



Health Management Information System Health Facility Monthly Report

Health Facility Name:		County:	
District:	Reporting Month:	Year:	

A) HEALTH FACILITY HEAD COUNT: Click here [] if not applicable

Health Facility type and Ownership: Check one that applies						
	GoL	Private				
a) Clinic:						
b) Health Center						
c) Hospital						
Reporting Period: _	(e.g.: Month 1-31, Yea	r)				

	<5 y	ears	>=5 years		
Total Head	Male	Female	Male	Female	
Count		Cross bord	er patients		
	Male	Female	Male	Female	

B) FAMILY PLANNING: Click here [] if service was not provided

Total Counseled for Family Planning								
Age/Sex	10-14	15-19	20-24	25+	Total counseled			
Male								
Female								

Total Family Planning Services									
	10	- 14	15 -	· 19	20 - 24		25	5 +	
Methods used	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users	
Condom female									
Condom male									
Progestin only pill Combined oral									
contraceptives Emergency Contraceptive									
Depo-Provera									
Sayana Press									
Lactational Amenorrhea Method									
IUCD									
Implant									
Cycle Beeds									
Vasectomy									
BTL									





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B.1) Condoms for Non Family Planning

Condoms dis	tributed for	Non Fami	ly Planning	g purpose	S					
Total Number of Condom Distributed for non- family planning purpose:										
Family Planning Commodities Dispensed										
Unit of Distribution	No. of male condom distributed	No. of female condom distributed	Monthly cycles Beed distributed	Number of Injections	Number of IUCDs inserted	Number of Implant insertions	Oral Contraceptives/ Pill (Microlut)	Oral contraceptiv es / Pill (Micgynon)	Sayana Press	Others (Specify)
No Distributed										

B.2) Post-Partum Family Planning Services

B.2) Post-Partum Family Planning Services										
POST PARTUM FAMILY PLANNING SERVICES PROVIDED										
	10	- 14	15 -	- 19	20 - 24		25+			
Methods used	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users	No. of New Acceptors	No. of continued Users		
Condom female										
Condom male										
Progestin only pill Combined oral contraceptives										
Emergency Contraceptive										
Depo-Provera										
Sayana Press Lactational Amenorrhea Method										
IUCD										
Implant										
Cycle Beeds										
Vasectomy										
BTL										

C) ANTENATAL: Check here [□] if service was not provided

ANC Visits	10-14	15-19	20-24	25+
1st ANC visit				
2 nd ANC visit				
3 rd ANC visit				
4 th ANC visit				
4 th + ANC visit				

Service	Number	Services	Number
Mebendazole given at ANC		Total LLINs given at ANC during this month	
IPT 1 st Dose		Number of partners tested for HIV	
IPT 2 nd Dose		Number of partners tested positive	
IPT 3 rd Dose		Pregnant women newly initiated on CPT during the reporting month	
IPT 3+ Dose		Number of pregnant women tested positive for Syphilis and placed on treatment	

D) DELIVERY AND OUTCOME: Check here [] if service was not provided

Delivery methods	10-14	15-19	20-24	25+
No. of normal deliveries conducted at health facilities by unskilled health personnel				
No. of normal deliveries conducted at health facilities by skilled health personnel				
No. of Caesarean section				
No. of assisted delivery done with Forceps, vacuum extraction, episiotomy and other procedures No. of Deliveries conducted outside health facility and reported or referred to the health facility				
D.P. 10.4	NI I	D.P. I	0.4	N. I
No. of pregnant women that received adequate Iron Folate (180) during ANC	Number	No. of Live bir		Number
No. of pregnant women that received adequate TT dosage		No. of Low bir	th weight < 2.5	
No. of women who received uterotonic drug (Oxytocin, Pitocin, Ergot, Misoprostol) (AMTSL)		No. of Materna	al death	
Live Birth born to HIV positive women		No. of Neonata	al death	
Pregnant women who were only tested HIV positive during labor and received ARVs/ART in labor		No. of Still birt	th (Fresh)	
	1			





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E) POST NATAL CARE: Check here [□] if service was not provided

Delivery and Outcomes	Number	Delivery and Outcomes	Number			
Post-partum depression		Women who received vitamin A capsule within 6 weeks after delivery				
Post-partum psychosis		No. of New born with sepsis who received				
Number of New born babies with sepsis		injectable antibiotics				
Number of low birth babies weight who received	kangaroo mo	ther care and other supportive care				
Number of infant early initiated on breastfeeding	ng within the	1 st hour of birth				
Chlorhexidine (CHX) applied within 24 hours after birth	\ / AA					
Post Natal Care Visits (PNC)		Post-Partum Care visits (PPC)				
PNC-1: Number of PNC visits within 48 hours after delivery		PPC-1: Number of Post-partum care visits within 48 hours after delivery				
PNC-2: Number of PNC visits within 7 days		PPC-2: Number of Post-partum care visits within 7 days				
PNC-3: Number of PNC visits within 28 days	PNC-3: Number of PNC visits within 28 days					
PNC-4: Number of PNC visits within 42 days	PPC-4: Number of Post-partum care visits within 42 days					
Total number of LLINs issued to women after de	Total number of LLINs issued to women after delivery in the health facility					
No. of Neonatal/birth asphyxia						
Neonatal /birth asphyxia managed						
Number of newborns not breathing at birth who	were resusci	tated				

F) PMTCT REPORT: Check here [□] if service was not provided

,		
Pregnant Wome Group	en HIV Testin	g by Age
	# Tested	# Positive
10-14 years		
15-19 years		
20-24 years		
25+ years		
Total		
Pregnant Wome Group	en Syphilis Te	sting by Age
	# Tested	# Positive
10-14 years		
15-19 years		
20-24 years		
25+ years		
T. 4.1		
Total		
Pregnant Wome	en Syphilis Tr	eatment
	# Treated wi	eatment ith at least 2.4 nine Penicillin

Pregnant Women Initiating	g PMTCT
Already on ART	
Started in ANC	
Started during labor	
Total	
Existing Preg. On ART (Old)	
Total new plus existing Preg. On ART	
Live birth to HIV+ mother	
Neonate rec. prophylaxis	
Exp. Inf. tested at 6-8 weeks	

G) INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD

ILLNESSES (IMNCI): Check here [] if service was not provided

Pneumonia	Number	Diarrhea	Number		
No. of Children under 5 years with pneumonia		No. of Children under 5 years with diarrhea			
No. of Children under 5 years with pneumonia treated with antibiotics		No. of Children under 5 years with diarrhea treated with ORS and Zinc			
		No. of Children Under 5 years with dehydration treated with ORS and Zinc			
Malaria					





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No. of Children under	r 5 years treated with ACT within 24 hours	after onset of fever	

H) IMMUNIZATION OF CHILDREN FROM 0-23 MONTHS:

Check here [□] if service was not provided

	Number in	mmunized		Number immunized	
Vaccine	Facility	Outreach	Vaccine	Facility	Outreach
BCG			Pentavalent 1		
OPV 0			Pentavalent 2		
OPV 1			Pentavalent 3		
OPV 2			Rota 1		
OPV 3			Rota 2		
D 1			Measles (MCV 1)		
Pneumo 1			Measles (MCV 2)		
Pneumo 2			Yellow Fever		
Pneumo 3			Fully Immunized 1		
IPV 1			Fully Immunized 2		
			TCV		

H.1) Vaccine Accountability

Vaccine	BCG (Doses)	OPV (Doses)	Penta (Doses)	Measles (Doses)	IPV (Doses)	Yellow Fever (Doses)	Td (Doses)	Pneumo (Doses)	Rota (Doses)	HPV (Doses)	TCV
Beginning Balance											
Received											
Used											
Closing Balance											

H.2) Immunization Defaulter Tracking Form

Antigens	Number of defaulters Referred	Number Vaccinated among referrals	Antigens	Number of defaulters Referred	Number Vaccinated among referrals
OPV 1			ROTA 1		
OPV 2			ROTA 2		
OPV 3			IPV		
PENTA 1			MCV 1		
PENTA 2			MCV2		
PENTA 3			YF		
PCV 1			HPV		
PCV 2			TCV		
PCV 3					

H.3) Temperature Monitoring Chart

Monthly Temperature reading	AM (Morning)	PM (Evening)
Lowest		
Highest		

Note: Each facility is required to record only the lowest and highest temperature reading at the end of the reporting month.

H.4) Tetanus Diphtheria Vaccination

Td Dosage	Pregnant		Non-Pr	egnant
	Facility	Outreach	Facility	Outreach
Td1				
Td2				
Td3				
Td4				
Td5				

H.5) Human Papillomavirus Vaccine (HPV): Check here [□] if service was not provided

HPV Doses Given	Facility	Outreach
HPV 1		
HPV 2		



Ministry of Health Health Management Information System Health Facility Monthly Report



60	Health F	acility Name:	County:								
	District:	Rep	porting Month:	Ye							
.1) N	NUTRITION: Check here □ if service was not provided										
		Nutri	ition Growth Monitori	ng							
	# of children 0 - 59 months who are underweight (Weight/Age <-2 WAZ score)	# Children 0 - 59 months who are Stunted (Height for Age <-2 HAZ score)	# of children 0-59 months with Severe Acute malnutrition (SAM) (<-3 WHZ or MUAC <11.5 cm)	# of children 0-59 months with MAM (<-2 - ≥-3 WHZ or MUAC ≥11.5 - <12.5	Screened/	dren 0 – 59 months /measured through					
	(Col. 25)	(Col. 26)	(Col. 27)	cm) (Col. 28)	WHZ Score (Col. 10)	MUAC (Col. 11)					
Total											
	In	fant and Young Child Fe	eding (IYCF): Check	here [] if service was not pr	rovided						
	# of infants initiated to the	# of children aged 0-6 months	# of children aged 6-8 months	# of mothers/Caregive	ers who received co	ounselling on IYCF					
	breast within 1 hour of birth	who are exclusively breastfed	who received complementary food	Pregnant	Lactating	Other mothers/					
	(Normal Del. Ledger)	(Col. 29)	(Col. 30)	(Col. 31)	(Col. 32)	Caregivers (Col. 33)					
Total											
	Micronutrien	nt Supplementation (for cl	hildren under five year	's): Check here [] if s	service was not prov	vided					
	# of children 6-23 months who received MNP	# of children 6-23 months who received Adequate MNP	# of children aged 6-11 months who received Vit A (100,000 i.u)	# of children aged 12-59 months who received Vit A (200,000 i.u)	received dewormin	d 12-59 month who ing tablet (Col 40)					
	(Col 34 + Col 35 + Col 36 + Col	(Col 36 + Col 37)	(Col 38)	(Col 39)	Ì	` ′					

37)

Total

I.2) Out-Patients Therapeutic Program (OTP)

			Ac	lmissio	ns				Ex	kits			
Age Group (Months)	Total Beginning of the month = Total End of the Past	WHZ or MUAC or Edema	Readmission	Relapse	Transfer in from another OTP or IPF unit	Total admissions = Col 14 + Col 15 + Col 16 +	Cured	Death	Defaulter	Non- Responder	Transfer to another OTP or IPF unit	Total Exits = (Col. 19 + Col. 20 + Col. 21 + Col. 22 +	Total End of the month = Total beginning of the month + Total Admission
(Col. 7)	month	(Col. 14)	(Col. 15)	(Col. 16)	(Col. 17)	Col 17	(Col. 19)	(Col. 20)	(Col. 21)	(Col. 22)	(Col. 23)	Col. 23)	Exits
6 to 23													
24 - 59													
TOTAL													
					Male (Col. 7) Female (Col. 7)								



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I.3) In Patient Facility (IPF)

	In Patient Facility (IPF): Management of Severe Acute Malnutrition (SAM) Check here [] if service was not provided													
			1	Admissio	ons			Exits						
Age Group (Months)	Total Beginnin g of the month = Total End of the Past month	WHZ or MUAC or Edema	Re- admissi on (Col. 15)	Relapse (Col. 16)	Transfer in from another OTP or IPF unit	Total admissions = Col 14 + Col 15 + Col 16 + Col 17	Successful ly treated (Col. 18)	Cure (Col. 19)	Death (Col. 20)	Defaulter (Col. 21)	Non-Responder	Transfer to another OTP or IPF unit	Total Exits = (Col. 18 + Col. 19 + Col. 20 + Col. 21 + Col. 22 + Col. 23)	Total End of the month = Total beginning of the month + Total Admission - Total Exits
<6														
6 to 23														
24 - 59														
Total														
					Male (Col. 7)									
					Female									

(Col. 7)





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J) MALARIA: Check here □ if service was not provided

		Malaria cases diagnosed by											aria ificati n			Mal	aria c	cases	trea	ted v	vith		
				mR	DT		N	Aicrosc	ope Te	est		ver			A	CT				unate IM	Other (IV/II		
			+	ve	-1	ve	+1	ve	_'	ve		Ser	þ	Clinic	al	Confi	rmed						<u></u>
Age Group	Febrile	Clinically	Febrile	Non Febrile	Total tested	Complicated\Server	Uncomplicated	Prescribed	Dispensed	Prescribed	Dispensed	Quinine Tab	Prescribed	Dispensed	Prescribed	Dispensed	RAS (Rectal Artesunate)						
Under 5yrs Children																							
5yrs & Above																							
Pregnant Women																							
Totals																							

Febrile patient: A patient having or showing the symptoms of a fever. A patient is considered feverish if their axillary temperature ≥ 37.5 °C.

Clinical malaria: Clinically-diagnosed malaria case is a case with symptoms suggestive of malaria at the time of examination that received malaria treatment without undergoing laboratory diagnosis or parasitological tests (confirmatory tests).

RAS: Rectal Artesunate (Artesunate suppository) is strongly recommended by the WHO for pre-referral intervention of children between 6 months and 6 years when they present with danger signs, when a complete course of severe malaria treatment is not available and when the patient cannot take oral medication.





Health Facility Name	:			<u>.</u>	County:		
District:			Report	ing Month: _		Yea	ır:
X) HCT: Check here	[□] if ser	vice was no	ot provided				
		nale	_	ale	D	Result Given t	o Client
Age Breakdown	Tested	HIV+	Tested	HIV+	N	lesuit Given t	o Chent
0-11 months						Negative	
1-14 years						Positive	
15-19 years						Inconclusive	
20-24 years						Confirm Neg.	
25+ years						Confirm Pos.	
Total							
Popul	ation Typ	e Breakd	own			Last HIV	Test
	# Te	ested	# H	IV +			
Gen. Pop.						Never tested	
MSM						Last Negative	
FSW						Last Positive	
TG					Last	t Inconclusive	
PWID						Linkage to	Care
Total					Eı	nrolled on site	
	НСТ Асс	ess Type				Referred	
	# Te	ested	# H	IV +		Declined care	
Provider Initiated							
CHA/P Referral					Nur	nber of condo	oms Issu
Self-test (oral)						Male	
Voluntary CT						Female	
Outreach					Not	ification Slips	

K.1) Care and Treatment & Attrition: Check here [□] if service was not provided

Recipients of Care on ART											
Sex & Pregnancy	Existing on ART	New on ART	Trans- ferred in	Re- admitted on ART	Died	LTFU	Stopped	Transfer out	Total on ART		
M Males (all ages)		71111		OH / IKI							
FNP Non-pregnant Females (all ages)											
FP Pregnant Females											
Sub Total (By Sex)											
Age Breakdown											
A1 Infants 0-11 months											
Children 1 – 14 years											
15 – 19 years											
20 – 24 years											
B Adults 25 years or older at enrolment											
Sub Total (Age Breakdown)											
Population type	Breakdo	own									
Gen Pop											
MSM											
FSW											
TG											
PWID											
Sub Total (Population Type)											
	E	XPOSE	D INFANT	S NOT ON	TREAT	MENT					
Exposed Infants (not on treatment)											

K.2) HIV/TB Co-Infection

HIV/TB Co-Infecti	ion			
	Pediatric (<15 years)	Adult (>	= 15 years)
	Females	Males	Females	Males
New HIV clients screened for TB				
HIV/TB co-infected patient diagnosed				
HIV/TB co-infected patient initiated on ART				
New on ART initiating TPT				
Previously on ART initiating TPT				
Total client continuing TPT (excluding LTFU, deaths and completed)				
New clients initiated on CPT				
Total clients on CPT				
Occupational Exposure given PEP				
Drug Dispensing (6 multi months dispensing)				
Drug Dispensing (3 multi months dispensing)				
Differentiated Service Delivery: Family/Support group (Treatment Club)				
Differentiated Service Delivery: Teen Clubs				
Differentiated Service Delivery: Community / Home Delivery				
Differentiated Service Delivery: Pharmacy Delivery				
Differentiated Service Delivery: ART Fast Track (ART Facility)				
Differentiated Service Delivery: Outreach Delivery				





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K.3) Number of PLWHA currently receiving ART: Check here [\(\pi\)] if service was not provided

	TDF 3TC DTG	TDF 3TC EFV	ABC 3TC DTG	AZT 3TC EFV	37	ZT FC FG	AZ 3T LPV	C	AZT 3TC ATV/r	TDF 3TC LPV/r	TDF 3TC DRV/r
Adult 1st Line Regimen											
Adult 2 nd Line Regimen											
	ABC 3TC LPV/r	ABC 3TC DTG	AZT 3TC LPV/r	AZT 3TC DTG	TDF 3TC DTG	ABC 3TC DTG	AZT 3TC RAL	ABC 3TC LPV/r	ABC 3TC RAL	ABC 3TC EFV	AZT 3TC EFV
Child 1st Line Regimen											
Child 2 nd Line Regimen											



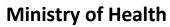




Health Facility Name:		County:				
District:	Reporting Month:	Year:				

L) OUTPATIENT (NEW CASES AND DEATHS): Check here [] if service was not provided

		(New ca	-	atient l at OPD &	deaths)	
No.	Disease/Condition	OPD No	ew Cases	OPD Deaths		
		Under 5 years	5 years and above	Under 5 years	5 years and above	
1	Acute Flaccid Paralysis (A.F.P)					
2	Abdominal Mass					
3	Abrasion					
4	Acute Otitis Media					
5	All other causes					
6	Anemia					
7	Anemia in pregnancy					
8	Acute Respiratory Infection (ARI)					
9	Arthritis					
10	Ascariasis					
11	Aspiration Pneumonia					
12	Asthma					
13	Bloody Diarrhea					
14	Blunt Eye Trauma					
15	Blunt Trauma					
16	Bowel Obstruction					
17	Breast Cancer					
18	Bronchiolitis					
19	Burn					
20	Cataract					
21	Caustic Ingestion					
22	Cellulitis					
23	Cervical Cancer					
24	Chemical Burn					







		Outpatient (New cases treated at OPD & deaths)							
No.	Disease/Condition	· ·	ew Cases	Cases OPD Deaths 5 years and Under 5 spears and veges	•				
		Under 5 years	and		5 years and above				
25	Congestive Heart Failure (CHF/CVA)								
26	Cholera								
27	Closed Fracture								
28	Conjunctivitis								
29	Contusion (RTA)								
30	Corneal Foreign Body								
31	Corneal Perforation								
32	Dental Abscess								
33	Dental Caries								
34	Dental Trauma								
35	Diabetes/ D-Mellitus								
36	Diabetic Ketoacidosis (DKA)								
37	Diabetic Ketoacidosis 20 DM								
38	Dog Bite								
39	Domestic Violence Injuries GBV (rape)								
40	Domestic Violence								
41	Ebola								
42	Encephalitis								
43	Enteric Fever								
44	Eye Trauma								
45	Fracture								
46	Fungus (Tinea already classified)								
47	Gastroenteritis								
48	Gastroesophageal Reflux Disease (GERD)								
49	Gastrointestinal Bleeding								
50	Glaucoma								
51	Gunshot Wound								
52	Head Injury								
53	Heart Diseases								
54	Hemorrhoid								
55	Hepatitis								







		(NI	-	vears Under 5 5 years and vears and			
		<u> </u>					
No.	Disease/Condition	OPD Ne	ew Cases	OPD I			
		Under 5 years	5 years and above		and		
56	Hernia						
57	HIV/AIDS						
58	Hook worm						
59	Hydrocele						
60	Hyperglycemia						
61	Hypertension						
62	Immunosuppression						
63	Iritis						
64	Laceration (RTA)						
65	Lassa Fever						
66	Liver Cancer						
67	Liver Cirrhosis						
68	Liver Disease						
69	Lower Respiratory Tract Infection						
70	Lumbago						
71	Lymphedema						
72	Malaria						
73	Malaria in pregnancy						
74	Malnutrition						
75	Mandibular Fracture						
76	Maxilla Fracture						
77	Measles						
78	Meningitis						
79	Neo-natal Tetanus						
80	Onchocerciasis						
81	Opened Fracture						
82	Optic Atrophy						
83	Oral Candidiasis						
84	Osteoarthritis						
85	Other Eye conditions						
86	Other Injuries						







			Outpatient (New cases treated at OPD & deaths)					
No.	Disease/Condition			ew Cases	OPD Deaths			
110.			Under 5	5 years	Under 5	5 years		
			years	and above	years	and above		
87	Pelvic Inflamma	tory Disease (P.I.D)						
88	Peptic Ulcer Dis	sease (PUD)						
89	Pharyngitis							
90	Physical Assault	İ.						
91	Pleural Effusion							
92	Pneumonia							
93	Rabies							
94	Refractive Error							
95	Renal Failure							
96	Respiratory Trac	et Infection						
97	Retinal Detachm	nent						
98	Revisit for all ca	uses						
99	Rheumatic Feve	r						
100	Rhinitis							
101	Road Traffic Ac	cidents (RTA) (car/bike)						
102	Schistosomiasis							
103	Sepsis							
104	Sexual assault							
105a		Urethral Discharge						
105b	Sexually	Vaginal Discharge						
105c	Transmitted Infection	Genital Ulcer						
105d	Neonatal Conjunctivitis							
106	Sickle Cell							
107	Stroke							
108	Systolic hyperte	nsion						
109	Tetanus							
110	Tinea Corporis							







		Outpatient					
					at OPD & deaths)		
No.	Disease/Condition	OPD No	ew Cases	s OPD Death			
		Under 5 years	5 years and above	Under 5 years	5 years and above		
111	Tinea Pedis						
112	Tinea Versicolor						
113	Tonsillitis						
114	Tuberculosis						
115	Tumor						
116	Typhoid						
117	Upper Respiratory Tract Infection						
118	Urinary retention						
119	Uveitis						
120	Watery Diarrhea						
121	Whooping Cough						
122	Worm (excluding Ascariasis & Hook worm)						
123	Yellow Fever						
	PREGNANCY REL	ATED COND	ITIONS				
124	Abortion						
125	Ante-partum hemorrhage (Abruptio placenta, Placenta previa, ruptured uterus, etc).						
126	Eclampsia						
127	Obstructed labor						
128	Other maternal complication						
129	Post-partum hemorrhage (Tears, Trauma, Tissues, and Thrombin, etc.).						
130	Post-partum sepsis						
131	Pre-eclampsia						
132	Urinary Tract Infection (UTI) including STIs						







Health Facility Name:		County:
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M) SCDV. Charle have [] if samine was not musided

M) SGBV: Ch	eck here _l	[∐] if serv	rice was n	ot provided	1			
	=10-14 yrs.</th <th colspan="2">15-19 yrs.</th> <th colspan="2">20-24 yrs.</th> <th colspan="2">25+ yrs.</th>		15-19 yrs.		20-24 yrs.		25+ yrs.	
Number of cases reported	Male	Female	Male	Female	Male	Female	Male	Female
Rape cases reported								
			No.	of Rape c	ases repo	rted		
	=10-</td <td>-14 yrs.</td> <td>15-1</td> <td>9 yrs.</td> <td>20-2</td> <td>4 yrs.</td> <td colspan="2">25+ yrs.</td>	-14 yrs.	15-1	9 yrs.	20-2	4 yrs.	25+ yrs.	
Incident and Reporting	Male	Female	Male	Female	Male	Female	Male	Female
Rape Cases reported within 72 hours (<=3 days)								
Rape Cases reported after 72 hours (>3 days)								
Rape Cases treated with Post Exposure Prophylaxis								
Rape Cases referred								
Rape Cases follow-up at this facility								
Rape Cases treated with Emergency Contraceptive Pills								
Rape Cases treated with antibiotics								
Rape Cases treated with Hepatitis B vaccine								







Health Facility Name:	Ith Facility Name: County:		
District:	Reporting Month:		Year:

N.1) MENTAL HEALTH CONDITIONS: Check here [] if service was not provided

Mental Health 5 6 - 12 13 - 17 18 - 34 35 - 49 50 - 64 65							
Conditions/Disease	<= 5 yrs.	0 - 12 yrs.	yrs.	yrs.	yrs.	yrs.	65+ yrs.
		y15.	y15.	y15.	yıs.	yıs.	
Anxiety Disorders							
(PTSD, Panic Reactions)							
Bipolar							
Dementia							
Mood disorders (Mania,							
Depression)							
Psychosis (Schizophrenia)							
Post-Partum Psychosis							
Post-Partum Depression							
Substance use disorder (Drug)							
Substance use disorder (Alcohol)							
Intellectual Disability							
Developmental Disorders							
Psychosomatic Disorders							
Behavior Disorders in Children and adolescents							
Epilepsy							
Emotional Disorders							
Fetal Alcohol/Drug Syndrome							



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Health Facility Name:	Cacility Name: County:	
District:	Reporting Month:	Year:

N.2) Psychotropic medication: Check here [□] if service was not provided

Medication	= 5 yrs.</th <th>6 - 12 yrs.</th> <th>13 - 17 yrs.</th> <th>18 - 34 yrs.</th> <th>35 - 49 yrs.</th> <th>50 - 64 yrs.</th> <th>65+ yrs.</th>	6 - 12 yrs.	13 - 17 yrs.	18 - 34 yrs.	35 - 49 yrs.	50 - 64 yrs.	65+ yrs.
Carbamazepine		<u> </u>	J150	J 150	<i>J</i> 150	yısı	
Chlorpromazine							
Amitriptyline							
Artane							
Buprenorphine							
Methadone							
Haloperidol							
Phenobarbital							
Phenytoin							
Diazepam							
Flouxetine							
Citalopren							
Paroxetine							
Imipramine							
Thioridazine							
Fluphenazine							
Olanzapine							
Risperidone							







Health Facility Name:	Co	unty:
District:	Reporting Month:	Year:

O) TRACER ITEMS

Sn.	Program	Name of Medicine	Disease/Condition	Stock out at any point in time (Yes/No)
1	NMCP	Sulfadoxine 500mg + Pyrimethamine 25mg tab	Malaria	
2	NMCP	AS 25mg + AQ 67.5mg (FDC) OR A 20mg + L 120mg	Malaria	
3	NMCP	AS 50mg + AQ 135mg (FDC) OR A 20mg + L 120mg	Malaria	
4	NMCP	AS 100mg + AQ 270mg (FDC) OR A 20mg + L 120mg	Malaria	
5	NMCP	AS 100mg + AQ 270mg AQ (FDC) OR A20mg+ L 120mg	Malaria	
6	NMCP	Artemether 80mg inj.	Malaria	
7	NMCP	artesunate IV/IM 60mg inj	Malaria	
8	NMCP	LLINs	Malaria	
9	EMP	Amoxycillin 250mg tab/caps	ARI, PID, UTI	
10	EMP	Co-trimoxazole 480mg tab	UTI (Acute Cystitis), HIV care, Otitis media	
11	EMP	Oral Rehydration Salt 20.5g/L	Diarrhea	
12	EMP	Paracetamol 500mg tab	Fever	
13	EMP	Examination Gloves (nitrile)	IPC	
14	EMP	Mebendazole 100mg tab	Anthelmetic	
15	EMP	Hydrochlorothiazide 25mg tab	Hypertension	
16	EMP.FH	Doxycycline 100mg cap/tab	Typhoid,	
17	EMP/FH	Paracetamol 100mg tab	Fever	
18	RH/FH	Ferrous Sulfate 200mg+ Folic Acid 0.25mg	Anemia	
19	NACP	HIV TEST Kits	HIV	
20	EPI/CH	vaccines	Vaccine Preventable Diseases (VPDs)	
21	EMP/RH	Oxytocin 10IU/ml	Postpartum hemorrhage	
22	EMP/RH	Medroxyprogesterone 150mg (Depo- Provera), inj.	Contraceptive	
23	NMCP	Malaria Rapid Diagnostic Test	Malaria	
24	MHP	Carbamazepine 200mg Tab	Epilepsy	



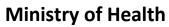




Cour	nty:	
Reporting Month:	Year:	
	Coul	

P) INPATIENT (Discharged cases and deaths): Check here D if service was not provided

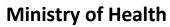
		Inpatient Morbidity/Mortality					
No.	Disease/Condition	Cases Di	scharged	IPD Deaths			
		Under 5 years	5 years and above	Under 5 years	5 years and above		
1	Acute Flaccid Paralysis (A.F.P)						
2	Abdominal Mass						
3	Abrasion						
4	Acute Otitis Media						
5	All other causes						
6	Anemia						
7	Anemia in pregnancy						
8	Acute Respiratory Infection (ARI)						
9	Arthritis						
10	Ascariasis						
11	Aspiration Pneumonia						
12	Asthma						
13	Bloody Diarrhea						
14	Blunt Eye Trauma						
15	Blunt Trauma						
16	Bowel Obstruction						
17	Breast Cancer						
18	Bronchiolitis						
19	Burn						
20	Cataract						
21	Caustic Ingestion						
22	Cellulitis						
23	Cervical Cancer						
24	Chemical Burn						
25	Congestive Heart Failure (CHF/CVA)						
26	Cholera						







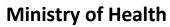
	Disease/Condition	Inpat	ient Mork	oidity/Moi	tality
No.		Cases Discharged		IPD Deaths	
140.		Under 5 years	5 years and above	Under 5 years	5 years and above
27	Closed Fracture				
28	Conjunctivitis				
29	Contusion (RTA)				
30	Corneal Foreign Body				
31	Corneal Perforation				
32	Dental Abscess				
33	Dental Caries				
34	Dental Trauma				
35	Diabetes/ D-Mellitus				
36	Diabetic Ketoacidosis (DKA)				
37	Diabetic Ketoacidosis 20 DM				
38	Dog Bite (where do we place snake bite)?				
39	Domestic Violence Injuries GBV (rape)				
40	Domestic Violence				
41	Ebola				
42	Encephalitis				
43	Enteric Fever				
44	Eye Trauma				
45	Fracture				
46	Fungus (why this when we already have Tinea classified)?				
47	Gastroenteritis				
48	Gastroesophageal Reflux Disease (GERD)				
49	Gastrointestinal Bleeding				
50	Glaucoma				
51	Gunshot Wound				
52	Head Injury				
53	Heart Diseases				
54	Hemorrhoid				
55	Hepatitis				
56	Hernia				







	Disease/Condition	Inpatient Morbidity/Mortality				
No.		Cases Di	scharged	IPD Deaths		
		Under 5 years	5 years and above	Under 5 years	5 years and above	
57	HIV/AIDS					
58	Hook worm					
59	Hydrocele					
60	Hyperglycemia					
61	Hypertension (Is this exclusive of Systolic HTN?)					
62	Immunosuppression					
63	Iritis					
64	Laceration (RTA)					
65	Lassa Fever					
66	Liver Cancer					
67	Liver Cirrhosis					
68	Liver Disease					
69	Lower Respiratory Tract Infection					
70	Lumbago					
71	Lymphedema					
72	Malaria					
73	Malaria in pregnancy					
74	Malnutrition					
75	Mandibular Fracture					
76	Maxilla Fracture					
77	Measles					
78	Meningitis					
79	Neo-natal Tetanus					
80	Onchocerciasis					
81	Opened Fracture					
82	Optic Atrophy					
83	Oral Candidiasis					
84	Osteoarthritis					
85	Other Eye conditions					
86	Other Injuries					
87	Pelvic Inflammatory Disease (P.I.D)					







			Inpat	ient Mork	oidity/Mor	ctality
No	Diana	ass/Condition	Cases Di	scharged	IPD Deaths	
No.	Disease/Condition		Under 5 years	5 years and above	Under 5 years	5 years and above
88	Peptic Ulcer Disease (PUD)					
89	Pharyngitis					
90	Physical Assault					
91	Pleural Effusion					
92	Pneumonia					
93	Rabies					
94	Refractive Error					
95	Renal Failure					
96	Respiratory Trac	t Infection				
97	Retinal Detachm	ent				
98	Revisit for all causes					
99	Rheumatic Fever					
100	Rhinitis					
101	Road Traffic Accidents (RTA) (car/bike)					
102	Schistosomiasis					
103	Sepsis					
104	Sexual assault					
105a		Urethral Discharge				
105b	Sexually Transmitted	Vaginal Discharge				
105c	Infection	Genital Ulcer				
105d		Neonatal Conjunctivitis				
106	Sickle Cell					
107	Stroke					
108	Systolic hyperter	nsion				
109	Tetanus					
110	Tinea Corporis					
111	Tinea Pedis					
112	Tinea Versicolor					
113	Tonsillitis					
114	Tuberculosis					
115	Tumor					







	Disease/Condition	Inpat	ient Mork	oidity/Moi	ctality
No.		Cases Di	scharged	IPD Deaths	
		Under 5 years	5 years and above	Under 5 years	5 years and above
116	Typhoid				
117	Upper Respiratory Tract Infection				
118	Urinary retention				
119	Uveitis				
120	Watery Diarrhea				
121	Whooping Cough				
122	Worm (excluding Ascariasis & Hook worm)				
123	Yellow Fever				
	PREGNANCY REL	ATED COND	ITIONS		
124	Abortion				
125	Ante-partum hemorrhage				
126	Eclampsia				
127	Obstructed labor				
128	Other maternal complication				
129	Post-partum hemorrhage				
130	Post-partum sepsis				
131	Post-partum Depression				
132	Post-partum Psychosis				
133	Pre-eclampsia				
134	Urinary Tract Infection (UTI)				







Health Facility	Name:		County	/ :
District:		Reporting M	Ionth:	Year:
Q) HOSPITAL	UTILIZATION:	Check here [□] if	service was not prov	ided
Total no. of beds	Total bed days	Total number of admissions	Total no. discharged cases	Total no. of inpatient days

Q.1) Health Financing: Check here $[\Box]$ if service was not provided

Income	Amount (USD)
Government source	
Sale of drugs or revolving drugs fund	
Other sources (Donor, NGO, Donation)	
Total income	

Expenditure	Amount (USD)
Remuneration/salaries	
Drugs procurement	
Incentives Paid	
Fuel procurement	
Utilities /maintenance	
Total Expenditure	

R) SURGICAL PROCEDURES - Check here [] if service was not provided

Procedures	Number	Procedures	Number
Herniarrhaphy		Dental Extraction	
Hydrocelectomy		Hysterectomy	
Appendectomy		Laboratory	
Myomectomy		Splenectomy	
Thyroidectomy		Amputation	
Obstetric Fistula Repair		Opened reduction	
Closed reduction		Prostatectomy	
Nephrectomy		Mastectomy	
Cataract Surgery		Pterygium Excision	
Glaucoma Surgery		Corneal Repair	
Other minor eye surgeries			



Health Management Information System Health Facility Monthly Report



S.1) BLOOD SAFETY - Check here \square if service was not provided

Blood Donation at Blood Bank					
Type of Blood Donor	Male	Female			
Voluntary					
Replacement					
Number of Blood Donors Counseled					
Number of Blood Donor Referred to Care and Treatment Centers					
Voluntary					

S.2) Testing of Blood Units for blood borne infection: Check here \square if service was not provided

Blood Donation at Blood Bank						
Type of test	Tes	sted	Positive			
Type of test	Male	Female	Male	Female		
HIV						
HBsAg						
HCV						
RPR						
Malaria						

S.3) Type of Blood Component

Blood Component	Total Unit Collected	Total Unit Supplied	Balance at Blood Bank
Whole Blood			
Packed Cells			
Plasma			



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T) COMMUNITY HEALTH - Check here [] if service was not provided

CHSS Name:		CHSS ID:	CHSS ID:		Facility ID:	
CHA ID 1	CHA ID 2	CHA ID 3	CHA ID 4	CHA ID 5	CHA ID 6	CHA ID 7
CHA ID 8	CHA ID 9	CHA ID 10	CHA ID 11	CHA ID 12	CHA ID 13	CHA ID 14
CHA ID 15	CHA ID 16	CHA ID 17	CHA ID 18	CHA ID 19	CHA ID 20	CHA ID 21
CHA ID 22	CHA ID 23	CHA ID 24	CHA ID 25			

Mod	Total	
1.2A	Routine Household visit	
1.2B	Births (home)	
1.2C	Births (facility)	
1.2D	Still births	
1.2E	Neonatal deaths	
1.2F	Post-neonatal deaths	
1.2G	Child deaths	
1.2H	Maternal deaths	
1.2I	Community triggers	
1.2J	HIV/TB/CM-NTD/Mental Health Referrals	
1.2K	Deaths >5 (community/home)	

Module 2 - RMNH

2.1A	Pregnant woman Visits		
2.1B	Referral for Delivery		
2.1C	Referral for ANC		
2.1D	Post Natal Visits		
2.1E	Referral for Danger Sign		
2.1F	HBMNC within 48 hrs: Mother		
2.1G	HBMNC within 48 hrs: Infant		
2.2A	Clients currently using modern FP		

Modu	Total	
3.1A	Active Cases find	
3.1B	MUAC Red	
3.1C	MUAC Yellow	
3.1D	MUAC Green	
3.1E	Pneumonia cases identified	
3.1F	Malaria (RDT +)	
3.1F.1	Malaria (RDT -)	
3.1G	Diarrhea cases identified	
3.1H	3.1H Pneumonia treated (antibiotics) 3.1I Malaria treated (2-11 months)	
3.1I		
3.1J	Malaria treated (1-5 years)	
3.1K	Malaria treated less than 24 hrs.	
3.1L	Diarrhea treated less than 24 hrs.	
3.1M	Diarrhea with (Zinc + ORS)	
3.1M.1	Diarrhea with (ORS Only)	
3.1N	Referred to Health facility	

Modu NTD,	Total	
4.1A	HIV Clients Visits	
4.1B	HIV Clients Visits	
4.1C	CM-NTD Client Visits	
4.1D	Mental Health Clients Visit	
4.1E	LTFU HIV Clients traced	
4.1F	LTFU TB Clients traced	

Supervision

Supervision		
5.3A	Supervision Visits Completed	
5.3B	Number of CHA Absences	
5.3C	Reviews Completed	
5.3D	Revisions with Correct treatment	
5.3E	CHA Reports on Tome	
5.3F	# of CHAs receiving 2+ supervision visits	
5.3G	# of active CHAs (supervised and reported this month)	





Health Management Information System Health Facility Monthly Report

County:	
ng Month.	Year:
r	

U) NEGLECTED TROPICAL DISEASES (NTDs) - Check here [□] if service was not provided

U) NEGLECTED TROPICAL DISEASES (NTDs) - Check here [□] if service was not provided as a service		vears	15+ years	
Leprosy	Male	Female	Male	Female
Number of newly diagnosed leprosy patients				
Number of newly diagnosed Leprosy patients with disability grade 2				
Number of MB patients among new patients				
Number of PB patients among new patients				
Number of newly diagnosed leprosy patients whose contacts have been traced				
Total number of Leprosy patients currently on treatment				
Number of PB patients diagnosed 12 month ago				
Number of PB patients who finished treatment 12 month ago				
Number of MB patients diagnosed 24 month ago				
Number of MB patients who finished treatment 24 month ago				
Buruli Ulcer <15 yea 15 yrs & Above				
Number of newly diagnosed BU patients				
Number of newly diagnosed BU patients confirmed by PCR				
Number of newly diagnosed BU patients with ulcerative lesions				
Number of newly diagnosed BU patients with category III lesions				
Number of newly diagnosed BU patients with LOM at diagnosis				
Number of BU patients having completed 56 doses of antibiotics				
Number of BU patients healed with LOM				
Lymphedema				
Number of newly diagnosed LE patients				
Number of LE patients presenting with painful ADLA episodes in the last month				
Number of LE patients progressing to elephantiasis				
Number of LE patients practicing self-care				
Hydrocele				
Number of HC patients that underwent hydrocelectomy				
Number of newly diagnosed HC patients				
Yaws				
Number of clinically diagnosed Yaws patients				
Number of Yaws RDT positive patients				
Number of Yaws RDT negative patients				
Number DPP Positive patients				
Number DPP negative patients				
Number of Yaws patients treated with Azithromycin				
Number of Yaws patients whose contacts have been traced				





Health Facility Name: _____



County: _____

	District: Reporting Month: Year:			
V) (OTHERS			
Sn.	Data Element		Number	
1	Number of Supportive Supervision visits to facility			
2	Number of CHA assigned to facility			
3	Number of Health Facility Development Committee Meetings conducted			
4	Does facility have a functional solar fridge		☐ Yes ☐ No	
5	Does facility have a functional fridge tag?	facility have a functional fridge tag?		
6	Does Facility have access to a functional, "on premisdrinking water?	s Facility have access to a functional, "on premise", safe king water?		
7	During the month under review, What was the major source at this facility? Status of Incinerator		☐ Creek, river, stream ☐ Open well ☐ Borehole ☐ Hand Pump ☐ Piped borne water (includes water piped from reservoir into facility) Other:	
8			 □ No incinerator (open pit burning) □ No incinerator (off site waste) disposal □ Dysfunctional, needs repair □ Functional 	
9	Does the facility have access to on premise latrine family		☐ Yes ☐ No	
10	O Status and type of existing toilet /latrine facility for clients		☐ No toilet (bush)☐ Open Pit Latrine☐ Flushed Toilet	
	Facility Registrar (Signature/date) Mobile		OIC (Signature/date) mobile	
	Health facilities: Do not use the sp	ace below.	This is for use of CHT	
	Date report received at DHT	Name and	Position of person receiving the report	
	Date report received at CHT Name an		Position of person receiving the report	
	Date data entered /updated in computer	Name and	Position of person entering the data in computer	
	Date of data validation	Data valid	lated by	



Health Management Information System Health Facility Monthly Report



Guidelines on how to complete this monthly report:

- 1. Each health facility (whether private, Public, Health Post, Clinic, Health Center, or Hospital) must instantaneously account for daily client-provider transactions to individual Patient charts and ledgers in the facility and within five days following the end of the reporting month, must produce monthly summary morbidity, mortality or health service report using this standardized aggregate morbidity and mortality reporting form. Patient charts must be securely filled in chronological or in a logical order for easy reference.
- 2. All data field must be completed with appropriate value unless if it is explicitly determined that the facility does not provide that service; in which case the cell will remain blank with a checkmark in the appropriate check box at the top of the section to indicate that such service was not provided at the facility during the reporting period. If, however, such service was available but that no client showed up for the service during the reporting period, a zero (0) would be the most appropriate value. Do not write a zero if otherwise.
- 3. Complete obliteration of value or the use of correction fluid is unacceptable. In the event that an erroneous recording is noticed at any point in report generation or data verification, simply strike out the erroneous value by drawing a single or double line across the value (e.g. 85 changed to 76), record a replacement value against the former value.
- 4. The Officer in Charge of the facility must review and certify the report by affixing his/her signature before submission and must ensure that report is ready for collection by a District or County Health Team representative by the seven (7th) of the following month after the reporting period. Any report submitted after the seventh (7th) of the following month after the reporting period shall be considered late.
- 5. Preparing the monthly report is a shared responsibility in which definite steps have to be followed. Each service unit or department is responsible for maintaining the individual service register. The same service unit or department is also responsible for compiling data from various service registers onto the designated Charts. The following diagram shows the data transcription sequence:



The next day following the end of the month, each unit or department (e.g. the OPD, IPD, Immunization, Diagnostic Lab, RH/FP, etc.) generates from their respective service ledgers/registers, a summary of services they provided during the month under consideration and submits their respective quota to the OIC and register for consolidation and inclusion in the standardized monthly health statistical reporting form. The OIC and or Registrar verify each unit's quota and transcribe verified figures to the monthly health statistic or morbidity and mortality reporting form.

- 6. The term "Monthly" as used in this guideline refers to a complete calendar month (i.e. for example, January 1-31 or February 1-28. and not Jan 1-25 and Jan 26-Feb 25)
- 7. Unique data identification numbers have been printed in both the chart and report form. Data must be carefully transcribed from the same code box in the chart to the same code box in report form. Any mistake made during this process is inexcusable.
- 8. A completed Community-Based Health service statistic using the CHMIS monthly summary reporting forms as well as that of the Logistic Management information data must be attached and submitted along with this report by the 7th of the following month after the reporting period.





- 9. During the month following the end of each quarter (e.g. by April 7, July 7, October 7 and January 7), facilities providing TB services are required to attach a completed TB morbidity and outcome reporting form reflecting accountability for TB services provided during the most recent past quarter using the standardized TB morbidity and outcome reporting form (already provided in the triplicate form) and attach same to form a part and parcel of this report.
- 10. Detail guideline on HMIS recording and reporting is contained in the HMIS reference manual presumably available at your facility. Make sure to maintain a copy.
- 11. After completion of transcribing data on the monthly report, one person should read the data from the chart and another person follow the numbers in the report to ensure that data transcribed in the report are 100% correct. **No mistake is excusable**.
- 12. The person who has transcribed data onto the report and the person who has verified the figures must sign and print date before submitting it to the county health office by the 5th of the following month.
- 13. The County Health Team must review, certify, and enter the data report into DHIS2 before or on the 17th of the following month after the reporting period. Any report entered after the seventeenth (17th) of the following month after the reporting period shall be considered late.