pneumonia						
				21		TB meningitis						
				44		Diabetic coma						
				4		Pneumonia						
				8		Asthma						
				65		CVA						
						Typhoid fever						

Handout Session 4 –Indoor register

Exercise

- ✓ Divide participants in groups
- ✓ Fill the information provided in the given scenarios in indoor register columns.
- ✓ You have 10 minutes to fill to complete the exercise.

Scenarios:

1. Patient named Mr. Mohammad Ramzan s/o Mr. Bashir aged 38 years r/o Town Lahore District Swabi is admitted in Male Medical Ward on Bed no. 05 by Medical Specialist with the diagnosis of Bronchial Asthma on October 06, 2005. He was discharged from hospital on October 09, 2005.
2. Mr. Afzal s/o Mr. Abdullah aged 62 years r/o Mozoa Ambar Khunda was admitted unconscious on bed no 10 in Male Medical Ward from Prison on October 07, 2005 with diagnosis of Diabetes Mellitus. He died next day.
3. Mr. Mohammad Latif s/o Mr. Mohammad Sharif aged 28 years is admitted in Male ward at bed no. 08 as patient of Schizophrenia on October 09, 2005. On October 12, 2005 Charge Nurse of the ward found that the patient along with his belongings is missing from his bed.
4. Mst. Kosaur w/o Mr. Khuda Bux aged 22 years was admitted in Female ward on bed no. 04 on October 12, 2005 with provisional diagnosis of Clinical Malaria. At the time of discharge on October 16, 2005, she was finally diagnosed as a patient of Acute Urinary Tract Infection

INDOOR PATIENT REGISTER

(To be filled by Head Nurse /Charge Nurse)

Ward ______________ *Month:* _______ *Year:* ________

Monthly Indoor Serial No.	**Name with Father/ Husband's Name**	**Address**	**Sex** (M/F)	**Age**	**Bed No.**	**Diagnosis**	**Tick in appropriate Column**				**Date of Discharge/ DOR/ LAMA/ Death/ Referred**	**MLC**
							Discharged /DOR	**LAMA**	**Referred**	**Death**		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**

Handout Session 4 : Indoor Abstract Form

Priority Health Problem		Tally	Total
1		2	3
Medical			
1.	Chronic Liver Disease		
2.	Chronic Renal Failure		
3.	Diabetes Mellitus		
4.	Diarrhoea / Dysentery in <5 yrs		
5.	Diarrhoea / Dysentery in >5 yrs		
6.	Enteric Fever /Typhoid		
7.	Epilepsy		
8.	Malaria		
9.	Meningitis		
10.	Viral Hepatitis A & E		
11.	Viral Hepatitis B & C		
Respiratory Diseases			
12.	Asthma /COPD (Chronic Obstructive Pulmonary Diseases)		
13.	Pneumonia in <5 yrs		
14.	Pneumonia in >5 yrs		
15.	Pulmonary TB		
16.	Extra pulmonary TB		
Cardiac Diseases			
17.	Congestive Cardiac Failure (CCF)		
18.	Hypertension		
19.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
20.	Neonatal Tetanus		
21.	Suspected Acute Flaccid Paralysis (AFP)		
Surgical			
22.	Acute Appendicitis		
23.	Burns		
24.	Cholelithiasis / Cholecystitis		
25.	Hernias		
26.	Hyperplasia of Prostate		
27.	Urolithiasis		
Orthopedic Diseases			
28.	Arthropathies, Pyogenic arthritis Rheumatoid arthritis, Gouty arthritis, Poly arthritis Acquired deformities of fingers& limbs Systematic Lupus Erythematosus (LSE) Kyphosis/lordosis/Scoliosis Ankylosing Spondylitis, Cervical disc disorders (Spondylosis)		
29.	Fractures		

Handout Session 4 - Daily Bed Statement Register

- ✓ Distribute the handout of exercise on the Register.
- ✓ Ask participants fill the register using the scenarios provided.
- ✓ Give them five minutes to complete the exercise.

Scenario:

Medical Ward consists of 40 beds with 20 beds reserved for female patients.

- On day one of October 2005, there were already 07 (04 M + 03F) patients. Two new male patients were admitted and one male patient was discharged.

- On October 02, 2005, seven new (all male) patients were admitted with firearm wounds. Two of them were serious, out of which one was referred. None was discharged.

- On October 03, 2005, two new females were admitted. Four male and two female patients were discharged. One serious patient died.

Handout Session 4: Daily Bed Statement Register

Daily Bed Statement Register

Ward: ---------------- Month: __________Year: ________

Total Beds: ___________ Male Beds: _________ Female Beds: _________

Date	Previous Patients		New Admissions		Discharged/ DOR		LAMA		Referred		Deaths		Total Patients		Serious		MLC	
1	2		3		4		5		6		7		8		9		10	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																				
2																				
3																				
4																				
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24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				
Total																				

Session 5: Stock Data

Objectives

By the end of the session the participants will be able to:

- Describe the benefits of the following registers
  - Stock Register (Medicines) (9)
  - Stock Register (Equipment) (10)
  - Daily Medicine Expense Register (11)
- Fill the registers correctly

Time	60 minutes
Material	Transparencies, copy of the registers, transparencies, Procedures Manual
Method	Exercise

Handout Session 5 - Stock Register, Medicine/Supplies

Exercise

Fill the stock register using the information provided. You have 10 minutes to complete the exercise.

STOCK REGISTER Page No. ____
Medicines/ Supplies

Name of Article:______________________________ Unit/Strength ____________

Minimum Recommended Stock Level: _______________*(Take action for replenishment if the minimum level is reached)*

		Quantity in Units						
Date	Received From / Issued to with Reference No.	Received	Issued	Discarded	Balance	**Store Keeper Signature**	**Counter Sign**	**Remarks** *(Tick if balance '0')**
1	2	3	4	5	6	7	8	9
	Balance brought forward							

* Immediately inform the in-charge or appropriate authority in case balance is 0.

Injection Gentimycin 80 mg

01-10-05	Balance brought forward from previous page No. 16	20
01-10-05	Received from EDOH vide voucher no. 302/M Dated 25-09-05	50
05-10-05	Issued to Female Surgical Ward	25
10-10-05	Issued to Casualty Outdoor	20
12-10-05	Issued to Male Surgical Ward	25
05-11-05	Received from EDOH vide voucher no. 415/M Dated 02-11-05	75
12-11-05	Found Broken	05
01-01-06	Balance Brought Forward from year 2005	
05-01-06	Issued to Male Surgical Ward	30

Session 5 – Stock Register

Handout Session 5 - Exercise on Stock Register (Equipment / Furniture / Linen)

Fill the stock register using the information provided. You have 10 minutes to complete the exercise.

STOCK REGISTER

Equipment/ Furniture / Linen

Name of Article: ____________________ Specification: __________

Date	Received From / Issued to with Reference No.	Quantity				Status		Store Keeper Signature	Counter Signature	Remarks
		Received	Issued	Struck Off	Balance	Repairable	Unserviceable			
1	2	3	4	5	6	7	8	9	10	11
	<<Balance brought Forward>>									

Office Chair (All Wooden, with arms, canned)

01-12-05	Received from EDOH vide voucher no. 512/F Dated 30-11-05	20
03-12-05	Issued to SMO Room	04
03-12-05	Issued to WMO	03
03-12-05	Received back from MO Room	01 (Broken/Repairable)
01-01-06	BBF year 2005	
05-01-06	Issued to Dispensary	02

Daily Medicine Expense Register

Month:______________Year:_______

Name of Article	Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1	2	3																															4

Signature of Facility In-charge:____________________

Date: __________________

Session 6: Data Collection for Catchment Population and Community Meetings

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following instruments
    - Catchments Area Population Chart
    - Community Meeting register
- Fill the instruments correctly

Time 30 minutes
Material Transparencies, copy of the instruments, transparencies, Procedures Manual
Method Group Exercise

Handout Session 6: Data collection for catchment population

The district office has sent you the following information about your villages in Section I. Please calculate the total population. Fill out the empty columns. In Section III for calculating target group, you have to multiply standard percentage with total population to get the target group. For example, expected pregnancies standard percentage is 3.4 and total population is 1000, then the target expected pregnancies in a year would be 3.4/100 x 1000=34 pregnancies.

You have 10 minutes to fill all the columns and calculate target groups.

CATCHMENT AREA POPULATION CHART

Section I:
Facility name: ____ ___Facility I.D. No.: | | | | | | | Year:________

Union Council name: __ _________________District: ___________ Province:
Section II:

Sr. No	Name of Villages	Population	Distance from Facility (km)	No. of LHWs	Population covered by LHWs	No. of Trained TBAs
1	2	3	4	5	6	7
1	Karain	600				
2	Kakoo shah	700				
3	meeran	300				
4	Chak 22	500				
5	Chak 2	400				
6	lodhran	500				
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Section III:

Target Groups	Standard Demographics Percentages*	Estimated Population
1	2	3
Expected Pregnancies	3.4 %	
Expected Births	2.9 %	
0-11 Months	2.7 %	
0- Less than 5 years	16 %	
CBAs (15 to 49 years)	22 %	
Married CBAs (15 to 49 years)	16 %	

* *Data Source: National Institute of Population Studies (NIPS)*

Section IV:

No. of Registered Allopathic Medical Practitioners	
No. of Registered Homoeopathic Medical Practitioners	
No. of Qualified Hakims	

Handout Session 6: Community Meeting Register

COMMUNITY MEETINGS REGISTER Month: ___________ Year: ___________								
Date	Place			Number of Participants		Topics Discussed	Recommendation	Sign of Facility In-charge
	At Facility	Community	LHW Houses	Male	Female			
1	2	3	4	5	6	7	8	9
Total								

Session 7: Maternal Health Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following instruments
  - Maternal Health Register
  - ANC card
- Fill the register and card correctly

Time	30 minutes
Material	Transparencies, handout of the copy of maternal health register and ANC card, Procedures Manual
Method	Exercise

Session 7 – Maternal Health Register and ANC card
Hand out Session 7
Exercise

- Read the all scenario and fill the maternal health register and ANC card
- Use transparency with maternal health register and ANC cards to fill them. Use ink-removable marker to fill the transparency. This transparency will be shared with group.
- Take 10 minutes for filling out the transparencies of maternal health register and ANC card for all six scenarios.
- Each group will present one case scenario and use filled scenario to provide feedback to the presenting group.

Scenario 1:
Mrs. Farzana w/o Frazand Ali age 22 years resident of Chak Channa district Swabi visit antenatal clinic with yearly No. 30 for the first time on 15-02-06. She is five month pregnant. She has no history of abortion or miscarriage. Her menstrual cycle started at the age of 13 years, which is 28 days cycle and regular. There is no medical or gynecological history. Vomiting during morning was reported. Her weight was 60 kg and BP was 120/70 mm Hg. No edema of ankle or feet was found. The fundal height was found to be 20 weeks. Her Hb was 8.7g/dl and urine showed no abnormality. She was give first TT dose and advised to come back on 14/03/06.

Scenario 2:
Sughran Bibi w/o Irshad Akmal aged 31 resident of Khanna village visited antenatal clinic with for the third time on 16/02/06 and brought her ANC card with yearly number 30. She has four children and married 8 year back. Her last menstrual cycle was in September 05. She has no history of medical or gynecological disease. She received TT2 in her previous visit. One examination, her weight was 62 kg and BP was 120/70 mm Hg. The fundal height was 26 weeks. Urine examination showed no sugar or albumin. Her Hb was 11 g/dl. She was advised to come after one month.

Scenario 3:
Ms. Farzana w/o Frazand Ali age 22 years resident of Chak Channa district Swabi visit antenatal clinic for the second time with yearly No..30 on 16-03-06. She is six month pregnant. Since last three days, she developed headache and edema of ankle/feet. Her weight was 65 kg and BP was 150/96 mm Hg. Edema of ankle/feet was found. The fundal height was found to 24 weeks. Her Hb was 8.7g/dl and urine showed trace of albumin. She was give second TT dose and referred.

Scenario 4:
Manzooran w/o Wali aged 30, living in Pind Dad came to the clinic on 02/03/06 with yearly No. 34. She delivered 3 days back and came for the first time. She has no history of TT vaccination.

Scenario 5:
Nilofer w/o Kalia aged 30 years with yearly No. 35 living in Chak 80. She delivered 30 days back come to clinic for the second time on 28/02/06. She had 2 TT injections during pregnancy somewhere else..

Scenario 6:
Raheela w/o Mohammad aged 35 is a resident Kala Kakoo. She delivered 40 days back and came for the first time with yearly No. 45 on 19/03/06. She complained of low backache. She received 2 TT injections in her earlier pregnancies.

Handout Session 7: Maternal Health Register

MATERNAL HEALTH REGISTER

Month: ________Year: _______

Yearly MH Serial No. (New cases)	**Follow-up Cases** (Previous yearly No.)	**Name with Husband Name**	**Age** *(in years)*	**Address**	**Hb** (Tick if <10 g/dl)	**ANC Services**		**PNC Services**		**TT Vaccination**					**Other Services** *(Investigation/ referrals)*
						ANC1	ANC Revisit	PNC1	PNC Revisit	TT 1	TT 2	TT 3	TT 4	TT 5	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total brought from previous page>>													
		<< Transfer Total to Next Page >>													

Handout Session 7: Antenatal Card

Antenatal Card			
Yearly Serial No.		Date:	
Hospital/Health center's Name:		District:	
Name:		Age:	
Husband's Name:			
Address:			
LMP:	EDD:	Gravida:	Para:
Years Married:	Blood Group:	Husband's Blood Group:	

A. Obstetric History

Year of delivery	Outcome			Mode of deliveries			Complications (if any)		
	Live birth	Still birth	Abortion	NVD	Forceps / Vacuum	CS	Pregnancy	Labor	Puerperium
1	2	3	4	5	6	7	8	9	10

B. Menstrual History			
1. Menarche		2. Cycle	
		3. Regular/Irregular	

C. Medical History			
1.Diabetes		5. Cardiac Acquired/ Congenital.	
2. Hypertension		6. Renal Diseases	
3. Anemia		7. Hepatitis B & C	
4. Pulmonary TB		8. Others	
D. Surgical History			
1. Abdomino-pelvic Surgery		3. Others	
2. Obstetric Surgery			
E. Gynecological History			
1. Infertility		6. Uterine Abnormality	
2. Fibroids		7. Myomectomy	
3. Endometriosis		8. Ovarian cyst	
4. Pelvic Floor Repair		9. Fistula Repair	
5. Laparotomy		10. D &C	

Doctor:
Signature:
Date:

1. Present Pregnancy Antenatal Record

Date	Weeks Pregnant	Fundal Ht.	Fetal Heart Sound / Fetal Movements	Presentation	Engaged/ Not Engaged	Hb %	HBV/HCV	Urine		Blood Sugar	BP	Weight	Edema	Next visit	Advice	Signature
								Sugar	Albumin							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

2. USG Findings											
Date	**No. of Fetus**	**Fetal Heart Rate**	**Lie**	**Presentation**	**Estimated Age**	**FL**	**BPD**	**Biophysical projection** *(Grade)*	**Placenta**	**Liquor**	**Any Abnormality**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

3.MANAGEMENT PLAN
☐ Await Spontaneous delivery ☐ Induction of Labor ☐ Trial of Labor ☐ C-Section ☐ Delivery at tertiary level hospital

Session 8: Family Planning Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following instruments
  - Family Planning Register
  - Family Planning Card
- Fill the instruments correctly

Time	30 minutes
Material	Ttransparencies, Procedures Manual, copy of the register and card
Method	Listing, Role play

Handout Session 8: Family Planning Register & Family Planning Card

Family Planning Register

Year: _______Month: _______

Yearly FP Client No. (New client)	**Follow-up Client** (Tick., if applicable)	**Client Name with Spouse Name**	**Age**	**Address**	**FP Commodities Provided**										**Others**
					Quantity			*Tick appropriate column*							
					Pills *Cycles*		Condom *(Pieces)*	**Injections**		**IUDs**		Tubal Ligation	Vasectomy	Implant	
					Combined Oral Contraceptives (COC)	Progesterone only Pills (POP)		NET-EN	DPMA	Cu-T 380A	Cu - 375				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total Brought From Previous Page>>													
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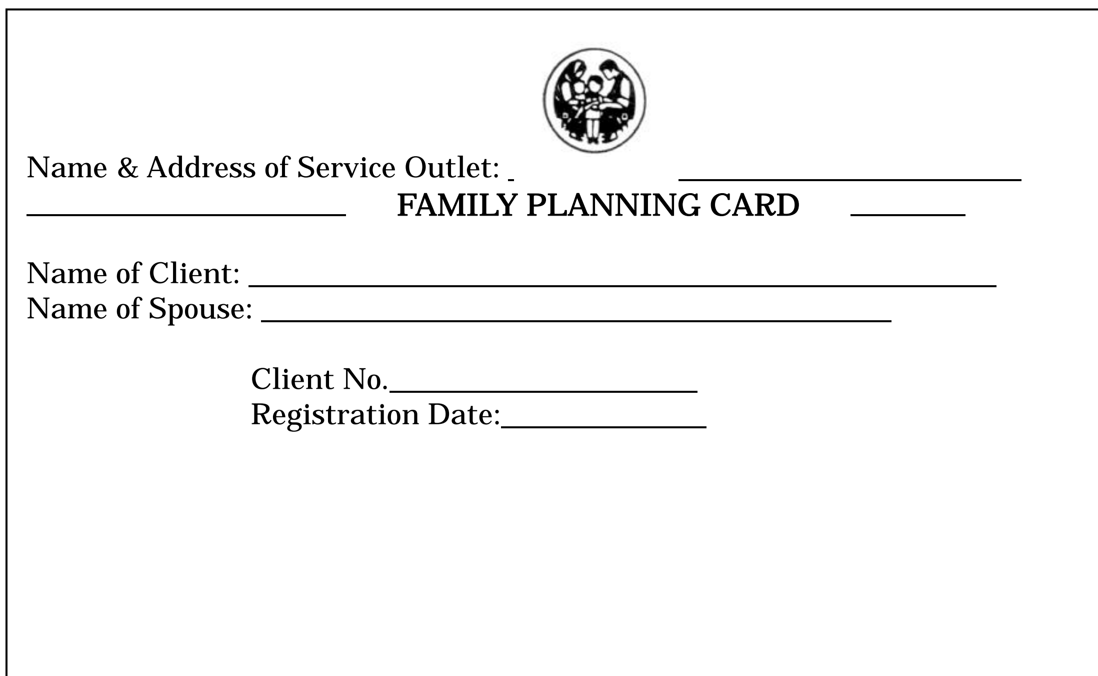
Handout Session 8: FP Card



Name & Address of Service Outlet: _ ________________________

________________________ FAMILY PLANNING CARD ________

Name of Client: ____

Name of Spouse: ____

Client No.______________________

Registration Date:_______________

Sr. No.	Date of Visit	Contraceptive Method Adopted	Date of Next Visit	Signature

Session 9: Obstetric Register Data

Objectives
By the end of the session the participants will be able to:
- Describe the benefits of the Obstetric Register
- Fill the register correctly

Time	45 minutes
Material	Transparencies, handout, copy of the register, Procedures Manual
Method	Individual Exercise

Hand out Session 9: Obstetric Register Filled

OBSTETRIC REGISTER *(To be maintained at Obstetric Ward/Female Ward/Labor Room)*																		
						Diagnosis *(Complication or illness if any, tick appropriate column)*									**Management** *(Tick appropriate column)*			
															Nature of Delivery			
Monthly Obs Serial Number	**Time of Admission**	**Name with Husband's Name**	**Address**	**Age** *(in Years)*	**Parity**	Ante partum Hemorrhage (APH)	Complications of Abortion	Ectopic Pregnancies	Postpartum Hemorrhage (PPH)	Pre-Eclampsia/ Eclampsia	Prolonged/ Obstructed Labors	Puerperal Sepsis	Rupture Uterus	Others	Normal	Vacuum / Forceps	Cesarean	Other procedure done
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**
	<<Total brought from Previous Pages>>																	
21	10:00	**Mahnoor w/o M. Baloch**	F-7	21	0										✔			
22	14:00	**Noreen w/o M. Zubair**	F-6	37	4	✔									✔			
23	17:00	**Nazish w/o Khurram**	G-10	35	5										✔			
24	20:00	**Akhtar w/o M. Raza**	G-11	19	0												✔	
25	23:00	**Farida w/o M. Tahir**	H-3	22	2										✔			
26	21:00	**Jamila w/o Safiullah**	F-4	26	3										✔			
27	8:00	**Khaleda w/o Waqas Mughal**	F-2	20	1										✔			
28	11:00	**Nasreen w/o Afzal Mughal**	G-6	33	7				✔							✔		
29	15:00	**Salma w/o Nahid Khan**	G-5	34	6										✔			
30	16:00	**Saleha w/o M. Zulfiqar**	G-9	31	5								✔		✔			

Handout Session 9: Obstetric Register Filled

Outcome: Baby											**Outcome: Mother** *(Tick appropriate column)*					**Delivery Conducted by** *(Name / Signature)*	**Remarks**
Live Birth				**Still birth**	**Neonatal Death** *(Tick appropriate column)*												
Date/Time of delivery	Sex *(Tick)* M	Sex *(Tick)* F	Weight in Kg *(Circle if less than 2.5 kg)*		Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Prematurely	Hypothermia	Discharged/DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA		
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
6/2 23:00	✔		2.2								✔				2/7 10:00	*Sabeen*	
6/2 22:00	✔		3.4									✔			2/7 10:00	*Sabeen*	
7/2 04:00		✔	3.2								✔				2/8 14:00	*Sabeen*	
7/2 08:00	✔		2.8								✔				2/12 10:00	*Sabeen*	
7/2 05:00		✔	2.9								✔				2/8 14:00	*Sabeen*	
8/2 04:00		✔	3.1								✔				2/9 10:00	*Meena*	
8/2 18:00		✔	4.0									✔			2/9 10:00	*Meena*	
8/2 21:00	✔		3.8								✔				2/11 14:00	*Meena*	
9/2 23:00		✔	3.0								✔				2/11 14:00	*Meena*	
9/2 20:00	✔		2.6								✔				2/11 14:00	*Meena*	

Handout Session 9– Obstetric Register
Exercise

- ✓ Divide participants in groups
- ✓ Fill the information provided in the scenarios in the obstetric register columns. .
- ✓ You have 10 minutes to fill to complete the exercise.

Scenario 1:
- Bashira Bibi w/o Mohammad Azhar,
- Date and time of admission: 3rd Feb 2006 at 1500 hrs
- Age 25 yrs
- Monthly serial: 414
- Para 2
- Cesarean section for Obstructed labor
- Transfusion of 2 bottles of A+ blood
- Baby boy >2.5 kg on 3rd Feb 22hrs by Dr. Shazia
- Discharged on 10th Feb at 900 hrs.

Scenario 2:
- Afisa Begum w/o Nur Mohammad
- Monthly serial 430
- Para 0
- Normal Vaginal Delivery with Episiotomy
- Admission on 6-2-06 at 1400 hrs.
- Baby boy delivered on 7-2-06 at 1000 hrs.
- Weight at birth 2.9 kg, died at 7-2-06 of hypothermia
- Mother LAMA on 7-2-06
- Delivery conducted by FMT. Farida.

Scenario 3:
- Shazia khan w/o Lal Mohammad
- Age 18 years
- Para zero
- Ante partum hemorrhage
- Monthly serial number 460
- Delivered on 12-02-06 at 1800 hrs
- Baby boy weight 2.6 kg
- Normal vaginal delivery
- Mother died on 13/02/06 at 1:00 pm
- Delivery conducted by LHV Sadia

Scenario 4:
- Kosar w/o Jamshed
- Para 04
- History of cesarian section
- Age 28 years
- Delivered on 19-02-06 at 1800 hrs
- Baby boy weight 2.0 kg
- Normal vaginal delivery
- Monthly serial number 501 admitted on 18/02/06 at 10:00 hrs.
- baby died on 19/02/06 at 19:00 pm, birth asphyxia

OBSTETRIC REGISTER

(To be maintained at Obstetric Ward/Female Ward/Labor Room)

Monthly Obs Serial Number	**Time of Admission**	**Name with Husband's Name**	**Address**	**Age** *(in Years)*	**Parity**	**Diagnosis** *(Complication or illness if any, tick appropriate column)*									**Management** *(Tick appropriate column)*			
						Ante partum Hemorrhage (APH)	Complications of Abortion	Ectopic Pregnancies	Postpartum Hemorrhage (PPH)	Pre-Eclampsia/ Eclampsia	Prolonged/ Obstructed Labors	Puerperal Sepsis	Rupture Uterus	Others	**Nature of Delivery**			Other procedure done
															Normal	Vacuum / Forceps	Cesarean	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**
	<<Total brought from Previous Pages>>																	

Month: Year:

Outcome: Baby											**Outcome: Mother** *(Tick appropriate column)*					**Delivery Conducted by** *(Name / Signature)*	**Remarks**
Live Birth				**Still birth**	**Neonatal Death** *(Tick appropriate column)*												
Date/Time of delivery	Sex		Weight in Kg *(Circle if <2.5 kg)*														
	M	F			Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Prematurely	Hypothermia	Discharged/DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA/		
20	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**

Session 10: Hospital Other Data

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the following forms
    - Laboratory Register (20)
    - Radiology Register (21)
    - OT Register (22)
- Fill the forms correctly

Time	60 minutes
Material	Transparencies, Handouts of the copy of registers
Method	Exercises

Handout Session 10 - Laboratory Register (20)

- ✓ Fill the register using the scenarios provided.
- ✓ You have five minutes to complete the exercise

Scenario:

1. On October 04, 2005, Medical Officer advised Mr. Mohammad Sabir s/o Mr. Mohammad Nazir for Haemoglobin % estimation and Urine Complete Examination. Laboratory Assistant charged him Rs. 15/- for Blood and Rs. 20/- for Urine Examination. Health Facility gave the result next day with Haemoglobin % at 13.1 Gms and No abnormality was detected in Urine examination.

2. On October 05, 2005 Mst. Shakila Bibi w/o Mr. Manzoor Ahmad admitted on Bed no 11 in Female Ward gave sample of Blood for Hb estimation, ESR and Urine for detailed report. Examination revealed that her Hb was 9.0 Gms and ESR turned out to be at 40 mm / first hour. Few RBCs and 4-5 pus cells were found in her urine.

Laboratory Register

Name of Examination: __________________________ Month: ______________ Year: ___________ Page No.______

Monthly Lab Serial No.	Name with Father/Husband's Name	Fee Paid (Rs.)	OPD	Indoor	Results
			Monthly OPD No.	Ward Name/ No.	
1	2	3	4	5	6

Handout Session 10 - Radiology –Ultrasonography Register (21)

- ✓ Fill the register using the scenarios provided.
- ✓ You have five minutes to complete the exercise

Scenario:
October 02, 2005

1. Mr. Faqir Mohammad s/o Mr. Nazir Ahmad was brought from Emergency Department with Monthly No. 564 splints on his (R) thigh. X-Ray AP/Lat views (R) thigh were advised.

2. Mr. Amir Bux s/o Mr. Allah Dino with Yearly OPD no. 10504 was advised X-Ray Chest PA view by the Doctor. He was complaining of cough more than two weeks. He was charged Rs. 50/-

3. Mst. Sakina Khatoon w/o Mr. Mohammad Murad was sent from Bed No. 02 Female Surgical Ward for X-Ray KUB after full preparation. A radio opaque shadow 1.5 X 1.0 cm was seen in the pelvic region.

Handout Session 10: Radiology/ Ultrasonography Register

Radiology /Ultrasonography Register

Name of Examination: ______________________________ Month: ________Year:_________

Monthly Serial No.	**Patient's Name**	**Investigation Requested**	**Fee Paid (Rs.)**	**OPD**	**Indoor**	**Size of X-ray Films** *(Only in case of X-ray)*				**Findings/Remarks**
				Monthly OPD No.	Ward Name/ No.	**6 X 8**	**8 X 10**	**10 X 12**	**12 X 14**	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
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Handout Session 10 - Laboratory Register Filled

Laboratory Register

Name of Examination: ______Blood Smear for Malaria_______ Month: ___01________ Year: __2006____ Page No._2_____

Monthly Lab Serial No.	Name with Father/Husband's Name	Fee Paid (Rs.)	OPD	Indoor	Results
			Monthly OPD No.	Ward Name/ No.	
1	2	3	4	5	6
26	Hameed Gull s/o Gull khan	10	87		positive P. Falciparum
27	Raheel Ahmad s/o Ahmad khan	10	121		negative
28	Hussain Munir s/o Raja Munir	10	133		negative
29	Mamona Bibi w/o Zamir Mughal	10	148		negative
30	Kalsoom Bagam w/o Abdul Razzaq			Female ward bed no.05	positive P. Falciparum
31	Mahnoor Baloch w/o Babar Ali	10	170		positive P. Falciparum
32	Imran Mehmood s/o Mehmood Ahmad	10	181		negative
33	Babar Ali s/o Ali Khan	10	199		negative
34	Kabir Anwar s/o Rana Anwar	10	202		negative
35	Sameera w/o M. Zaheen	10	205		positive P. Falciparum

Handout Session 10: Radiology/Ultrasonography Register Filled

Radiology/Ultrasonography Register

Name of Examination: ___________X-ray____________ Month: ___ 1 _____Year:___2006______

Monthly Serial No.	Patient's Name	Investigation Requested	Fee Paid (Rs.)	OPD	Indoor	Size of X-ray Films *(Only in case of X-ray)*				Findings/Remarks
				Yearly OPD No.	Ward Name/ No.	6 X 8	8 X 10	10 X 12	12 X 14	
1	2	3	4	5	6	7	8	9	10	11
	<<Total Brought From Previous Page>>									
				Date 02-01-2006						
1	Ch. Dickens s/o Ejaz	Rt. Leg	10	2			2			Fracture
2	Luckey Strike s/o Harsh Strike	Chest	10	7					2	Pulmonary TB
3	Miles Davis s/o Mike Davis	Head	10	21				2		Fracture
4	Bill Evans s/o Ernest Davis	Lt. upper arm	10	28		1				Fracture
				Date 03-01-2006						
5	Lily Stern w/o Mike Stern	Abdomen			FS 02			1		Stone in Rt. kidney
6	Denis Chambers s/o David Richard	Rt. wrist	10	39		1				Fracture
7	Keith Jarrett s/o Michael Jarrett	neck	10	54			1			NAD
				Date 04-01-2006						
8	Bill Frisell s/o Fred Frisell	Rt. ankle	10	59		1				Fracture
9	John Scofield s/o George Scofield	Lt. index finger	10	63		1				Fracture
10	Pat Metheny s/o Rich Metheny	hip	10	71				2		Fracture
	<< Total >>									*<< Transfer Total to Next Page>>*

Handout Session 10: OT Register Filled

OT Register

Specialty Name: General Surgery

Month: JAN Year: 2006

Monthly OT Serial No.	Patient's Name with Father/Husband's Name	Age	Sex	Referred from		Diagnosis	Name of Operation	Type of Anesthesia				Name/Sign of Operating Surgeon	Remarks
				OPD	Indoor *(Bed No.)*			General	Spinal	Local	Other/None		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	<<Total brought from previous page>>												
1	Yasin s/o	24	M	14		Laceration	Suture			✔			
2	Mattu Oka	29	M	19		Acute appendicitis	Appendicectomy	✔					
3	Shaista w/o Jahangir	43	F		F-16	Lymph nodes swelling	Lymph node biopsy			✔			
4	Abid Malik	10	M	22		Skin abscess	Incision & drainage			✔			
5	M Ashraf	54	M		M-20	Rt. Inguinal hernia	Herniorraphy		✔				
6	Naira d/o Shafiq	0	F	27		Perianal abscess	Incision & drainage				✔		Ketamine i.m.
7	Khurram Shan	41	M	31									
8	Rizwana Bibi	52	M		M-3								
9	Aambreen Gull	19	F	39									
10	Rana Imran	31	F	42									
	<<Total >>											*<< Transfer Total to Next Page>>*	

Handout Session 10 – OT Register

Exercise

- ✓ Distribute the handout of the quiz on OT Register.
- ✓ Answer the questions under each scenario provided.
- ✓ You have 10 minutes to complete the exercise

Scenario:

1. October 04, 2005. Mr. Adil Ali s/o Mr. Mohammad Nawaz aged 15 years from Bed no 05 Male Surgical Ward was brought to Operation Theatre with diagnosis of Acute Appendicitis. Dr. Aqil under General Anaesthesia performed Appendicectomy.

   Quiz:
   a. Write down the column No.s that you will fill for this case: __________________
   b. In which column you will fill the name of the Surgeon performing the operation? ____________________
2. October 04, 2005. Mst. Surrayia Begum w/o Haji Noor Mohammad aged 40 years from Bed no 01 of Female Ward was suffering from Chronic Cholecystitis. Dr. Nasreen under General Anaesthesia operated upon her. Gall Bladder was removed and sent to Laboratory for biopsy.

   Quiz:
   a. In which column you will enter the diagnosis of this case? _________________
   b. In which column you will enter the information that the specimen was sent for biopsy? ____________________

3. October 05, 2005. Mr. Naimat Ali s/o Mr. Jamal Din aged 22 years from OPD with ticket no 10507 is brought to OT with Ingrowing Nail (L) Toe. Dr. Khalid removed ingrown Toe Nail under Local Anaesthesia.

   Quiz:
   a. Write down the Column No.s that you will fill for this case: __________________
   b. In which column you will write from where the patient has been sent to the OT for operation? _______________________
   b. In which column you will fill the name of the operation? ____________________

4. October 06, 2005. Mr. Kamran s/o Mr. Ali Hassan with OPD ticket no. 10544 suffering from Injection Abscess (R) Buttock was operated upon by Dr. Khalid. Incision & Drainage was performed with Anaesthesia with Injection Ketamine.

   Quiz:
   a. In which column you will enter the procedure performed? _________________
   b. In which column you will enter the information the type of anesthesia used? ____________________

Handout Session 10: OT Register

OT Register

SpecialtyName: __________________ Month: ________Year:_________

Monthly OT Serial No.	Patient's Name with Father/Husband's Name	Age	Sex	Referred from		Diagnosis	Name of Operation	Type of Anesthesia				Name/Sign of Operating Surgeon	Remarks
				OPD	Indoor *(Bed No.)*			General	Spinal	Local	Other?None		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	<<Total brought from previous page>>												
	<<Total >>											*<< Transfer Total to Next Page>>*	

Session 11: Monthly Reports

Objectives
By the end of the session the participants will be able to:

- Describe the benefits of the Monthly report form
- Transfer data from registers and special program forms to monthly report
- Describe differences between PHC Monthly Report and Secondary Hospital Monthly Report.
- Calculating performance indicators
- Interpreting monthly report
- Documenting DHIS based decisions in facility staff meeting register

Time 105 minutes
Material Transparencies, handouts, copy of the registers, Procedures Manual
Method discussion, group exercise

Handout Session 11 - Monthly Reports

Exercise: Divide the participants in 4- 5 groups.

- Following registers are included for the exercise. This is not the complete list but provides technique how to transfer data from register to monthly report form.

  1. Monthly reporting form
  2. Outpatient register
  3. Family planning register
  4. Maternal Health register
  5. Community Meeting register
  6. Stock register
  7. Lab register

- You are supposed to calculate total number in different registers and transfer data from registers and abstract forms to monthly report form

Please note that when you transfer data for hospital monthly report then use indoors registers. The forms are provided for hospital based staff and not necessary to use during this exercise.

You have 15 minutes to complete this exercise

Month: ________, Year: 200____
Total Working Days:___________

PHC Facility Monthly Report
_________________*District*

Section I: Identification					
1.	Facility ID		4.	**Signature of Facility In-charge:**	
2.	Facility Name				
3.	Tehsil		5.	**Designation:**	

	Section II: Achievement Made	Target	Performance
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	LHW pregnancy registration coverage		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	CYP		
8.	Monthly report data accuracy		

	Section III: Outpatients Attendance *(From OPD Register)*	**<1yr**	**1-4yrs**	**5 - 14**	**15 - 49**	**50 +**	**Total**
1.	Male *(New Cases)*						
2.	Female *(New Cases)*						
3.	Follow-up cases		4.	Referred cases attended			

	Section IV: Cases attending OPD *(From OPD Abstract Form)*	
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing>3 weeks (Suspected PTB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 y. o	
14	Diarrhoea / Dysentery in >5 y.o.	
15	Enteric Fever/Typhoid Fever	
16	Parasitic Infestation	
17	RTI/STI in Females	
18	STI in Males	
19	Suspected Meningitis	
20	Suspected Viral Hepatitis	
21	Urinary Tract Infection (UTIs)	
22	Fever due to other causes	
23	Diabetes Mellitus	
24	Epilepsy	
25	Goiter	
26	Malnutrition in < 5 y.o.	
	Skin Diseases	
27	Cutaneous Leishmaniasis	
28	Dermatitis & Eczema	
29	Scabies	
	Eye Diseases	
29	Night Blindness	
	Orthopedic Diseases	
30	Arthropathies	
31	Fractures	
	Mental /Behavioral Disorders	
32	Drug (Psycho-Active substance) Abuse	
33	Mental Disorder	
	Dental Diseases	
34	Dental Caries	
35	Periodontitis	
	Any Other Unusual Disease	
36	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
37	Animal / Dog bite	
38	Cardio Vascular Emergencies	
39	Poisoning	
40	Road Traffic Accident/Injuries	
41	Snake/Scorpion bite	

Section V- Immunization *(From EPI Register)*

1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*

1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*

1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*

1.	First Antenatal Care visits (ANC-1)		7.	Live births in the facility	
2.	ANC-1 women with Hb. <10 g/dl		8.	Live births with LBW < 2.5kg	
3.	Antenatal Care revisit in the facility		9.	Stillbirths in the facility	
4.	Postnatal Care visit		10.	Maternal deaths in the facility	
5.	Normal vaginal deliveries in facility		11.	Neonatal deaths in the facility	
6.	Vacuum / Forceps deliveries in facility				

Section IX: Community Based Data *(From LHW Report)*

			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*

1.	No. of community meetings		2.	No. of Participants	Male	
					Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)* ***(For RHC ONLY)***

	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	ECGs		

Laboratory Investigation for Communicable Diseases

Malaria			T.B			Viral Hepatitis & HIV		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month *(From Stock Register for Medicine/ Supplies)* **Tick where applicable**								
1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII: Indoor Services *(From Daily Bed Statement Register)* ***(For RHC ONLY)***

		Allocated Beds	**Admissions**	**Discharged /DOR**	**LAMA**	**Referred**	**Deaths**	**Total of Daily Patient Count**	**Bed Occupancy**
1.	Male								%
2.	Female								%

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		**Number of Admission**	**Number of Deaths**
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary TB		

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)*						
Post Name/Category		**Sanctioned**	**Vacant**	**Contract**	**On General duty in Facility**	**On General duty out of Facility**
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Sanitary Inspector					
8	Lab Assistants					
9	Dental Assistant					
10	X-Ray Assistant					
11	Lady Health Visitor					
12	Health Technician					
13	Dispenser					
14	EPI Vaccinator					
15	CDC Supervisor					
16	Midwife/Dai					
17	LHW					
18	Others					

Section XVII-A: Financial Report *(From Receipt Register)*						**Total Receipt**	**Deposited**
		Total Receipt	**Deposited**	5.	X-Ray	Rs.	
1.	OPD	Rs.		6.	Ultrasound	Rs.	
2.	Indoor	Rs.		7.	Dental Procedures	Rs.	
3.	Laboratory	Rs.		8.	Ambulance	Rs.	
4.	ECG	Rs.		9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*				***(For RHC ONLY)***
		Total Allocated Budget	**Expenditure this quarter**	**Balance to date**
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Handout Session 11 –Monthly Reports

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: FEB Year: 2006

Monthly OPD Serial No. (New cases)	Follow-up Cases (Put tTck Only)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Referred from (if applicable)	Provisional Diagnosis	Special Remarks
				MALE					FEMALE							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		<<Total Brought from Pervious Page>>														
			01-Feb													
1		Asma Bibi d/o Atif	Rawalpindhi							✔					Acute URI	
2		Ch. Dickens s/o Ejaz	Lahore					✔							Fracture of Rt. Femur	X-ray Rt. Leg
3		Fatima Begum w/o M. Malik	Topi									✔		LHW	Rheumatoid arthritis	
4		Ghulam Hussain s/o Hamid Hussain	Swabi		✔										Diarrhoea	
5		Ibrahim Jamshed s/o Iqbal Jamshed	Khunda				✔								Amoebic dysentery	
6		Khalid Lala s/o Gulzar Shah	Topi				✔								Enteric Fever	
7		Luckey Strike s/o Harsh Strike	Swabi					✔							Bronchial asthma	
8		M. Amjad s/o M. Asraf	Khunda				✔								Tonsillitis	

9		**Nazila Maqboor d/o Naveed Maqboor**	**Topi**							✔					**Pneumonia**	**Admission to the Female Ward**
10		**Obaid-ullah s/o Saif-ullah**	**Swabi**			✔									**Acute Flaccid Paralysis**	**Reporting & stool sampling**
			02-FEB													
11		**Parveen w/o Vehram**	**Khunda**									✔			**Hypertension**	
	✔	**Asma Bibi d/o Atif**														
12		**Ehsan**	**Swabi**		✔										**suspected meningitis**	**Referred to the DHQ hospital**
13		**Fahim**	**Khunda**				✔							**BHU**	**suspected Pulmonary TB**	**Sputum smear**
	✔	**Ghulam Hussain s/o Hamid Hussain**														**Admission to the Female Ward**
14		**Saleem**	**Topi**					✔							**Diabetes Mellitus**	
15		**Waheed**	**Swabi**				✔								**suspected viral hepatitis**	**HBV / HCV antigen**
16		**Yasin**	**Khunda**			✔									**Laceration**	**Suturing**
17		**Zaheed**	**Topi**	✔											**suspected Pertussis**	**Referred to the DHQ hospital**
18		**Ismat w/o Javed**	**Skardu**								✔				**Goiter**	
18	*2*	*<< Total >>*		*1*	*2*	*2*	*5*	*3*	*0*	*2*	*1*	*2*	*0*	*2*	*<< Transfer Total to Next Page>>*	

OUT-PATIENT DEPARTMENT (OPD) REGISTER Month: FEB Year: 2006

Yearly OPD Serial No. (New cases)	Follow-up Cases (Tick., if applicable)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Referred from (if applicable)	Provisional Diagnosis	Special Remarks
				MALE					FEMALE							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	*2*	*<<Total Brought from Previous Page>>*		*1*	*2*	*2*	*5*	*3*	*0*	*2*	*1*	*2*	*0*	*2*		
19		Mattu	Tokyo				✔								Acute Appendicitis	Surgical Operation
			03-FEB													
20		Luckey Strike s/o Harsh Strike	Swabi					✔							Cough > 3weeks	Sputum smear
		<< Total >>													*<< Transfer Total to Next Page>>*	

Handout Session 11: Abstract Register

OPD Abstract Form at _________________ OPD Month: _________, Year: 200__

Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Priority Health Problems		Tally	Total
1		2	3
Cardiac Diseases			
1.	Ischemic Heart Diseases (IHD)		
2.	Hypertension		
Respiratory Diseases			
3.	Asthma /COPD		
4.	Cough continuing > 3 weeks (Suspected pulmonary TB)		
5.	Acute Upper Respiratory Infections		
6.	Pneumonia in <5 y.o.		
7.	Pneumonia in >5 y.o.		
Vaccine Preventable Diseases			
8.	Suspected Diphtheria		
9.	Suspected Measles		
10.	Suspected Pertussis		
Other Medical / Pediatric Diseases			
11.	Clinical Malaria		
12.	Confirmed Malaria		
13.	Diarrhoea / Dysentery in <5 y.o.		
14.	Diarrhoea / Dysentery in >5 y.o.		
15.	Enteric fever/ Typhoid fever		
16.	Parasitic Infestation		
17.	RTI/STI in Females		
18.	STI in Males		
19.	Suspected Meningitis		
20.	Suspected Viral Hepatitis		
21.	Urinary Tract Infection (UTI)		
22.	Fever due to other causes		
23.	Diabetes Mellitus		
24.	Epilepsy		
25.	Goiter		
26.	Malnutrition in <5 y.o.		
Dental Diseases			
27.	Dental Caries		
28.	Periodontitis		
Eye Disease			
29.	Night Blindness		
Mental/ Behavioral Disorders			
30.	Drug (Psycho-Active substance) Abuse		
31.	Mental Disorder		
Orthopedic Diseases			
32.	Arthropathies		
33.	Fractures		
Skin Diseases			
34.	Cutaneous Leishmaniasis		
35.	Dermatitis & Eczema		
36.	Scabies		
Unusual Diseases to be reported			
37.	*(Specify)*		
Emergency *(From OPD Register for Emergency Department)*			
38.	Animal / Dog bite		
39.	Cardio Vascular Emergencies		
40.	Poisoning		
41.	Road Traffic Accident/Injuries		
42.	Snake /Scorpion bite		

Handout Session 11: Maternal Health Register

Yearly MH Serial No. (New cases)	Follow-up Cases (Previous yearly No.)	Name with Husband Name	Age (in years)	Address	Hb (Tick if <10 g/dl)	ANC Services		PNC Services		TT Vaccination					Other Services (Investigation/ referrals)
						ANC1	ANC Revisit	PNC1	PNC Revisit	TT 1	TT 2	TT 3	TT 4	TT 5	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total brought from previous page>>													
834		Mahnoor w/o M. Baloch	42	F-7		✔				✔					Twins
	✔	Shakeela w/o S. Khan	21	F-6			✔				✔				
	✔	Naila w/o Ahmad Gull	18	G-10	✔		✔								
	✔	Bushra w/o Waheed	17	G-11				✔							
835		Farah w/o Afsar Khan	33	H-3	✔	✔				✔					
	✔	Fatima w/o Momin Jan	39	F-4					✔						
836		Mehmuda w/o Hussain	24	F-2	✔	✔				✔					Breech position
837		Khaleda w/o Akram	48	G-6	✔	✔									
	✔	Bashira w/o M. Raheem	19	G-5	✔				✔						
838		Samina w/o Ali	28	G-9		✔				✔					
5	5	<<Total >>			5	5	2	1	2	4	1				

Handout Session 11: Family Planning Register

Yearly FP Client No. (New client)	Follow-up Client (Tick, if applicable)	Client Name with Spouse Name	Age	Address	FP Commodities Provided										Others
					Quantity			Tick appropriate column							
					Pills (Cycles)			Injections (Doses)		IUDs					
					Combined Oral Contraceptives (COC)	Progesterone only Pills (POP)	Condom (Pieces)	NET-EN	DPMA	Cu-T 380A	Cu - 375	Tubal Ligation	Vasectomy	Implant	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total Brought From Previous Page>>													
121		**Mahnoor w/o M. Baloch**	**21**	F-7	**2**										
122		**Noreen w/o M. Zubair**	**37**	F-6			**10**								
	✔	**Nazish w/o Khurram**	**48**	G-10		**1**									
123		**Asia Akhtar w/o M. Raza**	**19**	G-11						✔					
	✔	**Khaleda w/o M. Tahir**	**22**	H-3		**2**									
124		**Nuzhat w/o Safiullah**	**26**	F-4					✔						
	✔	**Mehwish w/o Waqas Mughal**	**20**	F-2			**10**								
	✔	**Tiba w/o Afzal Mughal**	**45**	G-6		**2**									
	✔	**Salma w/o Nahid Khan**	**34**	G-5								✔			
	✔	**Ayesha w/o M. Zulfiqar**	**31**	G-9			**10**								
4	**6**	*<<Total>>*			**2**	**5**	**30**		**1**	**1**		**1**			

Handout Session 11: Stock Register (Medicines)

STOCK REGISTER
Medicines/ Supplies

Page No. _4___

Name of Article:______Tab. Cotrimoxazole_______________________ Unit/Strength __DS________

Minimum Recommended Stock Level: _______180_______*(Take action for replenishment if the minimum level is reached)*

Date	Issued to /Received From with Reference No.	Quantity in Units				Store Keeper Signature	Counter Sign	Remarks *(Tick if balance '0')**
		Received	Issued	Discarded	Balance			
1	2	3	4	5	6	7	8	9
	Balance brought forward							
1/2	Balance brought forward from previous page No. 3				400	*Ali*	*Asim*	
6/2	Issued to Female Surgical Ward		30		370	*Ali*	*Asim*	
12/2	Issued to Casualty Outdoor		30		340	*Ali*	*Asim*	
15/2	Issued to Male Surgical Ward		30		310	*Ali*	*Asim*	
25/2	Issued to Male Surgical Ward		30		280	*Ali*	*Asim*	
28/2	Issued to Female Surgical Ward		30		250	*Ali*	*Asim*	
2/3	Received from EDOH vide voucher no. 302/M dated 26-2-06	300			550	*Ali*	*Asim*	
9/3	Issued to Casualty Outdoor		30		520	*Ali*	*Asim*	
16/3	Issued to Female Surgical Ward		30		490	*Ali*	*Asim*	

** Immediately inform the in-charge or appropriate authority in case balance is 0.*

Daily Medicine Expense Register

Month:_______________ Year:_____________

Name of Article	Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1	2	3																															4
Tab. Diclofenac	50 mg	10	5	10	3	0	0	4	5	0	9	10	0	0	0	8	7	6	5	0	4	5	2	0	9	7	0	2	2	7	6	10	136
Syp. Paracetamol		12	7	12	5	0	2	2	2	2	2	2	0	2	2	10	9	8	7	0	6	7	4	2	11	9	0	4	4	9	8	12	162
Tab. Hyoscine	200	0	2	0	3	0	3	5	4	5	8	6	0	8		2		3	3	0	4	9	5	4	12	5	0	3	4	5	6	3	112
Syp. Amoxicillin	250 mg	20	10	3	4	0	3	20	19	0	11	32	0	3	3	4	7	7	6	0	5	5	7	0	11	7	0	2	4	4	6	22	225
Cap. Amoxicillin	500 mg	12	2	3	4	0	3	7	3	4	5	6	0	3	4	7	7	6	7	0	7	7	9	2	13	9	0	4	6	6	8	24	178
Tab. Cotrimoxazole	DS	10	5	5	5	0	3	4	4	4	2	1	0	0	0	8	9	8	9	0	3	3	4	7	7	6	0	3	5	5	7	23	150
Syp. Cotrimoxazole		26	16	9	10	0	9	26	25	6	17	38	0	9	9	10	13	13	12	0	2	2	4	3	8	4	0	3	3	1	3	19	300
Tab. Metronidazole	400	3	4	23	3	0	4	3	3	1	10	11	0	20	19	0	7	7	6	0	4	4	6	5	10	6	0	2	2	0	2	18	183
Syp. Metronidazole		4	2	3	3	0	4	2	5	9	11	12	0	6	6	14	20	19	0	0	0	0	8	7	12	8	0	2	2	7	6	10	182
Syp. Aminophyline		14	2	0	0	0	5	1	7	10	8	6	0	5	5	7	0	11	7	0	2	2	10	9	14	10	0	2	2	7	6	10	162

Handout Session 11: Community Meeting Register

COMMUNITY MEETINGS REGISTER

Month: ___________ Year: ___________

Date	Place			Number of Participants		Topics Discussed	Recommendation	Sign of Facility In-charge
	At Facility	Community	LHW Houses	Male	Female			
1	2	3	4	5	6	7	8	9
2/6	✔			5		Sanitation		Suja
2/13		✔			10	Family planning	Meeting with male participants	Suja
2/20			✔		20	Immunization	Camp at LHWs house	Suja
2/27			✔		10	Maternal Health	More frequent meetings with community	Suja
3/6		✔		10		NID		Suja
3/13		✔		10		Nutrition	Availability of iodized salt	Suja
3/20			✔		20	Anti-Tobacco	Strict regulations at public places	Suja
3/27	✔			13		AIDS	More campaigns	Suja
4/3	✔				20	Maternal and newborn health	Meeting with husbands/male	Suja
4/10	✔				22	Breast feeding	Discourage formula milk sale near hospitals	Suja
<<Total>>	4	3	3	38	102			

Handout Session 11: Facility Staff Meeting

Facility Staff Meeting **Minutes of Meeting and Recommendations**	
No. of Participants:	**Date:**
Topics Discussed:	
Follow-up of decisions of the previous meeting:	
Proceedings of the Meeting:	
Recommendation/Decision:	
	Signature of facility In-charge:

Month: _________, Year: 200__
Total Working Days: _______

Secondary Hospital Monthly Report
________________*District*

Section I: Identification									
1.	Facility ID							3.	**Signature of Facility In-charge:**
2.	Facility Name							4.	**Designation:**

Section II: Achievements Made		**Target**	**Performance**			**Target**	**Performance**
1.	Full immunization coverage			8.	Proportion of TB-DOTS patients missing		
2.	CYP			9.	Daily OPD attendance		
3.	Antenatal care coverage			10.	Lab services utilization		
4.	Delivery coverage at facility			11.	Bed Occupancy rate		
5.	Expected C-sections performed			12.	LAMA rate		
6.	Expected obstetric complications attended			13.	Hospital (indoor) death rate		
7.	Monthly report data accuracy						

Section III: Outpatients Attendance *(From OPD Register)*

Specialty		**New cases**							**Follow-up**	**Referred Attended**
		<1 yr	**1-4**	**5 - 14**	**15 - 49**	**50 +**	**Male**	**Female**		
1.	General OPD									
2.	Medicine									
3.	Surgery									
4.	Pediatrics									
5.	Eye									
6.	ENT									
7.	Orthopedics									
8.	Psychiatry									
9.	Dental									
10.	Skin									
11.	OB/GYN									
12.	Emergency/ Casualty									
13.	Others									
Grand Total										

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
Cardiac Diseases		
1.	Ischemic Heart Diseases(IHD)	
2.	Hypertension	
Respiratory Diseases		
3.	Asthma/COPD	
4.	Cough continuing>3 weeks (suspected PTB)	
5.	Acute Upper Respiratory Infections	
6.	Pneumonia in <5 y. o.	
7.	Pneumonia In > 5 y. o.	
Vaccine Preventable Diseases		
8.	Suspected Diphtheria	
9.	Suspected Measles	
10.	Suspected Pertussis	
Other Medical/ Pediatric Diseases		
11.	Clinical Malaria	
12.	Confirmed Malaria	
13.	Diarrhoea / Dysentery in <5 y.o.	
14.	Diarrhoea / Dysentery in >5 y.o.	
15.	Enteric Fever/ Typhoid Fever	
16.	Suspected Meningitis	
17.	Suspected Viral Hepatitis	
18.	Urinary Tract Infection (UTI)	
19.	Fever due to other causes	
20.	Parasitic Infestation	
21.	RTI/STI in Females	
22.	STI in Males	

1.	Diabetes Mellitus	
2.	Epilepsy	
3.	Goiter	
4.	Malnutrition in < 5 y.o.	
Skin Diseases		
5.	Cutaneous Leishmaniasis	
6.	Dermatitis & Eczema	
7.	Scabies	
Eye Diseases		
8.	Night Blindness	
Orthopedic Diseases		
9.	Arthropathies	
10.	Fractures	
Mental /Behavioral Disorders		
11.	Drug (Psycho-Active substance) Abuse	
12.	Mental Disorder	
Dental Diseases		
13.	Dental Caries	
14.	Periodontitis	
Any Other Unusual Disease		
15.	*(Specify)*	
Emergency *(From OPD Register for Emergency Department)*		
16.	Animal / Dog bite	
17.	Cardio Vascular Emergencies	
18.	Poisoning	
19.	Road Traffic Accident/Injuries	
20.	Snake/Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1..	First Antenatal Care visits (ANC-1)		13.	Ectopic Pregnancies	
2.	ANC-1 women with Hb. <10 g/dl		14.	Postpartum Hemorrhage (PPH)	
3.	Antenatal Care revisit in the facility		15.	Pre-Eclampsia/ Eclampsia	
4.	Postnatal Care visit		16.	Prolonged/ Obstructed Labors	
	Deliveries in the facility		17.	Puerperal Sepsis	
5.	Normal vaginal deliveries		18.	Rupture Uterus	
6.	Vacuum / Forceps deliveries		19.	Other causes	
7.	Cesarean Sections			**Neonatal deaths in the facility**	
8.	Live births in the facility		20.	Birth Trauma	
9.	Live births with LBW < 2.5kg		21.	Birth Asphyxia	
10.	Stillbirths in the facility		22.	Bacterial sepsis	
	Maternal deaths in the facility		23.	Congenital Abnormalities	
11.	Antepartum Hemorrhage (APH)		24.	Prematurity	
12.	Complications of Abortion		25.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*							
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	CT Scan		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month *(From Stock Register for Medicine/ Supplies)* **Tick where applicable**								
1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*									
Specialty		**Allocated Beds**	**Admissions**	**Discharged /DOR**	**LAMA**	**Referred**	**Deaths**	**Total of Daily Patient Count**	**Bed Occupancy**
1.	Medicine								%
2.	Surgery								%
3.	Pediatrics								%
4.	OB/GYN								%
5	Eye								%
6.	ENT								%
7.	Orthopedics								%
8.	Cardiology								%
9.	Neuro Surgery								%
10.	Psychiatry								%
11.	TB/ Chest								%
12.	Skin								%
13.	Others								%
	Grand Total								%

Section XIII-B: Cases attending Indoors *(From Abstract Foms for Indoor)*		
Medical		
1.	Chronic Liver Disease	
2.	Chronic Renal Failure	
3.	Diabetes Mellitus	
4.	Diarrhoea / Dysentery in <5 yrs	
5.	Diarrhoea / Dysentery in >5 yrs	
6.	Enteric Fever /Typhoid	
7.	Epilepsy	
8.	Malaria	
9.	Meningitis	
10.	Viral Hepatitis A & E	
11.	Viral Hepatitis B & C	
Respiratory Diseases		
12.	Asthma /COPD (Chronic Obstructive Pulmonary Diseases)	
13.	Pneumonia in <5 yrs	
14.	Pneumonia in >5 yrs	
15.	Pulmonary TB	
16.	Extrapulmonary TB	
Cardiac Diseases		
17.	Congestive Cardiac Failure (CCF)	
18.	Hypertension	
19.	Ischemic Heart Diseases (IHD)	
Vaccine Preventable Diseases		
20.	Neonatal Tetanus	
21.	Suspected Acute Flaccid Paralysis (AFP)	
Surgical		
22.	Acute Appendicitis	
23.	Burns	
24.	Cholelithiasis / Cholecystitis	
25.	Hernias	
26.	Hyperplasia of Prostate	
27.	Urolithiasis	

Section XIII-B: Cases attending Indoors *(From Abstract Forms for Indoor)*		
Orthopedic Diseases		
28.	Arthropathies	
29.	Fractures	
Eye		
30.	Cataract	
31.	Corneal Opacity	
32.	Glaucoma	
ENT		
33.	Chronic Otitis Media	
34.	DNS	
Gynecological		
35.	Fibroid Uterus	
36.	Inflam. diseases of female pelvic organs (PID)	
37.	Uterine Prolaps	
38.	Vesico -Vaginal Fistula	
Obstetric		
39.	Antepartum Hemorrhage (APH)	
40.	Complications of Abortion	
41.	Ectopic Pregnancies	
42.	Postpartum Hemorrhage (PPH)	
43.	Pre-Eclampsia/ Eclampsia	
44.	Prolonged/ Obstructed Labors	
45.	Puerperal Sepsis	
46.	Rupture Uterus	
Neurological/Neurosurgical		
47.	CVA/Stroke	
48.	Head Injuries	
Mental Behavioral Disorder		
49.	Drug Abuse (Psycho-Active substance use)	
50.	Mental Disorder	

Section XIV: Surgeries *(From OT Register)*		
1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)*		
1.	Diarrhea/Dysentery in < 5 yrs.	
2.	Pneumonia in <5 yrs.	
3.	Malaria	
4.	Pulmonary TB	

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

Post Name/Category		Sanc.	V	C	G-In	G-Out	Post Name/Category		Sanc.	V	C	G-In	G-Out
1	MS /Deputy MS						17	Dental Surgeon					
2	Medical Specialist						18	Physiotherapists					
3	Surgical Specialist						19	Matron					
4	Cardiologist						20	Head /Charge Nurse					
5	Chest Specialist						21	Staff Nurse					
6	Neurosurgeon						22	Lab Assistant/Techs.					
7	Orthopedic Surgeon						23	X-Ray Assist /Techs					
8	Child Specialists						24	Dental Assist. /Techs					
9	Gynecologists						25	ECG Assist./Techs.					
10	Eye Specialists						26	Lady Health Visitors					
11	ENT Specialists						27	Health Technicians					
12	Anesthetist						28	Dispensers					
13	Pathologist						29	EPI Vaccinators					
14	Radiologist						30	Sanitary Inspectors					
15	SMO/ SWMO						31	Midwife/Dais					
16	MO/WMO						32	Others					

Section XVII-A: Financial Report *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*				
		Total Allocated Budget	**Expenditure this quarter**	**Balance to date**
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Session 12: Ensuring Data Quality

Objectives:

By end of this module, participants will be able to:

- Describe characteristics of data quality
- Describe measurable data quality level
- Describe methods of checking data accuracy
- Use LQAS table for assessing level of data accuracy
- Assess data accuracy level at facility and district
- Monitor data accuracy level using LQAS table
- Sharing results in plenary and receiving feedback

Time: **60 minutes**
Materials: **Flip chart, markers, definitions on flip charts or transparencies**

1. Data accuracy assessment Job aid (HANDOUT #DQ1)
2. Monthly reporting form (HANDOUT # DQ 2)
3. Outpatient register (HANDOUT # DQ 3)
4. EPI register (HANDOUT # DQ 4)
5. Family planning register (HANDOUT # DQ 5)
6. Maternal Health and Obstetric register (HANDOUT # DQ 6)
7. LHW register (HANDOUT # DQ 7)
8. Community Meeting register (HANDOUT # DQ 8)
9. Stock register (HANDOUT # DQ 9)
10. Lab register (HANDOUT # DQ 10)
11. TB register (HANDOUT # DQ 11)

Method: **Discussion, Group exercise**

Handout Session 14; page ?? Participants Manual: Data Accuracy Check Exercise

Exercise: Divide the group in a pair of two-three. Distribute the HANDOUT #DQ1, monthly report (HANDOUT # DQ2) and all registers (HANDOUTS #DQ3-10).

Ask them to carry out the exercise using the given instructions in HANDOUT #1, and determine the data accuracy level. Share the results in plenary and receive feedback.

You have 45 minutes to complete this exercise.

Ask group to take three minutes to present their findings – target, decision rule, obtained data accuracy, and whether target achieved? If not what is the gap between target and existing data accuracy?

Handout Session 12: Ensuring Data Quality Handout DQ-01

Government of Pakistan, Provincial Health Department, HIS Cell
JOB AID Self-assessment for Checking and Monitoring Data Accuracy at *Facility level*

1. Checking Data Accuracy of Monthly Report, Using LQAS Table

1. Selection of data elements is random, which means select data elements without any preference. A broad representation of the data elements from different sections of the monthly report form is required to assure all data elements are given equal opportunity for selection. A sample of 12 data elements is required based on LQAS table.
2. Select randomly one data element from each section of the previous monthly report. Write the selected data element in the first column of the data accuracy check sheet given below. Repeat the procedure till all data elements from different sections are entered in first column.
3. Copy the figures of the selected data elements as reported on the monthly report form in second column of data quality check sheet, under the heading of "figures from monthly report form".
4. Pick the register which has the selected data element. Count the actual entries in the register related to a specific selected data element. Put the figure you counted in third column of check sheet, under the heading "figure from register". Repeat this procedure for all data elements.
5. If the figures in column 2 and 3 are same, put a cross under YES in column four. If they are not the same (does not match), put a cross under NO in column four. Repeat this procedure for all data elements.
6. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 12.

Data Accuracy Check Sheet Write down month for which data accuracy is checked_______________

Randomly Selected Data Elements from the monthly reporting form	Figures from the Monthly report form (2)	Figures counted from registers (3)	Do figures from column 2 &3 Match?	
			YES	NO
1. OPD monthly report section-				
2. OPD monthly report section –				
3. EPI monthly report section –				
4. Family planning monthly report section -				
5. Mother health monthly report section –				
6. LHW monthly report section –				
7. Community meeting monthly report section				
8. Stock monthly report section –				
9.				
10.				
11.				
12.				
		Total		

7. Total in "Yes" column corresponds to the percentage of level of data accuracy in the following LQAS table. For example, if total "yes" number is 2, the accuracy level is between 30-35%; if total "yes" number is 7, the accuracy level is between 65-70%.
8. Circle the data accuracy percentage and write it in section 15 of monthly report in the monthly report and submit to district office.

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%

Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
12	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

2. Monitoring the Data Accuracy Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges ±15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

Handout DQ-02

Month: __________, Year: 200__

Total Working Days: _______

PHC Facility Monthly Report

________________*District*

Section I: Identification				
1.	Facility ID		4.	**Signature of Facility In-charge:**
2.	Facility Name			
3.	Tehsil		5.	**Designation:**

Section II: Achievement Made		**Target**	**Performance**
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	LHW pregnancy registration coverage		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	CYP		
8.	Monthly report data accuracy		

Section III: Outpatients Attendance *(From OPD Register)*		**<1yrs**	**1-4yrs**	**5 - 14**	**15 - 49**	**50 +**	**Total**
1.	Male *(New Cases)*	**3**	**2**	**5**	**8**	**4**	
2.	Female *(New Cases)*	**2**	**2**	**3**	**2**	**3**	
3.	Follow-up cases		4.	Referred cases attended			

Section IV: Cases attending OPD *(From OPD Abstract Register)*		
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing>3 weeks (Suspected PTB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 years old	
14	Diarrhoea / Dysentery in >5 years old	
15	Enteric Fever/Typhoid Fever	
16	Suspected Meningitis	
17	Suspected Viral Hepatitis	
18	Urinary Tract Infection (UTIs)	
19	RTI/STI in Females	
20	STI in Males	
21	Fever due to other causes	
22	Parasitic Infestation	
23	Diabetes Mellitus	
24	Epilepsy	
25	Goiter	
26	Malnutrition in < 5 years old	
	Skin Diseases	
27	Cutaneous Leishmaniasis	
28	Dermatitis & Eczema	
29	Scabies	
	Eye Diseases	
30	Night Blindness	
	Orthopedic Diseases	
31	Arthropathies	
32	Fractures	
	Mental /Behavioral Disorders	
33	Drug (Psycho-Active substance) Abuse	
34	Mental Disorder	
	Dental Diseases	
35	Dental Caries	
36	Periodontitis	
	Any Other Unusual Disease	
37	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
38	Animal / Dog bite	
39	Cardio Vascular Emergencies	
40	Poisoning	
41	Road Traffic Accident/Injuries	
42	Snake/Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	**6**
2.	Children <1 received measles vaccine	**3**	4.	Pregnant women received TT -2 vaccine	**3**

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients	**8**	2.	Intensive phase TB-DOTS patients missing treatment >1 week	**5**

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles	**3**	4.	Net-En Inj.	**0**	7.	Tubal Ligation	**2**
2.	POP cycles	**7**	5.	Condom Pieces	**20**	8.	Vasectomy	**0**
3.	DMPA inj.	**1**	6.	IUD	**2**	9.	Implants	**0**

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1)	**7**	7.	Live births in the facility	**2**
2.	ANC-1 women with Hb. <10 g/dl	**7**	8.	Live births with LBW < 2.5kg	**0**
3.	Antenatal Care revisit in the facility	**3**	9.	Stillbirths in the facility	**0**
4.	Postnatal Care visit	**3**	10.	Maternal deaths in the facility	**0**
5.	Normal vaginal deliveries in facility	**2**	11.	Neonatal deaths in the facility	**0**
6.	Vacuum / Forceps deliveries in facility	**0**			

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	**1**
1.	Pregnant women newly registered by LHW	**2**	5.	No. of modern FP method users	**0**
2.	Delivery by skilled persons reported	**3**	6.	<5 year diarrhea cases reported	**10**
3.	Maternal deaths reported	**1**	7.	< 5 year ARI cases reported	**5**

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	**40**
1.	No. of community meetings	**4**			Female	**102**

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*
(For RHC ONLY)

	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	ECGs		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined	**10**	1.	Slides for AFB Diagnosis	**0**	1.	Patients screened	**0**
2.	Slides MP +ve	**5**	2.	Diagnosis slides with AFB +ve	**0**	2.	Hepatitis B +ve	**0**
3.	Slides P. Falciparum +ve	**4**	3.	Follow-up slides for AFB	**0**	3.	Hepatitis C +ve	**0**
			4.	Follow-up slides with AFB +ve	**0**	4.	HIV +ve	**0**

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole	✓	14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII: Indoor Services *(From Daily Bed Statement Register)*
(For RHC ONLY)

		Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy
1.	Male								%
2.	Female								%

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		**Number of Admission**	**Number of Deaths**
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary TB		

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)*

Post Name/Category		Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Sanitary Inspector					
8	Lab Assistants					
9	Dental Assistant					
10	X-Ray Assistant					
11	Lady Health Visitor					
12	Health Technician					
13	Dispenser					
14	EPI Vaccinator					
15	CDC Supervisor					

16	Midwife/Dai					
17	LHW					
18	Others					

Section XVII-A: Financial Report *(From Receipt Register)*						**Total Receipt**	**Deposited**
		Total Receipt	**Deposited**	5.	X-Ray	Rs.	
1.	OPD	Rs.		6.	Ultrasound	Rs.	
2.	Indoor	Rs.		7.	Dental Procedures	Rs.	
3.	Laboratory	Rs.		8.	Ambulance	Rs.	
4.	ECG	Rs.		9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***				
		Total Allocated Budget	**Expenditure this quarter**	**Balance to date**
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Handout DQ-03

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: FEB Year: 2006

Monthly Serial No. (New cases)	Follow-up Cases (Put tick only)	Name with Father / Husband Name	Address	SEX & AGE CATEGORY (Tick in appropriate column)										Referred from (if applicable)	Provisional Diagnosis	Special Remarks
				MALE					FEMALE							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		<<Total Brought from Pervious Page>>														
			01-Feb													
1		Asma Bibi d/o Atif	Rawalpindhi							✔					Acute URI	
2		Ch. Dickens s/o Ejaz	Lahore					✔							Fracture of Rt. Femur	X-ray Rt. Leg
3		Fatima Begum w/o M. Malik	Topi									✔		LHW	Rheumatoid arthritis	
4		Ghulam Hussain s/o Hamid Hussain	Swabi		✔										Diarrhoea	
5		Ibrahim Jamshed s/o Iqbal Jamshed	Khunda				✔								Amoebic dysentery	
6		Khalid Lala s/o Gulzar Shah	Topi				✔								Enteric Fever	
7		Luckey Strike s/o Harsh Strike	Swabi					✔							Bronchial asthma	
8		M. Amjad s/o M. Asraf	Khunda				✔								Tonsillitis	

9		**Nazila Maqboor d/o Naveed Maqboor**	**Topi**							✔					**Pneumonia**	**Admission to the Female Ward**
10		**Obaid-ullah s/o Saif-ullah**	**Swabi**			✔									**Acute Flaccid Paralysis**	**Reporting & stool sampling**
			02-FEB													
11		**Parveen w/o Vehram**	**Khunda**									✔			**Hypertension**	
	✔	**Asma Bibi d/o Atif**														
12		**Ehsan**	**Swabi**		✔										**suspected meningitis**	**Referred to the DHQ hospital**
13		**Fahim**	**Khunda**				✔							**BHU**	**suspected Pulmonary TB**	**Sputum smear**
	✔	**Ghulam Hussain s/o Hamid Hussain**														**Admission to the Female Ward**
14		**Saleem**	**Topi**					✔							**Diabetes Mellitus**	
15		**Waheed**	**Swabi**				✔								**suspected viral hepatitis**	**HBV / HCV antigen**
16		**Yasin**	**Khunda**			✔									**Laceration**	**Suturing**
17		**Zaheed**	**Topi**	✔											**suspected Pertussis**	**Referred to the DHQ hospital**
18		**Ismat w/o Javed**	**Skardu**								✔				**Goiter**	
18	***2***	*<< Total >>*		***1***	***2***	***2***	***5***	***3***	***0***	***2***	***1***	***2***	***0***	***2***	*<< Transfer Total to Next Page>>*	

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: *FEB* Year: *2006*

Yearly Serial No. (New cases)	**Follow-up Cases** (Put tick only)	**Name with Father / Husband Name**	**Address**	**SEX & AGE CATEGORY** (Tick in appropriate column)										**Referred from** (if applicable)	**Provisional Diagnosis**	**Special Remarks**
				MALE					**FEMALE**							
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	*2*	*<<Total Brought from Previous Page>>*		*1*	*2*	*2*	*5*	*3*	*0*	*2*	*1*	*2*	*0*	*2*		
19		Mattu	Tokyo				✔								Acute Appendicitis	Surgical Operation
			03-FEB													
20		Luckey Strike s/o Harsh Strike	Swabi					✔							Cough > 3weeks	Sputum smear
		<<Total>>													<<Transfer total to next page>>	

OPD Abstract Form at _________________ OPD Month: _________, Year: 200__

Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

	Priority Health Problems	Tally	Total
	1	2	3
Cardiac Diseases			
4	Ischemic Heart Diseases (IHD)		
4	Hypertension		
Respiratory Diseases			
4	Asthma /COPD		
4	Cough continuing > 3 weeks (Suspected pulmonary TB)		
4	Acute Upper Respiratory Infections		
4	Pneumonia in <5 y.o.		
4	Pneumonia in >5 y.o.		
Vaccine Preventable Diseases			
5	Suspected Diphtheria		
5	Suspected Measles		
5	Suspected Pertussis		
Other Medical / Pediatric Diseases			
5	Clinical Malaria		
5	Confirmed Malaria		
5	Diarrhoea / Dysentery in <5 y.o.		
5	Diarrhoea / Dysentery in >5 y.o.		
5	Enteric fever/ Typhoid fever		
5	Parasitic Infestation		
5	RTI/STI in Females		
6	STI in Males		
6	Suspected Meningitis		
6	Suspected Viral Hepatitis		
6	Urinary Tract Infection (UTI)		
6	Fever due to other causes		
6	Diabetes Mellitus		
6	Epilepsy		
6	Goiter		
6	Malnutrition in <5 y.o.		
Dental Diseases			
6	Dental Caries		
7	Periodontitis		
Eye Disease			
7	Night Blindness		
Mental/ Behavioral Disorders			
7	Drug (Psycho-Active substance) Abuse		
7	Mental Disorder		
Orthopedic Diseases			
7	Arthropathies		
7	Fractures		
Skin Diseases			
7	Cutaneous Leishmaniasis		
7	Dermatitis & Eczema		
7	Scabies		
Unusual Diseases to be reported			
7	*(Specify)*		
Emergency *(From OPD Register for Emergency Department)*			
8	Animal / Dog bite		
8	Cardio Vascular Emergencies		
8	Poisoning		
8	Road Traffic Accident/Injuries		
8	Snake /Scorpion bite		

Handout DQ-04

Town/City________________________ **Permanent Immunization Register** Center____________________

Tehsil/District_____________________
Team member_______________

S. No.	Card No	Name	Father's/ Mother's Name and address	Date of birth or age	Date of Immunization																			
					BCG	OPV				DPT			HBV			Measles	TT					Other		
						0	I	II	III	I	II	III	I	II	III		I	II	III	IV	V			
				8					x			x			x									
				9					x			x			x	x								
				11			x			x			x			x	x							
				6			x			x			x				x							
				3					x			x			x									
				2			x			x			x											
				0	x	x																		
				1	x		x			x			x											
				4			x			x			x											
				4			x			x			x											
				5			x			x			x											
				6																				
				12					x			x			x									
				21														x	x					
				20														x						
				10				x			x			x										
					2	1	7	1	4	7	1	4	7	1	4	2	2	2	1					

Handout DQ-05

Family Planning Register

Yearly FP Client No. (New client)	Follow-up Client (Tick, if applicable)	Client Name with Spouse Name	Age	Address	FP Commodities Provided										Others
					Quantity			*Tick appropriate column*							
					Pills *Cycles*			Injections *(Doses)*		IUDs					
					Combined Oral Contraceptives (COC)	Progesterone only Pills (POP)	Condom *(Pieces)*	NET-EN	DPMA	Cu-T 380A	Cu - 375	Tubal Ligation	Vasectomy	Implant	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total Brought From Previous Page>>													
121		**Mahnoor w/o M. Baloch**	**21**	F-7	**2**										
122		**Noreen w/o M. Zubair**	**37**	F-6			**10**								
	✔	**Nazish w/o Khurram**	**48**	G-10		**1**									
123		**Akhtar w/o M. Raza**	**19**	G-11						✔					
	✔	**Fatima w/o M. Tahir**	**22**	H-3		**2**									
124		**Farah w/o Safiullah**	**26**	F-4					✔						
	✔	**Anam w/o Waqas Mughal**	**20**	F-2			**10**								
	✔	**Tiba w/o Afzal Mughal**	**45**	G-6		**2**									
	✔	**Salma w/o Nahid Khan**	**34**	G-5								✔			
	✔	**Saleha w/o M. Zulfiqar**	**31**	G-9			**10**								
4	**6**	*<<Total>>*			**2**	**5**	**30**		**1**	**1**		**1**			

Handout DQ-06 **Mother Health Register**

Yearly Serial No. (New cases)	Follow-up Cases (Previous yearly No.)	Name with Husband Name	Age (*in years*)	Address	Hb (Tick if <10 g/dl)	ANC Services		PNC Services		TT Vaccination					Other Services (*Investigation/ referrals*)
						ANC 1	ANC Revisit	PNC1	PNC Revisit	TT 1	TT 2	TT 3	TT 4	TT 5	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total brought from previous page>>													
834		**Mahnoor w/o M. Baloch**	42	F-7		✔				✔					Twins
	✔	**Noreen w/o M. Zubair**	21	F-6			✔				✔				
	✔	**Nazish w/o Khurram**	18	G-10	✔		✔								
	✔	**Akhtar w/o M. Raza**	17	G-11				✔							
835		**Shazia w/o M. Tahir**	33	H-3	✔	✔				✔					
	✔	**Hafeeza w/o Safiullah**	39	F-4					✔						
836		**Fatima w/o Waqas Mughal**	24	F-2	✔	✔				✔					Breech position
837		**Tiba w/o Afzal Mughal**	48	G-6	✔	✔									
	✔	**Salma w/o Nahid Khan**	19	G-5	✔				✔						
838		**Saleha w/o M. Zulfiqar**	28	G-9		✔				✔					
5	5	<<Total >>			5	5	2	1	2	4	1				

Handout DQ-07

Monthly LHW Report Form

نیشنل پروگرام برائے خاندانی منصوبہ بندی و بنیادی صحت

ماہانہ رپورٹ برائے لیڈی ہیلتھ ورکر

ماہ .... سال .... نام مرکز صحت .... کوڈ مرکز صحت

لیڈی ہیلتھ ورکر

نام ....
گاؤں / محلہ ....
تحصیل / تعلقہ ....
ضلع .... سپروائزر کا نام ....
لیڈی ہیلتھ ورکر کا کوڈ نمبر
لیڈی ہیلتھ ورکر کے علاقے کی رجسٹرڈ آبادی

۱۔ بنیادی معلومات

صحت کمیٹی تشکیل دی گئی ہے — ہاں / نہیں
عورتوں کی کمیٹی تشکیل دی گئی ہے — ہاں / نہیں
علاقے میں رجسٹرڈ خاندانوں کی کل تعداد
تعداد خاندان جن کو پینے کے پانی کا انتظام ہے: نل کا پانی / ہاتھ کا پمپ / موٹر پمپ / چشمہ / نہر / کنویں / اس کے علاوہ / کل
تعداد خاندان جہاں فلش سسٹم مع سیوریج یا سیپٹک ٹینک موجود ہو

۲۔ سماجی رابطے

صحت کمیٹی / عورتوں کی کمیٹی سے ملاقات
مقامی سکول میں طبی تعلیمی اجتماع

۳۔ بچے کی صحت

نوزائیدہ (پیدائش کے ایک ہفتے کے اندر) جن کا وزن کیا گیا
پیدائش کم وزن نوزائیدہ بچوں کی تعداد
تین سال سے کم عمر بچے جن کا وزن ہو اور کارڈ میں اندراج ہو
تین سال سے کم عمر کے کم وزن بچے
تعداد بچے جن کے حفاظتی ٹیکے شروع کیے گئے
تعداد بچے جن کے حفاظتی ٹیکے مکمل ہو گئے

۴۔ ماں کی صحت

تعداد حاملہ خواتین جن کا اس ماہ رجسٹر میں اندراج کیا
تعداد خواتین جنہیں دوران حمل دیکھا گیا
تعداد حاملہ خواتین جن کے تشنج کے حفاظتی ٹیکے مکمل ہو گئے
تعداد حاملہ خواتین جن کو فولاد کی گولیاں دی گئیں
تعداد حمل جو ضائع ہوئے (حمل سات ماہ سے کم)
تعداد زچگی جو ہنرمند فرد نے کروائی (TBA شامل نہیں)
مرکز صحت / ہسپتال بھیجی گئی زچہ کی تعداد
تعداد جن کا زچگی کے 24 گھنٹے کے اندر معائنہ کیا

۵۔ خاندانی منصوبہ بندی

اہل جوڑوں کی (بیوی کی عمر 15-49 سال) کی تعداد
تعداد نئے افراد جنہوں نے کوئی طریقہ استعمال کیا
تعداد سابقہ افراد جن کا فالو اپ کیا گیا
جدید طریقہ استعمال کرنے والوں کی کل تعداد
کنڈوم طریقہ استعمال کرنے والوں کی کل تعداد
مانع حمل گولیاں استعمال کرنے والے افراد کی کل تعداد
ٹیکہ استعمال کرنے والے افراد کی کل تعداد
IUCD استعمال کرنے والی خواتین کی کل تعداد
سرجری کروانے والوں کی کل تعداد
دیگر جدید طریقے
روایتی طریقے
مرکز صحت / خاندانی منصوبہ بندی مرکز کو بھیجے گئے افراد کی تعداد
تعداد کلائنٹ جنہیں کنڈوم فراہم کیے
تعداد کلائنٹ جنہیں مانع حمل گولیاں فراہم کیں

۶۔ علاج معالجہ (5 سال سے کم / کل)

تعداد مریض اسہال — 5
تعداد مریض کھانسی و سانس کی بیماریاں — 10
تعداد مریض بخار
تعداد مریض چوٹ / زخم / جلنا
تعداد مریض خون کی کمی
تعداد مریض خارش
تعداد مریض آنکھوں کی بیماریاں
تعداد مریض جنسی / زنانہ امراض
تعداد مریض دیگر امراض
تعداد مریض جو مرکز صحت / ہسپتال بھیجے گئے
علاقے میں ٹی بی کے تشخیص شدہ مریضوں کی تعداد

۷۔ پیدائش و اموات

تعداد زندہ پیدائش
بچے کا مردہ پیدا ہونا (حمل کی مدت سات ماہ سے زیادہ)
کل اموات
بچے جو پیدائش کے ایک ہفتے کے اندر وفات پا گئے
تعداد اموات (عمر ایک ہفتے سے زیادہ اور ایک سال سے کم) — 1
تعداد اموات (عمر ایک سال سے زیادہ اور پانچ سال سے کم)
تعداد اموات زچہ — 1

۸۔ لیڈی ہیلتھ ورکر کی کٹ (وصولی / تعداد: تعداد، تاریخ، تجویز کی گئی / دن / غیر حاضر ختم)

پیرا سیٹا مول گولیاں
پیرا سیٹا مول سیرپ
کلوروکوئین گولیاں
کلوروکوئین سیرپ
پیٹ کے کیڑوں کی گولیاں
پیپرازین سیرپ
او آر ایس
آنکھ کا مرہم
کوٹرائی موکسازول سیرپ
فولاد کی گولیاں — 2
اینٹی سیپٹک لوشن
لوشن برائے خارش
سٹکنگ پلاسٹر
بی کمپلیکس سیرپ
کاٹن بینڈیج (پٹیاں)
کاٹن (روئی)
کنڈوم
مانع حمل گولیاں

تبصرہ

کنڈوم کی فروخت سے آمدنی
مانع حمل گولیوں کی فروخت سے آمدنی
سپروائزر کی وزٹ کی تعداد

دستخط .... مہر

Community Meeting Register **Handout DQ-08**

COMMUNITY MEETINGS REGISTER

Month: ___________ Year: ___________

Date	Place			Number of Participants		Topics Discussed	Recommendation	Sign of Facility In-charge
	At Facility	Community	LHW Houses	Male	Female			
1	2	3	4	5	6	7	8	9
2/6	✔			5		Sanitation	Need more participants	Suja
2/13		✔			10	Family planning	Good reaction by participants	Suja
2/20			✔		20	Family planning	Good reaction by participants	Suja
2/27			✔		10	Family planning	Good reaction by participants	Suja
3/6		✔		10		Family planning	Good reaction by participants	Suja
3/13		✔		10		Family planning	Good reaction by participants	Suja
3/20			✔		20	Family planning	Good reaction by participants	Suja
3/27	✔			13		Family planning	Poor reaction by participants	Suja
4/3	✔				20	Sanitation	Good reaction by participants	Suja
4/10	✔				22	Family planning	Good reaction by participants	Suja
<<Total>>	4	3	3	38	102			

Stock Register Medicine **Handout DQ-09**

STOCK REGISTER
Medicines/ Supplies

Page No. _4___

Name of Article:______Tab. Cotrimoxazole________________________ Unit/Strength __DS________

Minimum Recommended Stock Level: _______180_______*(Take action for replenishment if the minimum level is reached)*

Date	Received From / Issued to with Reference No.	Quantity in Units				Store Keeper Signature	Counter Sign	Remarks *(Tick if balance '0')**
		Received	Issued	Discarded	Balance			
1	2	3	4	5	6	7	8	9
	Balance brought forward							
2/1	Balance brought forward from previous page No. 3				400	*Ali*	*Asim*	
2/6	Issued to Female Surgical Ward		30		370	*Ali*	*Asim*	
2/12	Issued to Casualty Outdoor		30		340	*Ali*	*Asim*	
2/15	Issued to Male Surgical Ward		30		310	*Ali*	*Asim*	
2/20	Found Broken			30	280	*Ali*	*Asim*	
2/25	Issued to Male Surgical Ward		30		250	*Ali*	*Asim*	
2/28	Issued to Female Surgical Ward		30		220	*Ali*	*Asim*	
3/2	Received from EDOH vide voucher no. 302/M dated 26-2-06	300			520	*Ali*	*Asim*	
3/9	Issued to Casualty Outdoor		30		490	*Ali*	*Asim*	
3/16	Issued to Female Surgical Ward		30		460	*Ali*	*Asim*	

** Immediately inform the in-charge or appropriate authority in case balance is 0*

Handout DQ-10

Laboratory Register

Laboratory Register

Name of Examination: ______Blood Smear for Malaria_______ Month: ___01________ Year: __2006____ Page No._2_____

Monthly Lab Serial No.	Name with Father/Husband's Name	Fee Paid (Rs.)	OPD	Indoor	Results
			Monthly OPD No.	Ward Name/ No.	
1	2	3	4	5	6
26	Hameed Gull s/o Gull khan	10	87		positive P. Falciparum
27	Raheel Ahmad s/o Ahmad khan	10	121		negative
28	Hussain Munir s/o Raja Munir	10	133		negative
29	Mamona Bibi w/o Zamir Mughal	10	148		negative
30	Kalsoom Bagam w/o Abdul Razzaq			Female ward bed no.05	positive P. Falciparum
31	Mahnoor Baloch w/o Babar Ali	10	170		positive P. Falciparum
32	Imran Mehmood s/o Mehmood Ahmad	10	181		negative
33	Babar Ali s/o Ali Khan	10	199		negative
34	Kabir Anwar s/o Rana Anwar	10	202		negative
35	Sameera w/o M. Zaheen	10	205		positive P. Falciparum

Handout DQ-11

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/ Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x						x	x	x	x	x	x	x	x	x	x	X

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/M onth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
																	x	x	x	x	x	x	x	x	x	x	x	x	x	x	X

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/ Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	X

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/ Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	X

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/ Mont h	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x										

Tuberculosis Treatment Card (01)
Patient's Name___________________________

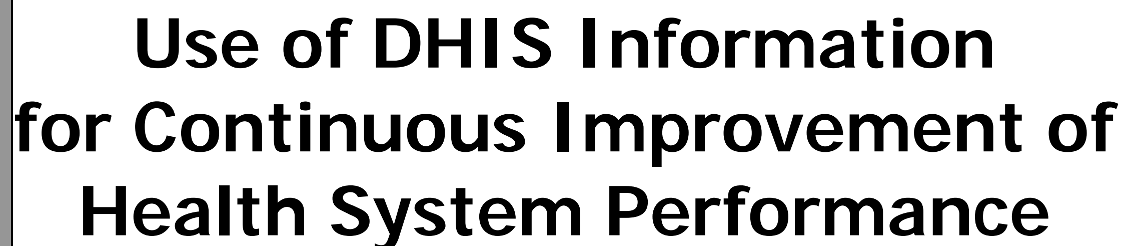
Day /Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	X

Tuberculosis Treatment Card (01)
Patient's Name___________________________

Day/M onth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	x	x	x	x	x	x	x	x	x	x	x	x												x	x	x	x	x	x	x	X

PART IV

TRAINER MANUAL ON USE OF INFORMATION



Use of DHIS Information for Continuous Improvement of Health System Performance

Trainers' Manual

July 2006

Ministry of Health,
Government of Pakistan
Japan International Cooperation Agency (JICA)
Systems Science Consultants Inc. (SSC)

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Training Schedule of Use of DHIS Information

Day I	**Activity time**	**Content**	**Methods and materials**
Session I 8:30-10:30	8:30-8:45	Inauguration, Training Objectives	Welcome address
	8:45-9:15	Participants introductions, expectations	Introduction, 20 minute Expectations 10 minutes Conclusion 10 minutes
	9:15-10:15	DHIS knowledge and Benefits DHIS Benefits	Brainstorming Exercise for listing
10:15-10:30		**Tea**	
Session II 10:30-12:45	10:30-11:00	Interpreting DHIS information	Exercise
	11:00-12:00	Continued – Interpret DHIS information	Discussion Exercise
	12:00-12:45	Define health system performance gap	Discussion
12:45-1:30		**Lunch**	
Session III 1:30-2:45	1:30-1:45	Define and measure information use performance gap	Discussion, information use checklist
	1:45-2:45	Measure information use	Group Exercise, Presentation
2:45-3:00		**Tea**	
Session IV 3:00-5:00	3:00-3:15	Identify cause of the health system performance gap	Group Exercise:
	3:15-3:45	Develop causes and effect diagram and share results	Group exercise and Presentation
	3:45- 4:45	Prioritize causes based on empowerment	Discussion, Exercise
	4:45-5:00	Share results	Presentation/feedback
Day II			
8:30-8:45		Recap	Overview of previous learning
Session I 9:00-10:30	8:45-9:15	DHIS Advocacy	Discussion
	9:15-10:00	DHIS Advocacy continued	Group Exercise
	10:00-10:15	Sharing results	Presentation/feedback
10:15-10:30		**Tea**	
Session II 10:45-12:45	10:30-11:45	Develop Action Plan for improving performance gap	Discussion Group Exercise
	11:45-12:00	Sharing action plan	Presentation/feedback
	12:00-12:45	Monitor Continuous Improvement	Exercise: develop target and monitoring chart
12:45-1:30		**Lunch**	
Session III 1:30-2:45	1:30-2:00	Self-regulation of continuous improvement	Exercise - develop story board to show self-regulation
	2:00- 2:45	Concluding Session	
2:45-3:00		**Tea**	

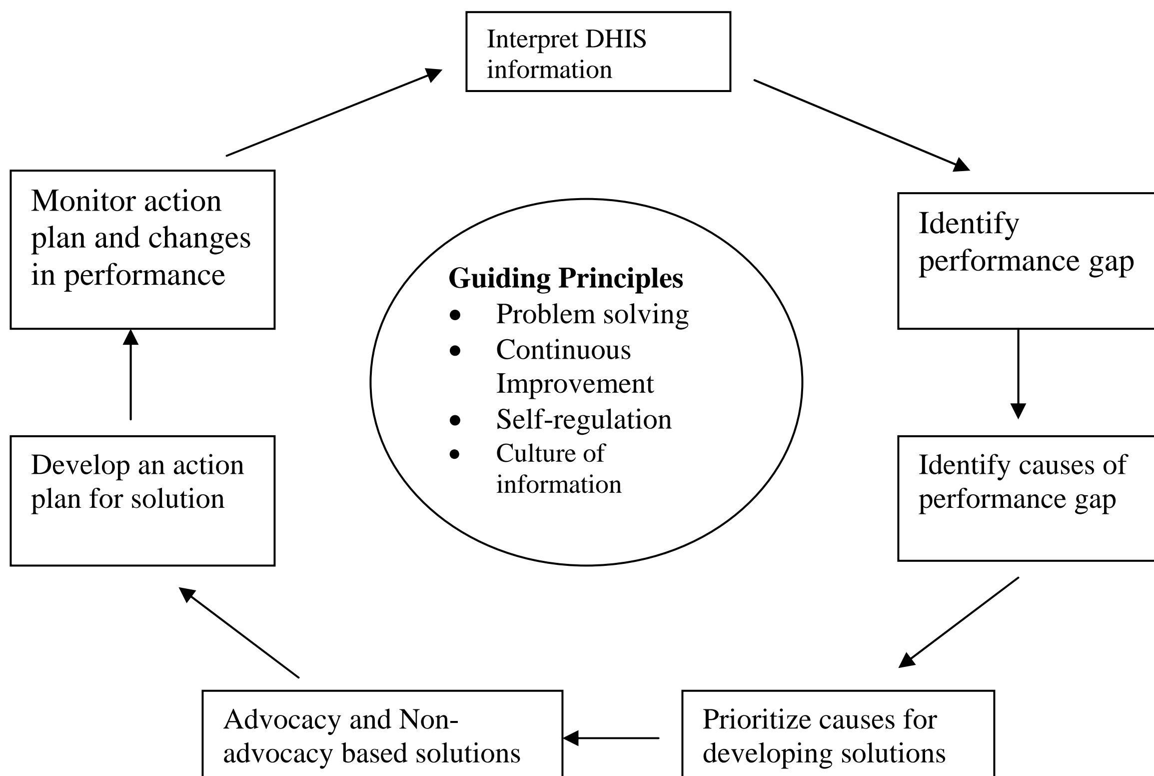
Overview of Training Manual

The underlying assumptions for use of DHIS information are strengthening evidence-based decision-making, good governance, transparency and accountability. Many of the times, these assumptions are not made explicit, thus creating confusion about the purpose of use of information. In DHIS context, collected standardized information reflect the level of functions and services of the health system on regular intervals, thus health managers could compare these performance levels with targets to identify gaps and strengths.

This training manual is based on the assumption that health providers and managers are the engine for improving the health system and consequently affect the status of the population they serve. DHIS provides them knowledge of where they stand in reaching the poor and underserved? How many diseases and deaths are prevented? How effective are the services? These questions are important to know the efficacy of the treatment and change the treatment if there is no improvement in patient's condition. Same approach is applicable for health system. We need to know what are strengths and weaknesses of the health system so that we could develop appropriate solution(s). DHIS information on regular basis provides that information. However, there is need to interpret DHIS information in such a way that opportunities for actions emerge.

Problem solving thus, is the first principle we applied in developing this training manual. It helps us stating problem as performance gap, understanding causes and developing solution for those causes, action plan and monitoring solution for the desired impact. We have translated problem solving process into a cycle of use of information for continuous use improvement of health system performance (Fig 1).

Fig 1: Cycle of Use of DHIS Information for Improving Health System Performance



Continuous improvement is closely related to problem solving. As we solve problem we improve performance. However, continuous improvement also means that we have performance target, which provide a reality check of achievement status. It also implies that when as we gain proficiency in the task or achieving a target we raise our standards or target.

When we have target or benchmark, we could regulate our own performance. There is no need for someone to tell us how good or bad our performance is. Thus, self-regulation is another principle for promoting DHIS information use.

Lastly, if we use DHIS information for problem solving, continuous improvement and self-regulation, we would be improving evidence based decision-making, transparency and accountability, in other words, strengthening culture of information. These guiding principles keep cycle of information moving.

The course is about learning use of DHIS information for continuous improvement of health system performance. DHIS is treated as integral part of the monitoring and evaluation of health system rather than a separate vertical program like in the past. Thus, the skills emphasized in training are those that managers use on daily basis for making decision and role information play in it (see goal and objectives). The training strengthens process of problem solving and decision making. It starts with discussing what DHIS monthly report tells me, when I see it? What benefits it bring to me, my community, my health facility, my district and higher levels? How should I interpret DHIS information? How should I define a performance gap? And the process goes on till decision are made and monitored for impact. These steps are summarized in Fig 2. By personalizing information, we created a sense of responsibility and accountability. After going through this training, it would be difficult to say that I can not use DHIS information. The participants would feel empowered to handle all health system or DHIS performance issues either through personal influence or through help from other through advocacy. We hope that participants would go back to work feeling that the training was relevant to their work and they could practice what they learned and try to work a little differently from past and continue doing that.

Goal and objectives

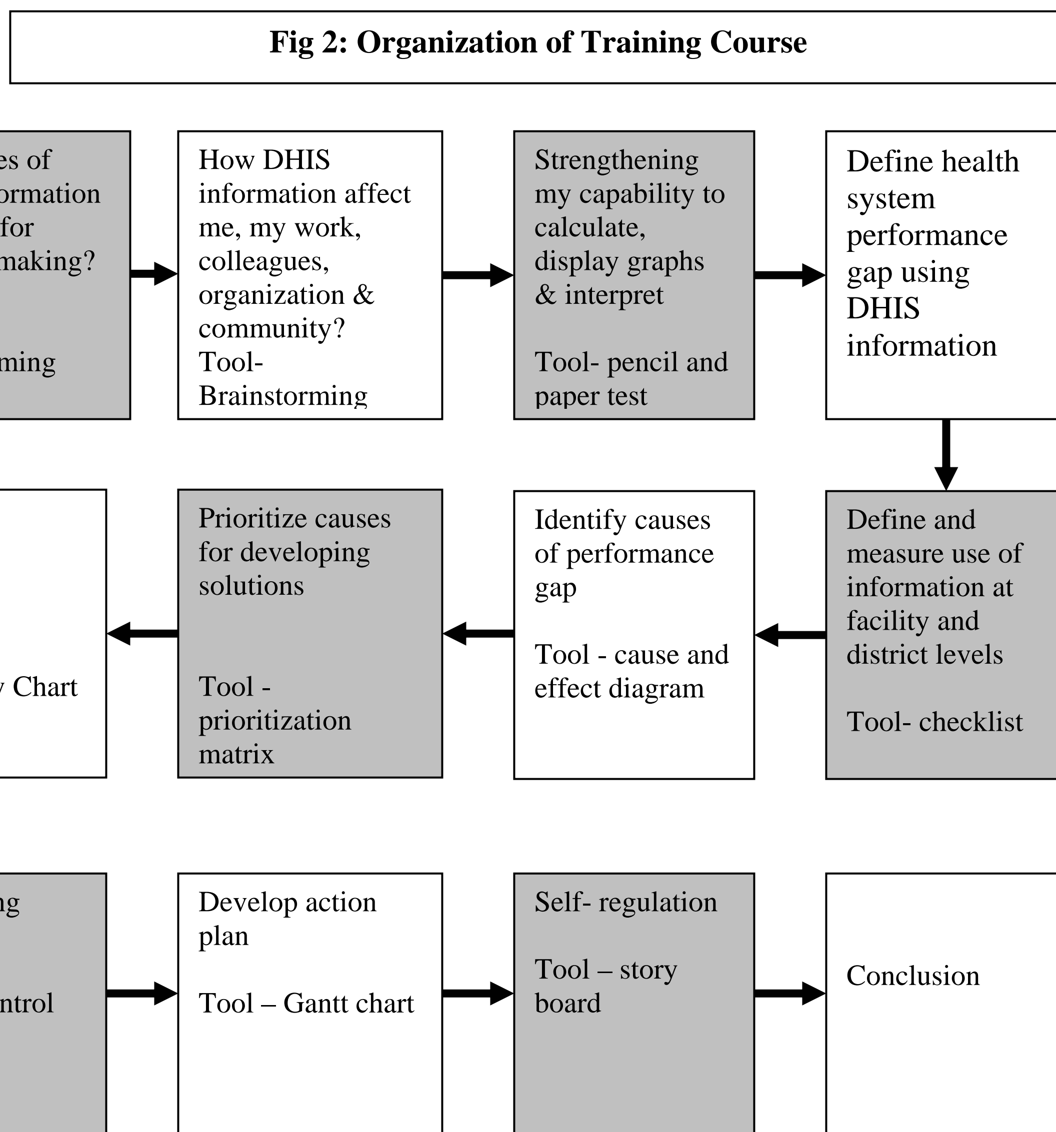
Goal

- Use DHIS information for continuous improvement of health system performance

Objectives

The participants will be able to:

- Describe available DHIS information
- List benefits of DHIS
- Interpret DHIS information
- Identify health system performance gap using DHIS information
- Recognize causes of performance gap
- Develop advocacy and non-advocacy based solutions for improvement
- Develop Action plan
- Monitor action plan
- Conduct self-regulation



Target Audience

Facility Incharge, District Managers, HMIS Coordinators and higher level managers and decision makers are primary target for this training. However, it is useful for all those who are implementing DHIS.

Methodology

The training methodology is based on principles of adult education that are: respect and learn from participants experience, learn by doing.

Materials

The materials include overhead projectors, transparencies, exercise handouts, flip charts, 9”x 10” stick-on, markers

Day One
Session # I
Activity # 1 : Inauguration
Time : 45 minutes
Material required : Flip chart, overhead projector, Transparencies, List of training goal and objectives

Objectives

By end of the session, the participants will be able to:

- Describe who is who
- List training objectives
- List training expectations
- Compare expectations with training objectives

Step 1: The organizer will introduce the facilitators and Guest of Honor

Step 2: The organizer or one of the facilitators will describe the training objectives

Step 3: The Guest of Honor will give a welcome address

Handout # 1: List of Training Goal and Objectives

Goal

- Use DHIS information for continuous improvement of health system performance

Objectives

- Describe available DHIS information
- List benefits of DHIS
- Interpret DHIS information
- Identify health system performance gap, using DHIS information
- Recognize causes of performance gap
- Develop advocacy and non-advocacy based solutions for improvement
- Develop Action plan
- Monitor action plan
- Conduct self-regulation

Activity # 2: Introduction, Training expectations

Step 4: Participants will introduce themselves

Step 5: Ask participants to introduce themselves, their name and designation

Step 6: Request one volunteer to write down participants' expectation.

Step 7: Ask participants to state their workshop expectations and ask volunteer to write them down. When some one repeat the expectation then put a tick on the expectation already mentioned. When people start repeating expectations then stop the exercise.

Step 8: Compare expectations from the training objectives and states what expectations will be met and what expectation are not possible to meet given the time and scope of the training.

Day One
Session # I :
Activity # 3 : Knowledge of DHIS information
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies, Stick-on cards 10'x12'
Method : Brainstorming

Objectives

By end of the session, the participants will be able to:

- List the information in DHIS
- Compare their knowledge with existing form
- Identify weaknesses in DHIS knowledge

Before you use information, you need to know what information is available through DHIS. Let's explore what types of information is available to you.

Step 1 - Ask participants to write down one information which is available through PHC and secondary hospital reports. Encourage participants to write as many cards as needed. Ask them to stick the responses on the wall.

Step 2 - Inform participants that there are 17 sections in the PHC monthly reports and additional information in RHC and hospital reports. Now we would like to group your responses according to monthly report sections.

Step 3 - Put cards labeled with sections heading on the wall. Ask participants to get up and put their responses under each section.

Step 4 – Ask participants whether they agree that responses are put appropriately under each section. If not, ask them to give rationale of their disagreement and put it appropriately. Guide them using monthly report (Appendix 1, 2). Please note that these information lead to the development of 79 indicators (Appendix 3).

Step 5 – Ask participants to NOTE how many responses do not fall any of the section categories, and note sections which received the most and least or no responses.

Step 6 – Conclude that responses which do not fall in any sections indicate that people are not aware of what information are available to them through DHIS. Second, we tend to do things which we remember and could recall. Thus, having more responses in a certain category means we will use that information than those categories where responses are few and less remembered. This also means that we need to improve knowledge about those section of DHIS report which are least known so that we could improve use of that information.

Step 7 – Ask participants, what are some of these information notify about?

Appreciate participants' responses and relate to the following (show the transparency):

Information notify about:

- Level of –
    - Specific function or service
    - Availability of resources (Human, logistics and finances)
    - Utilization
    - Coverage
    - Disease prevalence
- Variations –
    - In types of services reflected by performance indicators
    - In diseases prevalence
    - Among facilities, tehsil
    - Over time as data is collected over time

Day One
Session # I :
Activity # 4 : Benefits of DHIS information
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Brainstorming

Objectives

By end of the session, the participants will be able to:

- List DHIS benefits at personal, community, facility, district, policy levels
- Identify responsibility for making a difference

We have explored what type of information is available through DHIS and what it informs about. Now we would like to explore how much DHIS information is relevant, meaningful and beneficial to you.

Step 1: DHIS benefits could be divided into five categories: personal, community, facility, district and policy. We would like you to write DHIS benefits on stick-card. Write one benefit per card. Take five minutes to complete this activity.

Step 2: Please stick your card under appropriate category poster

Step 3: Please get up and read the cards. Note down if you think the card is not put in an appropriate category.

Step 4: Discuss cards which are not appropriately put.

Step 5: **Conclude** that knowing the benefits of an action improve likelihood of implementing that action. Immediate and personal benefits tend to bring faster change. They create ownership. Thus, it is important to keep reminding us if do not use DHIS information, it will adversely affect our performance, community we serve and credibility of our organization.

Day One
Session # II :
Activity # 1 : Interpret DHIS information
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Convert data into information
- List things needed for interpreting DHIS information
- Interpret DHIS information
- Identify implications of the findings

This session is about learning to interpret DHIS information. We will carry out an exercise to explore what is needed to interpret DHIS data. The exercise will be followed by a discussion on your answers to create a consensus on what is needed to interpret DHIS data. Later, we will conduct another exercise to reinforce what you have learned.

Step 1: **Distribute the handout # 1.** Ask participants to work in group of 4-5. Inform them that they have 15 minute to complete the exercise.

Activity # 2: Discussion on Exercise

Step 2: After 15 minutes of completing exercise, ask participants, what is the answer to the first question?

Write answers on a flip chart till people start repeating the same answers. Some answers could be:

This data inform that

- 20 patients came for treatment per day and work load of Dr. Ajmal
- 40 children < 1 year were fully immunized in July 2006
- 10 pregnant women came for antenatal care in July 26, 2006

Step 3: If answer are not the same as listed above, ask the respondent to explain rationale of their answers. Get acknowledgment from other participants that rationale is correct. Otherwise explain your reason for differing from the respondent answer.

Step 4: **Conclude** that raw data only inform what it is and no more.

Handout # 2: Exercise I - Interpreting DHIS data

Dr. Ajmal, facility In-charge BHU Baghpura, checked various DHIS registers and confirmed that all register tables/graphs were filled for month of July 2006. He also verified that data from all registers were transferred into monthly report and monthly report is completely filled. He checked the data accuracy and found that data accuracy was 90%.

He found that the daily OPD attendance was 20 for month of June. Children <1 fully immunized were 40 and first antenatal care visits were 10.

1. What this data inform Dr. Ajmal?

2. What this data do not inform Dr. Ajmal?

3. List and explain what is needed to make this data more meaningful and useful or in other words convert it into information for Dr. Ajmal to understand the situation in maternal and child health and health facility utilization?

Step 5: Ask participants, what this data do not inform Dr. Ajmal (Q2)?

The data do not inform what is level of performance indicators of facility utilization, immunization and ANC coverage? There is no way of knowing how many from? Do they reflect better or worse performance?

Step 6: Compare participants' answers with your answers. If they differ, ask other participants whether they would like to give alternative answers.

Step 7: **Conclude by** explaining the importance of denominator or reference point for calculating indicators. Please note that we have 79 indicators (Appendix 3) which will be not be calculated if we do not have denominator.

Step 8: Ask participants, what are answers to question 3? *Ask participant to limit their responses to listing essential things needed and explanations will come later.*

Write the responses on the flip chart.

The possible answers could be – the minimum we need are:

- Have a reference point or denominator
- Convert raw data into percentage
- Compare against a benchmark/target
- Allow variations in benchmark/target

Step 9: Ask participants, to explain their responses after completing the listing. *Compare responses with your answers.*

Step 10: Ask and Explain rationale for reference point or denominator

If participants' responses show understanding of rationale of denominator then only discuss denominator for OPD patients.

Step 10a: We need to have a reference point or denominator to understand the level of activity or performance. It is easier to choose a reference point for fully immunized children <1, or antenatal visits. These reference points are the total children <1 year or total pregnant women. Thus, we could say out of total of children <1 year, 40 children were fully immunized or out of total pregnant women, 10 came for antenatal care.

Step 10b: **Discuss OPD patients denominator**. For daily OPD patients**,** we have to think a little for deciding about the reference point. Shall we use the total sick people needing treatment or our expectation that a service provider could see a total number of patients per day? Or we use some international standards such as WHO facility utilization rate of 2.5-2.7 visits/person/year.

Using the WHO facility utilization rate formula, the calculation of patients visit per day would be as follows: If we use the BHU catchment population of 5000, that means we should expect 12,500-13,500 patient visit per year. That also means 41-45 patient visits per day (assuming that

there are 300 working days) or 1066-1170 visits per month (26 working days/month). Based on these visits, the morbidity rate (1066/5000x100) is 21.3-23.4% per month.

Second option of reference point is how many patients a service provider could see in six hours, provided that the service meeting quality standards and 2 hours are spent on other work? On a conservative estimate, 10 minutes are needed per patient. That means in six hours, the service provider would be able to see 36 patients per day (60 minute/10 minutes per patient x 6 hours).

Step 10c: Now we know that a reference point or denominator is needed to know where raw number stands in relation to total. Having a denominator or reference point help us is interpreting a raw number. For example, 20 patients per day have no meaning, unless we say 20 patients per day out of 40 patients per day. It gives us some idea of the where facility stands in relation to the reference point.

Step 10d: If we change the denominator from 40 to 100, then we would say we say 20 patients per day out of 100 patients per day. By changing denominator the meaning of raw number has changed. This brings us to our next point – converting raw data into a percentage.

Step 11: Ask and explain rationale for converting raw data into percentage

If participants' responses show understanding of the following rationale, then appreciate their response and move to the next point.

Step 11a: Converting raw data into a percentage nullifies the effect of different denominators. To compare similar raw numbers with different denominators, we multiply them by a constant, which is 100 in case of percentage. For example, 7 children <1 year are fully immunized in area A which has a population of 10 children <1 year, while area B which has population of 100, 7 children <1 are fully immunized. 7 out of 10 is 70 percent, while 7 out of 100 is only 7 percent. *Show it on the flip chart.* We know that 7% and 70% are comparable irrespective of denominator they are derived from. Thus, converting raw number into percentage nullifies the effect of the different denominators.

Step 11b: Second important point is that percentage provides a range from 0 to 100. Thus, it differentiates the level or size (scale, amount) of the characteristic being measured. Facility utilization rates of 7%, 20%, 70% or its maximum 100% have different meanings and inform us of the level or variation within a possible range.

Step 11c: The utility of this variation is that we could determine what level of characteristic of interest exists at present. For example, Antenatal coverage is 20%, malaria positive slide rate is 4%, etc. However, we still do not know what level is good or bad. We still need a benchmark or target against which we could compare the characteristics of interest and interpret our information. This brings us to our next point – comparing against a benchmark or target.

Step 13: Ask and explain rationale for comparing against a benchmark/target

If participants' response is similar to the following response, then appreciate their response and move to the next point.

Having a benchmark or target help us compare whether we achieved what we wanted to achieve? Is there a gap between target and achievement? Have we outperformed our target?

These interpretations have different decision implications such as exploring causes and developing solutions for not meeting target; setting higher target or maintaining target.

Step 14: Benchmark or target setting raises the issue of criteria to be considered for setting an appropriate target. *Ask participant, what should the criteria for setting target?*

Appreciate correct responses and provide the following criteria if not mentioned by the participants.

First criterion for setting target is that it is achievable or attainable in a certain period of time. They should challenge or motivate people to achieve them.

Second criterion, what is the effectiveness of the new solution or intervention? It is assumed that existing performance is due to insufficient availability of things which are necessary for high level performance such as supplies, equipment, or lack of absenteeism. Thus, by solving causes or doing things differently, we will be able to improve performance. However, many times we are not sure of the level of effectiveness of solution and thus, needs other criteria for setting target.

Third criterion is that baseline range should not overlap with target range. Thus, if the baseline is 30% and we allow ±10% variations then the range would be 20-40%. To avoid overlap with baseline, we need to set target at least above 15 of the upper limit of baseline. This means target should be 45%. Now the range of 45% with ±10% variations would be 35%-55%. Now, there is no overlap of ranges and we could conclude that achieved target is different from the baseline.

Step 15: Explain rationale for allowing variations in benchmark/target

If participants' response is similar to the following response, then appreciate their response and move to the step 15b.

Step 15a: There are always some fluctuations or variations in performance due to personal, organizational and environmental factors. For example, in first two days the week facility utilization might be higher because of the closure the facility during the weekend. There might be severe weather changes causing patients to stay at home. Some day facility utilization might be low as service provider was absent. These are legitimate reasons for causing fluctuation in facility utilization rate or performance indicators. Thus, it is important to allow variations in target performance. In other words, put upper or lower limits to the target. This help us identifying whether one is below or above the limit. If it is below the limit, it means something is wrong and we need to find what is causing performance to go down. If we are crossing upper limit that means we are proficient in that task and time to raise the target.

Step 15b: Ask participants, "how much variation is allowed?" After listening to responses **conclude** that there are many perspectives to answer this question. However, to avoid statistical language, rule of thumb is to allow plus minus 5 or 10% variations. More variation make target meaningless as the range is too wide and does not differentiate between high or low performers. 30% performance will be as good as 60% performance if we allow 20% variation. The ranges would be 10%-50% for 30% and 40-80% for 60%. Since the both range overlap we say that there is no difference between 30% and 60% performance.

Step 16**: Conclude** by saying to interpret DHIS data, we need denominator, convert raw data into percentage, and compare it against a target with upper and lower limits.

Activity # 3: Exercise II

Step 17: Now we would like to carry out an exercise to reinforce what you have learned regarding interpreting DHIS information. Distribute handout and ask participants to work in group of 3-4 and complete the exercise in 15 minutes. We will discuss the results after the exercise.

Handout # 3: Exercise II - Interpreting DHIS data

You have 15 minutes to answer these questions. Work in group of 3-4. We will discuss the results after the exercise in plenary.

Q1: The estimated number of pregnant mothers is 340. Antenatal clinics have registered 170 pregnant mothers. How would you interpret this data?

Q2.The full immunization coverage for 12 months children were found 60%, 50%, 30%, 40%, 40% for months of January, February, March, April and May of 2006 respectively.

Q2a. Develop a line chart for immunization coverage by years using the following graph.

Immunization Coverage percentage	100						
	90						
	80						
	70						
	60						
	50						
	40						
	30						
	20						
	10						
	0						
	Month	Jan	Feb	Mar	April	May	

Q2b. Explain the findings of line chart

Q2c. Did you find a trend in the data? If yes or no, explain reason for your answer

Activity # 3: Discussion on Exercise II

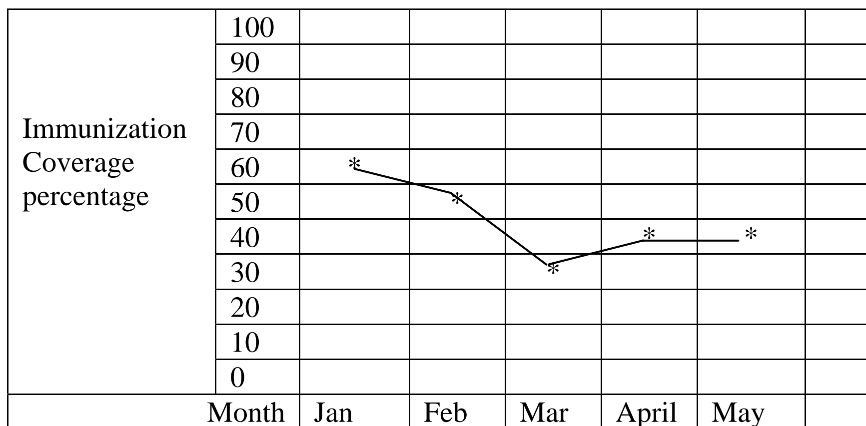
Start one group to give one answer. Acknowledge and appreciate correct answer. If answer is not correct, ask for explanation. Ask other participants whether they agree with the explanation. Conclude by sharing the answer using transparency and overhead projector.

Step 1: What is the answer to question one?

The answers are:

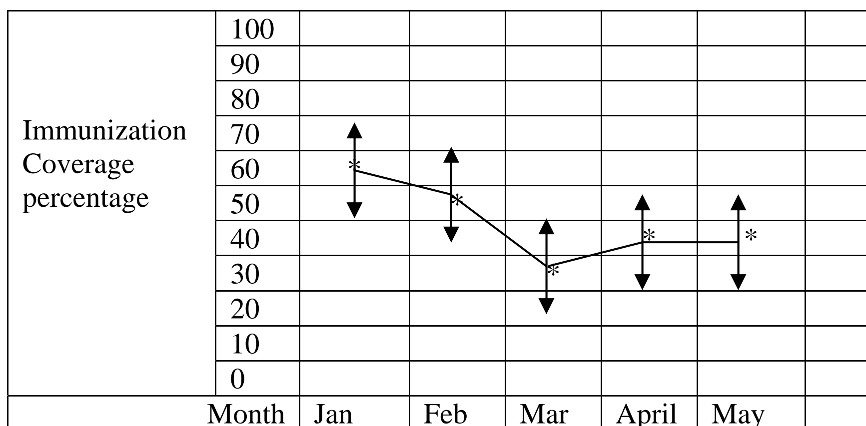
- Denominator is available
- Possible to calculate percentage - *170/340*100=50% antenatal coverage*
- No allowable variations or limit are mentioned, making it difficult to understand range of immunization coverage. In a survey, margin of error is taken as allowable limits.
- No target is mentioned to understand whether 50% coverage is below or above target or achieving the expected target. Thus, it is difficult to identify decision implications.

Step 2: Ask participants, does your chart look like this by sharing your chart? Appreciate correct answer.



Step 3: What are the answers to question Q2b? Explain the chart findings

Answers could be:
1. Chart show percentages, which are comparable, despite absence of denominators
2. Immunization rate was highest in January 2006.
3. Immunization rate was lowest in March 2006.
4. Immunization rates were same for April and May 2006
5. It seems that there was a shortage of vaccine in March 2006.
6. There is no mention of benchmark/target for each month for comparison.
7. The comparison could be based on first month that is January or could be based on previous month.
8. There is no mention of allowable limits thus it is difficult to know whether some of the coverage have same meaning or different. For example, assuming allowable limit of 10% (usually survey have 10% margin of error or allowable limit is plus minus 10%), there is no difference between January and February coverage rate as the ranges (50% to 70% for Jan and 40% to 60% in Feb) overlap. **Show it on the transparency by putting limits around the figure like the figure below.**



Ask do you find the same issue in other months. Yes, it is true for March, April and May or among February, April and May. *Reemphasize putting limits around the performance target.*

9. Given that there was no problem in data collection and analysis, the information showed that immunization rate fell from Jan and Feb to March and then remained constant for last two months.

Step 4: What is the answer to question Q2c? Did you find a trend?

Yes, the chart showed that immunization coverage rates were falling and then reach plateau in last two years.

Step 5: Conclude that it is important to have denominator, allowable limits and targets for interpreting DHIS information and finding decision implications.

Day One
Session # II :
Activity # 4 : Define Health System Performance gap
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion, exercise

Objectives

By end of the session, the participants will be able to:

- Identify health system performance gap
- Define and measure use of information
- Identify level of information use and gap

Step 1: DHIS information collected every month provides a snapshot of the health system performance in general, and district and its associated health facilities in particular. The district set its annual targets for various maternal and child health, TB, malaria, family planning, facility utilization, disease surveillance, outreach or community activities by LHW, indoor services, supplies, human resources and finances and share it with health facilities staff. This annual target then is broken down to monthly targets, as given under Section II of monthly reports. The health facilities and district could see how important their roles in achieving performance targets are.

Step 2: What is the purpose of having two columns of target and performance in monthly report section II?

The possible answers are:

To find out whether performance is:

- above the target for the month.
- below the target for the month.
- same as the target for the month.
- above, below or same as the target for the month.

Appreciate participants' correct responses.

Step 3: State that we acknowledge our efforts and celebrate when performance is same or above target. That indicates that time has arrived to raise the target; or maintain it given that system could not improve further. For example, given the x amount of budget, it is possible to achieve 80% immunization coverage, but after that more funds are needed to access hard to reach areas.

We are worried when performance is below target. We could allow 5 or 10% variation in target to say that we are within acceptable level of performance. However, when performance is below lower limit of the performance target, we define it as performance gap.

Step 4: Ask participants, how you describe performance gap?

Step 5: Appreciate the participants' correct response which is, performance gap is gap between lower limit of target and actual performance.

Step 6: Let's do an exercise for finding the performance gap. Divide yourself in four groups. Distribute handout # . Inform that after 10 minutes, we will have group presentation.

Handout # 4: Exercise – Finding Performance Gap

You have 10 minutes to complete this exercise. You have to answer each question and submit your answer to the facilitator after the discussion.

PG 1: In district Badin, the proportion of TB-DOTS patient missing is 0.02, while target was zero. Is target being met? Explain your answer.

PG 2: Data accuracy was found to be 60% in district Lahore. What is the performance gap?

PG 3: In Faisalabad district hospital, the obstetric emergencies attended were 10%. The target was 25%. What is performance gap?

PG 4: In Khanewal district hospital, 30% babies were born through c-section. WHO promote the standard of 15%. Is there a performance gap?

Step 7: After 10 minutes, ask each group to present answer to one question only. This will save time. Ask other participants whether they have the same answer. Appreciate if it is correct and shared by other group. If the answer is incorrect and other participants also could not provide the answer, provide your answer and explain.

Answer Key code to Exercise #

PG 1: In district Badin, the proportion of TB-DOTS patient missing is 0.02, while target was zero. Is target being met? Explain your answer.

- The performance proportion of TB-DOTS patients is higher than target, therefore, we are above target and there is no performance gap.
- The performance proportion of TB-DOTS patients is higher than the target, we are below the target or have a performance gap. Target calls for no missing TB-DOTS patients, while we are missing 2% TB-DOTS patients thus, not meeting the target.
- We do not the know ± variation or upper or lower limits, therefore we are not sure that proportion lies within the acceptable level of performance, despite it is above target.

PG 2: Data accuracy was found to be 60% in district Lahore. What is the performance gap?

- We could not determine the performance gap of data accuracy, as there is no target and no upper or lower limit.
- We could determine the performance gap of data quality, if we assume that 100% data accuracy is the limit. The performance would be 100-60=40%.
- We do not know the ± variation or upper or lower limits, therefore we are not sure that proportion lies within the acceptable level of performance, despite it is above target.

PG 3: In Faisalabad district hospital, the obstetric emergencies attended were 10%. The target was 25%. What is performance gap? Explain

- The target for expected obstetric emergencies was 25% and actual obstetric emergencies attended were 10%, there is performance gap of 15%.
- We do not know the ± variation or upper or lower limits of the target, therefore we are not sure that performance lies within the acceptable level of performance.

PG 4: In Khanewal district hospital, 30% babies were born through c-section. WHO promote the standard of 15% c-section. Is there a performance gap? Explain

- 30% c-section is higher than target, therefore, we are above target and there is no performance gap.
- 30% c-section is higher than the target, we are below the target or have a performance gap of 15%. The indicator calls for that c-sections should not be more or less than 15%. Since there are more c-sections than expected, thus, target is not met and we have performance gap of 15%..
- We do not the ± variation or upper or lower limits, therefore we are not sure that performance lies within the acceptable level of performance.

Session III:
Activity # 1 - Define and Measure Use of information Gap
Time : 30 minutes

Step 1: We have reviewed how DHIS information helps us assess health system performance and its gaps on monthly basis. DHIS has different indicators for health services and functions. It is important to know the indicator for DHIS performance as well. Routine HIS performance is defined as improved data quality and continuous use of information. We have learned how to measure data quality in other training. Now we would like you to learn how to measure information use. Before doing that, I would like to you to tell me what you consider should be part of measuring use of information. Let's do an exercise. *Complete it in 10 minutes*.

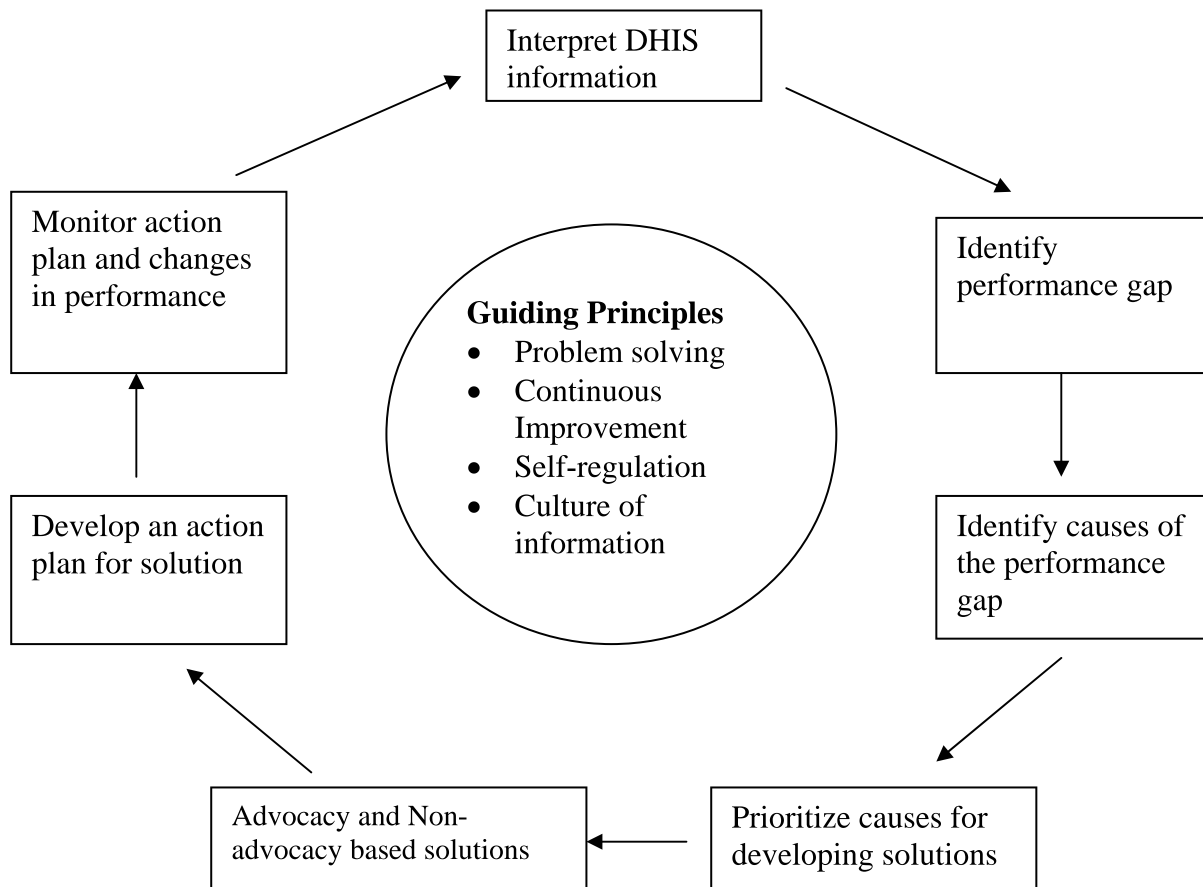
Step 2: Write down on stick-on card one thing you would like to observe to say that information is used at district and facility levels. Use as many cards as you like, but describe only one thing per card.

Step 3: Put two cards with headings "at district" and "at facility" on the wall. Ask participants to stick their cards under those headings.

Step 4: Review the cards and note major characteristics for observing use of information. Appreciate participants' contribution. Also, note how many stated that monthly meeting register, filling of register table/chart, district office, HMIS coordinator record, and DCO/Nazim records should be observed. *Remind that these are important part of observation of information use as they are the decision makers, managers and policy makers.*

Step 5: State that it is not possible to select all these characteristics for observation as it will take too much of time. **Share the cycle of information use** and state that it is useful guide for developing checklist for use of information.

Fig. 1: Cycle of Use of DHIS Information for Improving Health System Performance



Step 6: Make comparison with characteristics described by participants and cycle of use of information. **Conclude that information use** is a combination of activities that could be summarized in one definition.

Use of DHIS information is defined as,

> "use of information starts with presentation of information in such a way that decision maker identify levels and allow certain variations within levels of health system functions and services against some standard/target and over time, make planning, management and policy decision, conduct advocacy and monitor changes in indicators through self-regulation."

Step 7: We would like to carry out an exercise to measure use of information at facility and district levels. You are familiar with the methodology of checking data quality with LQAS. The same method is used here. Work in group of 2-3. Distribute the handout. Explain that:

After the end of the exercise, you are supposed to provide:

1. Level of information use at your facility or district office.
2. Feedback on the items for checking information use.

Step 8: Distribute the handout # .Inform that facilitator will help during the group work.

Step 9: After 30 minutes, ask group to present. Note down the suggestions on flip chart. Ask group not to repeat what earlier group has said but refer that suggestion is already made.

Step 10: Conclude by emphasizing their ownership of DHIS and their suggestion to improve the information use checklist, as it is for their own use. Second, state that based on this assessment, one could develop the target for information use.

Handout # 5: Exercise – Measure use of information

Read the instructions in the job aid carefully and follow them (See attachment - Job aid for use of information). You have 30 minutes to complete this exercise.

Please note that we have not given you any scenario to observe. Rather you imagine your own facility or district office and recall if you were there with this checklist, what will you find? If you think you would be able to find those things, mark them yes, if not then mark them no. After calculating a total of yes, you could see in LQAS table what is the level of information use at your facility or district office?

After the end of the exercise, you are supposed to provide:

1. Level of information use at your facility or district office.
2. Feedback on the items for checking information use
    - Are the items in observation checklist appropriate?
    - What items need to be added?
    - What items need to be deleted?

Handout # 5-A

JOB AID

Self-assessment for Checking and Monitoring Information Use at *Facility level*

1. Checking Information Use at facility, Using LQAS Table

1. Use of information standard is based on 15 indicators, which are provided in column 2 entitled "observe." Add names of the indicator in row 8,9, and 10.
2. Check the facility records and displays for listed items under column "observe."
3. If the listed item is available, put a cross under YES in column three. If it is not available, put a cross under NO in column four. Repeat this procedure for all listed items.
4. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 12.

	Observe	Yes	No
	Facility monthly meeting register showed that:		
1	Monthly meeting held before submission of the DHIS monthly report		
2	At least one performance indicator was discussed which was below target		
3	Decisions taken to correct gap in the performance indicator		
4	Follow-up actions on previous decision reviewed		
	Others		
5	Filling Summary Table in all registers in last month		
6	Display of catchment area population chart with calculation of target population		
7	Section II of monthly report filled for last month		
8	Display of bar/line chart of performance indicator __________by target and time		
9	Display of bar/line chart of performance indicator __________by target and time		
10	Display of bar/line chart of performance indicator __________by target and time		
11	Display of control chart of data quality over time		
12	Letter showing problem identified and referred to district for solutions		
13	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart		
14	District feedback report from last months available		
	Total		

5. Total in "Yes" column corresponds to the percentage of level of information use in the following LQAS table. For example, if total "yes" number is 2, the information use level is between 30-35%; if total "yes" number is 7, the information use level is between 65-70%.

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
14	N/A																

2. Monitoring the Data Accuracy Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges $\pm$15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

Handout # 5-B

JOB AID

Self-assessment for Checking and Monitoring Information Use at ***District level***

1. Checking Information Use at facility, Using LQAS Table

1. Select the previous month. This means that only information use of that month will be checked. Put the name of the month in cell with a heading “name of the month”.
2. Select randomly which three performance indicator charts you want to observe. Add names of the indicator in row 7, 8, and 9, in the observation checklist before visiting the facilities.
3. Selection of facilities is random, which means facilities without any preference. We need to select 12 facilities. There is no need to select district/tehsil hospitals randomly as they are small in number so select all district/tehsil hospitals. Assuming that there are 3 District/tehsil hospitals, then we have to select 9 health facilities to have a total of 12 facilities.
4. Write down the names of all RHC on small pieces of paper and then fold them. Mix them well and then pick 3 pieces or RHC name. Now the sample size has become 6. We need 6 more facilities or BHUs.
5. Write down the names of all BHU in the catchment area of the one selected RHC on small piece of paper and fold them. Mix them well and pick two pieces or BHU. Repeat the procedure for other selected 2 RHC. We need two BHU for one RHC to complete the total sample of 6 BHUs. The total sample will be (3+3+6) 12.
6. Write down names of the facilities and give them codes from 1 to 12, as described under row of “Facilities” of the check sheet given below.
7. Use of information standard is based on 10 indicators, which are provided in column 2 entitled “observe the following.” Therefore, all 10 indicators need to be checked at each facility.
8. Visit the selected facility and check registers and displays for the listed items. If the listed item is available, put “1” in column code of that facility. If it is not available, put a “0”. Repeat this procedure for all listed items.
9. Go to the next facility till all 12 facilities are visited. (It is possible to divide the facilities among district supervisors to visit. However, data needs to be transferred on one sheet for counting row “total”)
10. Count “1” of each row (indicator) and write in row of “total”. Repeat the procedure for each row or indicator. The “total” of each row should be equal to sample size 12, if all facilities showed that indicator. Otherwise, it should be less than 12.
11. Total in “Total” column represents percentage of level of information use of that indicator in the district, in the following LQAS table. For example, if row “total” number is 2, the accuracy level is 25%; if “total” number is 7, the information use level for that indicator is 50%.
12. Please note that there will be variations in use of information indicators, which will show which information is more used than other.
13. However, if we want to know overall information use, then add “total” of all rows and divide it by 10. The result then can be looked at LQAS table to know the level of information use.
14. Provide feedback to facilities about the level of information use for the month and how many facilities are below and above that information level by comparing with their facility self-assessed information use.

	Month	Facilities												
	Observe the following	1	2	3	4	5	6	7	8	9	10	11	12	Total
	Facility monthly meeting register showed that:													
1	Monthly meeting held before submission of the DHIS monthly report													
2	At least one performance indicator was discussed which was below target													
3	Decisions taken to correct gap in the performance indicator													
4	Follow-up actions on previous decision reviewed													
	Others													
5	Filling Summary Table in all registers in last month													
6	Display of catchment area population chart with calculation of target population													
7	Display of bar/line chart of performance indicator __________by target and time													
8	Display of bar/line chart of performance indicator __________by target and time													
9	Display of bar/line chart of performance indicator __________by target and time													
10	Display of control chart of data quality over time													
11	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart													
12	District feedback report from last months available													

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
12	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

2. Monitoring the Data Accuracy Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges ±15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

Handout # 5-C

JOB AID

Self-assessment for Checking and Monitoring Information Use at *District Office*

1. Checking Information Use at district office, Using LQAS Table

1. Use of information standard is based on 15 indicators, which are provided in column 2 entitled "observe."
2. Check the facility records and displays for listed items under column "observe."
3. If the listed item is available, put a cross (x) under YES in column three. If it is not available, put a cross (x) under NO in column four. Repeat this procedure for all listed items.
4. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 15.

	Observe in district office	Yes	No
1	District targets on DHIS indicators available		
2	Display of use of information chart with target over time		
3	Display of bar chart of performance indicators by target and time (at least 3)		
4	Display of control chart of data quality over time based on district supervisor visits		
50	**District monthly meeting minutes showed that:**		
56	At least four performance indicators were discussed which were below target		
57	Decisions taken to correct gap in the performance indicator		
58	Follow-up actions on previous decision reviewed		
9	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart		
10	Copies of feedback report of last three months available and showed when dispatched to facilities		
11	Documentation that district office use information for advocacy		
12	Minutes of meeting at Nazim/DCO office showing that DHIS indicators discussed and action taken in last two months		
13	Nazim office display DHIS indicators in a prominent place, as outlined in Devolution Act		
14	DHIS coordinator produces report and submit to EDO before deadline		
15	DHIS coordinator produces analyses other than produced by software		
	Total		

6. Total in "Yes" column corresponds to the percentage of level of information use in the following LQAS table. For example, if total "yes" number is 2, the information use level is between 30-35%; if total "yes" number is 7, the information use level is between 65-70%.

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
15	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13

2. Monitoring the Use of Information Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 15 data elements, the data accuracy ranges ±10%. That means that if the data accuracy is 30%, the range is between 20% and 40%.

Day One
Session # IV :
Activity # 1 : Identify Causes of Health System Performance
Time : 15 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion, Group exercise

Objective:

By end of this activity, participants will be able to:
- Identify causes of gaps in data quality
- Develop cause and effect diagram
- Differentiate between immediate and contextual causes

Step 1: In earlier exercise, we identified performance gap in health system performance indicators. This call for recognizing causes to develop solutions for reducing the gaps. Understanding causes of the problem is the third step of cycle of information use. We will discuss how to explore causes of the problem or performance gap.

Step 2: Ask participants what they do when they are faced with high workload?

Some responses could be:
- Complain
- Look for reasons why I have high workload and try to reduce them
- Do nothing
- Accept it as part of the responsibility
- Discuss high workload with superiors and ask for their help

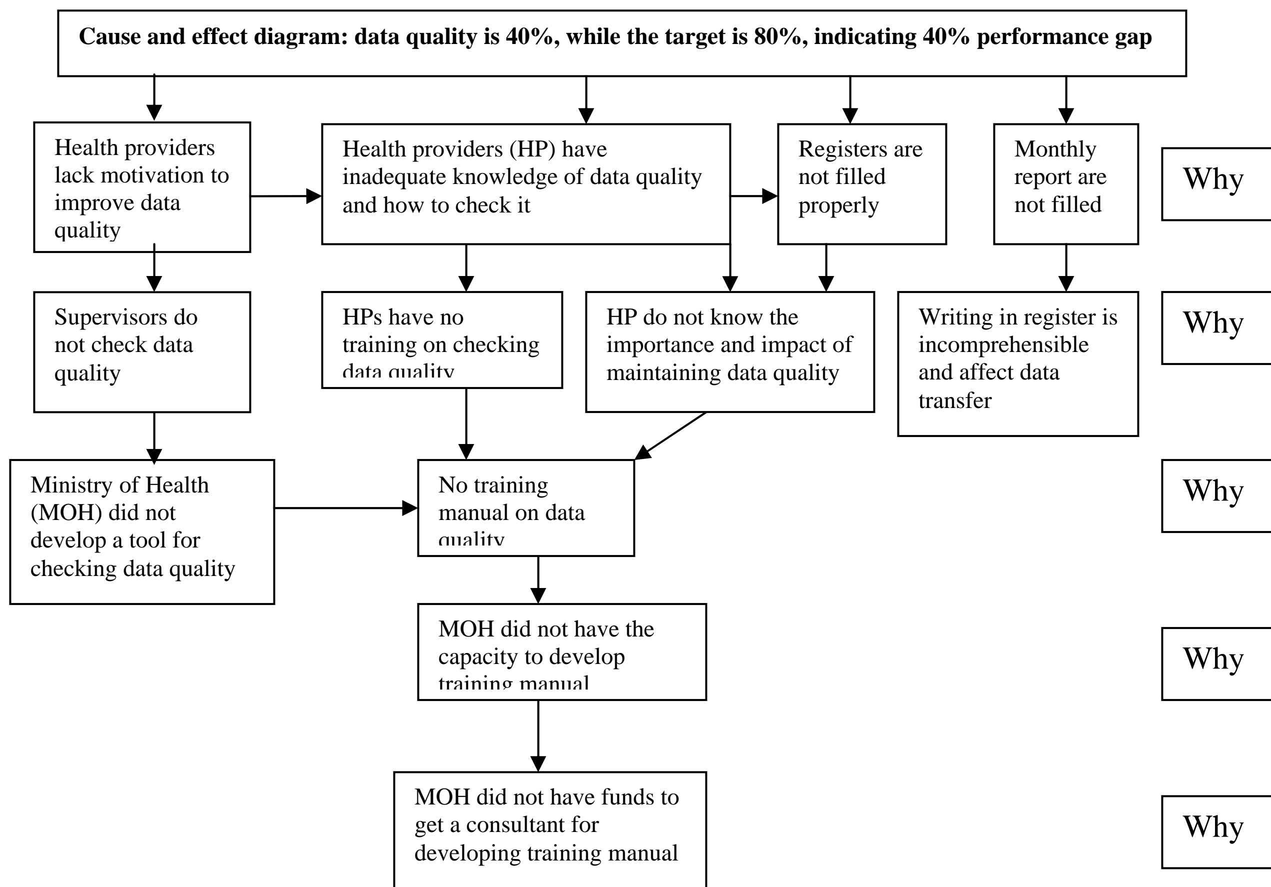
Step 3: Acknowledge their correct responses by saying - Excellent. Now we know what you do about a problem. Some people resign to the fact that they could do nothing about it and accept the situation with or without complaining. Some people directly go to their superiors for solutions, while others take a moment to think about the reasons for having high work load before deciding about the solution(s). **Conclude** that this exploration of causes involves exploring both at personal, organziational and environmental causes.

Step 4: We like to reemphasize that this training is about empowering you to do better. Empowering you to articulate what is required to improve your performance related to health system and DHIS tasks. The causes could be related to personal improvement in knowledge and skills as well as working conditions and resources required to improve health system performance, including DHIS data quality and information use.

Step 5: Understanding causes of the problem is a step towards identifying opportunities for solving a problem. We want you to learn the skill to identify causes in a systemic way. The method for doing that is called cause and effect diagram. The identified problem is labeled as an

effect and we want to explore what causes that effect. We start with what are immediate causes of the problem. Then, we further explore causes of the causes. After identifying second level of causes, we repeat the same process till we reach a saturation point where we could not find any further causes. Other reason to stop is that we have identified sufficient causes which could help us in better understanding of the problem. The rule of thumb is that we should have five rounds of asking why that provides enough causes to understand the problem better and think about the solutions.

Step 6: Let's take an example of data quality. Show the following diagram and ask participants to see it in the manual. Explain steps how it is developed such as
1.State the performance gap as effect.
2. Explore all immediate causes at first level. Read the causes and ask whether anyone is missing?
3.Explore causes of the causes at second level. Read the causes and ask whether anyone is missing?
4. Repeat the process up to level five like in the diagram. .



Step 3: Ask participants, what we learn from developing a cause and effect diagram?

Some responses could be
- List of causes
- Identify causal relationship
- Location of causes
- Opportunities for interventions

Step 4: Appreciate responses. Add from the following answer, if participants have not mentioned them.

List of causes: We have developed a diagram which provides us a comprehensive picture of what is causing what, and ultimately affecting the problem. Is it due to lack of knowledge and skills of the staff? Is it because materials such as resources, equipment, forms, registers, etc., are not available? Is it because the responsibilities are not distributed properly? Is it because the process of carrying out a task is not clear?

Identify causal relationship: It provides us information what are the direct or immediate causes and what are the indirect causes affecting the problem. What is the interrelationship between direct and indirect causes?

Location of the causes: The diagram helps in locating where the cause lies. Is it at facility, district or national levels?

Opportunities for intervention(s): Since we know the causes, their inter-relationship, and their locations, opportunities exist to develop where to intervene and what types of interventions would be possible and feasible.

Session # IV
Activity # 2: develop Cause and effect Diagram
Time : 30 minutes

Step 5: It is time to practice what we learned. Distribute the handout # . Ask participants to work in group of 4-5 and follow the instructions. Distribute one performance gap topic to each group to avoid duplication in group work. Inform that facilitator would be available to help during the exercise. Share their diagram after 30 minutes to the group for feedback.

Step 6: After 30 minutes, ask group to take three minutes to present their cause and effect diagram. Give two minutes for Q&A

Step 7: The facilitator provide feedback especially in reference to immediate and distant cause or root cause

Handout # 6: Instructions for Developing Cause and Effect Diagram

1. Write the problem on top in box. It should be stated as gap between what the actual situation is what is desired or target/standard. You should work on any of the following:
    - Performance gap for information use
    - Performance gap for immunization coverage
    - Performance gap for facility utilization (OPD patients)
    - Performance gap for ANC coverage
    - Performance gap for expected c-section performed

2. Brainstorm to identify what is affecting the problem directly. Think of those causes first which might be present at facility level. Also, the transfer of data from the registers to database and monthly reporting form occur at the facility level. Write all the causes you could think of under the problem.

3. After writing down the direct causes, think about causes which affect these direct causes. Make sure that you have good reason to believe that these causes affect direct causes. Write them down under direct causes

4. Repeat the process three more times to complete five cycles of asking why. These five iterations will be able to chart major direct and indirect causes of the problem.

5. Describe what are the direct and indirect causes and where they are located.

6. Assign someone to present the cause and effect diagram in the plenary. The presentation will be for 3 minutes and 2 minutes for Q&A.

Day One
Session # IV :
Activity # 3 : Prioritize causes based on empowerment
Time : 60 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objective:

By end of this activity, participants will be able to:
- Describe principle of empowerment for prioritizing causes
- Take responsibility
- Prioritize causes based on empowerment

Step 1: The cause and effect diagram has given a list of causes, their causal linkages and where they are located. Being the facility In-charge or district supervisor, you have the responsibility and ability to solve them. However, a time comes when one say that the cause does not lie in the boundaries of my responsibilities or I have no control over or power for removing the cause or the resources are limited to influence the cause. In other words, “do I feel empowered to address causes?”

Empowerment is about having the perceived capacity to change things for better. Empowerment motivates to do anything. Thus, we use criterion of personal influence to prioritize what we could change things on our own. When we need assistance from others, we advocate for our cause.

Step 2: Personal influence is an important criterion for prioritizing causes which could and could not be influenced. This prioritization helps in developing appropriate solutions.

Step 3: We will learn how to prioritize causes based on personal influence. This prioritization matrix comprised of three columns. **Show it.** First column is for listing all causes. Second and third columns are for noting causes which could and could not be influenced respectively.

Prioritization Matrix based on Personal Influence: Causes of ----------------------		
List of causes	**You Could Influence**	**You Could Not Influence**

Step 4: I have transferred all the causes of performance gap of data quality into first column. Please help me filling the rest of the table. Think of you as being the facility Incharge and feel empowered to resolve the cause. I will state the cause and you let me know which column I should cross. Repeat the process till all listed causes are prioritized.

Prioritization Matrix based on Personal Influence: Causes of Data Quality		
List of causes - affecting data quality	**You Could Influence**	**You Could Not Influence**
Health providers lack motivation to improve data quality		
Health providers (HP) have inadequate knowledge of data quality and how to check it		
Registers are not filled properly		
Monthly report are not filled		
Supervisors do not check data quality		
HPs have no training on checking data quality		
HP do not know the importance and impact of maintaining data quality		
Writing in register is incomprehensible and affect data transfer		
Ministry of Health (MOH) did not develop a tool for checking data quality		
No training manual on data quality		
MOH did not have the capacity to develop training manual		
MOH did not have funds to get a consultant for developing training manual		

Step 5: Emphasize that how many things you, being the facility Incharge, could do to improve data quality and many others you could advocate for.

Step 6: Let's conduct exercise for prioritizing causes of performance gap you have worked in your group. That will help in developing advocacy and non- advocacy solutions.

Step 7: Provide feedback on after group presentation.

Handout # 7: Exercise - Prioritizing Causes based on Personal Influence

You have developed a cause and effect diagram for your performance gap. Now we would like to determine which causes you could handle on your own and which causes are beyond your control. You need help or advocacy for them. This exercise helps you make that decision based on criterion of personal influence.

You have 15 minutes to complete this exercise. Share your prioritization matrix with other participants.

Step 1. List all the causes from the cause and effect diagram under the column "**List of causes affecting data quality"**
Step 2. Read the cause and determine whether you could influence that cause. Put a cross in column **"You could influence"**
Step 3. If you could not influence the cause, then put a cross in column **"You could not influence"**
Step 4. Repeat the process for all listed causes
Step 5. Total how many causes you could influence on your own and how many you can not.

Prioritization Matrix based on Personal Influence: Causes of ----------------			
#	List of causes affecting ____	You Could Influence	You Could Not Influence
	Total		

Day Two
Session # I :
Activity # 1 : Advocacy for Improving Health System
Time : 90 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Describe advocacy
- Use DHIS information for identifying problem
- List outcomes to be achieved using advocacy
- Identify those who would participate in advocacy
- Design strategy to achieve advocacy outcomes
- Conduct advocacy

Step 1: We have prioritized causes based on personal influence to resolve them. This session is about handling uncontrollable causes to improve health system performance gap, including DHIS performance.

Step 2: Before we learn how to deal with uncontrollable causes, let us spend few minutes in discussing what will happen if we do not handle causes/problems affecting performance gap?

Write answers on flip chart. Probable answer could be ……

- Problem will increase in magnitude and would require more resources to handle with passage of time
- Feeling helpless
- Loss of motivation
- Performance suffer
- Target population/community served will suffer
- Others (specify)…..

Step 3: Appreciate responses and **Conclude** - Not solving or containing a problem has more adverse consequences than solving it. DO NOT FORGET that you are part of the organization. You expect that it would provide all the support for solving problems. There are always if and buts. There is no ideal situation and same is true for your organization.

Step 4: Every organization has limited resources. It prioritizes those problems which are urgent and bring maximum benefits. We also know that problems occur in different sections of the organization and thus many problems have many owners. For example, DHIS managers need resources for DHIS maintenance; while service delivery managers need resource for improving

quality or access. Supervisors need resources for travel expense. Therefore, there are many competing needs and their owners. Similarly, the decision makers need to prioritize competing needs and distribute resources accordingly. This situation calls for two things for decision making.

Step 5: *Ask participants: Can you tell me those things?*
Hint - those relate to actors involved.

- Capacity of the problem owner to influence decision maker
- Capacity of the decision maker to avoid bias and make decision objectively

Step 6: Ask participants: What is common between problem owner and decision maker for influencing and making a decision?

Excellent, it is the information. Both use information for influencing and making an objective decision.

Step 7: Ask participant, would you like to share one or two examples where you have used information to influence a decision.

Step 8: After listening to the experiences, *conclude that you have conducted advocacy without being conscious of it.* This training session is about formalizing your advocacy skills and making it part of your plan to use information.

Step 9: We have seen that information use is crucial for decision making as it involves selection among alternatives and competing choices. However, organizational decision making is a social process and influenced by social dynamics.

Step 10: Thus, we could say that advocacy has two characteristics:
a) use of information; and
b) creating social pressure.

When these characteristics are combined with of purpose of health information system, we could have more specific operational definition for advocacy:

"Advocacy is application of HIS information and resources (people, time, efforts, etc) to influence decision makers to bring about systemic changes for better health system performance, including health information system."

This definition implies that DHIS information could be used not only for improving health system performance but also for resolving those organizational, behavioral and technical factors/causes which affect health information system performance.

Step 11: Before we move forward and learn how to plan and conduct advocacy, ask participants…

- How many of you believe that advocacy works? Raise your hands.

Observe how many raised the hands. The facilitator acknowledges participants agreement and disagreement by saying…. Woa. All of you are still awake and agree with what have been discussed so far.

Step12: For those who do not agree, please review your confidence in changing the situation and belief that GOD does not help those who do not help themselves. I hope by the end of the session you would be an advocate of advocacy. Let's begin the process…

Step 13: Ask participants, what do you do when you have a problem, which you could not solve? *Write down the responses on flip chart* (can ask for a volunteer).

Step 14: Acknowledge and appreciate participants' responses and **then *CONCLUDE*:**

Your examples illustrate that when you have a problem which you could not solve, you do any or combination of the following**: SHOW on the transparency one by one**.

- You inform supervisor by writing letter. You keep doing that till the problem is resolved or you feel that no point in doing that, as nobody cares.
- You meet the district officer and try to convince him for a decision to solve the problem.
- You ask someone, whom you think has more influence on district officer, to help you out.
- You go to higher level directly to influence district officer.
- You might have tried lobbying with community or political leaders to influence district officer.
- You might have gone to your local professional association for help.

Step 15: You employ these strategies to influence a decision maker without realizing that you are conducting advocacy. As we said the purpose is to shape your experience in a coherent process. The **advocacy process is as follows**: **Show the list one by one**

- **First,** Identify DHIS information related to problem and its causes.
- **Second,** determine what outcome(s) we expect after resolving or controlling the underlying cause(s)
- **Third,** whom to influence?
- **Fourth**, Plan strategy
- **Fifth,** Specify actions under strategy and assign responsibility

Step 16: **Explain Advocacy Process Steps**

First, Identify DHIS information related to problem and its causes

We have to collect al relevant information about performance gap. We have learned that in earlier sessions in identifying performance gap, its causes and prioritization.

Second, determine what outcome(s) we expect after resolving or controlling the underlying cause(s)

This needs to be stated very clearly. For example, additional budget, more supplies, change in policy or procedure etc.

Third, whom to influence?

Whom we are going to influence to get the result? Is it EDO? Is it DCO/Nazim? Is it Provincial Health Department? Is Ministry of Health? Or other Ministries?

Fourth, Plan strategy (how to achieve the outcome)

How we are going to achieve the results. Is networking needed among colleagues? Is professional body need to jump in? Do we need to educate public? Do we need to get the community leaders, political leaders? Do we need victims who are affected by a problem to lobby and provide evidence? Do we need researchers/academician? So we have to decided who need to be involved for achieving the objectives.

Fifth, Specify actions under strategy and assign responsibility

What action will be carried out and by whom? We will take up this step in more details in next session of developing an action plan..

Step 16: we have developed an advocacy chart based on these steps. This chart helps in planning advocacy solution. **Show the chart**

Advocacy Chart			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**

Step 17: We have filled the chart to demonstrate how advocacy is planned. We used the example of Data quality. **Show the chart**

Advocacy Chart for Improving Dat a Quality			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**
Data quality is only 40%. No training plan and manual exist. MOH does not have the capacity or funds to hire consultant for developing training plan and manual	Availability of training plan, financial and human resources and supplies to train staff on data quality	Donors	Build alliance with MOH Build alliance with training institute Networking with donor
Facility services information is available but no mechanism to coordinate facility staff and use information for better performance	1. Directive from EDO formalizing monthly staff meeting and use of meeting registers for documenting decisions 2. Regular supervisory reports showing encouragement and observation about decisions in meeting registers	EDO	Requesting help from Supervisors District managers Building alliance with colleagues facing same problems

Step 18: Now we would like you to carry out the exercise. You have seen the example of how to develop an advocacy chart. Follow the instructions given in the handout #. You have 20 minutes to complete the exercise. You will share your chart in a plenary.

Step 19: After 20 minutes, ask group to present. Give 2 minutes for presentation. Appreciate good work and provide feedback if necessary.

Step 20: **Conclude** that I hope you believe now that you can conduct advocacy. There is nothing difficult about it. You have to be explicit what you want to achieve with assistance from other. I hope you also believe that advocacy pay off.

Handout # 8: Exercise: Develop Advocacy Chart

You have seen the example of how to develop an advocacy chart. Follow the instructions given below to carry out the exercise. You have 20 minutes to complete the exercise. You will share your chart in a plenary.

Step 1: Identify a problem cause for your performance gap using cause and effect diagram which you could not handle
Step 2: describe a specific outcome which will be achieved after problem cause is removed.
Step 3: describe who will bring the desired outcome
Step 4: describe strategy to influence the decision maker

Advocacy Chart			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**

Day One
Session # II :
Activity # 1 : Develop Action Plan
Time : 90 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives
By end of the session, the participants will be able to:
- Apply modified Gantt chart for action plan

Step 1: Solution involves specific activities, resources to implement those activities, duration of time in which solution need to be implemented for creating change, and people who will be responsible for performing the activities. Putting all of them together in such as way that all concerned know what to do, when to do and who will do it is called developing an action plan. You might have done it in the past. If not, it is time to learn that otherwise, it is good practice to strengthen your existing skill.

Step 2: We have used a modified Gantt Chart to develop an action plan. **Show the empty chart and explain how to fill it.** First, we specify the solution and duration in which it will be implemented. Second, we describe specific activities. Third under timeline column we specify how much time is need to accomplish them. Lastly, we provide who would carryout the activities.

Step 3: For example, we have found that one of the causes of gap in data quality is that data is not filled properly in registers. The possible solution at facility level is on job training of the person who is not filling the register properly. However, this solution involves many activities before the person is able to fill the register properly. Let's see how action plan for this solution looks like. **Show the filled chart.**

Step 4: Inform participants to **Note that**:
- Activities are described in stepwise sequence
- Some activities are one time activities while other are continuous, as depicted by daily cross.
- Responsible person for the activity is mentioned.

Step 5: We would like you to carry out the exercise for your solution. Work in group of 4-5. Distribute the Handout #. You have 20 minutes to complete this exercise and present it to the plenary.

Step 6: Give five minutes for presentation. Ask participant to comments using criteria for developing the action plan. Appreciate participants work and clarify misconceptions.

Detailed Action Plan														
Describe solution and total duration - Train X to fill the register properly in 12 days														
	Activities	**Time line**												**Person responsible**
		1	2	3	4	5	6	7	8	9	10	11	12	
1	Distribute procedure manual	x												Mr. X, Facility incharge
2	Read procedure manual		x											Mr. X
3	Check whether person understood the instructions for filling the register			x										Facility incharge
4	Facility incharge explain instructions and ask person to practice			x										Facility incharge
	Fill register	x	x	x	x	x	x	x	x	x	x	x	x	Mr. X
5	Monitor that register is filled properly						x			x				Facility incharge
6	Mistakes within acceptable limits												x	Facility Incharge, Mr.X
Describe solution and total duration - Availability of Resources for Improving Data Quality in 6 month														
1	Building Alliance with MOH/training institute	x												EDO
2	Meeting with concerned officials for support	x												EDO
3	Receiving letter to support		x											MOH
4	Request and receive training proposal	x	x											Training institute
5	Identify a consultant		x											EDO
6	Identify donors			x										EDO/MOH
7	Arrange donor meeting				x									EDO
8	Share raining proposal				x									EDO
9	Follow-up of donor meeting					x	x							EDO
10	Fund available							x						Donor

Handout # 9: Exercise: Developing Action Plan

You have developed advocacy and non advocacy solutions. We would like you take your advocacy strategy and one solution which you could implement on your own and develop an action plan for them. First, do not forget to describe solution and total duration. Second, list all activities for the solution. Third, put a timeline on actions to know when they will be accomplished. Fourth, assign a person who will carry out those actions.

Detailed Action Plan														
Describe solution and total duration :														
	Activities	Time line												Person responsible
		1	2	3	4	5	6	7	8	9	10	11	12	
1														
2														
3														
4														
5														
6														
7														
8														
9														
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22														
23														
24														
25														

Day Two
Session # II :
Activity # 2 : Monitoring Continuous Improvement
Time : 45 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Describe continuous improvement
- Develop control chart with specified targets
- Monitor continuous improvement

Step 1: Action plan helps in monitoring. By observing activities whether they are accomplished within assigned period of time, one could track implementation of action plan. We assume that monitoring planned activities will lead to improving performance. However, it is better to observe performance directly as well.

Step 2: Ask participants, how we could observe performance directly?

Excellent, we could observe performance by examining performance indicator. Thus, again we are back to our DHIS information. It is assumed that solution or intervention will bring improvement in performance. How much improvement is expected from a specified solution? This question relates to effectiveness of the solution in improving performance and thus helps us in setting target. However, many of the times, we are not aware of the effectiveness of our solution. Therefore, we need other criteria to observe improvement and set targets.

Step 3: Ask participants, can you recall some of the criteria for setting target?

The possible answers could be:

- First criterion for setting target is that it is achievable or attainable in a certain period of time. They should challenge or motivate people to achieve them.
- Second criterion is that baseline range should not overlap with target range. We know that variation is unavoidable. Thus, if the baseline is 30% and we allow ±10% variations then the range would be 20-40%. To avoid overlap with baseline, we need to set target at least above 15 of the upper limit of baseline. This means target should be 55%. Now the range of 55% with ±10% variations would be 45%-65%. Now, there is no overlap of ranges and we could conclude that achieved target is different from the baseline. **Show that on the on the chart transparency.**
- Third criterion, allow small acceptable range of performance while setting target. In our first example if we reduce variation from 10% to 5%, we could also reduce our target. For example, 30% baseline with 5% variation means the acceptable performance lies

between 25 and 35%. **Show that on the on the chart transparency.** If set our target 10 % above the upper limit, that will be 45% and range will lie between 40 and 50, and the ranges of baseline and target will not match, showing a difference in performance. Thus, another way of reducing target is to allow less variation in performance.

Excellent, I am glad that we are retaining what we are learning. I hope you will keep the good work and continue applying what you have learned here.

Example for facilitator to show – The facilitator should take an empty chart and fill it in front of the participants, what is described in the chart below.

	75									
	70									
	65									
	60									
	55									
%	**50**									
	45									
	40									
	35									
	30									
	25									
	20									
Month		**0**		**1**		**2**		**3**		

Step 4: Recall we also stated that to avoid bias that targets are always set at lower attainable level, total target should be broken down into smaller targets for shorter periods of time, thus, showing an upward trend in achieving the total target. For example, achieving 15% increase (from a baseline of 30% antenatal visits to 45%) in three months. This target could be broken down into three small targets of achieving 5% increase in antenatal visits per month. Allowing a 5% variation will give an impression that things are not improving from the previous month. **Show that on the on the chart transparency.**

Achieving the small target per month would show an upward trend over time, thus reflecting a continuous improvement and avoiding bias that targets were sets at lower level to show achievement. However, by end of the time period we have achieved expected change/improvement.

Step 5: Now we would like you to develop your target monitoring chart and show continuous improvement. Take your own example from the previous exercise and develop you monitoring chart. Work in your group. You have 15 minutes to complete the exercise.

Step 6: After 15 minutes share the answer sheet and ask how many have the same answer. Appreciate good work and move to next session.

Handout # 10: Exercise - Develop Monitoring Chart

Exercise: Your target is to increase performance of your identified problem ___________ from 40% to 70% in three months. Develop a monitoring chart displaying achieving targets by months. Allow 5% variations in performance target. Work in group.

Instructions:

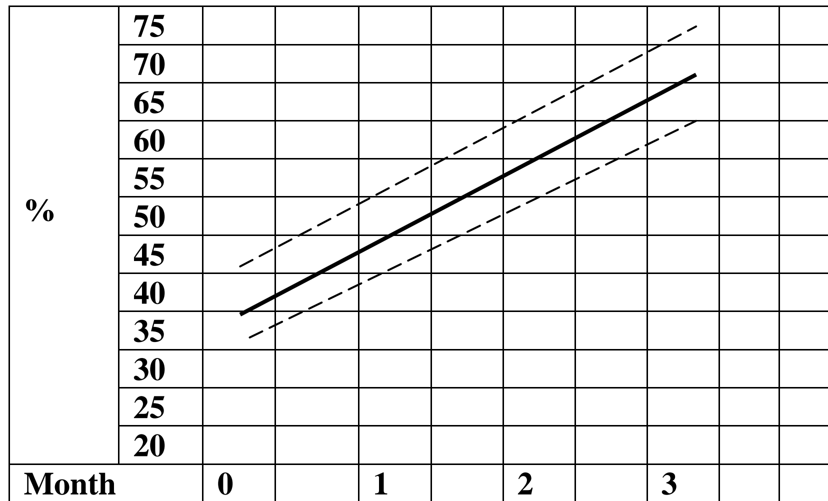
1. Calculate targets for all three months by getting a range by subtracting baseline data accuracy (40%) from the target of 70%.
2. Divide the range by three (as there are only three months) to get the monthly target
3. Plot the data accuracy target by Time (months) on the graph provided
4. Add five percent from the target to get upper limit variations around monthly target.
5. Delete five percent from the target to get lower limit variations around monthly target.
6. First plot the target data on the graph
7. Second plot the lower variation
8. Third plot the upper variation

	65									
	60									
	55									
	50									
%	**45**									
	40									
	35									
	30									
	25									
	20									
Month		**0**		**1**		**2**		**3**		

Module II Improving Data Quality

Handout 12a – Develop monitoring chart

Answer sheet



Day 2:
Session # III :
Activity # 1 : Self-regulation
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives
By end of the session, the participants will be able to:
- develop a story board for showing self-regulation

Step 1: State that we started with interpreting DHIS information to assess our performance level. Comparing actual performance with target, we found whether our performance was above or below the target. We defined performance gap by subtracting actual performance from target. Next we explored what are causes of the performance gap. We used control criterion to prioritize which causes we could solve and what causes need outside support to be resolved. We developed Advocacy solution for outside help, and non-advocacy solution for our actions. We developed an action plan with specific activities, timeline to accomplish them and assigned responsibilities. Lastly, we developed a monitoring chart for continuous improvement and evaluating achievement of our target.

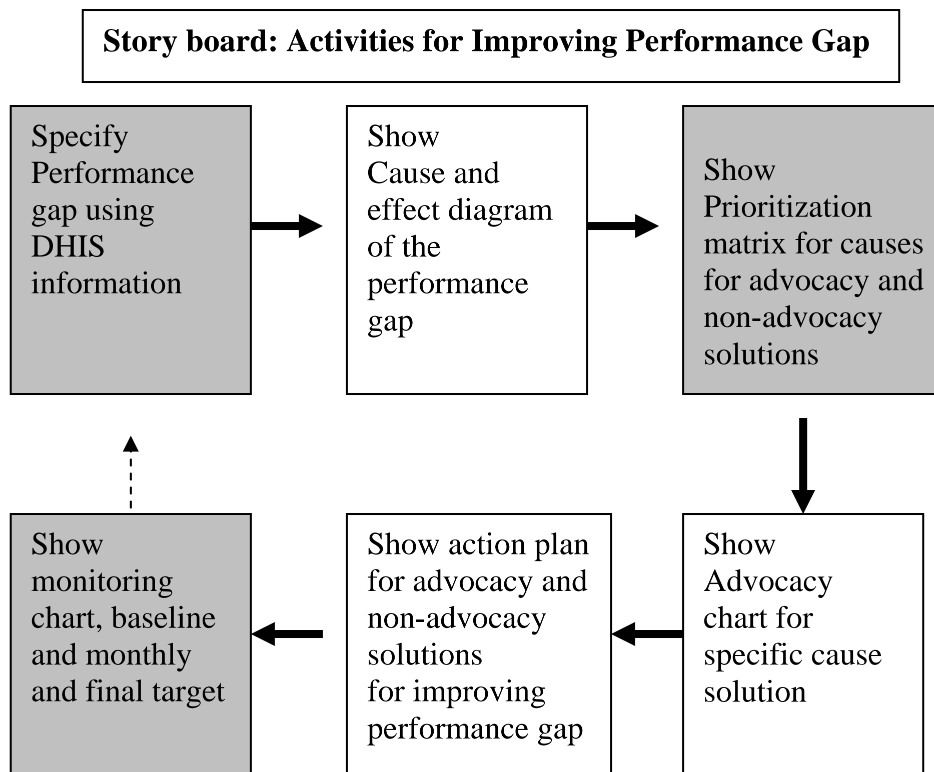
Step 2: All these steps are part of problem solving or performance improvement. They also show that we could do these things on our own without outside assistance. We could monitor and evaluate our performance using DHIS information. When you do all these activities on your own, you are self-regulating yourself. It is like thermostat which stop working once it reaches desired room temperature is achieved and start working again when temperature goes down. Some time we adjust our desired temperature according to our wishes. DHIS information is thermostat of the health system performance and we need to use it for continuously improving health system performance by monitoring what works and what did not.

Step 3: Recording of our activities is main function of DHIS. Thus, we would like to keep record of performance improvement activities using DHIS information in our facility and district office. Also, we would like to share our accomplishments with our customers, visitors, and stakeholders.

Step 4: This session is about creating a story board for your health system performance activities using DHIS information. It is nothing but putting all actions together in the cycle of use of information. Story board comprised of:
- Identifying performance gap
- Cause and effect diagram
- Prioritization of causes
- Advocacy chart
- Action Plan
- Monitoring chart

Step 5: Show them one by one all of these in a sequence and conclude that this is the story of what has been accomplished. Now we would like you to share your story to the group through a group exercise.

Step 6: Explain that each group will put their work in a story board in the following sequence:



Step 7: We will have an exhibition of story boards. Each group will exhibit what they have accomplished so far. You visit the exhibit and see the work of your colleagues. Ask questions and clarifications. We will have this exhibit for 20 minutes.

Step 8: Distribute the exercise and ask them to complete it in 10 minute

Handout #11: Exercise – Exhibiting story board

Instructions

1. Make your story board using the sequence described.
2. Display it on the wall.
3. Ask one person to explain the story board while people visit the exhibit
4. The exercise should be complete in 10 minutes

Step 9: After 20 minute of exhibition, ask participant to gather. Appreciate their work. Ask for one or two comments from the audience.

Day Two
Session # III :
Activity # 2 : Concluding session
Time : 15 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion

Objectives
By end of the session, the participants will be able to:
- Identify appropriate time for performance improvement activities

Step 1: The skills you have learned are part of your daily activities. We have streamlined them and put them in coherent and logical sequence. It will help you to document what you are doing, self-regulation and marketing your accomplishments to your community, leaders, supervisors, managers, decision and policy makers. It will promote evidence-based decision making, transparency and accountability, and consequently culture of information.

Step 2: Ask participants when is the appropriate time to review performance improvement?

- During planning phase when target are set, before the start of new financial year …ask for specific months
- After completing monthly report at facility…ask for specific time duration
- After completing monthly report at district…ask for specific time duration
- Every quarter during provincial meetings…ask for specific time duration
- Every six month at federal level…ask for specific time duration

Step 3: Conclude unless we use DHIS information on frequent basis to review health system performance and have specific plan of action for that purpose, we would not be able to change the status quo. So it is important we keep reminding ourselves, are we making a difference in health system performance? Are we using DHIS information to assess that difference? I leave these questions for you to answer.

Step 4: Thank all participants for their time and contribution and feedback.

Step 5: Ask some one from participants for vote of thanks.

APPENDIX -1:

23-01-06

Month: __________, Year: 200__

Total Working Days: _______

PHC Facility Monthly Report
________________*District*

Section I: Identification					
1.	Facility ID		4.	**Signature of Facility In-charge:**	
2.	Facility Name				
3.	Tehsil		5.	**Designation:**	

Section II: Achievement Made		Target	Performance
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	LHW pregnancy registration coverage		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	CYP		
8.	Monthly report data accuracy		

Section III: Outpatients Attendance *(From OPD Register)*		**<1yrs**	**1-4yrs**	**5 - 14**	**15 - 49**	**50 +**	**Total**
1.	Male *(New Cases)*						
2.	Female *(New Cases)*						
3.	Follow-up cases		4.	Referred cases attended			

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing > 3 weeks (Suspected pulmonary TB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 y.o.	
14	Diarrhoea / Dysentery in >5 y.o.	
15	Enteric fever/ Typhoid fever	
16	Parasitic Infestation	
17	RTI/STI in Females	
18	STI in Males	
19	Suspected Meningitis	
20	Suspected Viral Hepatitis	
21	Urinary Tract Infection (UTI)	
22	Fever due to other causes	
23	Diabetes Mellitus	
24	Epilepsy	
25	Goiter	
26	Malnutrition in <5 y.o.	
	Dental Diseases	
27	Dental Caries	
28	Periodontitis	
	Eye Diseases	
29	Night Blindness	
	Mental /Behavioral Disorders	
30	Drug (Psycho-Active substance) Abuse	
31	Mental Disorder	
	Orthopedic Diseases	
32	Arthropathies	
33	Fractures	
	Skin Diseases	
34	Cutaneous Leishmaniasis	
35	Dermatitis & Eczema	
36	Scabies	
	Any Other Unusual Disease	
37	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
38	Animal / Dog bite	
39	Cardio Vascular Emergencies	
40	Poisoning	
41	Road Traffic Accident/Injuries	
42	Snake /Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1)		7.	Live births in the facility	
2.	ANC-1 women with Hb. <10 g/dl		8.	Live births with LBW < 2.5kg	
3.	Antenatal Care revisit in the facility		9.	Stillbirths in the facility	
4.	Postnatal Care visit		10.	Maternal deaths in the facility	
5.	Normal vaginal deliveries in facility		11.	Neonatal deaths in the facility	
6.	Vacuum / Forceps deliveries in facility				

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)* **(For RHC ONLY)**							
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	ECGs		

Laboratory Investigation for Communicable Diseases								
Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII: Indoor Services *(From Daily Bed Statement Register)* ***(For RHC ONLY)***

		Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy
1.	Male								%
2.	Female								%

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		**Number of Admission**	**Number of Deaths**
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary TB		

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)*

	Post Name/Category	Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Sanitary Inspector					
8	Lab Assistants					
9	Dental Assistant					
10	X-Ray Assistant					
11	Lady Health Visitor					
12	Health Technician					
13	Dispenser					
14	EPI Vaccinator					
15	CDC Supervisor					
16	Midwife/Dai					
17	LHW					
18	Others					

Section XVII-A: Financial Report *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		5.	X-Ray	Rs.	
2.	Indoor	Rs.		6.	Ultrasound	Rs.	
3.	Laboratory	Rs.		7.	Dental Procedures	Rs.	
4.	ECG	Rs.		8.	Ambulance	Rs.	
				9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***

		Total Allocated Budget	Expenditure this quarter	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

APPENDIX-2:

23-01-06

Month: __________, Year: 200__

Total Working Days: _______

Secondary Hospital Monthly Report

_________________*District*

Section I: Identification										
1.	Facility ID								3.	**Signature of Facility In-charge:**
2.	Facility Name								4.	**Designation:**

Section II: Achievement Made		Target	Performance			Target	Performance
1.	Full immunization coverage			8.	Proportion of TB-DOTS patients missing		
2.	CYP			9.	Daily OPD attendance		
3.	Antenatal care coverage			10.	Lab services utilization		
4.	Delivery coverage at facility			11.	Bed Occupancy rate		
5.	Expected C-sections performed			12.	LAMA rate		
6.	Expected obstetric complications attended			13.	Hospital (indoor) death rate		
7.	Monthly report data accuracy						

Section III: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases							Follow-up	Referred Attended
		<1 yr	1-4	5 - 14	15 - 49	50 +	Male	Female		
1.	General OPD									
2.	Medicine									
3.	Surgery									
4.	Pediatrics									
5.	Eye									
6.	ENT									
7.	Orthopedics									
8.	Psychiatry									
9.	Dental									
10.	Skin									
11.	OB/GYN									
12.	Emergency/ Casualty									
13.	Others									
Grand Total										

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing > 3 weeks (Suspected pulmonary TB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 y.o.	
14	Diarrhoea / Dysentery in >5 y.o.	
15	Enteric fever/ Typhoid fever	
16	Parasitic Infestation	
17	RTI/STI in Females	
18	STI in Males	
19	Suspected Meningitis	
20	Suspected Viral Hepatitis	
21	Urinary Tract Infection (UTI)	
22	Fever due to other causes	
23	Diabetes Mellitus	
24	Epilepsy	
25	Goiter	
26	Malnutrition in <5 y.o.	
	Dental Diseases	
27	Dental Caries	
28	Periodontitis	
	Eye Diseases	
29	Night Blindness	
	Mental /Behavioral Disorders	
30	Drug (Psycho-Active substance) Abuse	
31	Mental Disorder	
	Orthopedic Diseases	
32	Arthropathies	
33	Fractures	
	Skin Diseases	
34	Cutaneous Leishmaniasis	
35	Dermatitis & Eczema	
36	Scabies	
	Any Other Unusual Disease	
37	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
38	Animal / Dog bite	
39	Cardio Vascular Emergencies	
40	Poisoning	
41	Road Traffic Accident/Injuries	
42	Snake /Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1..	First Antenatal Care visits (ANC-1)		13.	Ectopic Pregnancies	
2.	ANC-1 women with Hb. <10 g/dl		14.	Postpartum Hemorrhage (PPH)	
3.	Antenatal Care revisit in the facility		15.	Pre-Eclampsia/ Eclampsia	
4.	Postnatal Care visit		16.	Prolonged/ Obstructed Labors	
	Deliveries in the facility		17.	Puerperal Sepsis	
5.	Normal vaginal deliveries		18.	Rupture Uterus	
6.	Vacuum / Forceps deliveries		19.	Other causes	
7.	Cesarean Sections			**Neonatal deaths in the facility**	
8.	Live births in the facility		20.	Birth Trauma	
9.	Live births with LBW < 2.5kg		21.	Birth Asphyxia	
10.	Stillbirths in the facility		22.	Bacterial sepsis	
	Maternal deaths in the facility		23.	Congenital Abnormalities	
11.	Antepartum Hemorrhage (APH)		24.	Prematurity	
12.	Complications of Abortion		25.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*

	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	CT Scan		

Laboratory Investigation for Communicable Diseases

Malaria			T.B			Viral Hepatitis & HIV		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*

Specialty		Allocated Beds	Ad-missions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy
1.	Medicine								%
2.	Surgery								%
3.	Pediatrics								%
4.	OB/GYN								%
5	Eye								%
6.	ENT								%
7.	Orthopedics								%
8.	Cardiology								%
9.	Neuro Surgery								%
10.	Psychiatry								%
11.	TB/ Chest								%
12.	Skin								%
13.	Others								%
Grand Total									%

Section XIII-B: Cases attending Indoors *(From Abstract Foms for Indoor)*		
Medical		
1.	Chronic Liver Disease	
2.	Chronic Renal Failure	
3.	Diabetes Mellitus	
4.	Diarrhoea / Dysentery in <5 yrs	
5.	Diarrhoea / Dysentery in >5 yrs	
6.	Enteric Fever /Typhoid	
7.	Epilepsy	
8.	Malaria	
9.	Meningitis	
10.	Viral Hepatitis A & E	
11.	Viral Hepatitis B & C	
Respiratory Diseases		
12.	Asthma /COPD (Chronic Obstructive Pulmonary Diseases)	
13.	Pneumonia in <5 yrs	
14.	Pneumonia in >5 yrs	
15.	Pulmonary TB	
16.	Extrapulmonary TB	
Cardiac Diseases		
17.	Congestive Cardiac Failure (CCF)	
18.	Hypertension	
19.	Ischemic Heart Diseases (IHD)	
Vaccine Preventable Diseases		
20.	Neonatal Tetanus	
21.	Suspected Acute Flaccid Paralysis (AFP)	
Surgical		
22.	Acute Appendicitis	
23.	Burns	
24.	Cholelithiasis / Cholecystitis	
25.	Hernias	
26.	Hyperplasia of Prostate	

Section XIII-B: Cases attending Indoors *(From Abstract Forms for Indoor)*		
Orthopedic Diseases		
28.	Arthropathies	
29.	Fractures	
Eye		
30.	Cataract	
31.	Corneal Opacity	
32.	Glaucoma	
ENT		
33.	Chronic Otitis Media	
34.	DNS	
Gynecological		
35.	Fibroid Uterus	
36.	Inflam. diseases of female pelvic organs (PID)	
37.	Uterine Prolaps	
38.	Vesico -Vaginal Fistula	
Obstetric		
39.	Antepartum Hemorrhage (APH)	
40.	Complications of Abortion	
41.	Ectopic Pregnancies	
42.	Postpartum Hemorrhage (PPH)	
43.	Pre-Eclampsia/ Eclampsia	
44.	Prolonged/ Obstructed Labors	
45.	Puerperal Sepsis	
46.	Rupture Uterus	
Neurological/Neurosurgical		
47.	CVA/Stroke	
48.	Head Injuries	
Mental Behavioral Disorder		
49.	Drug Abuse (Psycho-Active substance use)	
50.	Mental Disorder	

Section XIV: Surgeries *(From OT Register)*		
1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)*		
1.	Diarrhea/Dysentery in < 5 yrs.	
2.	Pneumonia in <5 yrs.	
3.	Malaria	
4.	Pulmonary TB	

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

Post Name/Category		Sanc,	V	C	G-In	G-Out	Post Name/Category		Sanc.	V	C	G-In	G-Out
1	MS /Deputy MS						17	Dental Surgeon					
2	Medical Specialist						18	Physiotherapists					
3	Surgical Specialist						19	Matron					
4	Cardiologist						20	Head /Charge Nurse					
5	Chest Specialist						21	Staff Nurse					
6	Neurosurgeon						22	Lab Assistant/Techs.					
7	Orthopedic Surgeon						23	X-Ray Assist /Techs					
8	Child Specialists						24	Dental Assist. /Techs					
9	Gynecologists						25	ECG Assist./Techs.					
10	Eye Specialists						26	Lady Health Visitors					
11	ENT Specialists						27	Health Technicians					
12	Anesthetist						28	Dispensers					
13	Pathologist						29	EPI Vaccinators					
14	Radiologist						30	Sanitary Inspectors					
15	SMO/ SWMO						31	Midwife/Dais					
16	MO/WMO						32	Others					

Section XVII-A: Financial Report *(From Receipt Register)*							
		Total Receipt	**Deposited**			**Total Receipt**	**Deposited**
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*				
		Total Allocated Budget	**Expenditure this quarter**	**Balance to date**
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

APPENDIX-3:

LIST OF DHIS INDICATORS

Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	**RHC**	**THQH**	**DHQH**	**District**
I. Overall health facility utilization *15 indicators*							
I.A. Outpatient *8 indicators*							
1. Daily OPD attendance	Monthly	OPD Register OPD Register at Emergency Deptt. (+ Human Resource Data Transfer Form) (+ Population Chart)	X	X	X	X	
2. Age and gender wise utilization of OPD	Monthly		X	X	X	X	
3. Referred case proportion	Monthly		X	X	X	X	
4. Follow-up case proportion	Monthly		X	X	X	X	
5. Emergency service utilization	Monthly			X	X	X	
6. Daily OPD staff load	Monthly		X	X	X	X	
7. Per capita OPD attendance	Monthly		X	X	X	X	
8. Medico-legal cases	Monthly	MLC register		X	X	X	
I.B. Investigation services *2 indicators*							
9. Lab service utilization	Monthly	Lab. Registers		X	X	X	
10. X-ray service utilization	Monthly	Radiology Register		X	X	X	
I.C. Inpatient *5 indicators*							
11. Bed occupancy rate	Monthly	Daily Bed Statement (+ Population Chart)		X	X	X	
12. Average length of stay	Monthly			X	X	X	
13. Hospital death rate	Monthly			X	X	X	
14. Left against medical advice rate	Monthly			X	X	X	
15. Annual per capita hospital admissions	Monthly			X	X	X	
II. Preventive and curative service delivery *48 indicators*							
II.A. Preventive Care *14 indicators*							
II.A.1. EPI *3 indicators*							
16. Full immunization coverage	Monthly	Permanent EPI Register	X	X	X	X	
17. Measles coverage	Monthly	EPI Register	X	X	X	X	
18. Neonatal tetanus coverage (TT2 in pregnant women)	Monthly	EPI register (Mother Health Register)	X	X	X	X	
II.A.2. Reproductive Health *11 indicators*							
II.A.2.a. Family Planning *3 indicators*							
19. New acceptors	Monthly	FP register	X	X	X	X	
20. Couple years of protection delivered	Monthly		X	X	X	X	
21. Contraceptive prevalence rate	Yearly	LHW-IS	X	X	X	X	
II.A.2.b. Antenatal Care, Delivery, and Postnatal Care *8 indicators*							
22. Antenatal care (ANC) coverage	Monthly	Mother Health register	X	X	X	X	
23. Average number of ANC attendances	Monthly		X	X	X	X	
24. Prevalence of anemia among first ANC attendance	Monthly		X	X	X	X	
25. Postnatal coverage	Monthly		X	X	X	X	
26. Delivery coverage at facility	Monthly	Obstetric Register	(X)	X	X	X	
27. LHW pregnancy registration	Monthly	LHW-IS >> Data Transfer Form	X	X			
28. Delivery coverage by skilled attendants	Yearly						
29. Facility antenatal coverage compared to LHW pregnancy registration	Monthly	Indicator 22 / Indicator 27	X	X			

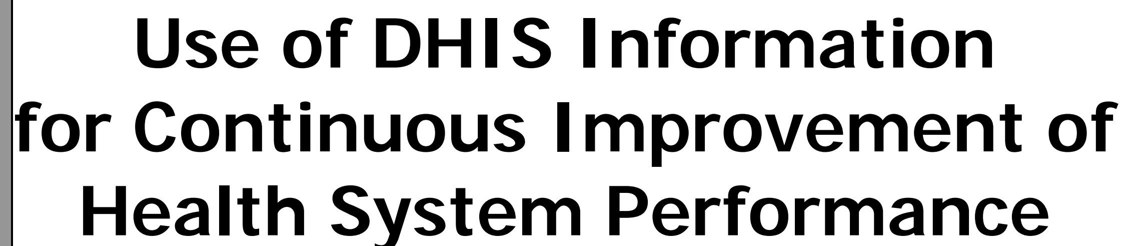
Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	RHC	THQH	DHQH	District
II.B. Curative Care *34 indicators*							
II.B.1. All Diseases – OPD *2 indicators*							
30. Annual OPD case load profile	Monthly	OPD Register >> Abstract	X	X	X	X	
31. Annual top 5 communicable and top 5 non-communicable diseases at OPD	Monthly		X	X	X	X	
II.B.2. All Diseases - IPD *2 indicators*							
32. Annual IPD case load profile	Monthly	Indoor Register >> Abstract		X	X	X	
33. Annual top 5 communicable and top 5 non-communicable diseases at IPD	Monthly			X	X	X	
II.B.3. Priority Diseases *19 indicators*							
II.B.3.a. Diarrhoeal diseases under 5 years *2 indicators*							
34. OPD diarrhoeal cases	Monthly	OPD Register	X	X	X	X	
35. Diarrhoeal case fatality rate	Monthly	Indoor Register		X	X	X	
II.B.3.b. Pneumonia under 5 years *2 indicators*							
36. OPD pneumonia cases	Monthly	OPD Register	X	X	X	X	
37. Pneumonia case fatality rate	Monthly	Indoor Register		X	X	X	
II.B.3.c. Malaria *5 indicators*							
38. OPD malaria cases	Monthly	OPD Register >> Abstract	X	X	X	X	
39. Malaria case admissions	Monthly	Indoor Register >> Abstract		X	X	X	
40. Malaria case fatality rate	Monthly			X	X	X	
41. Slide Positivity Rate	Monthly	Lab. register	(X)	X	X	X	
42. P. falciparum rate	Monthly		(X)	X	X	X	
II.B.3.d. TB *5 indicators*							
43. TB case detection rate	Quarterly	Quarterly TB-DOTS Report					X
44. TB treatment success rate	Quarterly						X
45. TB sputum conversion rate	Quarterly						X
46. TB suspect identification rate	Monthly	OPD Register >> Abstract	X	X	X	X	
47. Proportion of TB-DOTS intensive-phase patients Missing	Monthly	TB Cards (TB 01)	X	X	X	X	
II.B.3.e. EPI preventable diseases *3 indicators*							
48. OPD measles cases under 5 years	Monthly	OPD Register	X	X	X	X	
49. OPD diphtheria cases under 5 years	Monthly		X	X	X	X	
50. Neonatal tetanus rate	Monthly	Indoor Register		X	X	X	
II.B.3.f. Nutrition *2 indicators*							
51. OPD Undernourished children	Monthly	OPD Register	X	X	X	X	
52. Low birth weight rate (facility-based)	Monthly	Obstetric Register	X	X	X	X	
II.B.4. Obstetric / Neonatal Care *6 indicators*							
53. Expected obstetric complications attended	Monthly	Obstetric Register		X	X	X	
54. Expected Caesarean sections performed	Monthly				X	X	
55. Obstetric case fatality rate	Monthly				X	X	
56. Maternal deaths investigated	Monthly				X	X	
57. Newborn case fatality rate	Monthly			X	X	X	
58. Stillbirth proportion	Monthly			X	X	X	
II.B.5. Sexually transmitted infections (STI) *3 indicators*							
59. STI/RTI cases: women	Monthly	OPD Register >> Abstract	X	X	X	X	
60. STI cases: men	Monthly		X	X	X	X	
61. Number of HIV+ cases detected	Not decided	Lab Register					X

Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	RHC	THQH	DHQH	District
II.B.6. Hepatitis *2 indicators*							
62. Hepatitis B Virus + proportion	Monthly	Lab. Register			X	X	
63. Hepatitis C Virus + proportion	Monthly				X	X	
III. Financial Management *3 indicators*							
64. Budget release	Monthly	Monthly Financial-IS Report		X	X	X	X
65. Unspent budget	Monthly			X	X	X	X
66. Per capita non-salary budget allocation	Yearly	Yearly Financial-IS Report		X	X	X	X
IV. Logistics *1 indicator*							
67. Stock out of tracer drugs / supplies	Monthly	Medicine Stock Register	X	X	X	X	X
V. Human Resources *2 indicators*							
68. Proportion of staff positions filled	Quarterly	Human Resource Data Transfer Form	X	X	X	X	X
69. Training	Yearly	Yearly HID	X	X	X	X	X
VI. Capital Assets *6 indicators*							
70. Facility equipment need	Yearly	Equipment Stock Register/ Yearly Inventory	X	X	X	X	
71. Facility repair need	Yearly	Yearly HID[1]	X	X	X	X	
72. Functional patient toilets	Yearly		X	X	X	X	
73. Facility waste disposal	Yearly		X	X	X	X	
74. Emergency Obstetric Care	Yearly						X
75. Blood bank screening facilities	Yearly						X
VII. Regulation *1 indicator*							
76. Private facility registration	Yearly	Yearly HID					X
VIII. Information system *3 indicator*							
77. Reporting timeliness	Monthly	HMIS Cell Logbook/ Computer application					X
78. Reporting completeness	Monthly						X
79. Reporting accuracy	Monthly						X

[1] The Study team has already worked with provinces to begin improvements to the Health Institution Database (HID).

PART V

PARTICIPANT MANUAL ON USE OF INFORMATION



Use of DHIS Information for Continuous Improvement of Health System Performance

Participants' Manual

July 2006

Ministry of Health,
Government of Pakistan
Japan International Cooperation Agency (JICA)
Systems Science Consultants Inc. (SSC)

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Training Schedule of Use of DHIS Information

Day I	Activity time	Content	Methods and materials
Session I 8:30-10:30	8:30-8:45	Inauguration, Training Objectives	Welcome address
	8:45-9:15	Participants introductions, expectations	Introduction, 20 minute Expectations 10 minutes Conclusion 10 minutes
	9:15-10:15	DHIS knowledge and Benefits DHIS Benefits	Brainstorming Exercise for listing
10:15-10:30		**Tea**	
Session II 10:30-12:45	10:30-11:00	Interpreting DHIS information	Exercise
	11:00-12:00	Continued – Interpret DHIS information	Discussion Exercise
	12:00-12:45	Define health system performance gap	Discussion
12:45-1:30		**Lunch**	
Session III 1:30-2:45	1:30-1:45	Define and measure information use performance gap	Discussion, information use checklist
	1:45-2:45	Measure information use	Group Exercise, Presentation
2:45-3:00		**Tea**	
Session IV 3:00-5:00	3:00-3:15	Identify cause of the health system performance gap	Group Exercise:
	3:15-3:45	Develop causes and effect diagram and share results	Group exercise and Presentation
	3:45- 4:45	Prioritize causes based on empowerment	Discussion, Exercise
	4:45-5:00	Share results	Presentation/feedback
Day II			
8:30-8:45		Recap	Overview of previous learning
Session I 9:00-10:30	8:45-9:15	DHIS Advocacy	Discussion
	9:15-10:00	DHIS Advocacy continued	Group Exercise
	10:00-10:15	Sharing results	Presentation/feedback
10:15-10:30		**Tea**	
Session II 10:45-12:45	10:30-11:45	Develop Action Plan for improving performance gap	Discussion Group Exercise
	11:45-12:00	Sharing action plan	Presentation/feedback
	12:00-12:45	Monitor Continuous Improvement	Exercise: develop target and monitoring chart
12:45-1:30		**Lunch**	
Session III 1:30-2:45	1:30-2:00	Self-regulation of continuous improvement	Exercise - develop story board to show self-regulation
	2:00- 2:45	Concluding Session	
2:45-3:00		**Tea**	

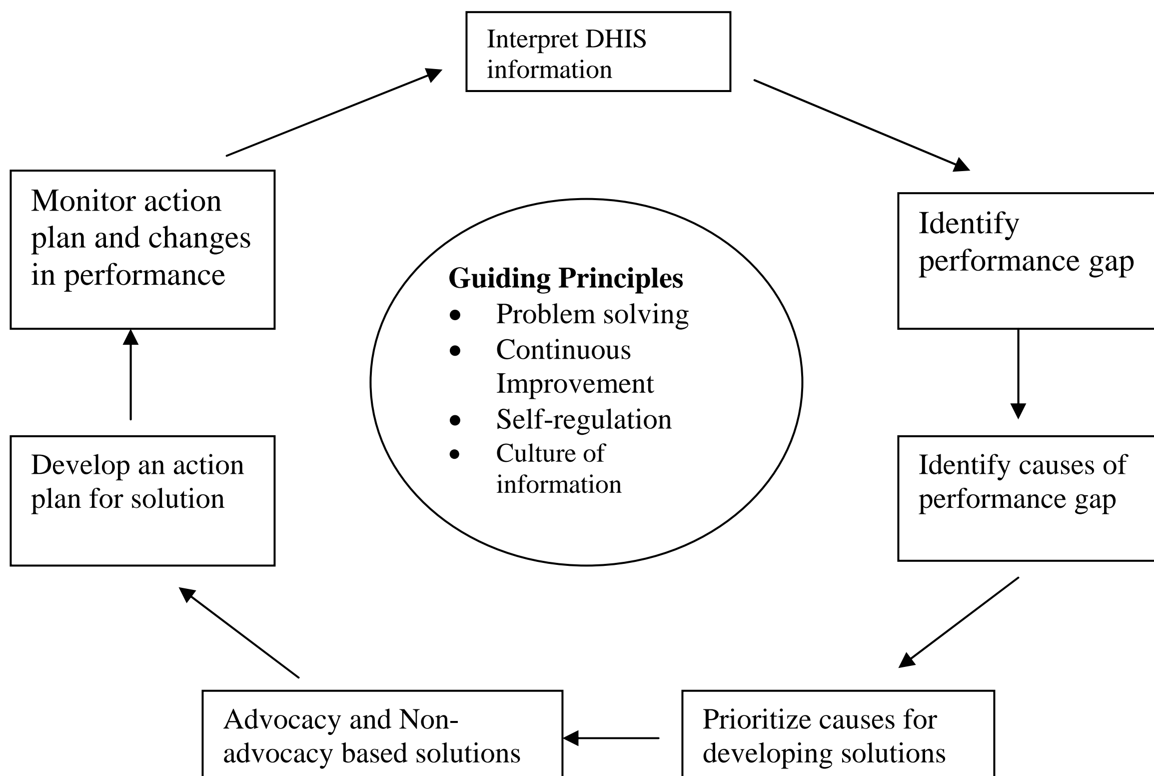
Overview of Training Manual

The underlying assumptions for use of DHIS information are strengthening evidence-based decision-making, good governance, transparency and accountability. Many of the times, these assumptions are not made explicit, thus creating confusion about the purpose of use of information. In DHIS context, collected standardized information reflect the level of functions and services of the health system on regular intervals, thus health managers could compare these performance levels with targets to identify gaps and strengths.

This training manual is based on the assumption that health providers and managers are the engine for improving the health system and consequently affect the status of the population they serve. DHIS provides them knowledge of where they stand in reaching the poor and underserved? How many diseases and deaths are prevented? How effective are the services? These questions are important to know the efficacy of the treatment and change the treatment if there is no improvement in patient's condition. Same approach is applicable for health system. We need to know what are strengths and weaknesses of the health system so that we could develop appropriate solution(s). DHIS information on regular basis provides that information. However, there is need to interpret DHIS information in such a way that opportunities for actions emerge.

Problem solving thus, is the first principle we applied in developing this training manual. It helps us stating problem as performance gap, understanding causes and developing solution for those causes, action plan and monitoring solution for the desired impact. We have translated problem solving process into a cycle of use of information for continuous use improvement of health system performance (Fig 1).

Fig 1: Cycle of Use of DHIS Information for Improving Health System Performance



Continuous improvement is closely related to problem solving. As we solve problem we improve performance. However, continuous improvement also means that we have performance target, which provide a reality check of achievement status. It also implies that when as we gain proficiency in the task or achieving a target we raise our standards or target.

When we have target or benchmark, we could regulate our own performance. There is no need for someone to tell us how good or bad our performance is. Thus, self-regulation is another principle for promoting DHIS information use.

Lastly, if we use DHIS information for problem solving, continuous improvement and self-regulation, we would be improving evidence based decision-making, transparency and accountability, in other words, strengthening culture of information. These guiding principles keep cycle of information moving.

The course is about learning use of DHIS information for continuous improvement of health system performance. DHIS is treated as integral part of the monitoring and evaluation of health system rather than a separate vertical program like in the past. Thus, the skills emphasized in training are those that managers use on daily basis for making decision and role information play in it (see goal and objectives). The training strengthens process of problem solving and decision making. It starts with discussing what DHIS monthly report tells me, when I see it? What benefits it bring to me, my community, my health facility, my district and higher levels? How should I interpret DHIS information? How should I define a performance gap? And the process goes on till decision are made and monitored for impact. These steps are summarized in Fig 2. By personalizing information, we created a sense of responsibility and accountability. After going through this training, it would be difficult to say that I can not use DHIS information. The participants would feel empowered to handle all health system or DHIS performance issues either through personal influence or through help from other through advocacy. We hope that participants would go back to work feeling that the training was relevant to their work and they could practice what they learned and try to work a little differently from past and continue doing that.

Goal and objectives

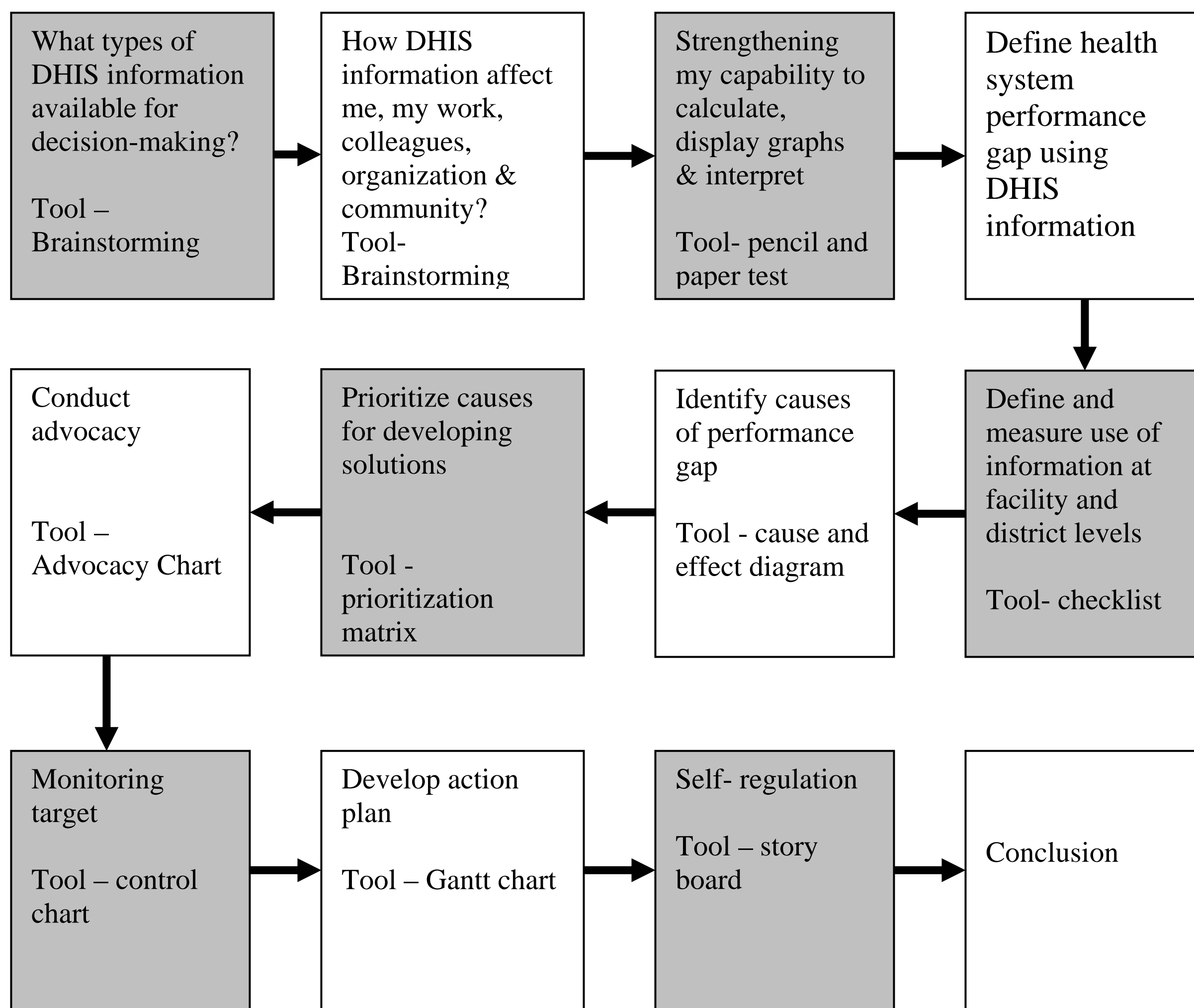
Goal

- Use DHIS information for continuous improvement of health system performance

Objectives

The participants will be able to:

- Describe available DHIS information
- List benefits of DHIS
- Interpret DHIS information
- Identify health system performance gap using DHIS information
- Recognize causes of performance gap
- Develop advocacy and non-advocacy based solutions for improvement
- Develop Action plan
- Monitor action plan
- Conduct self-regulation



Target Audience

Facility Incharge, District Managers, HMIS Coordinators and higher level managers and decision makers are primary target for this training. However, it is useful for all those who are implementing DHIS.

Methodology

The training methodology is based on principles of adult education that are: respect and learn from participants experience, learn by doing.

Materials

The materials include overhead projectors, transparencies, exercise handouts, flip charts, 9"x 10" stick-on, markers

Day One
Session # I
Activity # 1 : Inauguration
Time : 45 minutes
Material required : Flip chart, overhead projector, Transparencies, List of training goal and objectives

Objectives

By end of the session, the participants will be able to:

- Describe who is who
- List training objectives
- List training expectations
- Compare expectations with training objectives

Handout # 1: List of Training Goal and Objectives

Goal

- Use DHIS information for continuous improvement of health system performance

Objectives

- Describe available DHIS information
- List benefits of DHIS
- Interpret DHIS information
- Identify health system performance gap, using DHIS information
- Recognize causes of performance gap
- Develop advocacy and non-advocacy based solutions for improvement
- Develop Action plan
- Monitor action plan
- Conduct self-regulation

Activity # 2: Introduction, Training expectations

Day One
Session # I :
Activity # 3 : Knowledge of DHIS information
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies, Stick-on cards 10'x12'
Method : Brainstorming

Objectives

By end of the session, the participants will be able to:

- List the information in DHIS
- Compare their knowledge with existing form
- Identify weaknesses in DHIS knowledge

Before you use information, you need to know what information is available through DHIS. Let's explore what types of information is available to you.

Monthly report (Appendix 1, 2)
List of 79 indicators (Appendix 3)

Day One

Session # I	**:**
Activity # 4	**: Benefits of DHIS information**
Time	**: 30 Minutes**
Material required	**: Flip chart, Overhead projector, Transparencies**
Method	**: Brainstorming**

Objectives

By end of the session, the participants will be able to:

- List DHIS benefits at personal, community, facility, district, policy levels
- Identify responsibility for making a difference

Day One
Session # II :
Activity # 1 : Interpret DHIS information
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Convert data into information
- List things needed for interpreting DHIS information
- Interpret DHIS information
- Identify implications of the findings

Activity # 1: Exercise

Handout # 2: Exercise I - Interpreting DHIS data

Dr. Ajmal, facility In-charge BHU Baghpura, checked various DHIS registers and confirmed that all register tables/graphs were filled for month of July 2006. He also verified that data from all registers were transferred into monthly report and monthly report is completely filled. He checked the data accuracy and found that data accuracy was 90%.

He found that the daily OPD attendance was 20 for month of June. Children <1 fully immunized were 40 and first antenatal care visits were 10.

1. What this data inform Dr. Ajmal?

2. What this data do not inform Dr. Ajmal?

3. List and explain what is needed to make this data more meaningful and useful or in other words convert it into information for Dr. Ajmal to understand the situation in maternal and child health and health facility utilization?

Activity # 2: Discussion on Exercise

Using the WHO facility utilization rate formula, the calculation of patients visit per day would be as follows: If we use the BHU catchment population of 5000, that means we should expect 12,500-13,500 patient visit per year. That also means 41-45 patient visits per day (assuming that there are 300 working days) or 1066-1170 visits per month (26 working days/month). Based on these visits, the morbidity rate (1066/5000x100) is 21.3-23.4% per month.

Second option of reference point is how many patients a service provider could see in six hours, provided that the service meeting quality standards and 2 hours are spent on other work? On a conservative estimate, 10 minutes are needed per patient. That means in six hours, the service provider would be able to see 36 patients per day (60 minute/10 minutes per patient x 6 hours).

Activity # 3: Exercise II

Handout # 3: Exercise II - Interpreting DHIS data

You have 15 minutes to answer these questions. Work in group of 3-4. We will discuss the results after the exercise in plenary.

Q1: The estimated number of pregnant mothers is 340. Antenatal clinics have registered 170 pregnant mothers. How would you interpret this data?

Q2.The full immunization coverage for 12 months children were found 60%, 50%, 30%, 40%, 40% for months of January, February, March, April and May of 2006 respectively.

Q2a. Develop a line chart for immunization coverage by years using the following graph.

Immunization Coverage percentage	100						
	90						
	80						
	70						
	60						
	50						
	40						
	30						
	20						
	10						
	0						
	Month	Jan	Feb	Mar	April	May	

Q2b. Explain the findings of line chart

Q2c. Did you find a trend in the data? If yes or no, explain reason for your answer

Activity # 3: Discussion on Exercise II

Day One
Session # II :
Activity # 4 : Define Health System Performance gap
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion, exercise

Objectives

By end of the session, the participants will be able to:

- Identify health system performance gap
- Define and measure use of information
- Identify level of information use and gap

Step 6: Let's do an exercise for finding the performance gap. Divide yourself in four groups. Distribute handout # . Inform that after 10 minutes, we will have group presentation.

Handout # 4: Exercise – Finding Performance Gap

You have 10 minutes to complete this exercise. You have to answer each question and submit your answer to the facilitator after the discussion.

PG 1: In district Badin, the proportion of TB-DOTS patient missing is 0.02, while target was zero. Is target being met? Explain your answer.

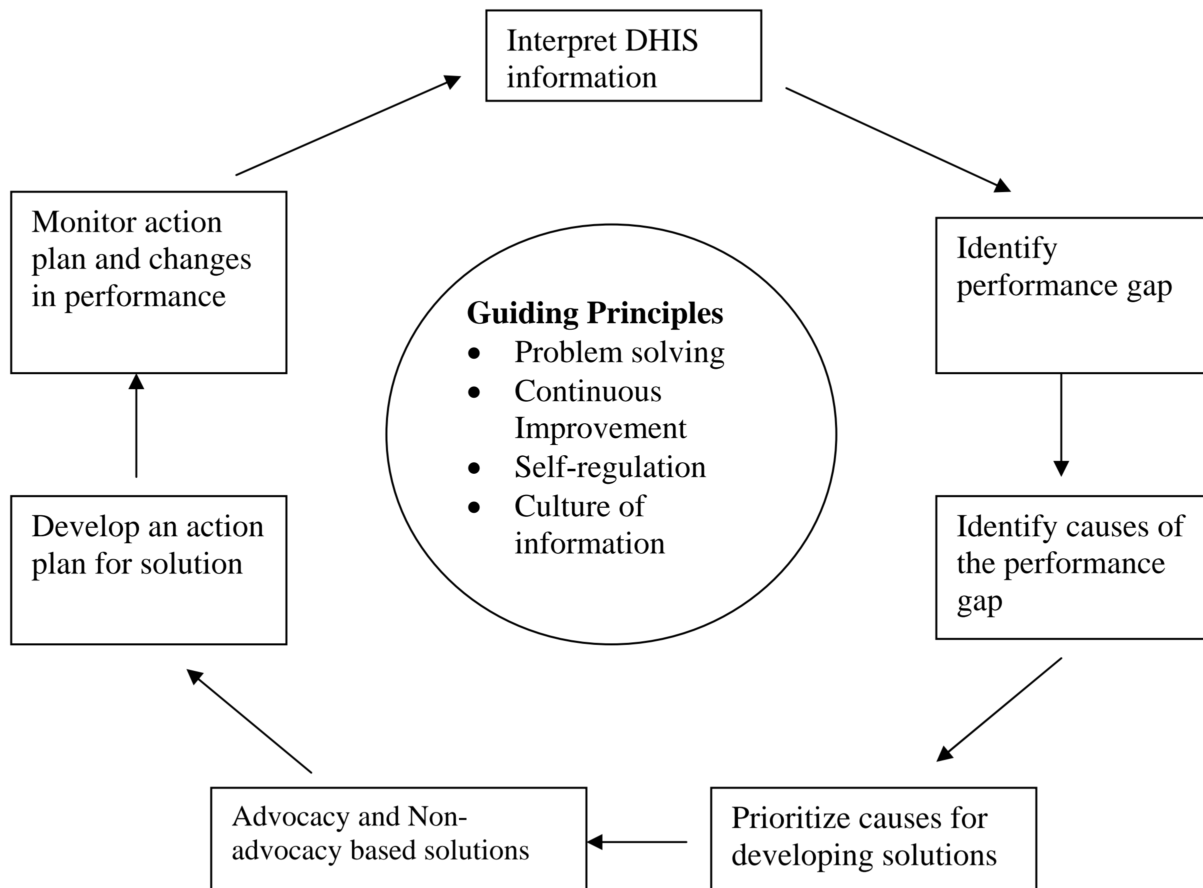
PG 2: Data accuracy was found to be 60% in district Lahore. What is the performance gap?

PG 3: In Faisalabad district hospital, the obstetric emergencies attended were 10%. The target was 25%. What is performance gap?

PG 4: In Khanewal district hospital, 30% babies were born through c-section. WHO promote the standard of 15%. Is there a performance gap?

Session III:
Activity # 1 - Define and Measure Use of information Gap
Time : 30 minutes

Fig. 1: Cycle of Use of DHIS Information for Improving Health System Performance



Handout # 5: Exercise – Measure use of information

Read the instructions in the job aid carefully and follow them (See attachment - Job aid for use of information). You have 30 minutes to complete this exercise.

Please note that we have not given you any scenario to observe. Rather you imagine your own facility or district office and recall if you were there with this checklist, what will you find? If you think you would be able to find those things, mark them yes, if not then mark them no. After calculating a total of yes, you could see in LQAS table what is the level of information use at your facility or district office?

After the end of the exercise, you are supposed to provide:

1. Level of information use at your facility or district office.
2. Feedback on the items for checking information use
    - Are the items in observation checklist appropriate?
    - What items need to be added?
    - What items need to be deleted?

Handout # 5-A

JOB AID
Self-assessment for Checking and Monitoring Information Use at ***Facility level***

1. Checking Information Use at facility, Using LQAS Table

1. Use of information standard is based on 15 indicators, which are provided in column 2 entitled "observe." Add names of the indicator in row 8,9, and 10.
2. Check the facility records and displays for listed items under column "observe."
3. If the listed item is available, put a cross under YES in column three. If it is not available, put a cross under NO in column four. Repeat this procedure for all listed items.
4. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 12.

	Observe	Yes	No
	Facility monthly meeting register showed that:		
1	Monthly meeting held before submission of the DHIS monthly report		
2	At least one performance indicator was discussed which was below target		
3	Decisions taken to correct gap in the performance indicator		
4	Follow-up actions on previous decision reviewed		
	Others		
5	Filling Summary Table in all registers in last month		
6	Display of catchment area population chart with calculation of target population		
7	Section II of monthly report filled for last month		
8	Display of bar/line chart of performance indicator __________by target and time		
9	Display of bar/line chart of performance indicator __________by target and time		
10	Display of bar/line chart of performance indicator __________by target and time		
11	Display of control chart of data quality over time		
12	Letter showing problem identified and referred to district for solutions		
13	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart		
14	District feedback report from last months available		
	Total		

5. Total in "Yes" column corresponds to the percentage of level of information use in the following LQAS table. For example, if total "yes" number is 2, the information use level is between 30-35%; if total "yes" number is 7, the information use level is between 65-70%.

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																	
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**																
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
14	N/A																

2. Monitoring the Data Accuracy Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges ±15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

Handout # 5-B

JOB AID
Self-assessment for Checking and Monitoring Information Use at ***District level***

1. Checking Information Use at facility, Using LQAS Table

1. Select the previous month. This means that only information use of that month will be checked. Put the name of the month in cell with a heading "name of the month".
2. Select randomly which three performance indicator charts you want to observe. Add names of the indicator in row 7, 8, and 9, in the observation checklist before visiting the facilities.
3. Selection of facilities is random, which means facilities without any preference. We need to select 12 facilities. There is no need to select district/tehsil hospitals randomly as they are small in number so select all district/tehsil hospitals. Assuming that there are 3 District/tehsil hospitals, then we have to select 9 health facilities to have a total of 12 facilities.
4. Write down the names of all RHC on small pieces of paper and then fold them. Mix them well and then pick 3 pieces or RHC name. Now the sample size has become 6. We need 6 more facilities or BHUs.
5. Write down the names of all BHU in the catchment area of the one selected RHC on small piece of paper and fold them. Mix them well and pick two pieces or BHU. Repeat the procedure for other selected 2 RHC. We need two BHU for one RHC to complete the total sample of 6 BHUs. The total sample will be (3+3+6) 12.
6. Write down names of the facilities and give them codes from 1 to 12, as described under row of "Facilities" of the check sheet given below.
7. Use of information standard is based on 10 indicators, which are provided in column 2 entitled "observe the following." Therefore, all 10 indicators need to be checked at each facility.
8. Visit the selected facility and check registers and displays for the listed items. If the listed item is available, put "1" in column code of that facility. If it is not available, put a "0". Repeat this procedure for all listed items.
9. Go to the next facility till all 12 facilities are visited. (It is possible to divide the facilities among district supervisors to visit. However, data needs to be transferred on one sheet for counting row "total")
10. Count "1" of each row (indicator) and write in row of "total". Repeat the procedure for each row or indicator. The "total" of each row should be equal to sample size 12, if all facilities showed that indicator. Otherwise, it should be less than 12.
11. Total in "Total" column represents percentage of level of information use of that indicator in the district, in the following LQAS table. For example, if row "total" number is 2, the accuracy level is 25%; if "total" number is 7, the information use level for that indicator is 50%.
12. Please note that there will be variations in use of information indicators, which will show which information is more used than other.
13. However, if we want to know overall information use, then add "total" of all rows and divide it by 10. The result then can be looked at LQAS table to know the level of information use.
14. Provide feedback to facilities about the level of information use for the month and how many facilities are below and above that information level by comparing with their facility self-assessed information use.

	Month	Facilities												
	Observe the following	1	2	3	4	5	6	7	8	9	10	11	12	Total
	Facility monthly meeting register showed that:													
1	Monthly meeting held before submission of the DHIS monthly report													
2	At least one performance indicator was discussed which was below target													
3	Decisions taken to correct gap in the performance indicator													
4	Follow-up actions on previous decision reviewed													
	Others													
5	Filling Summary Table in all registers in last month													
6	Display of catchment area population chart with calculation of target population													
7	Display of bar/line chart of performance indicator __________by target and time													
8	Display of bar/line chart of performance indicator __________by target and time													
9	Display of bar/line chart of performance indicator __________by target and time													
10	Display of control chart of data quality over time													
11	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart													
12	District feedback report from last months available													

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
12	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

2. Monitoring the Data Accuracy Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

Note: Please note that with sample size of 12 data elements, the data accuracy ranges ±15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

Handout # 5-C

JOB AID

Self-assessment for Checking and Monitoring Information Use at ***District Office***

1. Checking Information Use at district office, Using LQAS Table

1. Use of information standard is based on 15 indicators, which are provided in column 2 entitled "observe."
2. Check the facility records and displays for listed items under column "observe."
3. If the listed item is available, put a cross (x) under YES in column three. If it is not available, put a cross (x) under NO in column four. Repeat this procedure for all listed items.
4. Count total crosses under "YES" and write in row of total of "YES". Repeat the procedure for "NO" column. Both YES and NO total should be equal to sample size 15.

	Observe in district office	Yes	No
1	District targets on DHIS indicators available		
2	Display of use of information chart with target over time		
3	Display of bar chart of performance indicators by target and time (at least 3)		
4	Display of control chart of data quality over time based on district supervisor visits		
50	**District monthly meeting minutes showed that:**		
56	At least four performance indicators were discussed which were below target		
57	Decisions taken to correct gap in the performance indicator		
58	Follow-up actions on previous decision reviewed		
9	Display of story board showing at least one performance indicator with Cause and effect diagram, priority matrix, advocacy chart, action plan, and monitoring chart		
10	Copies of feedback report of last three months available and showed when dispatched to facilities		
11	Documentation that district office use information for advocacy		
12	Minutes of meeting at Nazim/DCO office showing that DHIS indicators discussed and action taken in last two months		
13	Nazim office display DHIS indicators in a prominent place, as outlined in Devolution Act		
14	DHIS coordinator produces report and submit to EDO before deadline		
15	DHIS coordinator produces analyses other than produced by software		
	Total		

6. Total in "Yes" column corresponds to the percentage of level of information use in the following LQAS table. For example, if total "yes" number is 2, the information use level is between 30-35%; if total "yes" number is 7, the information use level is between 65-70%.

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																
Sample Size	**Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)**															
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
15	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13

2. Monitoring the Use of Information Using LQAS Table

- You could set a target for achievement in a specified period and use it for monitoring progress. The target can be broken down on monthly basis. For example, if data accuracy is improving by 5% on monthly basis, the correct match number should increase accordingly as shown in the LQAS table. As the correct match number increases compared to previous months, it reflects improvement in level of data accuracy.
- Achievement of data accuracy level at 95% means high level of accuracy and needs to be maintained at that level.

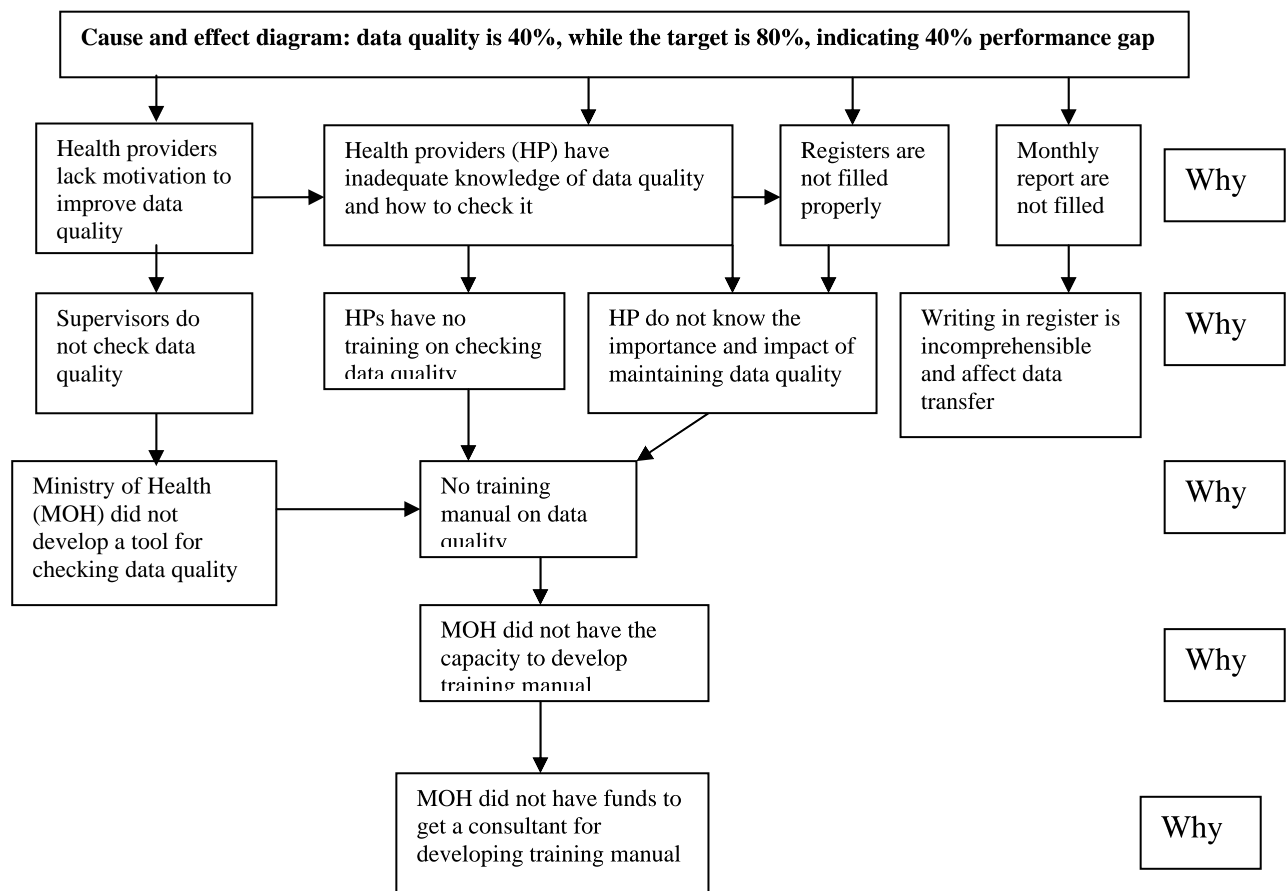
Note: Please note that with sample size of 15 data elements, the data accuracy ranges ±10%. That means that if the data accuracy is 30%, the range is between 20% and 40%.

Day One
Session # IV :
Activity # 1 : Identify Causes of Health System Performance
Time : 15 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion, Group exercise

Objective:

By end of this activity, participants will be able to:

- Identify causes of gaps in data quality
- Develop cause and effect diagram
- Differentiate between immediate and contextual causes



Session # IV
Activity # 2: Develop Cause and effect Diagram
Time : 30 minutes

Step 5: It is time to practice what we learned. Distribute the handout # . Ask participants to work in group of 4-5 and follow the instructions. Distribute one performance gap topic to each group to avoid duplication in group work. Inform that facilitator would be available to help during the exercise. Share their diagram after 30 minutes to the group for feedback.

Step 6: After 30 minutes, ask group to take three minutes to present their cause and effect diagram. Give two minutes for Q&A

Step 7: The facilitator provide feedback especially in reference to immediate and distant cause or root cause

Handout # 6: Instructions for Developing Cause and Effect Diagram

1. Write the problem on top in box. It should be stated as gap between what the actual situation is what is desired or target/standard. You should work on any of the following:
- Performance gap for information use
- Performance gap for immunization coverage
- Performance gap for facility utilization (OPD patients)
- Performance gap for ANC coverage
- Performance gap for expected c-section performed

2. Brainstorm to identify what is affecting the problem directly. Think of those causes first which might be present at facility level. Also, the transfer of data from the registers to database and monthly reporting form occur at the facility level. Write all the causes you could think of under the problem.

3. After writing down the direct causes, think about causes which affect these direct causes. Make sure that you have good reason to believe that these causes affect direct causes. Write them down under direct causes

4. Repeat the process three more times to complete five cycles of asking why. These five iterations will be able to chart major direct and indirect causes of the problem.

5. Describe what are the direct and indirect causes and where they are located.

6. Assign someone to present the cause and effect diagram in the plenary. The presentation will be for 3 minutes and 2 minutes for Q&A.

Day One
Session # IV :
Activity # 3 : Prioritize causes based on empowerment
Time : 60 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objective:

By end of this activity, participants will be able to:

- Describe principle of empowerment for prioritizing causes
- Take responsibility
- Prioritize causes based on empowerment

Prioritization Matrix based on Personal Influence: Causes of ----------------------		
List of causes	**You Could Influence**	**You Could Not Influence**

Prioritization Matrix based on Personal Influence: Causes of Data Quality		
List of causes - affecting data quality	**You Could Influence**	**You Could Not Influence**
Health providers lack motivation to improve data quality		
Health providers (HP) have inadequate knowledge of data quality and how to check it		
Registers are not filled properly		
Monthly report are not filled		
Supervisors do not check data quality		
HPs have no training on checking data quality		
HP do not know the importance and impact of maintaining data quality		
Writing in register is incomprehensible and affect data transfer		
Ministry of Health (MOH) did not develop a tool for checking data quality		
No training manual on data quality		
MOH did not have the capacity to develop training manual		
MOH did not have funds to get a consultant for developing training manual		

Handout # 7: Exercise - Prioritizing Causes based on Personal Influence

You have developed a cause and effect diagram for your performance gap. Now we would like to determine which causes you could handle on your own and which causes are beyond your control. You need help or advocacy for them. This exercise helps you make that decision based on criterion of personal influence.

You have 15 minutes to complete this exercise. Share your prioritization matrix with other participants.

Step 1. List all the causes from the cause and effect diagram under the column "**List of causes affecting data quality"**
Step 2. Read the cause and determine whether you could influence that cause. Put a cross in column **"You could influence"**
Step 3. If you could not influence the cause, then put a cross in column **"You could not influence"**
Step 4. Repeat the process for all listed causes
Step 5. Total how many causes you could influence on your own and how many you can not.

Prioritization Matrix based on Personal Influence: Causes of ----------------			
#	List of causes affecting ____	You Could Influence	You Could Not Influence
	Total		

Day Two
Session # I :
Activity # 1 : Advocacy for Improving Health System
Time : 90 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Describe advocacy
- Use DHIS information for identifying problem
- List outcomes to be achieved using advocacy
- Identify those who would participate in advocacy
- Design strategy to achieve advocacy outcomes
- Conduct advocacy

Operational definition for advocacy:

"Advocacy is application of HIS information and resources (people, time, efforts, etc) to influence decision makers to bring about systemic changes for better health system performance, including health information system."

Advocacy Chart			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**

Advocacy Chart for Improving Dat a Quality			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**
Data quality is only 40%. No training plan and manual exist. MOH does not have the capacity or funds to hire consultant for developing training plan and manual	Availability of training plan, financial and human resources and supplies to train staff on data quality	Donors	Build alliance with MOH Build alliance with training institute Networking with donor
Facility services information is available but no mechanism to coordinate facility staff and use information for better performance	1. Directive from EDO formalizing monthly staff meeting and use of meeting registers for documenting decisions 2. Regular supervisory reports showing encouragement and observation about decisions in meeting registers	EDO	Requesting help from Supervisors District managers Building alliance with colleagues facing same problems

Handout # 8: Exercise: Develop Advocacy Chart

You have seen the example of how to develop an advocacy chart. Follow the instructions given below to carry out the exercise. You have 20 minutes to complete the exercise. You will share your chart in a plenary.

Step 1: Identify a problem cause for your performance gap using cause and effect diagram which you could not handle
Step 2: describe a specific outcome which will be achieved after problem cause is removed.
Step 3: describe who will bring the desired outcome
Step 4: describe strategy to influence the decision maker

Advocacy Chart			
DHIS information for advocacy	**Expected outcomes (specify what you want)**	**Whom to influence [Who (decision maker) will bring desired outcome]**	**Strategy (How to influence decision maker)**

Day One
Session # II :
Activity # 1 : Develop Action Plan
Time : 90 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Apply modified Gantt chart for action plan

Detailed Action Plan															
Describe solution and total duration - Train X to fill the register properly in 12 days															
	Activities	**Time line**													**Person responsible**
		1	2	3	4	5	6	7	8	9	10	11	12		
1	Distribute procedure manual	x													Mr. X, Facility incharge
2	Read procedure manual		x												Mr. X
3	Check whether person understood the instructions for filling the register			x											Facility incharge
4	Facility incharge explain instructions and ask person to practice			x											Facility incharge
	Fill register	x	x	x	x	x	x	x	x	x	x	x	x		Mr. X
5	Monitor that register is filled properly						x			x					Facility incharge
6	Mistakes within acceptable limits												x		Facility Incharge, Mr.X
Describe solution and total duration - Availability of Resources for Improving Data Quality in 6 month															
1	Building Alliance with MOH/training institute	x													EDO
2	Meeting with concerned officials for support	x													EDO
3	Receiving letter to support		x												MOH
4	Request and receive training proposal	x	x												Training institute
5	Identify a consultant		x												EDO
6	Identify donors			x											EDO/MOH
7	Arrange donor meeting				x										EDO
8	Share raining proposal				x										EDO
9	Follow-up of donor meeting					x	x								EDO
10	Fund available							x							Donor

Handout # 9: Exercise: Developing Action Plan

You have developed advocacy and non advocacy solutions. We would like you take your advocacy strategy and one solution which you could implement on your own and develop an action plan for them. First, do not forget to describe solution and total duration. Second, list all activities for the solution. Third, put a timeline on actions to know when they will be accomplished. Fourth, assign a person who will carry out those actions.

Detailed Action Plan														
Describe solution and total duration :														
	Activities	Time line												Person responsible
		1	2	3	4	5	6	7	8	9	10	11	12	
1														
2														
3														
4														
5														
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25														

Day Two
Session # II :
Activity # 2 : Monitoring Continuous Improvement
Time : 45 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Group exercise, discussion

Objectives

By end of the session, the participants will be able to:

- Describe continuous improvement
- Develop control chart with specified targets
- Monitor continuous improvement

Handout # 10: Exercise - Develop Monitoring Chart

Exercise: Your target is to increase performance of your identified problem ___________ from 40% to 70% in three months. Develop a monitoring chart displaying achieving targets by months. Allow 5% variations in performance target. Work in group.

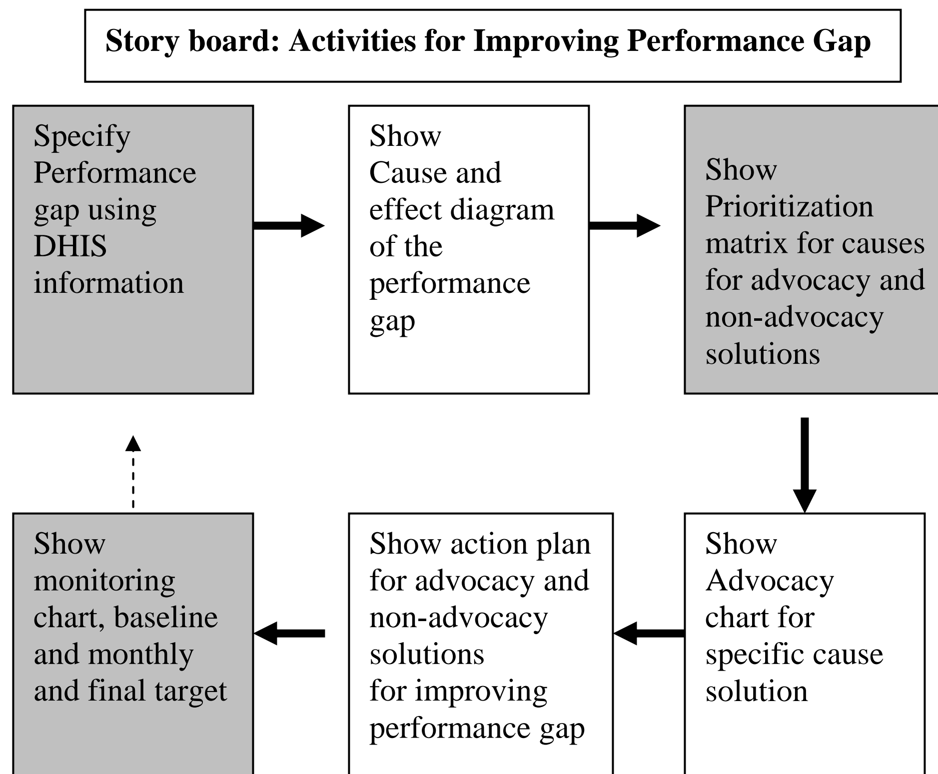
Instructions:

1. Calculate targets for all three months by getting a range by subtracting baseline data accuracy (40%) from the target of 70%.
2. Divide the range by three (as there are only three months) to get the monthly target
3. Plot the data accuracy target by Time (months) on the graph provided
4. Add five percent from the target to get upper limit variations around monthly target.
5. Delete five percent from the target to get lower limit variations around monthly target.
6. First plot the target data on the graph
7. Second plot the lower variation
8. Third plot the upper variation

	65									
	60									
	55									
	50									
%	**45**									
	40									
	35									
	30									
	25									
	20									
Month		**0**		**1**		**2**		**3**		

Day 2:
Session # III :
Activity # 1 : Self-regulation
Time : 30 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : group exercise, discussion

Objectives
By end of the session, the participants will be able to:
- develop a story board for showing self-regulation



Step 7: We will have an exhibition of story boards. Each group will exhibit what they have accomplished so far. You visit the exhibit and see the work of your colleagues. Ask questions and clarifications. We will have this exhibit for 20 minutes.

Step 8: Distribute the exercise and ask them to complete it in 10 minute

Handout #11: Exercise – Exhibiting Story board

Instructions

1. Make your story board using the sequence described.
2. Display it on the wall.
3. Ask one person to explain the story board while people visit the exhibit
4. The exercise should be complete in 10 minutes

Step 9: After 20 minute of exhibition, ask participant to gather. Appreciate their work. Ask for one or two comments from the audience.

Day Two
Session # III :
Activity # 2 : Concluding session
Time : 15 Minutes
Material required : Flip chart, Overhead projector, Transparencies
Method : Discussion

Objectives

By end of the session, the participants will be able to:

- Identify appropriate time for performance improvement activities

APPENDIX -1:

23-01-06

Month: __________, Year: 200__

Total Working Days: _______

PHC Facility Monthly Report
_________________*District*

Section I: Identification				
1.	Facility ID		4.	**Signature of Facility In-charge:**
2.	Facility Name			
3.	Tehsil		5.	**Designation:**

Section II: Achievement Made		**Target**	**Performance**
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	LHW pregnancy registration coverage		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	CYP		
8.	Monthly report data accuracy		

Section III: Outpatients Attendance *(From OPD Register)*		**<1yrs**	**1-4yrs**	**5 - 14**	**15 - 49**	**50 +**	**Total**
1.	Male *(New Cases)*						
2.	Female *(New Cases)*						
3.	Follow-up cases		4.	Referred cases attended			

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing > 3 weeks (Suspected pulmonary TB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 y.o.	
14	Diarrhoea / Dysentery in >5 y.o.	
15	Enteric fever/ Typhoid fever	
16	Parasitic Infestation	
17	RTI/STI in Females	
18	STI in Males	
19	Suspected Meningitis	
20	Suspected Viral Hepatitis	
21	Urinary Tract Infection (UTI)	
22	Fever due to other causes	
23	Diabetes Mellitus	
24	Epilepsy	
25	Goiter	
26	Malnutrition in <5 y.o.	
	Dental Diseases	
27	Dental Caries	
28	Periodontitis	
	Eye Diseases	
29	Night Blindness	
	Mental /Behavioral Disorders	
30	Drug (Psycho-Active substance) Abuse	
31	Mental Disorder	
	Orthopedic Diseases	
32	Arthropathies	
33	Fractures	
	Skin Diseases	
34	Cutaneous Leishmaniasis	
35	Dermatitis & Eczema	
36	Scabies	
	Any Other Unusual Disease	
37	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
38	Animal / Dog bite	
39	Cardio Vascular Emergencies	
40	Poisoning	
41	Road Traffic Accident/Injuries	
42	Snake /Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1)		7.	Live births in the facility	
2.	ANC-1 women with Hb. <10 g/dl		8.	Live births with LBW < 2.5kg	
3.	Antenatal Care revisit in the facility		9.	Stillbirths in the facility	
4.	Postnatal Care visit		10.	Maternal deaths in the facility	
5.	Normal vaginal deliveries in facility		11.	Neonatal deaths in the facility	
6.	Vacuum / Forceps deliveries in facility				

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)* *(For RHC ONLY)*							
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	ECGs		

Laboratory Investigation for Communicable Diseases								
Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month *(From Stock Register for Medicine/ Supplies)* **Tick where applicable**								
1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII: Indoor Services *(From Daily Bed Statement Register)* ***(For RHC ONLY)***

		Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy
1.	Male								%
2.	Female								%

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		Number of Admission	Number of Deaths
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary TB		

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)*

	Post Name/Category	Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Sanitary Inspector					
8	Lab Assistants					
9	Dental Assistant					
10	X-Ray Assistant					
11	Lady Health Visitor					
12	Health Technician					
13	Dispenser					
14	EPI Vaccinator					
15	CDC Supervisor					
16	Midwife/Dai					
17	LHW					
18	Others					

Section XVII-A: Financial Report *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
				5.	X-Ray	Rs.	
1.	OPD	Rs.		6.	Ultrasound	Rs.	
2.	Indoor	Rs.		7.	Dental Procedures	Rs.	
3.	Laboratory	Rs.		8.	Ambulance	Rs.	
4.	ECG	Rs.		9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***

		Total Allocated Budget	Expenditure this quarter	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

APPENDIX-2:

23-01-06

Month: __________, Year: 200__

Total Working Days: _______

Secondary Hospital Monthly Report

__________________*District*

Section I: Identification									
1.	Facility ID							3.	**Signature of Facility In-charge:**
2.	Facility Name							4.	**Designation:**

Section II: Achievement Made		Target	Performance			Target	Performance
1.	Full immunization coverage			8.	Proportion of TB-DOTS patients missing		
2.	CYP			9.	Daily OPD attendance		
3.	Antenatal care coverage			10.	Lab services utilization		
4.	Delivery coverage at facility			11.	Bed Occupancy rate		
5.	Expected C-sections performed			12.	LAMA rate		
6.	Expected obstetric complications attended			13.	Hospital (indoor) death rate		
7.	Monthly report data accuracy						

Section III: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases							Follow-up	Referred Attended
		<1 yr	1-4	5 - 14	15 - 49	50 +	Male	Female		
1.	General OPD									
2.	Medicine									
3.	Surgery									
4.	Pediatrics									
5.	Eye									
6.	ENT									
7.	Orthopedics									
8.	Psychiatry									
9.	Dental									
10.	Skin									
11.	OB/GYN									
12.	Emergency/ Casualty									
13.	Others									
Grand Total										

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
	Cardiac Diseases	
1	Ischemic Heart Diseases(IHD)	
2	Hypertension	
	Respiratory Diseases	
3	Asthma/COPD	
4	Cough continuing > 3 weeks (Suspected pulmonary TB)	
5	Acute Upper Respiratory Infections	
6	Pneumonia in <5 years old	
7	Pneumonia In > 5 years old	
	Vaccine Preventable Diseases	
8	Suspected Diphtheria	
9	Suspected Measles	
10	Suspected Pertussis	
	Other Medical/ Pediatric Diseases	
11	Clinical Malaria	
12	Confirmed Malaria	
13	Diarrhoea / Dysentery in <5 y.o.	
14	Diarrhoea / Dysentery in >5 y.o.	
15	Enteric fever/ Typhoid fever	
16	Parasitic Infestation	
17	RTI/STI in Females	
18	STI in Males	
19	Suspected Meningitis	
20	Suspected Viral Hepatitis	
21	Urinary Tract Infection (UTI)	
22	Fever due to other causes	
23	Diabetes Mellitus	

24	Epilepsy	
25	Goiter	
26	Malnutrition in <5 y.o.	
	Dental Diseases	
27	Dental Caries	
28	Periodontitis	
	Eye Diseases	
29	Night Blindness	
	Mental /Behavioral Disorders	
30	Drug (Psycho-Active substance) Abuse	
31	Mental Disorder	
	Orthopedic Diseases	
32	Arthropathies	
33	Fractures	
	Skin Diseases	
34	Cutaneous Leishmaniasis	
35	Dermatitis & Eczema	
36	Scabies	
	Any Other Unusual Disease	
37	*(Specify)*	
	Emergency *(From OPD Register for Emergency Department)*	
38	Animal / Dog bite	
39	Cardio Vascular Emergencies	
40	Poisoning	
41	Road Traffic Accident/Injuries	
42	Snake /Scorpion bite	

Section V- Immunization *(From EPI Register)*					
1.	Children <1 fully immunized		3.	Children <1 received DPT 3	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*								
1.	COC cycles		4.	Net-En Inj.		7.	Tubal Ligation	
2.	POP cycles		5.	Condom Pieces		8.	Vasectomy	
3.	DMPA inj.		6.	IUD		9.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1..	First Antenatal Care visits (ANC-1)		13.	Ectopic Pregnancies	
2.	ANC-1 women with Hb. <10 g/dl		14.	Postpartum Hemorrhage (PPH)	
3.	Antenatal Care revisit in the facility		15.	Pre-Eclampsia/ Eclampsia	
4.	Postnatal Care visit		16.	Prolonged/ Obstructed Labors	
	Deliveries in the facility		17.	Puerperal Sepsis	
5.	Normal vaginal deliveries		18.	Rupture Uterus	
6.	Vacuum / Forceps deliveries		19.	Other causes	
7.	Cesarean Sections			**Neonatal deaths in the facility**	
8.	Live births in the facility		20.	Birth Trauma	
9.	Live births with LBW < 2.5kg		21.	Birth Asphyxia	
10.	Stillbirths in the facility		22.	Bacterial sepsis	
	Maternal deaths in the facility		23.	Congenital Abnormalities	
11.	Antepartum Hemorrhage (APH)		24.	Prematurity	
12.	Complications of Abortion		25.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*

	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor
1.	Lab Investigations			3.	Ultra Sonographies		
2.	X-Rays			4.	CT Scan		

Laboratory Investigation for Communicable Diseases

Malaria			T.B			Viral Hepatitis & HIV		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. Falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Tab. Diclofenac		9.	Syp. Metronidazole		17.	Tab INH	
2.	Syp. Paracetamol		10.	Syp. Aminophyline		18.	Tab Rifampicin	
3.	Tab. Hyoscine		11.	I/V Infusion		19.	Measles Vaccine	
4.	Syp. Amoxicillin 250 mg		12.	Tab. Chloroquine		20.	Vaccine Syringes	
5.	Cap. Amoxicillin 500 mg		13.	ORS		21.	Hepatitis B Vaccine	
6.	Tab. Cotrimoxazole		14.	Tab. Iron/ Folate		22.	TT Vaccine	
7.	Syp. Cotrimoxazole		15.	Antihelminthic syrup		23.	Oral Pills (COC)	
8.	Tab. Metronidazole		16.	Inj. Dexamethasone		24.	Inj. Gentamycin	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*

Specialty		Allocated Beds	Ad-missions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy
1.	Medicine								%
2.	Surgery								%
3.	Pediatrics								%
4.	OB/GYN								%
5	Eye								%
6.	ENT								%
7.	Orthopedics								%
8.	Cardiology								%
9.	Neuro Surgery								%
10.	Psychiatry								%
11.	TB/ Chest								%
12.	Skin								%
13.	Others								%
Grand Total									%

Section XIII-B: Cases attending Indoors
(From Abstract Foms for Indoor)

Medical		
1.	Chronic Liver Disease	
2.	Chronic Renal Failure	
3.	Diabetes Mellitus	
4.	Diarrhoea / Dysentery in <5 yrs	
5.	Diarrhoea / Dysentery in >5 yrs	
6.	Enteric Fever /Typhoid	
7.	Epilepsy	
8.	Malaria	
9.	Meningitis	
10.	Viral Hepatitis A & E	
11.	Viral Hepatitis B & C	
Respiratory Diseases		
12.	Asthma /COPD (Chronic Obstructive Pulmonary Diseases)	
13.	Pneumonia in <5 yrs	
14.	Pneumonia in >5 yrs	
15.	Pulmonary TB	
16.	Extrapulmonary TB	
Cardiac Diseases		
17.	Congestive Cardiac Failure (CCF)	
18.	Hypertension	
19.	Ischemic Heart Diseases (IHD)	
Vaccine Preventable Diseases		
20.	Neonatal Tetanus	
21.	Suspected Acute Flaccid Paralysis (AFP)	
Surgical		
22.	Acute Appendicitis	
23.	Burns	
24.	Cholelithiasis / Cholecystitis	
25.	Hernias	
26.	Hyperplasia of Prostate	

Section XIII-B: Cases attending Indoors
(From Abstract Forms for Indoor)

Orthopedic Diseases		
28.	Arthropathies	
29.	Fractures	
Eye		
30.	Cataract	
31.	Corneal Opacity	
32.	Glaucoma	
ENT		
33.	Chronic Otitis Media	
34.	DNS	
Gynecological		
35.	Fibroid Uterus	
36.	Inflam. diseases of female pelvic organs (PID)	
37.	Uterine Prolaps	
38.	Vesico -Vaginal Fistula	
Obstetric		
39.	Antepartum Hemorrhage (APH)	
40.	Complications of Abortion	
41.	Ectopic Pregnancies	
42.	Postpartum Hemorrhage (PPH)	
43.	Pre-Eclampsia/ Eclampsia	
44.	Prolonged/ Obstructed Labors	
45.	Puerperal Sepsis	
46.	Rupture Uterus	
Neurological/Neurosurgical		
47.	CVA/Stroke	
48.	Head Injuries	
Mental Behavioral Disorder		
49.	Drug Abuse (Psycho-Active substance use)	
50.	Mental Disorder	

Section XIV: Surgeries
(From OT Register)

1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Other operations	

Section XV: Indoor Deaths
(From Indoor Register)

1.	Diarrhea/Dysentery in < 5 yrs.	
2.	Pneumonia in <5 yrs.	
3.	Malaria	
4.	Pulmonary TB	

(Quarterly Reporting: January, April, July and October)

Section XVI: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

	Post Name/Category	Sanc,	V	C	G-In	G-Out		Post Name/Category	Sanc.	V	C	G-In	G-Out
1	MS /Deputy MS						17	Dental Surgeon					
2	Medical Specialist						18	Physiotherapists					
3	Surgical Specialist						19	Matron					
4	Cardiologist						20	Head /Charge Nurse					
5	Chest Specialist						21	Staff Nurse					
6	Neurosurgeon						22	Lab Assistant/Techs.					
7	Orthopedic Surgeon						23	X-Ray Assist /Techs					
8	Child Specialists						24	Dental Assist. /Techs					
9	Gynecologists						25	ECG Assist./Techs.					
10	Eye Specialists						26	Lady Health Visitors					
11	ENT Specialists						27	Health Technicians					
12	Anesthetist						28	Dispensers					
13	Pathologist						29	EPI Vaccinators					
14	Radiologist						30	Sanitary Inspectors					
15	SMO/ SWMO						31	Midwife/Dais					
16	MO/WMO						32	Others					

Section XVII-A: Financial Report *(From Receipt Register)*							
		Total Receipt	**Deposited**			**Total Receipt**	**Deposited**
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*				
		Total Allocated Budget	**Expenditure this quarter**	**Balance to date**
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

APPENDIX-3:

LIST OF DHIS INDICATORS

Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	RHC	THQH	DHQH	District
I. Overall health facility utilization *15 indicators*							
I.A. Outpatient *8 indicators*							
1. Daily OPD attendance	Monthly	OPD Register OPD Register at Emergency Deptt. (+ Human Resource Data Transfer Form) (+ Population Chart)	X	X	X	X	
2. Age and gender wise utilization of OPD	Monthly		X	X	X	X	
3. Referred case proportion	Monthly		X	X	X	X	
4. Follow-up case proportion	Monthly		X	X	X	X	
5. Emergency service utilization	Monthly			X	X	X	
6. Daily OPD staff load	Monthly		X	X	X	X	
7. Per capita OPD attendance	Monthly		X	X	X	X	
8. Medico-legal cases	Monthly	MLC register		X	X	X	
I.B. Investigation services *2 indicators*							
9. Lab service utilization	Monthly	Lab. Registers		X	X	X	
10. X-ray service utilization	Monthly	Radiology Register		X	X	X	
I.C. Inpatient *5 indicators*							
11. Bed occupancy rate	Monthly	Daily Bed Statement (+ Population Chart)		X	X	X	
12. Average length of stay	Monthly			X	X	X	
13. Hospital death rate	Monthly			X	X	X	
14. Left against medical advice rate	Monthly			X	X	X	
15. Annual per capita hospital admissions	Monthly			X	X	X	
II. Preventive and curative service delivery *48 indicators*							
II.A. Preventive Care *14 indicators*							
II.A.1. EPI *3 indicators*							
16. Full immunization coverage	Monthly	Permanent EPI Register	X	X	X	X	
17. Measles coverage	Monthly	EPI Register	X	X	X	X	
18. Neonatal tetanus coverage (TT2 in pregnant women)	Monthly	EPI register (Mother Health Register)	X	X	X	X	
II.A.2. Reproductive Health *11 indicators*							
II.A.2.a. Family Planning *3 indicators*							
19. New acceptors	Monthly	FP register	X	X	X	X	
20. Couple years of protection delivered	Monthly		X	X	X	X	
21. Contraceptive prevalence rate	Yearly	LHW-IS	X	X	X	X	
II.A.2.b. Antenatal Care, Delivery, and Postnatal Care *8 indicators*							
22. Antenatal care (ANC) coverage	Monthly	Mother Health register	X	X	X	X	
23. Average number of ANC attendances	Monthly		X	X	X	X	
24. Prevalence of anemia among first ANC attendance	Monthly		X	X	X	X	
25. Postnatal coverage	Monthly		X	X	X	X	
26. Delivery coverage at facility	Monthly	Obstetric Register	(X)	X	X	X	
27. LHW pregnancy registration	Monthly	LHW-IS >> Data Transfer Form	X	X			
28. Delivery coverage by skilled attendants	Yearly						
29. Facility antenatal coverage compared to LHW pregnancy registration	Monthly	Indicator 22 / Indicator 27	X	X			

Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	RHC	THQH	DHQH	District
II.B. Curative Care *34 indicators*							
II.B.1. All Diseases – OPD *2 indicators*							
30. Annual OPD case load profile	Monthly	OPD Register >> Abstract	X	X	X	X	
31. Annual top 5 communicable and top 5 non-communicable diseases at OPD	Monthly		X	X	X	X	
II.B.2. All Diseases - IPD *2 indicators*							
32. Annual IPD case load profile	Monthly	Indoor Register >> Abstract		X	X	X	
33. Annual top 5 communicable and top 5 non-communicable diseases at IPD	Monthly			X	X	X	
II.B.3. Priority Diseases *19 indicators*							
II.B.3.a. Diarrhoeal diseases under 5 years *2 indicators*							
34. OPD diarrhoeal cases	Monthly	OPD Register	X	X	X	X	
35. Diarrhoeal case fatality rate	Monthly	Indoor Register		X	X	X	
II.B.3.b. Pneumonia under 5 years *2 indicators*							
36. OPD pneumonia cases	Monthly	OPD Register	X	X	X	X	
37. Pneumonia case fatality rate	Monthly	Indoor Register		X	X	X	
II.B.3.c. Malaria *5 indicators*							
38. OPD malaria cases	Monthly	OPD Register >> Abstract	X	X	X	X	
39. Malaria case admissions	Monthly	Indoor Register >> Abstract		X	X	X	
40. Malaria case fatality rate	Monthly			X	X	X	
41. Slide Positivity Rate	Monthly	Lab. register	(X)	X	X	X	
42. P. falciparum rate	Monthly		(X)	X	X	X	
II.B.3.d. TB *5 indicators*							
43. TB case detection rate	Quarterly	Quarterly TB-DOTS Report					X
44. TB treatment success rate	Quarterly						X
45. TB sputum conversion rate	Quarterly						X
46. TB suspect identification rate	Monthly	OPD Register >> Abstract	X	X	X	X	
47. Proportion of TB-DOTS intensive-phase patients Missing	Monthly	TB Cards (TB 01)	X	X	X	X	
II.B.3.e. EPI preventable diseases *3 indicators*							
48. OPD measles cases under 5 years	Monthly	OPD Register	X	X	X	X	
49. OPD diphtheria cases under 5 years	Monthly		X	X	X	X	
50. Neonatal tetanus rate	Monthly	Indoor Register		X	X	X	
II.B.3.f. Nutrition *2 indicators*							
51. OPD Undernourished children	Monthly	OPD Register	X	X	X	X	
52. Low birth weight rate (facility-based)	Monthly	Obstetric Register	X	X	X	X	
II.B.4. Obstetric / Neonatal Care *6 indicators*							
53. Expected obstetric complications attended	Monthly	Obstetric Register		X	X	X	
54. Expected Caesarean sections performed	Monthly				X	X	
55. Obstetric case fatality rate	Monthly				X	X	
56. Maternal deaths investigated	Monthly				X	X	
57. Newborn case fatality rate	Monthly			X	X	X	
58. Stillbirth proportion	Monthly			X	X	X	
II.B.5. Sexually transmitted infections (STI) *3 indicators*							
59. STI/RTI cases: women	Monthly	OPD Register >> Abstract	X	X	X	X	
60. STI cases: men	Monthly		X	X	X	X	
61. Number of HIV+ cases detected	Not decided	Lab Register					X

Indicators	Data collection frequency	Data element source (Register/Form)	Level of data collection				
			BHU	RHC	THQH	DHQH	District
II.B.6. Hepatitis *2 indicators*							
62. Hepatitis B Virus + proportion	Monthly	Lab. Register			X	X	
63. Hepatitis C Virus + proportion	Monthly				X	X	
III. Financial Management *3 indicators*							
64. Budget release	Monthly	Monthly Financial-IS Report		X	X	X	X
65. Unspent budget	Monthly			X	X	X	X
66. Per capita non-salary budget allocation	Yearly	Yearly Financial-IS Report		X	X	X	X
IV. Logistics *1 indicator*							
67. Stock out of tracer drugs / supplies	Monthly	Medicine Stock Register	X	X	X	X	X
V. Human Resources *2 indicators*							
68. Proportion of staff positions filled	Quarterly	Human Resource Data Transfer Form	X	X	X	X	X
69. Training	Yearly	Yearly HID	X	X	X	X	X
VI. Capital Assets *6 indicators*							
70. Facility equipment need	Yearly	Equipment Stock Register/ Yearly Inventory	X	X	X	X	
71. Facility repair need	Yearly	Yearly HID[1]	X	X	X	X	
72. Functional patient toilets	Yearly		X	X	X	X	
73. Facility waste disposal	Yearly		X	X	X	X	
74. Emergency Obstetric Care	Yearly						X
75. Blood bank screening facilities	Yearly						X
VII. Regulation *1 indicator*							
76. Private facility registration	Yearly	Yearly HID					X
VIII. Information system *3 indicator*							
77. Reporting timeliness	Monthly	HMIS Cell Logbook/ Computer application					X
78. Reporting completeness	Monthly						X
79. Reporting accuracy	Monthly						X

[1] The Study team has already worked with provinces to begin improvements to the Health Institution Database (HID).

PART VI

TOOL AND INSTRUMENT

Tool and Instrument

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Central Registration Point Register

Name of Institution ________________________________

District ____

The Vision of District Health Information System (DHIS)
is to improve the health care services through evidence-based management of health service delivery.

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The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

The Central Register is an important permanent record of financial receipts and patient/client load at the facility. The data from this register will be used for internal management, i.e., for:

i. financial audit of fee received,
ii. calculating the workload of each service provider, and
iii. internal checking of number of patients/clients sent to each service provider and the number reported by each service provider.

Central Registration Point Register

(To be maintained at facility Central Registration Point by dispenser/ clerk)

Monthly CRP Serial Number (New case)	**Follow-up Case** *(Tick only)*	**Name**	**Purchee Fee**	**Sent to**
1	**2**	**3**	**4**	**5**

Central Register
Monthly Summary

Year: _______________

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Total Patients Registered Total of col. 1 and 2													
Total Fee Collected Total of col. 3													

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: ____________ Date: _________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: __________ Date: __________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: ____________ Date: ___________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: __________ Date: __________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: __________ Date: __________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: _________ Date: __________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: ____________ Date: ___________

Medicine Requisition from dispensary

Monthly OPD No………………

Sign: __________ Date: __________

Sent To:

OUT DOOR PATIENT TICKET

District ____________________ **CRP No:**____________

Facility Name____

Name:____________________________ **Age:**_____ **Sex:**____

Father's / Husband's Name: ____________________________
____

Monthly OPD No.:____________________

Provisional Diagnosis:_________________________________

Date	Clinical Findings / Investigation/ Treatment/ Referral

Outpatient Department (OPD) Register

Name of Institution ________________________________

District ____

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Purpose of this Register

- To serve as a facility-based archive of clinical diagnosis and treatment by the OPD or emergency department
- To provide facility-based morbidity data
- To provide data on load of new cases on the OPD/emergency department, disaggregated by sex and age
- To provide data on follow-up visits and referred cases attended at t OPD/emergency department

OUT-PATIENT DEPARTMENT (OPD) REGISTER

Month: __________ Year: ________

Monthly OPD Serial No. (New cases)	**Follow-up Cases** (Put Tick only)	**Name with Father / Husband Name**	**Address**	**SEX & AGE CATEGORY** (Tick in appropriate column)										**Malnutrition** (Tick if <5 low weight for age)	**Referred From** (if applicable)	**Diagnosis**	**Action Taken/Special Remarks**
				MALE					**FEMALE**								
				<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+				
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**
		<<Total Brought From Previous Page>>															

		<< Total >>														*<< Transfer Total to Next Page>>*	

OPD Register
Monthly Summary

Year:**________________**

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Total New From Col. 1													
Follow Up Cases The total count of all the ticks for the given month in Column No. 2 of OPD Register													
Referred from (Cases referred from other health facilities or health workers to this health facility) The total count of all the ticks for the given month in Column No. 16 of OPD Register													

DHIS – 04 (F)

OPD Abstract Form at ________________ OPD

Month:________ , Year: 20 ________

Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Priority Health Problems		Tally	Total
1		2	3
Respiratory Diseases			
1	Acute (upper) respiratory infections		
2	Pneumonia < 5 yrs.		
3	Pneumonia > 5 yrs.		
4	Cough > 3 weeks		
5	Chronic Obstructive Pulmonary Diseases		
6	Asthma		
Gastro Intestinal Disease			
7	Diarrhoea / Dysentery < 5 yrs		
8	Diarrhoea / Dysentery > 5 yrs		
9	Typhoid		
10	Worm Infestations		
11	Peptic Ulcer Diseases		
12	Cirrhosis of Liver		
Urinary Tract Diseases			
13	Urinary Tract Infections		
14	Nephritis/ Nephrosis		
15	Sexually Transmitted Diseases		
16	Benign Enlargement of Prostrate		
Other Communicable Diseases			
17	Suspected Malaria		
18	Suspected Meningitis		
19	Fever due to other causes		
Vaccine Preventable Diseases			
20	Suspected Measles		
21	Suspected Viral Hepatitis		
22	Suspected Neo Natal Tetanus		
Cardiovascular Diseases			
23	Ischemic heart disease		
24	Hypertension		
Skin Diseases			
25	Scabies		
26	Dermatitis		
27	Cutaneous Leishmaniasis		
Endocrine Diseases			
28	Diabetes Mellitus		
Neuro-Psychiatric Diseases			
29	Depression		
30	Drug Dependence		
31	Epilepsy		
Eye & ENT			
32	Cataract		
33	Trachoma		
34	Glaucoma		
35	Otitis Media		
Oral Diseases			
36	Dental Caries		
Injuries /Poisoning			
37	Road traffic accidents		
38	Fractures		
39	Burns		
40	Dog bite		
41	Snake bits (with signs/ symptoms of poisoning)		
Miscellaneous Diseases			
42	Acute Flaccid Paralysis		
43	Suspected HIV/AIDS		
44	**Any Other Unusual Disease** *(Specify)*		
a.			
b.			

DHIS – 05 (R)

Laboratory Register

Name of Institution ________________________________

District ____

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Purpose of this Register

The Laboratory Register is an important permanent record of laboratory investigations performed, patient/client load and financial receipts at the laboratory. The data from this register is used for:

i. calculating the workload of the laboratory

ii. calculating the proportion of outpatient and indoor patients receiving laboratory services from the facility

iii. financial audit of fee received for performing lab tests

iv. future reference of test results

INDEX

Sr. No.	Name of Test	Page No.	Sr. No	Name of Test	Page No.

Laboratory Register

Name of Examination: ______________________________ Month: ______________ Year: ___________ Page No.______

Monthly Lab Serial No.	Name with Father/Husband's Name	Age	Fee Paid (Rs.)	OPD	Indoor	Results
				Monthly OPD No.	Ward / Unit/Bed No.	
1	2	3	4	5	6	7

SUMMARY

Month: January **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: February **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: March **ar:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: April **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: May **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: June **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: July **Year:**_____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: August **Year:**_____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: September **Year:**_____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: October **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: November **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

SUMMARY

Month: December **Year:**____________

S. No.	Test Name	Total Patients	Free	Paid	Rate	Receipt
		(count from Column No. 1 for each test)	Count from Col. No. 3)	Count from Col. No. 3)		(Total of fee paid recorded in Col. No. 3)

Radiology/Ultrasonography Register

Name of Institution ___________________________________

District ____

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Purpose of this Register

The Radiology/Ultrasonography Register is an important permanent record of radiology or ultrasound investigations, patient load and financial receipts at the radiology department. The data from this register is used for:

i. calculating the workload and the proportion of outpatient and indoor patients receiving radiology services from the radiology department
ii. financial audit of fee received for performing X-ray, ultrasound or other radiology investigations
iii. future reference of investigation results

Radiology/Ultrasonography Register

Name of Examination: ______________________________ Month: ________Year:_________

Monthly Serial No.	Patient Name with Father/ Husband's Name	Age	Investigation Requested	Fee Paid (Rs.)	OPD	Indoor	No. of X-ray Films *(Only in case of X-ray)*					Findings/Remarks
					Monthly OPD No.	Admission No. with Ward/ Unit /Bed No.	6 X 8	8 X 10	10 X 12	12 X 14	Dental (3 x 1.5)	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	<<Total Brought From Previous Page>>											

	<< Total >>											*<< Transfer Total to Next Page>>*

Radiology/Ultrasonography Register
Monthly Summary

Year:________________

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Total Investigations From Column No. 1													
Free Count number of Free cases from column no. 5													
Total Paid Count the number of cases who paid for the investigation from column no. 5													
Fee Collected Total of fee paid recorded in column no. 5													

Indoor Patient Register

Name of Institution ________________________________

Name of Department________________________________

District ________________________________

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Purpose of this Register

The Indoor Register is maintained at the indoors of the facility for recording all the admissions in the inpatient departments (indoors) of the hospital. It:

- Serves as a facility-based record of admissions, discharges, and outcomes in the inpatient department
- Provides facility-based morbidity and mortality data
- Serves as a basis for self-assessment and supervision

INDOOR PATIENT REGISTER

(To be filled by Head Nurse /Charge Nurse)

Ward _______________ *Month:* _______*Year:*________

Monthly Indoor Serial No.	Name with Father/ Husband's Name	Address	Sex (M/F)	Age	Bed No.	Diagnosis	Any Operative Procedure done	Tick in appropriate Column				Date of Discharge/ DOR/LAMA/Death/ Referred	MLC
								Discharged /DOR	LAMA	Referred	Death		
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Indoor Register
Monthly Summary

Year: ______________

Months	Total patients admission	Total Discharge	Total LAMA	Total Referred	Total Deaths	Total MLC
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Year: ______________

Months	Total patients admission	Total Discharge	Total LAMA	Total Referred	Total Deaths	Total MLC
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

DHIS – 08

INDOOR ABSTRACT FORM

Month: **Year:**

Priority Health Problem		Tally	Total Admission	Total Deaths
1		2	3	4
Medical				
1.	Diarrhoea < 5			
2.	Diarrhoea > 5			
3.	Pneumonia < 5			
4.	Pneumonia > 5			
5.	Malaria			
6.	Asthma			
7.	Chronic Obstructive Airways			
8.	Pulmonary Tuberculosis			
9.	Extra Pulmonary Tuberculosis			
10.	Typhoid			
11.	Diabetes Mellitus			
12.	Viral Hepatitis A & E			
13.	Viral Hepatitis B & C			
14.	Meningitis			
15.	Chronic Liver Diseases			
16.	Chronic Renal Diseases			
Cardiac Diseases				
17.	Congestive Cardiac Failure (CCF)			
18.	Hypertension			
19.	Ischemic Heart Diseases (IHD)			
Vaccine Preventable Diseases				
20.	Neonatal Tetanus			
21.	Suspected Acute Flaccid Paralysis (AFP)			
Surgical				
22.	Acute Appendicitis			
23.	Burns			
24.	Cholelithiasis / Cholecystitis			
25.	Hernias			
26.	Hyperplasia of Prostate			
27.	Urolithiasis			

Priority Health Problem		Tally	Total Admission	Total Deaths
1		2	3	4
Orthopedic Diseases				
28.	Arthropathies			
29.	Fractures			
Eye				
30.	Cataract			
31.	Corneal Opacity			
32.	Glaucoma			
ENT				
33.	Chronic Otitis Media			
34.	DNS			
Gynecological				
35.	Fibroid Uterus			
36.	Inflam. diseases of female pelvic organs (PID)			
37.	Uterine Prolape			
38.	Vesico -Vaginal Fistula			
Obstetrics				
39.	Antepartum Hemorrhage (APH)			
40.	Complications of Abortion			
41.	Ectopic Pregnancies			
42.	Postpartum Hemorrhage (PPH)			
43.	Pre-Eclampsia/ Eclampsia			
44.	Prolonged/ Obstructed Labour			
45.	Puerperal Sepsis			
46.	Rupture Uterus			
Neurological/Neurosurgical				
47.	CVA/Stroke			
48.	Head Injuries			
Mental Behavioral Disorder				
49.	Drug Abuse (Psycho-Active substance use)			
50.	Mental Disorder			

Daily Bed Statement Register

Name of Institution ________________________________

District ____

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Purpose of this Register

.

The daily Bed Statement Register is designed to record the status of new admissions, and discharge/deaths/LAMA/referrals in a hospital ward at the end of each day. It:

- Serves as a permanent record of indoor bed status at the end of each day to furnish daily bed statement for submitting to the Medical Superintendent (MS) of the hospital
- Provides the basis of calculating number of vacant beds available for new admissions
- Provides data for calculating Bed Occupancy Rate of the respective ward.

Daily Bed Statement Register

Ward: ----------------   Month: ____________Year: ________

Total Beds [ ]   Male Beds [ ]   Female Beds [ ]

Date	Previous Patients		New Admissions		Discharged/ DOR		LAMA		Referred		Deaths		Total Patients		Serious		MLC	
1	2		3		4		5		6		7		8		9		10	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Total																		

Operation Theater (OT) Register

Name of Institution ________________________________

District ____

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Purpose of this Register

- To serve as a permanent record of the operations carried out in the OT
- To provide data on the load of operations carried out in the OT according to the type of anesthesia used.

OT Register

Specialty: ___________________ Month: ________ Year:_________

Monthly OT Serial No.	Patient's Name with Father/Husband's Name	Age	Sex	Referred from		Diagnosis	Name of Operation	Type of Anesthesia				Name/Sign of Operating Surgeon	Name of Anesthetist	Remarks
				OPD	Indoor *(Bed No.)*			General	Spinal	Local	Other/ None			
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
	<<Total brought from previous page>>													

	<<Total >>										*<< Transfer Total to Next Page>>*			

OT Register
Monthly Summary

Year:_______________

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
General Anesthesia Total of Col. No. 9													
Spinal Anesthesia Total of Col. No. 10													
Local Anesthesia Total of Col. No. 11													
Others/ None Total of Col. No. 12													
Total Total of the above rows													

Family Planning Register

Name of the institution_________________________________

District____

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Purpose of this Register

- To serve as a facility-based record of FP services
- To provide data on total number of visits to the facility for FP services.
- To provide data on total amount of FP commodities distributed by type of commodity
- To provide data on number of clients provided surgical contraceptive methods (tube ligation and vasectomy)

Family Planning Register

Year: _______Month: _______

Yearly FP Client No. (New client)	**Follow-up Client No.**	**Client Name with Spouse Name**	**Age**	**Address**	**FP Commodities Provided**										**Others**
					Quantity			*Tick appropriate column*							
					Pills *Cycles*		Condom *(Pieces)*	**Injections**		**IUCD**		Tubal Ligation	Vasectomy	Implant	
					Combined Oral Contraceptives (COC)	Progesterone only Pills (POP)		NET-EN	DPMA	Cu-T 380A	Cu - 375				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Total Brought From Previous Page>>													

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		<<Transfer Total to Next Page>>													

Family Planning Register
Monthly Summary

Year:_______________

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Combined Oral Contraceptive (COC) Pills Total of col. no. 6													
Progesterone Only Pills (POP) Total of col. no. 7													
Condoms Total of col. no. 8													
Injection Net-En Total of col. no. 9													
Injection DMPA Total of col. no. 10													
IUD Total of col. no. 11 and 12													
Tubal Ligation Total of col. no. 13													
Vasectomy Total of col. no. 14													
Implant Total of col. no. 15													

FAMILY PLANNING CARD

Name & Address of Service Outlet: ______________________________

____

Name of Client: ____

Name of Spouse: ____

Client No.______________________

Registration Date:______________

Sr. No.	Date of Visit	Contraceptive Method Adopted	Date of Next Visit	Signature

Maternal Health Register

Name of Institution ______________________________

District ______________________________________

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Purpose of this Register

- To serve as a facility-based record of antenatal and postnatal services
- To provide data on number of first ANC visits, total ANC visits, first PNC visits and total PNC visits, and number of Post-Abortion Care (PAC) visits.
- To provide data on pregnant women with low hemoglobin (<10g Hb)
- To provide data on TT immunization of Child Bearing Age women.

MATERNAL HEALTH REGISTER

Month: ________Year: _______

Yearly MH Serial No. (New cases)	**Follow-up Cases** (Previous yearly No.)	**Name with Husband Name**	**Age** *(in years)*	**Address**	**EDD**	**Hb** (Circle if <10 g/dl)	**ANC Service**		**PNC Service**		**TT Advice** (Write dose Number)	**Other Services** *(Investigation/ referrals) /* **Remarks**
							ANC1	ANC Revisit	PNC1	PNC Revisit		
1	2	3	4	5	6	7	8	9	10	11	12	13
		<<Total brought from previous page>>										

		<<Total >>										

Maternal Health Register
Monthly Summary

***Year:*________________**

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
ANC 1 Total monthly count from Column No. 7													
ANC revisit Total monthly count from Column No. 8													
PNC 1 Total monthly count from Column No. 9													
PNC Revisit Total monthly count from Column No. 10													
TT 2 Total monthly count from Column No. 12													

Antenatal Card

Yearly Serial No.			Date:
Hospital/Health center's Name:			District:
Name:			Age:
Husband's Name:			
Address:			
LMP:	EDD:	Gravida:	Para:
Years Married:	Blood Group:	Husband's Blood Group:	

A. Obstetric History

Year of delivery	Outcome			Mode of deliveries			Complications (if any)		
	Live birth	Still birth	Abortion	NVD	Forceps / Vacuum	CS	Pregnancy	Labor	Puerper-ium
1	2	3	4	5	6	7	8	9	10

I - 45

B. Menstrual History			
1. Menarche		2. Cycle	
		3. Regular/Irregular	

C. Past History Medical/Surgical/ Gynecological etc.

Doctor:
Signature:
Date:

1. Present Pregnancy Antenatal Record

Date	Weeks Pregnant	Fundal Ht.	Fetal Heart Sound / Fetal Movements	Presentation	Engaged/ Not Engaged	Hb %	HBV/ HCV	Urine		Blood Sugar	BP	Weight	Edema	Next visit	Advice	Signature
								Sugar	Albumin							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

2. USG Findings / Findings of other Test

I - 46

3. MANAGEMENT PLAN

- ☐ Await Spontaneous Delivery
- ☐ Induction of Labor
- ☐ Trial of Labor
- ☐ C-Section
- ☐ Delivery at tertiary level hospital

DHIS – 15 (R)

Obstetric Register

Name of Institution ________________________________

District ____

The Vision of District Health Information System (DHIS) is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as a permanent record of deliveries attended at the facility and their outcomes
- To provide facility-based data on deliveries and obstetric complications managed in the facility
  - number of deliveries conducted in the facility, by mode of delivery
  - number and type of obstetric complications attended at the facility
- To provide facility-based data on number of live births, low birth-weight babies and still births
- To provide facility-based maternal and neonatal mortality data

OBSTETRIC REGISTER

(To be maintained at Obstetric Ward/Female Ward/Labor Room)

Monthly Obs. Serial Number	**Time of Admission**	**Name with Husband's Name**	**Address**	**Age** *(in Years)*	**Parity**	**Diagnosis** *(Complication or illness if any, tick appropriate column)*										**Management** *(Tick appropriate column)*			
						Ante partum Hemorrhage (APH)	Complications of Abortion	Ectopic Pregnancies	Postpartum Hemorrhage (PPH)	Pre-Eclampsia/ Eclampsia	Prolonged/ Obstructed Labors	Puerperal Sepsis	Rupture Uterus	Intrauterine Death	Others	**Nature of Delivery**			Other procedure done
																Normal Vaginal Delivery	Vacuum / Forceps	Cesarean	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
	<<Total brought from Previous Pages>>																		
	<< Total >>																		

Month: __________ Year: __________

Delivery		Outcome: Baby											Outcome: Mother						
		Live Birth			Still birth	Neonatal Death *(Tick appropriate column)*							*(Tick appropriate column)*						
		Sex *(Tick)*		Weight in Kg *(Circle if less than 2.5 kg)*															
Date /Time	**Place of Delivery** (Health Facility/ Home)	M	F			Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Prematurely	Hypothermia	Complications after Delivery (None/ Specify)	Discharged/DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA/	**Delivery Conducted by** *(Name / Signature)*	**Remarks**
21	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**
																		<< Transfer Total to Next Page	

Obstetric Register
Monthly Summary

Year: _______________

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Total Admissions (From Col No. 1)													
LAMA From Col. No. 35)													
C Sections From Col. No. 19													
Maternal Deaths From Col. No. 37													
Referred From Col. No. 36													
Neonatal Deaths Compilation of the totals of Col. No.s 27 to 32													

DHIS – 16 (R)

Daily Medicine Expense Register

Name of Institution ________________________________

District ____

The Vision of District Health Information System (DHIS)

is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as a tool for self-assessment and internal/external audits

Daily Medicine Expense Register

Month__________________ Year ______

Name of Article	Unit	Medicine Expensed /Amount Received																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1	2	3																															4

Signature of Facility In-charge: ____________________________Date:____________________________

Stock Register for Medicine/ Supplies

Name of Institution ____________________________

District ______________________________________

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The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as a permanent record of medicines and other supplies received by and distributed from the facility store
- To serve as a tool for assessing stock positions and expiry dates of medicines in the store
- To provide annual data on total amount of medicines and other supplies consumed by the facility
- To provide facility-based data on stock-out position of the medicines and other supplies

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Sr. No	Name of Article	Page No.

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Sr. No	Name of Article	Page No.

STOCK REGISTER

Medicines/ Supplies

Page No. ____

Name of Article:______________________________Unit/Strength ____________

Minimum Recommended Stock Level: _________________ *(Take action for replenishment if the minimum level is reached)*

Date	**Received From / Issued to with Reference No.**	**Quantity in Units**				**Store Keeper Signature**	**Counter Sign**	**Remarks** *(Tick if balance '0')**
		Received	Issued	Discarded	Balance			
1	2	3	4	5	6	7	8	9
	Balance brought forward							

* Immediately Inform the In-charge or appropriate authority in case balance is 0

Stock Register for Equipment/ Furniture /Linen

Name of Institution ____________________________

District ______________________________________

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is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as the permanent record of equipment/furniture/linen received by and distributed from the facility store
- To serve as a tool for assessing and providing annual data on stock positions of equipment/furniture/linen in the store

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Sr. No	Name of Article	Page No.

STOCK REGISTER
Equipment / Furniture/ Linen

Name of Article: ___________________________________ Specification: _______________

Date	Reference No.	Quantity				Status		Store Keeper Sign	Counter Sign	Remarks
		Received	Issued	Struck Off	Balance	Repairable	Unserviceable			
1	2	3	4	5	6	7	8	9	10	11
	Balance brought Forward									

Community Meeting Register

Name of Institution ________________________________

District ____

The Vision of District Health Information System (DHIS) is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as a record of community level health education, advocacy and behavior change communication activities.
- To serve as a basis for self-assessment and supervision

COMMUNITY MEETINGS REGISTER

Month: ___________ Year: ___________

Date	Place			Number of Participants		Topics Discussed	Recommendation	Signature of Facility In-charge
	Facility	Community	LHW House	Male	Female			
1	2	3	4	5	6	7	8	9
<<TOTAL>>								

Community Meeting Register
Monthly Summary

***Year:*________________**

	January	February	March	April	May	June	July	August	September	October	November	December	**Year Total**
Total Meetings Count from Col. No. 1													
At Facility Total from Col. No. 2													
At Community Total from Col. No. 3													
At LHW House Total from Col. No. 4													

Facility Staff Meeting Register

Name of Institution ________________________________

District ____

The Vision of District Health Information System (DHIS)

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Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

Purpose of this Register

- To serve as a permanent record of the proceedings of the staff meetings held at the facility
- To serve as a record for the decisions taken at the staff meetings for follow-up and future references.
- To serve as a basis for self-assessment and supervision

Facility Staff Meeting
Minutes of Meeting and Recommendations

No. of Participants: **Date:**

Topics Discussed:

Follow-up of decisions of the previous meeting:

Proceedings of the Meeting:

Recommendation/Decision:

Signature of facility In-charge:

Month: __________, Year: 20__

Total Working Days: _______

PHC Facility Monthly Report

__________________District

Date of Submission

Section I: Identification					
1.	Facility ID		4.	Signature of Facility In-charge:
2.	Facility Name			
3.	Tehsil		5.	Designation:

Section II: Monthly Performance		Monthly Target (Number)	Performance (Number)
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal care coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	Proportion of TB-DOTS patients missing		
7.	Total Visits for FP		
8.	LHW pregnancy registration coverage		

Section III: Outpatients Attendance *(From OPD Register)*		<1yrs	1-4yrs	5 - 14	15 - 49	50 +	Total
1.	Male *(New Cases)*						
2.	Female *(New Cases)*						
	Grand Total						
3.	Follow-up cases.		4.	Referred cases attended			
5.	Total Homeo cases		6. Total Tibb/Unani cases		7. No. of cases of Malnutrition (<5) children		

Section IV: Cases attending OPD *(From OPD Abstract Form)*		
Respiratory Diseases		
1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	Cough > 3 weeks	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Disease		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Typhoid	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Diseases	
16	Benign Enlargement of Prostrate	
Other Communicable Diseases		
17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	
Vaccine Preventable Diseases		
20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neo Natal Tetanus	
Cardiovascular diseases		
23	Ischemic heart disease	
24	Hypertension	
Skin Diseases		
25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	
Endocrine Diseases		
28	Diabetes Mellitus	
Neuro-Psychiatric Diseases		
29	Depression	
30	Drug Dependence	
31	Epilepsy	
Eye & ENT		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
Oral diseases		
36	Dental Caries	
Injuries /Poisoning		
37	Road traffic accidents	
38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bits (with signs/ symptoms of poisoning)	
Miscellaneous Diseases		
42	Acute Flaccid Paralysis	
43		
44	**Any Other Usual Diseases *(Specify)***	
a.		
b.		

Section V- Immunization *(From EPI Register)*					
1.	Children <1 received DPT 3		3.	Children <1 fully immunized	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*						7.	IUCD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1.	First Antenatal Care visits (ANC-1) in the facility		7.	Live births in the facility	
2.	ANC-1 women with Hb. <10 g/dl		8.	Live births with LBW(< 2.5kg)	
3.	Antenatal Care revisit in the facility		9.	Stillbirths in the facility	
4.	Postnatal Care visit		10.	Maternal deaths in the facility	
5.	Normal vaginal deliveries in facility		11.	Neonatal deaths in the facility	
6.	Vacuum / Forceps deliveries in facility				

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*							**(For RHC ONLY)**
	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Total Lab Investigations			3.	Total Ultra Sonographies		
2.	Total X-Rays			4.	Total ECGs		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve				

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Anathematic	
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions	
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone	
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid	
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS	
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)	

Section XII-B: Stock out Report: Vaccines (Tick where applicable)

1.	BCG		4.	Hepatitis		7.	Anti Rabic Vaccine	
2.	DPT		5.	Measles		8.	Anti Snake Vaccine	
3.	Polio		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII: Indoor Services *(From Daily Bed Statement Register)* ***(For RHC ONLY)***

		Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male								%	
2.	Female								%	

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Other operations	

Section XV: Indoor Deaths *(From Indoor Register)* ***(For RHC ONLY)***		Number of Admission	Number of Deaths
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary Tuberculosis		
5.	Other causes		
	Total		

Section XVI: Human Resource Data *(From Facility Records)*

	Post Name/Category	Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife/Dai					
18	LHW					
19	Others					

Section XVII-A: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		5.	X-Ray	Rs.	
2.	Indoor	Rs.		6.	Ultrasound	Rs.	
3.	Laboratory	Rs.		7.	Dental Procedures	Rs.	
4.	ECG	Rs.		8.	Ambulance	Rs.	
				9.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***

		Total Allocated Budget	Expenditure previous month	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Section XVIII – Achievements/ Issues

Month: __________, Year: 20__
Total Working Days: _______

Secondary Hospital Monthly Report
__________________District

Date of Submission

Section I: Identification				
1.	Facility ID		3.	Signature of Facility In-charge:
2.	Facility Name		4.	Designation:

Section II: Monthly Performance		Monthly Target (Number)	Performance (Number)			Monthly Target (Number	Performance (Number)
1.	Daily OPD attendance			8.	C-Section performed		
2.	Fully immunization coverage			9.	Lab services utilization		
3.	Ante Natal Coverage			10.	Bed occupancy rate		
4.	Delivery coverage at facility			11.	LAMA		
5.	Proportion of TB-DOTS patients missing			12.	Hospital death rate		
6.	Total family planning visit			13.	Monthly report data accuracy		
7.	Obstetric complications attended						

Section III: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases										Total	Follow-up	No. of cases of Malnutrition (<5)	Referred Attended
		MALE					FEMALE								
		<1 year	1--4	5--14	15--49	50+	<1 year	1--4	5--14	15--49	50+				
1.	General OPD														
2.	Medicine														
3.	Surgery														
4.	Pediatrics														
5.	Eye														
6.	ENT														
7.	Orthopedics														
8.	Psychiatry														
9.	Dental														
10.	Skin														
11.	OB/GYN														
12.	Emergency/ Casualty														
13.	Homeo Cases														
14.	Tibb/Unani Shifa Khana OPD cases														
15.	Others														
Grand Total															

Section IV: Cases attending OPD *(From OPD Abstract Form)*

Respiratory Diseases		
1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	Cough > 3 weeks	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Disease		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Typhoid	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Diseases	
16	Benign Enlargement of Prostrate	

Other Communicable Diseases		
17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	
Vaccine Preventable Diseases		
20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neo Natal Tetanus	
Cardiovascular diseases		
23	Ischemic Heart Disease	
24	Hypertension	
Skin Diseases		
25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	
Endocrine Diseases		
28	Diabetes Mellitus	
Neuro-Psychiatric Diseases		
29	Depression	
30	Drug Dependence	

31	Epilepsy	
Eye & ENT		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
Oral diseases		
36	Dental Caries	
Injuries /Poisoning		
37	Road Traffic Accidents	

38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bits (with signs/ symptoms of poisoning)	
Diseases (Surveillance Importance)		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
44	**Any Other Usual Diseases *(Specify)***	
a.		
b.		

Section V- Immunization *(From EPI Register)*					
1.	Children <1 received DPT 3		3.	Children <1 fully immunized	
2.	Children <1 received measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*						7.	IUD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Mother Health & Obstetric Registers)*					
1..	First Antenatal Care visits (ANC-1)		13.	Ectopic Pregnancies	
2.	ANC-1 women with Hb. <10 g/dl		14.	Postpartum Hemorrhage (PPH)	
3.	Antenatal Care revisit, in the facility		15.	Pre-Eclampsia/ Eclampsia	
4.	Postnatal Care visit, in the facility		16.	Prolonged/ Obstructed Labors	
	Deliveries in the facility		17.	Puerperal Sepsis	
5.	Normal vaginal deliveries		18.	Rupture Uterus	
6.	Vacuum / Forceps deliveries		19.	Other causes	
7.	Cesarean Sections			**Neonatal deaths in the facility**	
8.	Live births in the facility		20.	Birth Trauma	
9.	Live births with LBW < 2.5kg		21.	Birth Asphyxia	
10.	Stillbirths in the facility		22.	Bacterial sepsis	
	Maternal deaths in the facility		23.	Congenital Abnormalities	
11.	Ante partum Hemorrhage (APH)		24.	Prematurity	
12.	Complications of Abortion		25.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*

	Services Provided	**OPD**	**Indoor**		**Services Provided**	**OPD**	**Indoor**
1.	Total Lab Investigations			3.	Total Ultra Sonographies		
2.	Total X-Rays			4.	Total CT Scan		

Laboratory Investigation for Communicable Diseases

Malaria			**T.B**			**Viral Hepatitis & HIV**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month *(From Stock Register for Medicine/ Supplies)* **Tick where applicable**								
1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Anthelmintic	
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions	
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone	
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid	
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS	
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)	
Section XII-B: Stock out Report: Vaccines (Tick where applicable)								
1.	BCG		4.	Hepatitis		7.	Anti Rabic Vaccine	
2.	DPT		5.	Measles		8.	Anti Snake Vaccine	
3.	Polio		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*

	Specialty	Allocated Beds	Admissions	Discharged /DOR	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Medicine								%	
2.	Surgery								%	
3.	Pediatrics								%	
4.	OB/GYN								%	
5	Eye								%	
6.	ENT								%	
7.	Orthopedics								%	
8.	Cardiology								%	
9.	Neuro Surgery								%	
10.	Psychiatry								%	
11.	TB/ Chest								%	
12.	Skin								%	
13.	Others								%	
	Grand Total									%

Section XIII-B: Cases attending Indoors *(From Abstract Foms for Indoor)*		Total Admission	Total Deaths
Medical			
1.	Diarrhoea < 5		
2.	Diarrhoea > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Typhoid		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B & C		
14.	Meningitis		
15.	Chronic Liver Diseases		
16.	Chronic Renal Diseases		
Cardiac Diseases			
17.	Congestive Cardiac Failure (CCF)		
18.	Hypertension		
19.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
20.	Neonatal Tetanus		
21.	Suspected Acute Flaccid Paralysis (AFP)		
Surgical			
22.	Acute Appendicitis		
23.	Burns		
24.	Cholelithiasis / Cholecystitis		
25.	Hernias		
26.	Hyperplasia of Prostate		
27.	Urolithiasis		

Section XIII-B:Cases attending Indoors *(From Abstract Forms for Indoor)*		Total Admission	Total Deaths
Orthopedic Diseases			
28.	Arthropathies		
29.	Fractures		
Eye			
30.	Cataract		
31.	Corneal Opacity		
32.	Glaucoma		
ENT			
33.	Chronic Otitis Media		
34.	DNS		
Gynecological			
35.	Fibroid Uterus		
36.	Inflam. diseases of female pelvic organs (PID)		
37.	Uterine Prolape		
38.	Vesico -Vaginal Fistula		
Obstetrics			
39.	Ante partum Hemorrhage (APH)		
40.	Complications of Abortion		
41.	Ectopic Pregnancies		
42.	Postpartum Hemorrhage (PPH)		
43.	Pre-Eclampsia/ Eclampsia		
44.	Prolonged/ Obstructed Labour		
45.	Puerperal Sepsis		
46.	Rupture Uterus		
Neurological/Neurosurgical			
47.	CVA/Stroke		
48.	Head Injuries		
Mental Behavioral Disorder			
49.	Drug Abuse (Psycho-Active substance use)		
50.	Mental Disorder		

Section XIV: Surgeries
(From OT Register)

1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Other operations	

Section XVI: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

Post Name/Category		Sanc.	V	C	G-In	G-Out	Post Name/Category		Sanc.	V	C	G-In	G-Out
1	MS /Deputy MS						18	Dental Surgeon					
2	Medical Specialist						19	Physiotherapists					
3	Surgical Specialist						20	Matron					
4	Cardiologist						21	Head /Charge Nurse					
5	Chest Specialist						22	Staff Nurse					
6	Neurosurgeon						23	Lab Assistant/Techs.					
7	Orthopedic Surgeon						24	X-Ray Assist /Techs					
8	Child Specialists						25	Dental Assist. /Techs					
9	Gynecologists						26	ECG Assist. /Techs.					
10	Eye Specialists						27	Lady Health Visitors					
11	ENT Specialists						28	Health Technicians					
12	Anesthetist						29	Dispensers					
13	Pathologist						30	EPI Vaccinators					
14	Radiologist						31	Sanitary Inspectors					
15	SMO/ SWMO						32	Midwife/Dais					
16	MO/WMO						33	Others					
17	Medical Assistant												

Section XVII-A: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVII-B: Financial Report *(From Budget and Expenditure Statement)*

		Total Allocated Budget	Expenditure previous month	Balance to date
1.	Salary	Rs.	Rs.	Rs.
2.	Non-Salary	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.
8.	Annual Development Plan	Rs.	Rs.	Rs.
9.	Others	Rs.	Rs.	Rs.

Section XVIII – Achievements/ Issues

CATCHMENT AREA POPULATION CHART

Section I:

Facility name: ____ ______________ **Facility I.D. No.:** | | | | | | | **Year:** _________

Union Council name: __ ______________________ **District:** ___________ **Province:** _____________

Section II:

Sr. No	Name of Villages	Population	Distance from Facility (km)	No. of LHWs	Population covered by LHWs	No. of Trained TBAs
1	2	3	4	5	6	7
TOTAL >						

Section III:

Target Groups	Standard Demographics Percentages*	Estimated Yearly Target Population	Estimated Monthly Target Population
1	2	3	4
Expected Pregnancies	**3.4 %**		
Expected Births	**2.9 %**		
0-11 Months	**2.7 %**		
0- Less than 5 years	**8 %**		
CBAs (15 to 49 years)	**22 %**		
Married CBAs (15 to 49 years)	**16 %**		

* *Data Source: National Institute of Population Studies (NIPS)*

Section IV:

No. of Registered Allopathic Medical Practitioners	
No. of Registered Homoeopathic Medical Practitioners	
No. of Qualified Hakims	