DHIS – 28 (M)

Procedures Manual For District Health Information System (DHIS)

National Health Information Resource Center (NHIRC)
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District Health Information System (DHIS)

Procedures Manual
Section 1

DHIS Tools and Their Use

Who Revised the Procedures Manual

This Manual was revised
by NHIRC in collaboration with
HIS experts from the Health Departments of
Punjab, Sindh, Khyber Pakhtoonkhwa, Balochistan,
Gilgit-Biltistan, FATA and AJK
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LIST OF DHIS TOOLS, INSTRUMENTS AND MANUALS

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DHIS – 29 (M)	DHIS Software User's Manual	-
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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 ii. The service provider at OPD	i. At the time of patient registration at CRP ii. During OPD consultation to the patient
2-A	MEDICINE REQUISITION SLIP	The service provider at OPD	During OPD consultation to the patient for drawl of medicine from dispensary
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 completion of tests, to note test results
6.	RADIOLOGY/ ULTRASONOGRAPHY/CT SCAN/ECG REGISTER	Radiology Department/ ECG staff	i. At the time a patient comes to the radiology/ultrasound/ECG 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
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	WMO or LHV, FHT or any	During consultation to pregnant

	DHIS INSTRUMENT	Who uses/fills the instrument?	When the instrument is filled?
	REGISTER	other service provider.	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 or 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 designated staff)

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 cases)
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 District Health Department or the District Government.

- Write the amount of fee received from the patient in this column.

Note: *Government employees, patients referred by the Social Welfare Department, women coming for ANC and PNC, client coming for Family Planning, children coming for vaccination, follow-up patients, AIDS patients, cancer patients, patients attended in Emergency Department 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 or SMO/MO-2/WMO/D.S etc, and accordingly write in this column the room number to which the patient is sent.

Central Registration Point Register
Monthly Summary

year----------

Indicator	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													

Monthly Summary Table

In the last page of the CRP register there is a table for preparing summary using compilation of data from the CRP register. The Summary Table has 14 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 on 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 register the data should be transferred to which row of the table. A person who is maintaining above register is responsible for preparing the summary of the corresponding register. This summary is prepared at the end of each month.

If one register is used for more than one year then summary for the next year should be maintained in new summary table at the end of register. But 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.

2. Out-Patient Department (OPD) Ticket DHIS – 02 (F)

Sent To:

OUTDOOR PATIENT TICKET

District …… Monthly CRP. Serial No……

Facility Name……..…

Name:_____ Age:_____ Sex:____

Father's / Husband's Name: _____

_____

Monthly OPD Serial 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 can be 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 services providers including over-prescription of injections, and appropriateness of prescription in relation to the diagnosis.

By whom and when OPD ticket is completed:
The CRP staff fills in the basic data about the patient/client and CRP number 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:

- CRP number
- Name of the patient/client
- Age and sex of the patient/client
- Father or husband's name, and
- 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.

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 Serial 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.

Write your name and stamp signature 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 the CRP staff to confirm that the patient has come through the CRP and will make new entries below the current date.

2-A. OPD Medicine Requisition Slip DHIS – 02-A (F)

Medicine Requisition from dispensary

Monthly OPD Serial No……

Sign: _____ Date: _____

Purpose:

The medicine requisition slip serves as a tool for maintaining record of the medicine dispensed to the patient from the dispensary.

- It is used for recording the medicine dispensed to the patient from the OPD dispensary and treatment given to the patient.
- It has to be retained by the dispenser as a record of medicine given from the OPD dispensary.
- It serves as a record of medicine dispensed & expensed at the time of audit.

By whom and when OPD Medicine Requisition Slip is completed:

The Medical Officer In-charge or the person who has attended the patient will fill the medicine requisition slip for the medicine available in the OPD dispensary to be dispensed to the patient.

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.

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 and mal-nutrition 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 **<5yrs** is 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 follow-up cases as this will lead to miscalculation of morbidity data and data on OPD load.

[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/client 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).

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 on 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 5-16. 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 5-16. 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, i.e. patients returning with the continuation of the same illness with previous record e.g. OPD slip, 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, writing down the complete address is important.

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 (√) in the column 15, in case a child <5 years of age is malnourished (low weight for age). Take appropriate action accordingly. (See Nutritional Status Assessment Chart)

CHART FOR ASSESSING NUTRITIONAL STATUS
Nutritional grading according to National Centre for Health Statistics (USA)

Age in Months	Malnourished Children WEIGHT IN KGs
At birth <1 month	Less than 2.5
1 month	Less than 2.8
2 months	Less than 3.5
3 months	Less than 4.2
4 months	Less than 4.7
5 months	Less than 5.3
6 months	Less than 5.8
7 months	Less than 6.3
8 months	Less than 6.7
9 months	Less than 7.0
10 months	Less than 7.3
11 months	Less than 7.6
12 months	Less than 7.8
13 months	Less than 8.1
14 months	Less than 8.3
15 months	Less than 8.5
16 months	Less than 8.7
17 months	Less than 8.8
18 months	Less than 9.0

Age in Months	Malnourished Children WEIGHT IN KGs
19 months	Less than 9.2
20 months	Less than 9.3
21 months	Less than 9.5
22 months	Less than 9.6
23 months	Less than 9.8
24 months	Less than 10.0
25 months	Less than 10.1
26 months	Less than 10.2
27 months	Less than 10.3
28 months	Less than 10.5
29 months	Less than 10.6
30 months	Less than 10.7
31 months	Less than 10.8
32 months	Less than 11.0
33 months	Less than 11.1
34 months	Less than 11.2
35 months	Less than 11.3
36 months	Less than 11.4

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 name of 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 details 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 auditing 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

year--------

	January	February	March	April	May	June	July	August	September	October	November	December	**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													
Malnutrition < 5 Years The total count of all the entries for the given month in Column No 15 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													

Monthly Summary Table

In the last page of the OPD register there is a table for preparing summary using compilation of data from the OPD register. The Summary Table has 14 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 on 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 register the data should be transferred to which row of the table. A person who is maintaining above register is responsible for preparing the summary of the corresponding register. This summary is prepared at the end of each month.

If one register is used for more than one year then summary for the next year should be maintained in new summary table at the end of register. But 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.

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 Form 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

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 Form and on the last working day of the month, calculate the month's totals on the Abstract Form and send it to the designated DHIS 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 selected diseases/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. 17 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.

OPD Abstract Form at _____OPD Month: _____Year:_____

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	TB Suspects		
5	Chronic Obstructive Pulmonary Diseases		
6	Asthma		
Gastro Intestinal Diseases			
7	Diarrhoea / Dysentery < 5 yrs		
8	Diarrhoea / Dysentery > 5 yrs		
9	Enteric/Typhoid Fever		
10	Worm Infestations		
11	Peptic Ulcer Diseases		
12	Cirrhosis of Liver		
Urinary Tract Diseases			
13	Urinary Tract Infections		
14	Nephritis/ Nephrosis		
15	Sexually Transmitted Infections		
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 Neonatal 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 bite (with signs/ symptoms of poisoning)		
Miscellaneous Diseases			
42	Acute Flaccid Paralysis		
43	Suspected HIV/AIDS		
Any Other Unusual Diseases *(Specify)*			
44			
45			

For marking the tallies, the method is:

- Each case of a particular disease is noted in Column No. 2 of abstract Form 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.

= 5 and **= 8**

Note1: Fever due to other causes in Row No.19 count all cases of fever due to causes other then those mentioned in the abstract form.

Note2: In Row No.44 (a & b) record any unusual disease occurring in that month e.g. Bird Flu, Dengue Fever etc

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:

- 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

When filled: Column No.1 through Column No. 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

Instructions for making entries in the register

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.

INDEX

Sr. No	Name of Test	Page No.	Sr. No	Name of Test	Page No.

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**, Record the patient's name and his/her father/husband's name.

In **Column 3**, Record age of patient.

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/Unit/Bed number in **Column No. 6**. After performing the required test, note down the test findings in **Column No. 7**.

Monthly Summary Table

In the last pages of the Laboratory register there are tables for preparing summary using compilation of data from the Laboratory register. The 12 Summary Tables from January to December will be prepared as specimen shown below after completion of each month:

Laboratory Register
Monthly Summary

Month:_____ Year: _____

S. No	Test Name	Total Patients	Free	Paid	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
- **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/CT Scan/ECG Register DHIS – 06 (R)

This Register is an important permanent record of radiology, ultrasound, CT Scan or ECG 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 services from the radiology department or ECG services

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

iii. future reference of investigation results

When filled: Column No. 1 through Column No. 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 or ECG staff.

Radiology/Ultrasonography/CT Scan/ECG Register

Name of Examination: _____ Month: _____Year:_____

Monthly Serial No.	Patients 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 (3X1.5)	
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 and ECG 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.
- 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.1, Column No.5 and Columns No. 8 to 12. Transfer the column totals to the corresponding columns 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.1, Column No.5 and Columns No. 8 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 age of the patient.

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 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.

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/Unit/Bed number in Column No. 7.

For calculating the totals of these two columns (Column No.6 and column No.7), count the number of entries made in the respective column and record those in the last row of each page as is done in case of totals of other columns. Transfer the page total of each column to the next page. Add the total brought forward from previous page with the total entries in the current page in the respective column. Continue is this manner till the last day of the month when month's total is calculated, which is not transferred to the next page.

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/CT Scan/ECG 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													

Monthly Summary Table

In the last page of the Radiology/Ultrasonography/CT Scan/ECG register there is a table for preparing summary using compilation of data from the Radiology/Ultrasonography /CT Scan/ECG register. The Summary Table has 14 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 on 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 register the data should be transferred to which row of the table. A person who is maintaining above register is responsible for preparing the summary of the corresponding register. This summary is prepared at the end of each month.

If one register is used for more than one year then summary for the next year should be maintained in new summary table at the end of register. But 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.

7. Indoor Patient Register DHIS – 07 (R)

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

INDOOR 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
	<<Total Brought From Previous Page>>												
	<< Total >>												

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 - Column No.1 through Column No.7 and Column No.14

After any operative procedure – Column No.8

At the time of discharge - Column No.9 through Column No.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.

Instructions for filling the Indoor patient register

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 on 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 9-12:
These columns are filled at the time of discharge. Put a tick mark (9) 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

Enter 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

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						
Grand Total						

Monthly Summary Table

In the last page of the Indoor register there is a table for preparing summary using compilation of data from the Indoor register.

For transferring the data on 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 register the data should be transferred to which row of the table. A person who is maintaining above register is responsible for preparing the summary of the corresponding register. This summary is prepared at the end of each month.

If one register is used for more than one year then summary for the next year should be maintained in new summary table at the end of register. But 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.

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 DHIS – 08

Month. _____ Year. _____

Priority Health Problems		Tally	Total Admissions	Total Deaths
1		2	3	4
Medical				
1.	Diarrhea/Dysentery < 5			
2.	Diarrhea/Dysentery > 5			
3.	Pneumonia < 5			
4.	Pneumonia > 5			
5.	Malaria			
6.	Asthma			
7.	Chronic Obstructive Airways			
8.	Pulmonary Tuberculosis			
9.	Extra Pulmonary Tuberculosis			
10.	Enteric/Typhoid Fever			
11.	Diabetes Mellitus			
12.	Viral Hepatitis A & E			
13.	Viral Hepatitis B			
14.	Viral Hepatitis C			
15.	Meningitis			
16.	Chronic Liver Diseases			
17.	Chronic Renal Diseases			
Cardiac Diseases				
18.	Congestive Cardiac Failure (CCF)			
19.	Hypertension			
20.	Ischemic Heart Diseases (IHD)			

Priority Health Problems		Tally	Total Admissions	Total Deaths
1		2	3	4
Vaccine Preventable Diseases				
21.	Neonatal Tetanus			
22.	Acute Flaccid Paralysis (AFP)			
Surgical				
23.	Acute Appendicitis			
24.	Burns			
25.	Cholelithiasis / Cholecystitis			
26.	Hernias			
27.	Hyperplasia of Prostate			
28.	Urolithiasis			
Orthopedic Diseases				
29.	Arthropathies			
30.	Fractures			
Eye				
31.	Cataract			
32.	Corneal Opacity			
33.	Glaucoma			
ENT				
34.	Chronic Otitis Media			
35.	DNS			
Gynecological				
36.	Fibroid Uterus			
37.	Inflam. diseases of female pelvic organs (PID)			
38.	Uterine Prolapse			
39.	Vesico -Vaginal Fistula			
Obstetrics/Maternal Complications				
40.	Antepartum Hemorrhage (APH)			
41.	Complications of Abortion			
42.	Ectopic Pregnancies			
43.	Postpartum Hemorrhage (PPH)			
44.	Pre-Eclampsia/ Eclampsia			
45.	Prolonged/ Obstructed Labor			
46.	Puerperal Sepsis			
47.	Rupture Uterus			
48.	Other Obstetric Complications			
Neurological/Neurosurgical				
49.	CVA/Stroke			
50.	Head Injuries			
Mental Behavioral Disorder				
51.	Drug Abuse (Psycho-Active substance use)			
52.	Mental Disorder			
Any Other Unusual Diseases *(Specify)*				
53.				
54.				

Instructions for filling the form

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 the listed diseases and note in the row total Admissions in the corresponding cell of **Column No.3**.of In door Abstract Form

For marking the tallies, the method is:

- Each case of a particular disease is noted in Column No. 2 of abstract Form 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.

= 5 and **= 8**

Column 4 is for recording deaths due to corresponding diseases in the indoor abstract form. Browse through the entries made in column No. 12 of Indoor Register and every case died of particular disease be recorded against the name of disease in Column No. 4.

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 (not on the same day of admission)		Discharged/ DOR on same day of admission		LAMA		Referred		Deaths		Daily Patient Count (Col.2+3) – (Col.4+6+7+8)		Serious		MLC	
1	2		3		4		5		6		7		8		9		10		11	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																				
2																				
3																				
Total																				

Instructions for filling the Daily Bed Statement Register

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 filling this register (i.e. mid-night) who were admitted in the ward anytime before the current date and, therefore, are present in the ward from before.

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

Column 4: Discharged/ DOR (not on the same day of admission)
Write the number of previously admitted patients who were admitted previously on any date but not the current date and are discharged or discharged-on-request (DOR) from the ward during the current day

(Note: patients admitted and discharged on the same day of admission are not counted in Column No.4; such patients are counted in Column No.5)

Column 5: Discharged/DOR on same day of admission
Write the number of those patients who were admitted and discharged on the same date, i.e. current date. (Please note: these patients who were admitted and discharged on the same date, i.e. the current date should not be counted in Column No.4)

Column 6: LAMA
Write the number of patients who left against medical advice (LAMA) from the ward during the current day

Column 7: Referred
Write the number of patients referred to other hospital during the current day

Column 8: Deaths
Write the number of patients who died in the ward during the current day

Column 9: Daily Patient Count (Col.2+3) – (Col.4+6+7+8)
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/DOR/LAMA/referred/died. However, **in case of patients admitted and discharged on the same day**, i.e. number of patients recorded in Column No.5, do not subtract them as discharged patients from the Daily Patient Count. On the next day, such patients will not be counted in the previous patients' count either.

Column 10: Seriously Ill Patients
Write the number of patients in the ward declared by the attending doctor as seriously ill.

Column 11: MLC
Write the number of medico-legal cases present in the ward during the current day

Note:

1. Bed Occupancy Rate (BOR) is the percentage of official beds occupied by hospital inpatients for a given period of time.[4, 5] The Bed Occupancy Rate compares the number of patients treated over a given period of time to the total number of beds available for the same period of time.

BOR can be calculated for a given month or year. The monthly BOR can be calculated as:

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

Numerator: Total of Daily Patient Count is calculated by adding up data in Column No. 9 (both Male and Female) of the Daily Bed Statement Register. It is the equal to the total of the number of patients treated daily for a given period.

Denominator: is calculated by multiplying the number of officially sanctioned beds available during the given period of time by the number of days in the same time period. This is also termed as **Bed count days**. It is actually the maximum of Total Daily Patient Count possible if every available sanctioned bed in the hospital/ward were occupied every single day of during a given period.

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.

Also note that by adding the Daily Patient Count in Column No.9, those patients who were admitted and discharged on the same date are also counted.

2. Average Length of Stay (ALS)

$$\frac{\text{Total of daily patient count in the ward(s) during the month}}{\text{Total number of patients discharged, DOR, LAMA, referred \& died during the month}}$$

Total of Daily Patient Count is calculated by adding up data in Column No. 9 (both Male and Female) of the Daily Bed Statement Register.

Total number of patients discharged, DOR, LAMA, referred & died is calculated by adding data in Column No.4, 5, 6, 7 and 8 (both Male and Female) of the Daily Bed Statement Register.

[4] Coral E Osborn: Basic Statistics for health Information Management Technology. Published by Jones & Bartlett Publishers, 2007. ISBN 0763750344, 9780763750343 (Osborn CE: Associate Director Department of Medical Information Management Coding, Data Quality and Compliance. The Ohio State University Health System)

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

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 *(Tick)*				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 before each case/operation. Columns 8 to 15 are completed after the operation is complete.

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

For a given month, in the last row of each page, write down the respective totals for Column No.9 to Column No.12. Transfer the column totals to the corresponding columns (Column No.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 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** and write the name of Anesthetist in **Column No. 14**

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

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													

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.

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

The Family Planning (FP) Register is used to record each visit of FP client to the facility. The 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.** (Previous yearly No./year of registration)	**Client Name with Spouse Name**	**Age**	**Address**	**FP Commodities Provided**											**Others**
					Quantity			*Tick appropriate column*								
					Pills *Cycles*			**Injectio ns**		**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>>														

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 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/repeat clients. For all follow-up/repeat clients, note down in this column the Client No. previously allotted to this client on the FP Card and the year of registration (e.g. 179/2007).

Column 3: Name with Spouse Name
Write the woman's name and her husband'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 condom pieces provided in Column No. 8.
- If contraceptive injection has been given to the client, put a tick mark (✓) in the Column No. 9 or Column No. 10 according to the type of injectable contraceptive provided (i.e., DMPA or Net-En)
- If IUD is inserted during the visit, put a tick mark (✓) in the Column No. 11 or Column No. 12 according to the type of IUD inserted.

- If Tubal Ligation is done at the facility during the client's visit, put a tick mark (✓) in the Column No. 13; if vasectomy is done, put tick mark in Column No. 14; and if implant/Norplant is inserted, 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

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													
IUDs 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 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. **IUDs**: 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.

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 servic e provider providing FP services at the facility

FAMILY PLANNING CARD

Name & Address of Service Outlet: _____

Name of Client: _____

Name of Spouse:_____ _____

Yearly FP 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
- To provide data on pregnant women with low hemoglobin (<10g Hb)

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, MO or LHV while providing ANC/PNC services at the facility

MATERNAL HEALTH REGISTER DHIS – 13 (R)

Month: _____Year: _____

Yearly MH Serial No (New cases)	Follow-up Cases (Previous yearly No./year of registration)	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 *(Investigations/ referrals) /*
							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 or postnatal case 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 (e.g. next antenatal checkup or postnatal check up by previously registered women) enter in this column the Yearly MH Serial No. and the Year of Registration (e.g. 362/2008) 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: Address
Write the name of the village/mohallah/union council/city name to which the woman belongs.

Column 5: Age
Put the appropriate age of the woman in this column.

Column 6: E.D.D
Record expected date of delivery in column No. 7. The E.D.D is calculated by adding 9 months and 7 days from the first day of the last menstrual period (LMP).

For Example LMP = March 4th, 2008.
March + 9 months = December.
4th + 7 days = 11th
Therefore EDD is 11th December 2008

Column 7: Hb
Hemoglobin (Hb) 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. Record the hemoglobin level in this column and if the hemoglobin (Hb) level is less than 10g/dl, then circle it.

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, advice the pregnant women to go to the vaccinator for receiving the required TT dose and tick in the appropriate column if that advice was given.

Column 13: Other services/ 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

Year:_____

	January	February	March	April	May	June	July	August	September	October	November	December	**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													

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.

14. Antenatal Card

DHIS – 14 (C)

Antenatal Card									
Yearly MH 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	Labour	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	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

3. MANAGEMENT PLAN
? Await Spontaneous Delivery ? Induction of Labour ? Trial of Labour ? 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 on the management plan for the pregnancy

When filled: At the time of consultation.

Who fills: The care provider (Doctor or LHV)

Instructions for making entries in the card

The front page of the card is 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 front page of the card.

The back page 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 four 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			
						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 *(Tick)*			Other procedure done *(Specify)*
																Normal	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 *(None/ Specify)*	Outcome: Mother					Delivery Conducted by *(Name / Signature)*	Remarks
		Live Birth			Still Birth *(Tick)*	Neonatal Death *(Tick appropriate column)*							(Tick appropriate column)						
Date	Time	Sex *(Tick)* M	Sex *(Tick)* F	Weight in Kg *(Circle if less than 2.5 Kg)*		Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Prematurity	Hypothermia		Discharged/ DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA/		
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)	

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

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 Column No.19 and Column No. 23 to 37. Transfer these totals to the corresponding columns (Column No.7 to Column No.19 and Column No. 23 to Column No.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 Column No.19 and Column No. 23 to Column No.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 similar method.

Note: For pregnant women admitted directly in labor room for delivery, fill in Column No.1-Column No.16 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)
Write down the date and time of delivery in Column 21 and 22.

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 No.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:
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 in Column No. 39
- Column No. 40 is for any remarks.

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)													
Cesarean 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													

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. **C-Sections** The data for this will come from the monthly total of Column No. 19 of the Obstetric Register
3. **Neonatal Deaths**: The data for this will come from the monthly total of Column No. 27 to 32 of the Obstetric Register
4. **LAMA**: The data for this will come from the monthly total of Column No. 35 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. **Maternal Deaths**: The data for this will come from the monthly total of Column No. 37 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.

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. 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.

Purpose:

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

When filled: At the end of the day.

Who fills: The Dispenser

Daily Medicine Expense Register

Month_____ Year _____

Name of Article	Strength	Medicine Expensed																														
		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:_____

Instructions for filling the register

Columns 1-2:
In Column No. 1 write the names of the medicines/supplies (e.g Cap. Amoxicillin, Syp. Paracetamol, Tab. Cotrimoxazole, Inj. Gentamycin) to be issued from the dispensary to the patients/clients, and in Column No. 2 write the strength of medicine i.e. 250 mg or 120ml etc of those medicines/supplies.

Column 3:
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.

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

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
Write the quantity 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.

[6] If, for example, the average monthly consumption of the medicine for the last three months 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	Returned	Struck Off	Balance	Repairable	Unserviceable			
1	2	3	4	5	6	7	8	9	10	11	12
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 12 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 3-7: Quantity
Write the quantity of equipment/furniture/linen received, issued, returned or permanently removed (struck-off) from the facility in the appropriate column. Calculate and record the balance quantity after each transaction in Column No. 7.

The returned items are those items which were previously issued from the store for use within the health facility but have been returned back to the store for any reason.

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

Columns 8-9: Status
Write the number of the article in the store that are repairable in Column No. 8; and record the number of the article in the store that are unserviceable but have not been declared condemnable by the competent authority in Column No. 9.

Column 10-11:
After each transaction, the store-keeper will sign in Column No. 10; and after verification of the transaction, the facility in-charge will countersign in Column No.11.

Column 12: 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 Column No.6, and copy the last balance in Column No. 7 from the row above and put your signature in Column No.10. The facility in-charge will physically verify these entries and put his signature in column 11.

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.7, 8 and 9 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 Meeting 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: The facility in-charge or the responsible staff conducting/supervising the community meeting.

COMMUNITY MEETING REGISTER

Month: _____ Year: _____

Date	Place			Number of Participants		Topics Discussed	Recommendations	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 Meeting Register. At the upper right portion of each page note down the month and year.

Column 1: is for recording the date at 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

Column 8: note the major recommendations that were made during the meeting

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.

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													

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 on person 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/DHIS 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.).
- management information is recorded on drugs, human resources, and financial resources.

When filled: The report is filled on 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 **1st 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/DHIS 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 **1st working day** of each month submit it to the person in charge of compiling the monthly report.

Instructions for filling DHIS Monthly Reports

Total working days are the number of actual working days in a month excluding holidays.

Date of submission is the exact date on which the report is submitted to the District HMIS/DHIS Cell.

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/DHIS 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 completed. 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.

The 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 calculated by applying the given formula (See "Indicator Definitions) and using data from the monthly report and catchment area population chart.

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), XII-A, XII-B, XIII-A,X-III-B (Secondary Hospital), 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 XIII-B of Secondary Hospital Monthly Report, first look at Column No. 37 of the Obstetric Register for occurrence of maternal deaths. Then check out the diagnosis of the case by looking at Column No. 7-16 of that register. Count the maternal deaths according to their diagnosis, note the numbers in a white paper and, later on, transfer the data on 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 (Secondary Hospital), 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.
For section number VI in serial no.1 reporting of TB DOTS patients will be done from TB01 Card and for serial no.2 from TB01 Card & Treatment Support Card.
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 XIII-B, first look at the Column 12 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 incharge of the health facility will report achievements/ issues in Section XVII.

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	Monthly performance	✓	✓	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	✓	✓	TB01 Card & Treatment Support Card
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-A	Stock out report drugs etc	✓	✓	Stock Register for Medicines
Section XII-B	Stock out report vaccines	✓	✓	Stock Register EPI
Section XIII-A	Indoor services	✓(RHC only)	✓	Daily Bed Statement Registers
Section XIII-B	Cases attending indoors/Indoor deaths	✓(RHC only)	✓	Indoors Abstract Forms/ Indoor Registers/ Obstetric Register
Section XIV	Surgeries	✓(RHC only)	✓	OT registers
Section XV	Human Resources	✓	✓	Facility Records
Section XVI-A	Revenue Generated	✓	✓	Receipt Register
Section XVI-B	Financial	✓(RHC only)	✓	Budget & Expenditure statement
Section XVII	Achievements made	✓	✓	Monthly Report

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	Target		EDOH Office/ Facility In-charge office		
		Performance		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. 16
Section IV	Cases attending OPD	List of Diseases		OPD Abstract Form		Col. 3
Section V	Immunization	1. Children <12 months fully immunized 2. Children <12 months rcvd. 1st Measles vaccine 3.Children <12 months received 3rd Pentavalent vacc		Permanent EPI Register		
		4. Pregnant women rcvd. TT-2 vacc.		Permanent EPI Register		
Section VI	TB-DOTS	1. Intensive-phase TB-DOTS pts		TB Card TB-01		
		2. Intensive phase TB-DOTS pts missing treatment > 1 week		TB Card TB-01 & Treatment Support Card		
Section VII	Family Planning Services/ Commodities Provided	1. Total FP visits		Family Planning Register		Col. 1 &2
		2. COC Cycles				Col. 6
		3. POP Cycles				Col. 7
		4. Condom Pieces				Col. 8
		5. DMPA Inj.				Col. 9

Note: New cases in the PHC Monthly Report include Tibb and Homeo cases also. In case of secondary Hospital Monthly Report, "Total New Cases" are the total of specialty-wise New Cases.

Section in Monthly Report	Name of the Section	Data Element		Source of Data (DHIS Register/Form)	
	(FP Services/ Commodities Provided contd.)	6. Net-En Inj.		*(Family Planning Register)*	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. 1st Antenatal Care visits (ANC-1)		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. 1st Postnatal Care visits (PNC-1)			Col. 10
	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
	Neonatal deaths in the facility	11. Birth Trauma 12. Birth Asphyxia 13. Bacterial sepsis of newborn 14. Congenital Abnormalities 15. Prematurity 16. Hypothermia			Col. 27-32 (in case of PHC report, total of Col 27-32)
Section IX	Community based data	1. Pregnant women newly registered by LHW		LHW Health Facility Report Section 4	Sr.1
		2. Delivery by skilled persons reported			Sr.8
		3. Maternal deaths reported		LHW HF Rep. Section 7	Sr.7
		4. Infant deaths reported			Sr.4+Sr.5
		5. No. of modern FP method users		LHW HF Rep. Section 5	Sr.4
		6. <5 year diarrhea cases reported		LHW HF Rep. Section 6	Sr.1 (i)
		7. < 5 year ARI cases reported			Sr.2 (i)
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 5. ECG	OPD	Radiology Register (for respective investigation)	Col. 6
			Indoor		Col. 7

Section in Monthly Report	Name of the Section	Data Element		Source of Data (DHIS Register/Form)	
(Section XI contd.)	Laboratory Investigation for Communicable diseases	Malaria	1.Slides examined	Laboratory register (Blood Slides for MP Section)	Col. 1
			2.Slides MP +ve		Col. 7
			3. Slides P. Falciparum +ve		Col. 7
		T.B	1. Slides for AFB Diagnosis 2. Diagnosis slides with AFB +ve	Tuberculosis Laboratory Register	Col.8,10, 11,12
			3. Follow-up slides for AFB 4. Follow-up slides with AFB +ve		Col.9, 10, 11, 12
		Viral Hepatitis & HIV	1. Patients screened	Laboratory register (Blood Screening Section)	Col. 1
			2. Hepatitis B +ve		Col. 7
			3. Hepatitis C +ve		Col. 7
			4. HIV +ve	Laboratory register (Separate for HIV testing)	Col. 7
Section XII	Stock out report	Occurrence of stock out of tracer drugs		Stock Register (Medicines)	Col. 9
		Stock out of vaccines		Stock Register EPI	
Section XIII-A	Indoor services	Allocated Beds		Daily Bed Statement Register (of respective Wards)	Page top
		Admissions			Col. 3
		Discharged/ DOR (not on the same day of admission)			Col. 4
		Discharged/DOR on same day of admission			Col. 5
		LAMA			Col. 6
		Referred			Col. 7
		Deaths			Col. 8
		Total of Daily Patient Count			Col. 9
		Bed Occupancy Rate (BOR)		To be calculated	
		Average Length of stay		To be calculated	
Section XIII-B	Cases attending indoors	Disease-wise number of patients admitted		Indoor Abstract Form (for each specialty) /Indoor Register	Col. 3
		Disease-wise number of deaths		Indoor Abstract Form (for each specialty)/Indoor Register	Col. 4

Section in Monthly Report	Name of the Section	Data Element	Source of Data (DHIS Register/Form)	
(Section XIII-B: contd.)	*Maternal deaths in the facility*	Maternal deaths due to obstetric causes	Obstetric Register *(for occurrence of maternal deaths)*	Col. 37
			(for Diagnosis of the case)	Col. 7-16
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. Operations under other type of Anesthesia		Col. 12
Section XV	Human Resources	Sanctioned Vacant Contract Working on General duty in facility Working on General Duty out of facility	Facility's Administrative Records	
Section XVI-A	Revenue Generated	Total Receipt (Rupees) Deposited (Yes or No)	Receipt Register	
Section XVI-B	Financial	Total Budget Released Expenditure this Monthly Balance to date	Budget & Expenditure statement	
Section XVII	Achievements /Issues	Evidence based information	Facility's Record	

Session 11: Handout No: 11:1

DHIS – 21 (MR)

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 (Number or % as appropriate)		**Monthly Target**	**Performance**
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal Care (ANC-1) coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	TB-DOTS patients missing more than one week		
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 yrs 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	TB Suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Diseases		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric /Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
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 bite (with signs/ symptoms of poisoning)	
Miscellaneous Diseases		
42	Acute Flaccid Paralysis	
43	Suspected HIV/AIDS	
Any Other Unusual Diseases *(Specify)*		
44		
45		

Section V- Immunization *(From EPI Register)*					
1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st 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 Maternal Health & Obstetric Registers)*					
1.	1st Antenatal Care visits (ANC-1) in the facility		6.	Vacuum / Forceps deliveries in facility	
2.	ANC-1 women with Hb. <10 g/dl		7.	Live births in the facility	
3.	Antenatal Care revisit in the facility		8.	Live births with LBW(< 2.5kg)	
4.	1st Postnatal Care visit (PNC-1) in the facility		9.	Stillbirths in the facility	
5.	Normal vaginal deliveries in facility		10.	Neonatal deaths in the 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**	
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. Antihelminthic	
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 vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine	
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom	
3.	Polio vaccine		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*											***(For RHC ONLY)***
		Allocated Beds	**Admissions**	**Discharged/ DOR (not on the same day of admission)**	**Discharged/ DOR on same day of admission**	**LAMA**	**Referred**	**Deaths**	**Total of Daily Patient Count**	**Bed Occupancy**	**Average Length of Stay (ALS)**
1.	Male									**%**	
2.	Female									**%**	

Section XIII-B: Cases Attending Indoor *(From Indoor Register / Obstetric Register)* ***(For RHC ONLY)***		**Total Number of Admissions**	**Total Number of Deaths**
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary Tuberculosis		
5.	Obstetric / Maternal Complication		
6.	Other causes		
	Total		

Section XIV: Surgeries *(From OT Register)*					***(For RHC ONLY)***
1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Operations under other type of Anesthesia	

Section XV: 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/ Lady Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse/Charge Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician / Medical Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife					
18	LHW					
19	Others					

Section XVI-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 XVI-B: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***

		Total Allocation for the fiscal year	Total Budget Released to-date	Total Expenditure to-date	Balance to date
1.	Salary & Allowances (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

Session11: Handout No:11.8:

Month: _____, Year: 20__
Total Working Days: _____

Secondary Hospital Monthly Report
Tehsil_____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 (Number or % as appropriate)		**Monthly Target**	**Performance**			**Monthly Target**	**Performance**
1.	Daily OPD attendance			8.	C-Section performed		
2.	Fully immunization coverage			9.	Lab services utilization		
3.	Antenatal Care (ANC-1) coverage			10.	Bed occupancy rate		
4.	Delivery coverage at facility			11.	LAMA		
5.	TB-DOTS patients missing more than 1 wk			12.	Hospital death rate		
6.	Total Visits for FP			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.	Cardiology														
16.	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	TB suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Diseases		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric / Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
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 Neonatal 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 bite (with signs/ symptoms of poisoning)	
Diseases (Surveillance Importance)		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
Any Other Unusual Diseases *(Specify)*		
44.		
45.		

Section V- Immunization *(From EPI Register)*					
1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st 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 Maternal Health & Obstetric Registers)*				
1..	1st Antenatal Care visits (ANC-1)		9.	Live births with LBW < 2.5kg	
2.	ANC-1 women with Hb. <10 g/dl		10.	Stillbirths in the facility	
3.	Antenatal Care revisit, in the facility			**Neonatal deaths in the facility**	
4.	1st Postnatal Care visit(PNC-1) in the facility		11.	Birth Trauma	
	Deliveries in the facility		12.	Birth Asphyxia	
5.	Normal vaginal deliveries		13.	Bacterial sepsis	
6.	Vacuum / Forceps deliveries		14.	Congenital Abnormalities	
7.	Cesarean Sections		15.	Prematurity	
8.	Live births in the facility		16.	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			4.	Total CT Scan		
2.	Total X-Rays			5.	Total ECG		
3.	Total Ultrasonographies						

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.	Ca[illegible]oxicillin		7.	Inj. Ampicillin		13.	Syp. Antihelminthic	
2.	Sy[illegible]oxicillin		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 vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine	
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom	
3.	Polio vaccine		6.	Tetanus Toxiod		9.	Vaccine Syringes	

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

	Specialty	Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	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 Admissions	Total Deaths
Medical			
1.	Diarrhoea/Dysentery < 5		
2.	Diarrhoea/Dysentery > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Enteric / Typhoid Fever		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B		
14.	Viral Hepatitis C		
15.	Meningitis		
16.	Chronic Liver Diseases		
17.	Chronic Renal Diseases		
Cardiac Diseases			
18.	Congestive Cardiac Failure (CCF)		
19.	Hypertension		
20.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
21.	Neonatal Tetanus		
22.	Acute Flaccid Paralysis (AFP)		
Surgical			
23.	Acute Appendicitis		
24.	Burns		
25.	Cholelithiasis / Cholecystitis		
26.	Hernias		
27.	Hyperplasia of Prostate		
28.	Urolithiasis		

Section XIII-B:Cases attending Indoors *(From Abstract Forms for Indoor)*		Total Admission	Total Deaths
Orthopedic Diseases			
29.	Arthropathies		
30.	Fractures		
Eye			
31.	Cataract		
32.	Corneal Opacity		
33.	Glaucoma		
ENT			
34.	Chronic Otitis Media		
35.	DNS		
Gynecological			
36.	Fibroid Uterus		
37.	Inflam. diseases of female pelvic organs (PID)		
38.	Uterine Prolapse		
39.	Vesico -Vaginal Fistula		
Obstetrics/Maternal Complications			
40.	Ante partum Hemorrhage (APH)		
41.	Complications of Abortion		
42.	Ectopic Pregnancies		
43.	Postpartum Hemorrhage (PPH)		
44.	Pre-Eclampsia/ Eclampsia		
45.	Prolonged/ Obstructed Labour		
46.	Puerperal Sepsis		
47.	Rupture Uterus		
48.	Other Obstetric Complications		
Neurological/Neurosurgical			
49.	CVA/Stroke		
50.	Head Injuries		
Mental Behavioral Disorder			
51.	Drug Abuse (Psycho-Active substance use)		
52.	Mental Disorder		
Any other Unusual Diseases (Specify)			
53.			
54.			

Section XIV: Surgeries
(From OT Register)

1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Operations under other type of Anesthesia	

Section XV: 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/AMS /Deputy MS						18	Dental Surgeon					
2	Medical Specialist						19	Physiotherapists					
3	Surgical Specialist						20	Matron					
4	Cardiologist						21	Head Nurse					
5	Chest Specialist						22	Staff Nurse/Charge 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/Medical Technicians					
12	Anesthetist						29	Dispensers					
13	Pathologist						30	EPI Vaccinators					
14	Radiologist						31	Sanitary Inspectors					
15	PMO/APMO/ CMO/SMO/MO						32	Midwives					
16	PWMO/APWMO/SWMO/WMO						33	LHWs					
17	Medical Assistant						34	Others					

Section XVI-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 XVI-B: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)*

		Total Allocation for the Fiscal Year	Total Budget Released to-date	Expenditure to-date	Balance to date
1.	Salary & Allownces (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

23. Catchment Area Population Chart DHIS – 24 (YR)

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 Skilled Birth Attendants
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 %		
0-23 Months	5.2 %		
0- Less than 5 years	13.4* %		
CBAs (15 to 49 years)	22 %		
Married CBAs (15 to 49 years)	16 %		

* Source: Pakistan Demographic and Health Survey 2006-07

Section IV:

Private Practitioners	Male	Female
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:

- the name of the 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 skilled births attendants 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 IV** of the chart, update the union council data on the following with gender segregation

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

ENSURING DATA QUALITY
USING LOT QUALITY ASSURANCE SAMPLING (LQAS) TECHNIQUE
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	Figures counted from registers	Do figures from column 2 &3 match?	
1	**2**	**3**	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 percenta ge 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 II of the Monthly Report and submit to the 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.

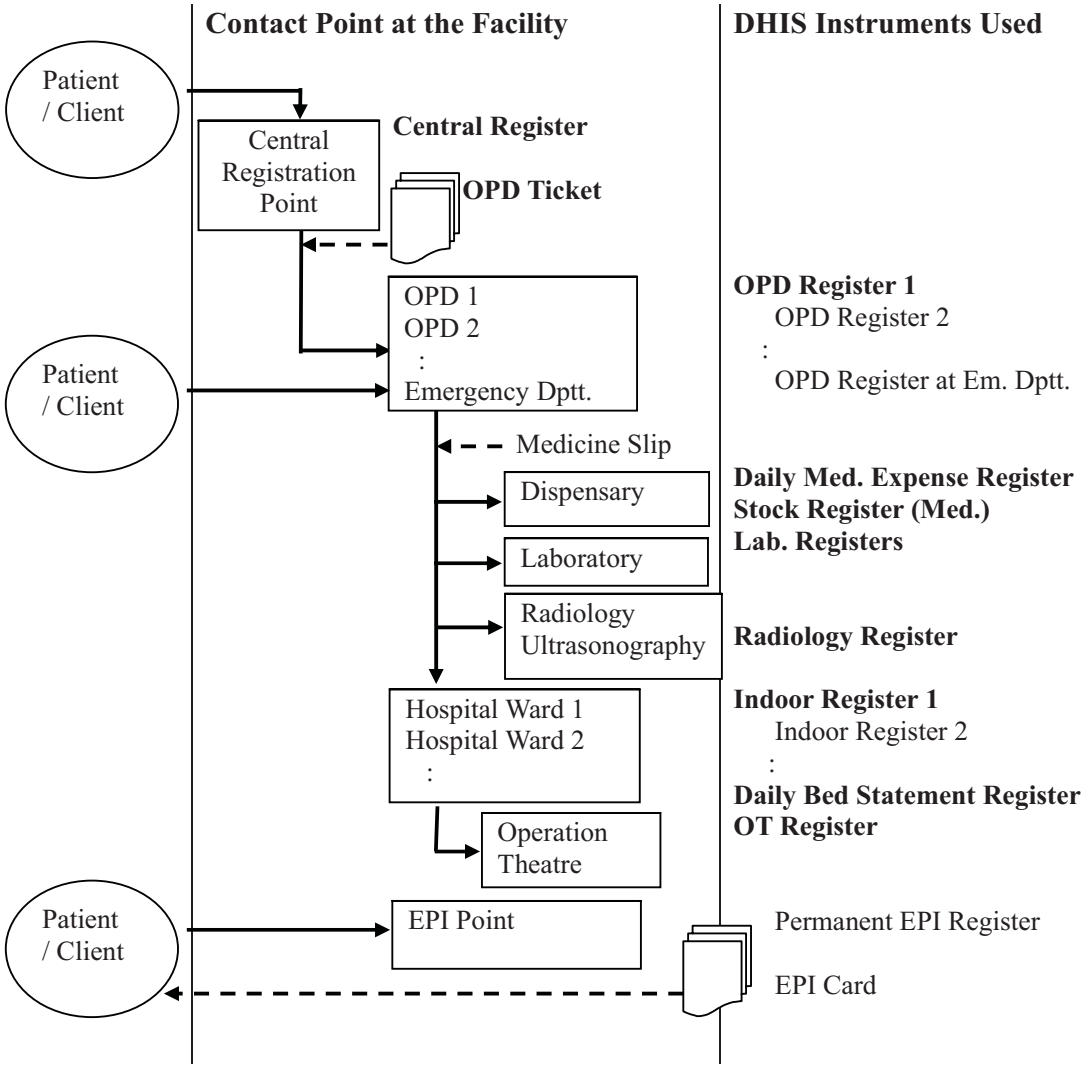
Note: Please note that with sample size of 12 data elements, the data accuracy ranges $\pm$15%. That means that if the data accuracy is 30%, the range is between 15% and 45%.

3. Frequency of Data Accuracy Monitoring

District supervisors will conduct the assessment quarterly. Facility in-charge will conduct similar exercise every month and include the results in Section II of the monthly report.

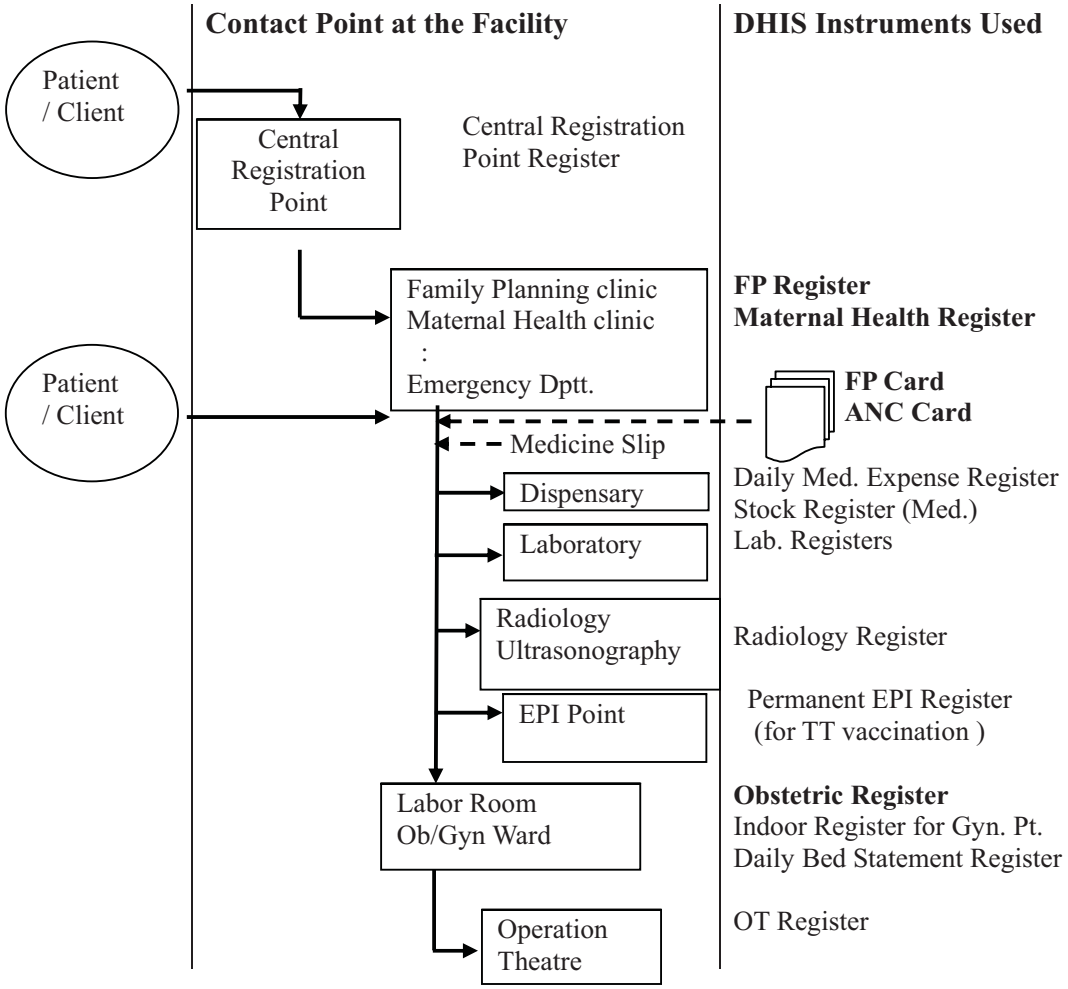
DHIS Instruments Used for General Patients in a Health Facility

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, a MCH centre or a civil dispensary.

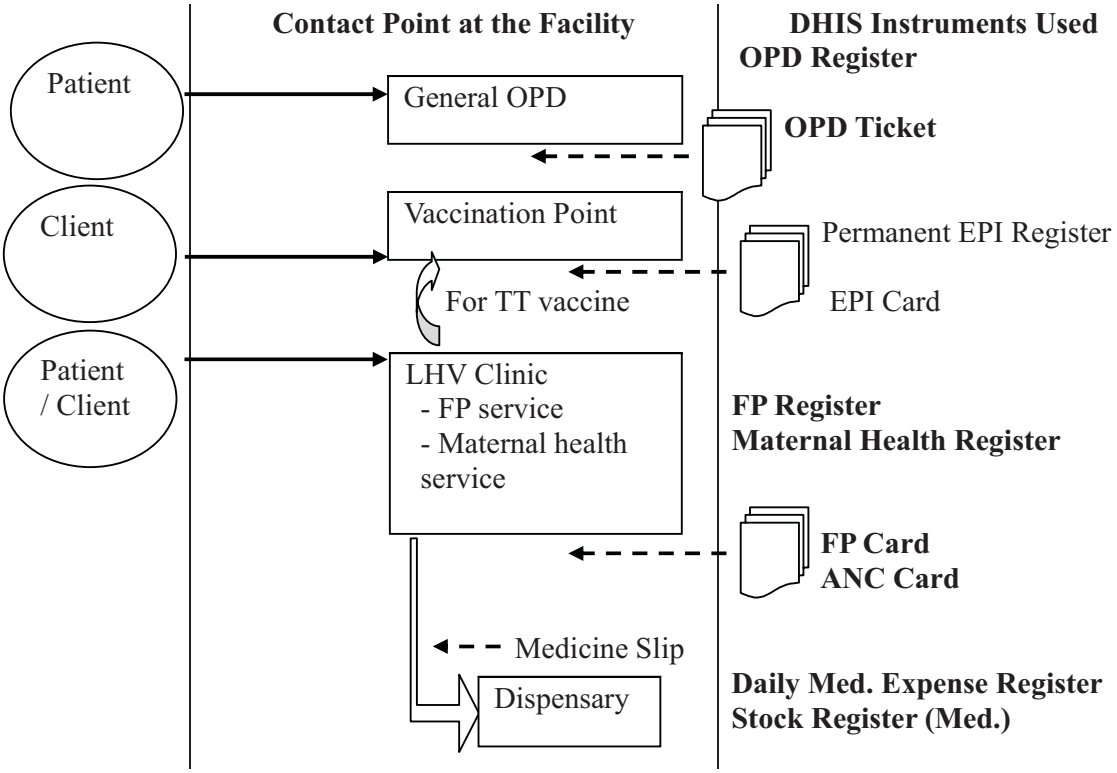


Table Showing Use of DHIS instruments in relation with Patient/Client Flow within the heath facility

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/ ECG Room	For radiology/USG/CT Scan/ECG investigations	OPD Ticket	Know the investigations advised by the doctor
		Radiology Ultrasonography/CT Scan/ECG 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 Registration Point 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/ Ultrasonography/CT Scan/ECG 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 obstetric 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/ Ultrasonography/CT Scan/ECG 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/ Ultrasonography/CT Scan/ECG 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/ Ultrasonography/CT Scan/ECG 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 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/ Ultrasonography/CT Scan/ECG Register	Record patient data and investigation findings
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

Table Showing DHIS Instruments Reflecting Availability of Data & Its Various Use

	DHIS INSTRUMENTS	Data available from the instrument	Use of Data Captured in the Instrument	
			Calculating DHIS indicators	Other uses
1.	01. CENTRAL REGISTRATION POINT 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. STDs	
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 HBV+ cases detected 5. Number of HCV+ cases detected 6. Number of HIV+ cases detected	Audit of fees collected
6.	06. RADIOLOGY/ ULTRASONOGRAPHY/CT SCAN/ECG REGISTER	1. Number of radiology/USG/CT Scan/ECG investigations performed (by type) 2. investigation results 3. OPD/Indoor cases investigated 4. Fee collection	X-Ray/USG/CT Scan/ECG service utilization	1. Audit of fees collected

	DHIS INSTRUMENTS	Data available from the instrument	Use of Data Captured in the Instrument	
			Calculating DHIS indicators	Other uses
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 diarrhoea, pneumonia, malaria, TB	Data used to fill: i. Daily Bed statement register and ii. Indoor Abstract form
8.	08. INDOOR ABSTRACT FORMS	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. proportion of surgeries by type of anesthesia used	1. OT utilization
11.	11. FAMILY PLANNING REGISTER	1. New and follow-up clients 2. Type and quantity 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 3. PNC 1 cases 4. PNC Revisits 5. TT immunization advice	1. Antenatal care (ANC) coverage 2. Average number of ANC attendances 3. Prevalence of anemia among first ANC attendance 4. Postnatal coverage	
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	Calculation of: 1. Obstetric complication cases by causes 2. Maternal deaths by causes 3. Neonatal deaths by causes

	DHIS INSTRUMENTS	Data available from the instrument	Use of Data Captured in the Instrument	
			Calculating DHIS indicators	**Other uses**
			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	
16.	16. DAILY MEDICINE EXPENSE REGISTER	Medicine consumed		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 status	1.Yearly inventory of equipment/furniture/linen 2. Need assessment
19.	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	To assess the status of Health Education
20.	20. FACILITY STAFF MEETING REGISTER	1. Number of staff meetings held 2. Follow-up of previous decisions		For self-assessment and as supervisory tool
21.	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 SBAs distribution by village 3. Number of available private health service providers 3. Population within 20 km of facility

District Health Information System (DHIS)

Procedures Manual
Section 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/DHIS 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/DHIS 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 a detail of the persons responsible for which 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-c harge (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 be 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/DHIS Coordinator at EDOH Office by the 6th of the month in a manner so that the report is received at the District HMIS/DHIS Cell no later than 8th of the month.

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

The staff of the district HMIS / DHIS 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 / DHIS cell.

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

Using the DHIS software, the HMIS / DHIS cell staff will enter data of all the reports received by them. This task should be complete 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 / DHIS Coordinator. Also, they will generate a report on facilities submitting reports beyond the due date for submission and the facilities submitting incomplete reports.

The District HMIS/DHIS Coordinator will supervise the tasks performed by the HMIS/DHIS 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 / DHIS 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 / DHIS 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 Incharge will be responsible for assessment of the quality of data of the Monthly Reports, and the District HMIS / DHIS Coordinator will be responsible for cross-checking level of data accuracy using LQAS method. The district managers and HMIS / DHIS 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) of the procedures for self-assessment and data cross-checking procedures using LQAS method and DHIS supervision are given in Data Quality Assurance Chapter of the Procedure 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 EDOH/DHO/DOH through the facility incharge. In case of secondary hospitals (DHQH & THQH), the requisition should go to the Medical Superintendent 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. However, in view of government printing press getting overwhelmed and unable to comply with the requirements, the district assembly has the jurisdiction to pass a rule that the DHIS printing can be done locally through private printing press. This will help the district to manage its 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 in time demand to avoid shortage of the instruments for data collection. However, during the monthly staff meetings the In-charge of health facility 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 In-charge SMOs to develop their respective budget demand that should include allocation for printing of DHIS instruments for their respective facilities. The in-charge of health facility will calculate their requirement for DHIS instruments based on the previous year's utilization and current trend of patient flow preferably in the month of January of every year.

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 and take necessary measures to ensure the supply of printed materials for DHIS.

8. Ensuring availability of staff at District HMIS/DHIS 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/DHIS cell. PHD can also appoint new district HMIS/DHIS Coordinator, if needed. EDOH may also ask District Nazim/DCO for appointing/transfer of junior staff to work in the HMIS/DHIS cell.

At the facility, the facility in-charge will be responsible for assigning DHIS tasks to specific staff.

9. DHIS training/orientation and on 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/DHIS coordinator and facility in-charges will be responsible for the supervision of DHIS implementation and to identify staff's DHIS training needs. Accordingly, the managers will arrange for on 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 will district managers and facility in-charges.

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	2	nd of the month
3.	a. Monthly facility staff meeting; b. Submission/ collection of the compiled data	a. Facility In-charge b. Respective service provider or designated staff of the department/ward c. DHIS Focal Person of Health Facility	4th of the month
4.	Consolidation of Monthly Report, checking consistency and submission to facility in-charge	DHIS Focal Person of Health Facility	By 5th of the month
5.	Monthly Report sent to District HMIS/DHIS cell	Facility In-charge	6th of the month (in a manner that it is received at HMIS cell no 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/DHIS coordinator	District HMIS/DHIS cell staff	15th of the month
8.	Submission of district report, feedback reports and summary of salient features to EDOH	District HMIS/DHIS Coordinator	17th of the month
9.	Examination of the reports, dissemination to Nazim/DCO and facility in-charge	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 In-charge of H.Fs, HMIS/ DHIS 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

	DHIS Management Task	Responsibility	Cut-off Date for completion of the task
14.	Arrangement for printing of DHIS instruments	EDOH, DHO/DOH, MS, SMO	July
15.	Supply of DHIS Instruments to the facilities	EDOH/Printing press	July
16.	Self-assessment of DHIS data quality	Facility In-charge	
17.	Data quality cross-check using LQAS	HMIS/DHIS Coordinator	
18.	Supervision of facility on DHIS	District managers, HMIS/DHIS Coordinator	
19.	On job training of staff on DHIS	Facility In-charge, District HMIS/DHIS 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 indicator 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/DHIS 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/DHIS 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 depending upon the needs.

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.s 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 occurrences 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 th emselves, 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.s 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. TT2 coverage
4. Total Visits for FP
5. 1st Antenatal care (ANC1) visit coverage
6. LHW pregnancy registration
7. TB-DOTS intensive-phase patients missing for more than one week
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 of 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: _____ Month: _____ 2009

Tehsil and District-wise Monthly Review of Indicators

Indicator	Tehsil A	Tehsil B	Tehsil C	District Overall	Target
1	2	3	4	5	6
I. Overall health facility utilization					
1. Average Daily OPD attendance					
II. Preventive Care Services					
2. Percentage of Full Immunization Coverage					
3. Percentage of TT2 coverage					
4. Total FP Visits					
5. Percentage of ANC Coverage					
6. Average number of ANC attendance					
7. Percentage of Delivery coverage of health facilities					
8. Percentage of LHW pregnancy registration					
III. Curative Care					
9. Percentage of Diarrheal case fatality among under-5 children admitted for diarrhea					
10. Percentage of Pneumonia case fatality among under-5 children admitted for pneumonia					
11. Malaria case admissions per 1000 population					
12. Percentage of Malaria case fatality among admitted malaria patients					
13. TB-DOTS intensive-phase patients missing for more than one week					
IV. Obstetric / Neonatal Care					
14. Expected obstetric complications attended					
15. Expected Caesarean sections performed					
16. Percentage of Obstetric case fatality in health facilities					
17. Percentage of Newborn case fatality in health facilities					
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:_____ Month: _____ 2009

Secondary Hospital-wise Monthly Review of Indicators

Indicator	THQH A	THQH B	THQH C	DHQH	Target
1	2	3	4	6	7
I. Overall health facility utilization					
1. Average Daily OPD attendance					
2. Percentage of Lab service utilization (OPD)					
3. Percentage of X-ray service utilization (OPD)					
4. Monthly Bed Occupancy Rate					
5. Average length of (hospital) stay					
6. Percentage of Hospital deaths among admitted patients					
7. Percentage of Left Against Medical Advice (LAMA)					
II. Preventive Care Services					
8. Percentage of Antenatal care (ANC1) coverage					
9. Average number of ANC attendance					
10. Percentage of Delivery coverage of health facility					
III. Obstetric / Neonatal Care					
11. Expected obstetric complications attended					
12. Expected Caesarean sections performed					
13. Percentage of Obstetric case fatality in health facility					
14. Percentage of Newborn case fatality in health facility					
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: _____ Month: _____ 2009

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

Indicator: Average 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			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-2: District: _____ Month: _____ 2009

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

Indicator: Percentage of 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			
	BHU 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: _____ Month: _____ 2009

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

Indicator: Percentage of TT2 Coverage of 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			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-4: District: _____ Month: _____ 2009

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

Indicator: Total FP Visits
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			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-5: District: _____ Month: _____ 2009

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

Indicator: Percentage of 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			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU 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: _____ Month: _____ 2009

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

Indicator: Percentage of 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			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-7: District: _____ Month: _____ 2009

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

Indicator: TB-DOTS intensive-phase patients missing more than one week
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			
Target Line	BHU BHAWALY			
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-8: District: _____ Month: _____ 2009

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			
Target Line				
	BHU KAUNTRILLA			
	BHU MANKIALA			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

Form C-9: District: _____ Month: _____ 2009

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

Indicator: Staff Positions Sanctioned, Filled, Vacant

Serial No.	Facility Name	Total Sanctioned	Total filled	Total Vacant
1	2	3	4	5
1.	BHU CHANGA MIRA			
2.	BHU JATLI			
3.	BHU KURAM BALUCH			
4.	BHU DHOONG			
5.	BHU BHADANA			
6.	BHU JARMOT KALAN			
7.	BHU DEVI			
8.	BHU KISRAN			
9.	BHU BHAWALY			
10.	BHU KAUNTRILLA			
11.	BHU MANKIALA			
12.	BHU BREHMANA			
13.	BHU JAND MEHLU			
14.	BHU MIANA SATTIAL			
15.	BHU JAJJA			
16.	BHU BUCHIAL			
17.	BHU GULYANA			
18.	BHU JHOUNGAL			
19.	BHU KURI DALAL			
20.	BHU DERA BAKHSIAN			

Form C-10: District: _____ Month: _____ 2009

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			
	BHU 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: _____ Month: _____ 2009

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			
	BHU BREHMANA			
	BHU JAND MEHLU			
	BHU MIANA SATTIAL			
	BHU JAJJA			
	BHU BUCHIAL			
	BHU GULYANA			
	BHU JHOUNGAL			
	BHU KURI DALAL			
	BHU DERA BAKHSIAN			

District Health Information System (DHIS)

Procedures Manual
Section 3

Appendixes

Appendix 1: Data Analysis using Graphs

1. Run and Control Charts[7]

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.

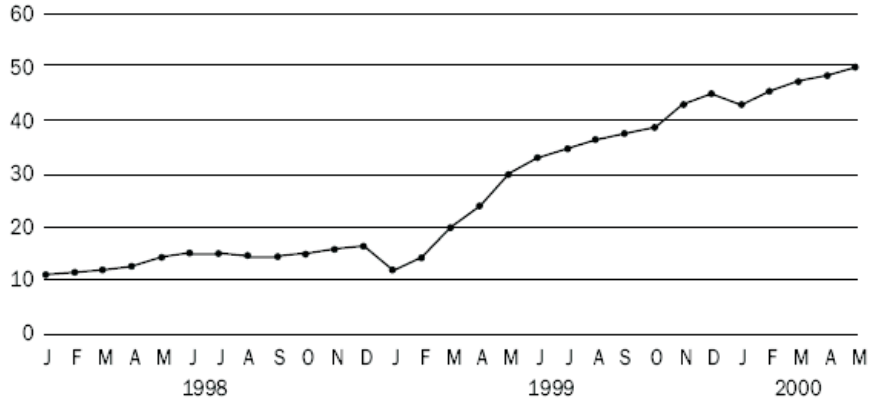
Step 1. Collect at least 25 data points (number, time, cost), recording when each measurement was taken. Arrange the data in chronological order.

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



[7] 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:

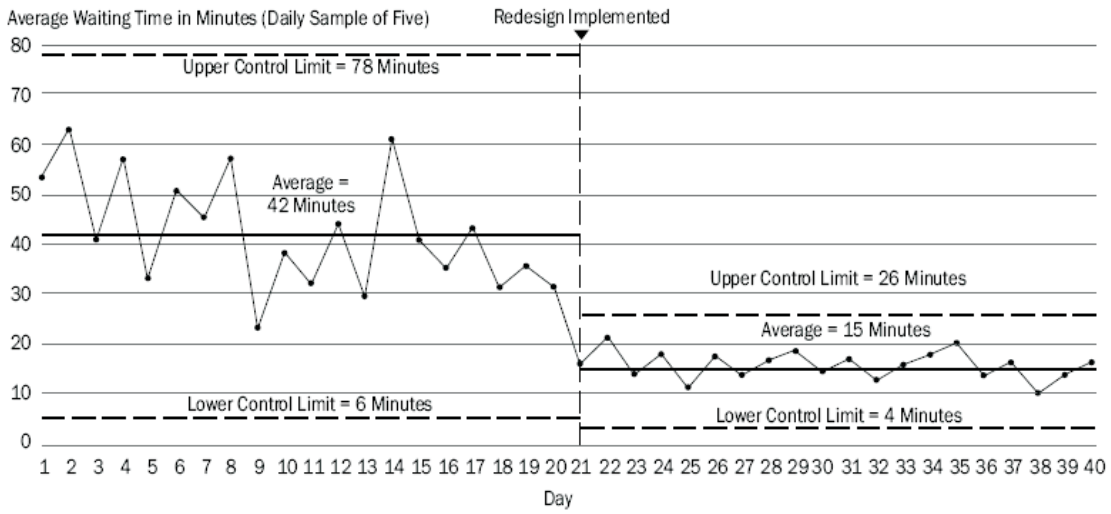
- Eight consecutive points above (or below) the center line (mean or median) suggest a shift in the process
- Six successive increasing (or decreasing) points suggest a trend
- Fourteen successive points alternating up and down suggest a cyclical process

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).

Figure 9.11 Control Chart of Average Wait Time before and after a Redesign



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

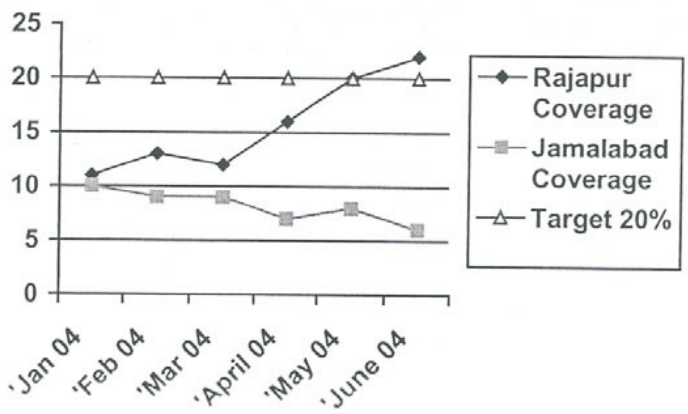
In summary:

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 two Tehsils and the target of an average 20% ANC coverage rate.[8]



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

Appendix 2: Target Setting[9]

Targets specify time-bound desired or promised level of performance based on performance indicators. They may specify a minimum level of performance, or define aspirations for improvement.

Target is a commitment to achieve a specified level of performance over a specified timeframe. Therefore, target should be "SMART"

Specific – what is to be done related to district health systems objectives
Measurable – what is to be measured?
Achievable – yet challenging enough to motivate managers/staff to achieve it
Result-oriented
Time-framed - there is a clear timeline by which the target should be achieved.

It is necessary to understand the difference between target and indicators. Whereas the indicator defines how performance will be measured along a scale or dimension, the target identifies the specific, planned level of result to be achieved within an explicit timeframe.

1. Purpose of setting targets

The aim of target setting is to bring about improvement. Health system's performance targets are used to assess performance achieved compared with the expected performance and to make appropriate adjustments in efforts/interventions and resources accordingly.

Target setting in the context of district health system will help:

- Front-line managers to prioritize areas of improvement and, thereby, focus efforts and resources on priorities
- Motivate managers and staff to achieve specific performance milestones towards improving the health services in the district
- Create a sense of ownership among district managers and staff - if they are involved in target setting and some kind of incentive is associated with achieving the targets
- Put national and provincial objectives into district context, making them more understandable and meaningful for the district managers and staff

2. Pre-requisites for setting target

Target setting is just one aspect of performance management. It should never be viewed in isolation. Also, it is neither necessary nor feasible to set targets for every performance indicator. In order to set target, therefore, the following factors should be considered before selecting a performance area for setting target.

- There is a need to improve performance

[9] This section is taken from the "GUIDELINES FOR SETTING PERFORMANCE TARGETS AT DISTRICT LEVEL" published by the USAID-funded Pakistan Initiative for Mothers and Newborns (PAIMAN).

- There is readiness and willingness to improve performance
    - There is a driving force that is encouraging the district health department to improve performance.

      e.g. District Government or District Health Department is concerned about certain health issues or services and give special emphasis to improve their performance.

    - There is capacity within the district health department to improve their performance

      e.g. district has satisfactory resource support or can mobilize support for achieving the target

    - District Health department is willing to implement interventions or put extra efforts for achieving the target.

- There is a monitoring system in place to monitor progress against the target

3. Steps for setting target

In consultation with staff, district health managers, MOICs, DHMT:

1. Decide which performance area you want to improve
    a. Identify the priority areas for improvement
    b. Know what outcome you are trying to achieve - clearly define the outcome
2. Identify the appropriate indicator/indicators for measuring that outcome
3. clearly define where you are and where you want to get to, i.e. set the target level for the specific indicator
    a. Review baseline
    b. Review trends and history
    c. Take account of national and provincial targets
    d. Expert opinion on what is possible or feasible with respect to a particular indicator and setting
    e. What is being accomplished elsewhere with similar program and setting, e.g. best performing district in the province (Benchmarking)
4. Develop an action plan for achieving the target
5. Monitor progress and revise inputs, interventions or target accordingly

Alternative approaches for deciding on target level

I. Project a future trend, then add the "value added" by program/project interventions.
This involves estimating the future trend without any special effort or intervention, and then adding whatever gains can be expected as a result of the intervention. For this, historical data are required that can be used to establish a trend line.

II. Establish a final performance target for the end of the planning period, and then plan progress from the baseline level
This approach involves deciding on the program's performance target for the final year, and then defining a path of progress for the years in between. Final targets may be based on benchmarking techniques or on judgments of experts, program staff, and other stakeholders about expectations of what can be reasonably achieved within the planning period given the stage of program implementation, resource availabilities and constraints.

III. Set annual performance targets
This approach is similar to the preceding, except it is based on judgments about what can be achieved each year, instead of starting with a final performance level and working backwards.

Examples of how targets can be set for various indicators

1. Setting target for Daily OPD Attendance at BHU and RHC – based on logical reasoning

Daily OPD hours: 09:00 hours to 13:00 hours
= 4 hours (240 minutes)

Average time spent per patient = 5 minutes
(to ensure quality of care with proper history taking, physical examinations and consultation)

Therefore, maximum number of patients attended by 1 MO during OPD hours
= 240/5 = 48 patients (40 to be on conservative side)

Target Average Daily OPD Attenda nce = 40 patients / day per MO

2. Setting EPI Targets – based on National Targets

National Target = 80% of under 2 yr children fully immunized (with pentavalent vaccine)

For a catchment area with population of 100,000:
No. of under 2 years children (@ 5%) = 5,000
80% of <2 children = 4000

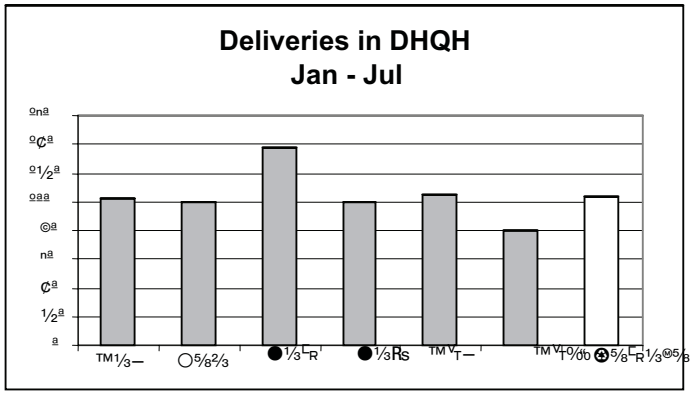
Thus, yearly target for full immunization = 4,000 <2 yrs children
And, monthly target of full immunization = 340 (approx) <2 yrs. children

3. Setting ANC coverage target – based on benchmarking

For a catchment area with total population of 100,000:	
No. of pregnant women in the district in one year (@ 3% of population)	= 3,000
Current level of women having at least one ANC visit	= 54% = 1,710 pregnant women/yr = 143 preg. women per month
Level of at least 1 ANC visit in the best performing district of the same province (e.g. District A)	= 86%
Therefore, target (benchmark) of at least 1 ANC visit to be achieved in next 2 years for District B of the same province with population of 100,000 (and, therefore, 3,000 women getting pregnant each year)	= 86% = 2,580 pregnant women/yr
However, feasible target for the first year	= 70% = 2,100 pregnant women/yr = 175 pregnant women/month should be receiving ANC1

4. Setting target for institutional deliveries at DHQH/THQH

Option A – based on deciding a yearly increase



Current baseline performance - Average number of deliveries in DHQH (from routine reports)	= 100 deliveries per month = 3-4 deliveries per day
	%
Therefore, target number of deliveries in 1st	= 4 deliveries/day
Target number of deliveries in 2nd year (20% increase over 1st year)	= 144 deliveries/month = 5 deliveries/day

Option B – based on deciding a 5 years target and then working yearly targets

Current baseline performance (from baseline survey) ! percent of deliveries in DHQH in a district with 1,000,000 population (i.e. 30,000 deliveries per year)	= 2% of all births = 600 deliveries/yr in DHQH
Target of deliveries at DHQH over 5 years	= 10% of all births
Yearly percentage targets of institutional deliveries at DHQH	1 year = 3% deliveries 2nd year = 5% deliveries 3rd year = 7% deliveries 4th year = 9% deliveries 5th year = 10% deliveries
Monthly target number of deliveries for each year (taking population growth rate into account)	1 year = 900 deliveries 2nd year = 1,500 deliveries 3rd year = 2,100 deliveries 4th year = 2,700 deliveries 5th year = 3,000 deliveries

5. Setting target for number of Obstetric complication cases attending DHQH/THQH – based on identifying gap between the need and actual performance

Expected number of obstetric complication cases that require hospitalization (@ 15% of the total pregnancies) in the district with a population of 1,000,000 and Birth rate of 3%	= 4,500 cases in 1 yr
Current performance -cases admitted in DHQH/THQH	= 900 cases in 1 yr = 20% of the total obstetric complication cases
Gap	= 3,600 (80% cases)
Target	Reduction of gap by 50% in 1 year, i.e. 20% + 40% = 60% obstetric complication cases admitted in DHQH/THQH
	= 2,700 cases admitted at DHQH/THQH per year = 225 cases admitted/month

Appendix 3: DHIS Tools

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

Central Registration Point Register

(To be maintained at facility Central Registration Point by designated staff)

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

Central Registration Point Register
Monthly Summary

year----------

Indicator	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 Serial No.:_____

Provisional Diagnosis:_____

Date	Clinical Findings / Investigation/ Treatment/ Referral/ Test Findings

2-A. OPD Medicine Requisition Slip

DHIS – 02-A (F)

Medicine Requisition from dispensary

Monthly OPD Serial No……

Sign: _____ Date: _____

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

OUT-PATIENT DEPARTME NT (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 **<5yrs** is 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 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													
Malnutrition < 5 Years The total count of all the ticks for the given month in Column No 15 of OPD Register													
Referred from (Cases referred from other health facilities or health workers to this health facility) The total count of all the entries for the given month in Column No. 16 of OPD Register													

DHIS – 04 (F)

OPD Abstract Form at _____OPD Month: _____Year:_____

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	TB Suspects		
5	Chronic Obstructive Pulmonary Diseases		
6	Asthma		
Gastro Intestinal Diseases			
7	Diarrhoea / Dysentery < 5 yrs		
8	Diarrhoea / Dysentery > 5 yrs		
9	Enteric/Typhoid Fever		
10	Worm Infestations		
11	Peptic Ulcer Diseases		
12	Cirrhosis of Liver		
Urinary Tract Diseases			
13	Urinary Tract Infections		
14	Nephritis/ Nephrosis		
15	Sexually Transmitted Infections		
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 Neonatal 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 bite (with signs/ symptoms of poisoning)		
Miscellaneous Diseases			
42	Acute Flaccid Paralysis		
43	Suspected HIV/AIDS		
Any Other Unusual Diseases *(Specify)*			
44			
45			

5. Laboratory Register DHIS – 05 (R)

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:_____ **Year:_____**

S.No	Test Name	Total Patients	Free	Paid	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)

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

Radiology/Ultrasonography/CT Scan/ECG 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 (3X1.5)	
1	2	3	4	5	6	7	8	9	10	11	12	13
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Radiology/Ultrasonography/CT Scan/ECG 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													

7. Indoor Patient Register DHIS – 07 (R)

INDOOR 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
	<<Total Brought From Previous Page>>												
	<< Total >>												

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						
Grand Total						

8. Indoor Abstract Form DHIS – 08 (F)

INDOOR ABSTRACT FORM **Month. _____** **Year. _____**

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

Priority Health Problems		Tally	Total Admissions	Total Deaths
1		2	3	4
Orthopedic Diseases				
29.	Arthropathies			
30.	Fractures			
Eye				
31.	Cataract			
32.	Corneal Opacity			
33.	Glaucoma			
ENT				
34.	Chronic Otitis Media			
35.	DNS			
Gynecological				
36.	Fibroid Uterus			
37.	Inflam. diseases of female pelvic			
38.	Uterine Prolapse			
39.	Vesico -Vaginal Fistula			
Obstetrics/Maternal Complications				
40.	Antepartum Hemorrhage (APH)			
41.	Complications of Abortion			
42.	Ectopic Pregnancies			
43.	Postpartum Hemorrhage (PPH)			
44.	Pre-Eclampsia/ Eclampsia			
45.	Prolonged/ Obstructed Labor			
46.	Puerperal Sepsis			
47.	Rupture Uterus			
48.	Other Obstetric Complications			
Neurological/Neurosurgical				
49.	CVA/Stroke			
50.	Head Injuries			
Mental Behavioral Disorder				
51.	Drug Abuse (Psycho-Active			
52.	Mental Disorder			
Any Other Unusual Disease *(Specify)*				
53.				
54.				

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

Daily Bed Statement Register

Ward: ---------- Month: _____Year: _____

Total Beds: _____ Male Beds: _____ Female Beds: _____

Date	Previous Patients		New Admissions		Discharged/ DOR (not on the same day of admission)		Discharged/ DOR on same day of admission		LAMA		Referred		Deaths		Daily Patients Count (col: 2+3) - (col:4+6+7+8)		Serious		MLC	
1	2		3		4		5		6		7		8		9		10		11	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																				
2																				
3																				
4																				
5																				
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25																				
26																				
27																				
28																				
29																				
30																				
31																				
Total																				

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													
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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													

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

Family Planning Register

Year: _____Month: _____

Yearly FP Client No. (New client)	**Follow-up Client No.** (Previous yearly No./ Year of Registration)	**Client Name with Spouse Name**	**Age**	**Address**	**FP Commodities Provided**											**Others**
					Quantity			*Tick appropriate column*								
					Pills *Cycles*			**Injections**		**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>>														
		<<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													
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)

FAMILY PLANNING CARD

Name & Address of Service Outlet: _____

Name of Client: _____

Name of Spouse:_____ _____

Yearly FP Client No._____

Registration Date:_____

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

13. Maternal Health Register DHIS – 13 (R)

MATERNAL HEALTH REGISTER

Month: _____Year: _____

Yearly MH Serial No (New cases)	**Follow-up Cases** (Previous yearly No./Year of Registration)	**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** *(Investigations/ 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. 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													

14. Antenatal Card DHIS – 14 (C)

Antenatal Card			
Yearly MH 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	Labour	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	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

3. MANAGEMENT PLAN

? Await Spontaneous Delivery ? Induction of Labour ? Trial of Labour ? C-Section ? Delivery at tertiary level hospital

15. Obstetric Register DHIS – 15 (R)

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			
															Nature of Delivery *(Tick)*			
						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	Normal	Vacuum / Forceps	Cesarean	Other procedure done *(Specify)*
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										Complications after delivery *(None/ Specify)*	Outcome Mother					Delivery Conducted by *(Name / Signature)*	Remarks
		Live Birth			Still Birth *(Tick)*	Neonatal Death *(Tick appropriate column)*							*(Tick appropriate column)*						
		Sex *(Tick)*																	
Date	Time	M	F	Weight in Kg *(Circle if less than 2.5 Kg)*		Birth Trauma	Birth Asphyxia	Bacterial sepsis	Congenital Abnormality	Prematurity	Hypothermia		Discharged/ DOR	LAMA	Referred	Maternal Death	Date and time of Death/ discharge/ DOR/LAMA/		
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

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)													
Cesarean From Col. No. 19													
Neonatal Deaths Compilation of the totals of Col. No.s 27 to 32													
LAMA From Col. No. 35)													
Referred From Col. No. 36													
Maternal Deaths From Col. No. 37													

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

Daily Medicine Expense Register

Month_____ Year _____

Name of Article	Strength	Medicine Expensed																														
		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:_____

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

INDEX

Sr. No	Name of Article	Page No.

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						
Date	**Received From / Issued to, with Reference No.**	Received	Issued	Discarded	Balance	**Store Keeper Signature**	**Counter Signature**	**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

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

INDEX

Sr. No	Name of Article	Page No.

DHIS – 18 (R)

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	Returned	Struck Off	Balance	Repairable	Unserviceable			
1	2	3	4	5	6	7	8	9	10	11	12
Balance brought Forward											

19. Community Meetings Register DHIS – 19 (R)

COMMUNITY MEETINGS REGISTER Month: _____ Year: _____								
Date	Place			Number of Participants		Topics Discussed	Recommendations	Sign of Facility In-charge
	At Facility	Community	LHW Houses	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													

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

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:
Recommendations/Decisions:
Signature of facility In-charge:

21. **PHC Facility Monthly Report Form (For RHC, BHU, MCH Center, Disp.)**:

Session 11: Handout No: 11:1

DHIS – 21 (MR)

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 (Number or % as appropriate)		**Monthly Target**	**Performance**
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal Care (ANC-1) coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	TB-DOTS patients missing more than one week		
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 yrs 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	TB Suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Diseases		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric /Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
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 bite (with signs/ symptoms of poisoning)	
Miscellaneous Diseases		
42	Acute Flaccid Paralysis	
43	Suspected HIV/AIDS	
Any Other Unusual Diseases *(Specify)*		
44		
45		

Section V- Immunization *(From EPI Register)*					
1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st 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 Maternal Health & Obstetric Registers)*					
1.	1st Antenatal Care visits (ANC-1) in the facility		6.	Vacuum / Forceps deliveries in facility	
2.	ANC-1 women with Hb. <10 g/dl		7.	Live births in the facility	
3.	Antenatal Care revisit in the facility		8.	Live births with LBW(< 2.5kg)	
4.	1st Postnatal Care visit (PNC-1) in the facility		9.	Stillbirths in the facility	
5.	Normal vaginal deliveries in facility		10.	Neonatal deaths in the 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**	
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. Antihelminthic	
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 vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine	
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom	
3.	Polio vaccine		6.	Tetanus Toxiod		9.	Vaccine Syringes	

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

		Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male									%	
2.	Female									%	

Section XIII-B: Cases Attending Indoor *(From Indoor Register / Obstetric Register)* ***(For RHC ONLY)***		**Total Number of Admissions**	**Total Number of Deaths**
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary Tuberculosis		
5.	Obstetric / Maternal Complication		
6.	Other causes		
	Total		

Section XIV: Surgeries *(From OT Register)* ***(For RHC ONLY)***					
1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Operations under other type of Anesthesia	

Section XV: 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/ Lady Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse/Charge Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician / Medical Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife					
18	LHW					
19	Others					

Section XVI-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 XVI-B: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)* ***(For RHC ONLY)***

		Total Allocation for the fiscal year	Total Budget Released to-date	Total Expenditure to-date	Balance to date
1.	Salary & Allowances (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

22. Secondary Hospital Monthly Report Form (For DHQH, THQH etc.)

Session11: Handout No:11.8:

DHIS – 22 (MR)
Page 1

Month: _____, Year: 20__
Total Working Days: _____

Secondary Hospital Monthly Report
Tehsil_____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 (Number or % as appropriate)		**Monthly Target**	**Performance**			**Monthly Target**	**Performance**
1.	Daily OPD attendance			8.	C-Section performed		
2.	Fully immunization coverage			9.	Lab services utilization		
3.	Antenatal Care (ANC-1) coverage			10.	Bed occupancy rate		
4.	Delivery coverage at facility			11.	LAMA		
5.	TB-DOTS patients missing more than 1 wk			12.	Hospital death rate		
6.	Total Visits for FP			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.	Cardiology														
16.	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	TB suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
Gastro Intestinal Diseases		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric / Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
Urinary Tract Diseases		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
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 Neonatal 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 bite (with signs/ symptoms of poisoning)	
Diseases (Surveillance Importance)		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
Any Other Unusual Diseases *(Specify)*		
44.		
45.		

Section V- Immunization *(From EPI Register)*					
1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st 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 Maternal Health & Obstetric Registers)*				
1..	1st Antenatal Care visits (ANC-1)	9.	Live births with LBW < 2.5kg	
2.	ANC-1 women with Hb. <10 g/dl	10.	Stillbirths in the facility	
3.	Antenatal Care revisit, in the facility		**Neonatal deaths in the facility**	
4.	1st Postnatal Care visit(PNC-1) in the facility	11.	Birth Trauma	
	Deliveries in the facility	12.	Birth Asphyxia	
5.	Normal vaginal deliveries	13.	Bacterial sepsis	
6.	Vacuum / Forceps deliveries	14.	Congenital Abnormalities	
7.	Cesarean Sections	15.	Prematurity	
8.	Live births in the facility	16.	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			4.	Total CT Scan		
2.	Total X-Rays			5.	Total ECG		
3.	Total Ultrasonographies						

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. Antihelminthic	
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 vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine	
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom	
3.	Polio vaccine		6.	Tetanus Toxiod		9.	Vaccine Syringes	

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

	Specialty	Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	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 Admissions	Total Deaths
Medical			
1.	Diarrhoea/Dysentery < 5		
2.	Diarrhoea/Dysentery > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Enteric / Typhoid Fever		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B		
14.	Viral Hepatitis C		
15.	Meningitis		
16.	Chronic Liver Diseases		
17.	Chronic Renal Diseases		
Cardiac Diseases			
18.	Congestive Cardiac Failure (CCF)		
19.	Hypertension		
20.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
21.	Neonatal Tetanus		
22.	Acute Flaccid Paralysis (AFP)		
Surgical			
23.	Acute Appendicitis		
24.	Burns		
25.	Cholelithiasis / Cholecystitis		
26.	Hernias		
27.	Hyperplasia of Prostate		
28.	Urolithiasis		

Section XIII-B:Cases attending Indoors *(From Abstract Forms for Indoor)*		Total Admission	Total Deaths
Orthopedic Diseases			
29.	Arthropathies		
30.	Fractures		
Eye			
31.	Cataract		
32.	Corneal Opacity		
33.	Glaucoma		
ENT			
34.	Chronic Otitis Media		
35.	DNS		
Gynecological			
36.	Fibroid Uterus		
37.	Inflam. diseases of female pelvic organs (PID)		
38.	Uterine Prolapse		
39.	Vesico -Vaginal Fistula		
Obstetrics/Maternal Complications			
40.	Ante partum Hemorrhage (APH)		
41.	Complications of Abortion		
42.	Ectopic Pregnancies		
43.	Postpartum Hemorrhage (PPH)		
44.	Pre-Eclampsia/ Eclampsia		
45.	Prolonged/ Obstructed Labour		
46.	Puerperal Sepsis		
47.	Rupture Uterus		
48.	Other Obstetric Complications		
Neurological/Neurosurgical			
49.	CVA/Stroke		
50.	Head Injuries		
Mental Behavioral Disorder			
51.	Drug Abuse (Psycho-Active substance use)		
52.	Mental Disorder		
Any other Unusual Diseases (Specify)			
53.			
54.			

Section XIV: Surgeries *(From OT Register)*		
1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Operations under other type of Anesthesia	

Section XV: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contract ed, G-In=Working on General Duty in the facility, G-Out=Working on Ge neral 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/AMS /Deputy MS						18	Dental Surgeon					
2	Medical Specialist						19	Physiotherapists					
3	Surgical Specialist						20	Matron					
4	Cardiologist						21	Head Nurse					
5	Chest Specialist						22	Staff Nurse/Charge 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/Medical Technicians					
12	Anesthetist						29	Dispensers					
13	Pathologist						30	EPI Vaccinators					
14	Radiologist						31	Sanitary Inspectors					
15	PMO/APMO/ CMO/SMO/MO						32	Midwives					
16	PWMO/APWMO/SWMO/WMO						33	LHWs					
17	Medical Assistant						34	Others					

Section XVI-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 XVI-B: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)*

		Total Allocation for the Fiscal Year	Total Budget Released to-date	Expenditure to-date	Balance to date
1.	Salary & Allownces (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

23. Catchment Area Population Chart DHIS – 24 (YR)

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 Skilled Birth Attendants
1	2	3	4	5	6	7
1						
2						
3						
<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 %**		
0-23 Months	**5.2 %**		
0- Less than 5 years	**13.4 %***		
CBAs (15 to 49 years)	**22 %**		
Married CBAs (15 to 49 years)	**16 %**		

* Source: Pakistan Demographic and Health Survey 2006-7

Section IV:

Private Practitioners	Male	Female
No. of Registered Allopathic Medical Practitioners		
No. of Registered Homoeopathic Medical Practitioners		
No. of Qualified Hakims		

ENSURING DATA QUALITY USING LOT QUALITY ASSURANCE SAMPLING (LQAS) TECHNIQUE

Data Accuracy Check Sheet

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**	**Figures counted from registers**	**Do figures from column 2 &3 Match?**	
1	**2**	**3**	**YES**	**NO**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
		Total		

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

Appendix 4: DHIS Tools Specifications

SPCIFICATIONS OF DHIS INSTRUMENT AND TRAINING MANUAL

Instrument No.	DHIS Instrument	Unit	Specification
DHIS-01 (R)	CRP Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-02 (F)	OPD Ticket	PAD	1. Size 8.5 x 5.5 inches 2. Paper 68gm 3. Pages 200 pages (Sheets 100) 4. Printing Single color printing single side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 10 pads
DHIS – 02-A (F)	OPD Medicine Requisition Slip	PAD	1. Size inches 2. Paper 68gm 3. Pages 100 pages (Sheets 100) 4. Printing Single color printing single side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 20 pads
DHIS-03 (R)	OPD Register	Register	1. Size 11 x 16 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 registers
DHIS-04 (F)	OPD Abstract Form	PAD	1. Size 13 x 8.25 2. Paper 68gm 3. Pages 50 pages (Sheets 50) 4. Printing Single color printing single side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle 20 of pad
DHIS-05 (R)	Laboratory Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-06 (R)	Radiology/Ultra -Sonography CT Scan / ECG Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side

Instrument No.	DHIS Instrument	Unit	Specification
			5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-07 (R)	Indoor Patient Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-08 (F)	Indoor Abstract Form	PAD	1. Size 13 x 8.25 inches 2. Paper 68gm 3. Pages 100 pages (Sheets 100) 4. Printing Single color printing both side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 10 pad
DHIS-09 (R)	Daily Bed Statement Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 250 pages (Sheets 125) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 20 register
DHIS-10 (R)	Operation Theater (OT) Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-11 (R)	Family Planning Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-12 (C)	Family Planning Card	Pad	1. Size 6.5 x 6.25 inches 2. Paper 150 gm Avery card White 3. Pages 200 pages (Sheets 100) 4. Printing Single color printing both side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 10 pad

Instrument No.	DHIS Instrument	Unit	Specification
DHIS-13 (R)	Maternal Health Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-14 (C)	Antenatal Card	Pad	1. Size 11 x 8.5 inches 2. Paper 150 gm Avery card White 3. Pages 200 pages (Sheets 100) 4. Printing Single color printing both side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 10 pad
DHIS-15 (R)	Obstetric Register	Register	1. Size 13 x 8.25 inches 2. Paper 68gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-16 (R)	Daily Medicine Expense Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-17 (R)	Stock Register (Medicine /Supplies)	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-18 (R)	Stock register (Equipment/ Furniture/ Line)	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 500 pages (Sheets 250) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-19 (R)	Community Meeting Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 250 pages (Sheets 125) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground,

Instrument No.	DHIS Instrument	Unit	Specification
			Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 20 register
DHIS-20 (R)	Facility Staff Meeting Register	Register	1. Size 13 x 8.25 inches 2. Paper 68 gm 3. Pages 250 pages (Sheets 125) 4. Printing Single color printing both side 5. Binding Title Cover on 90 gm imported Paper 01 color +Ground, Fine cloth, hard Binding (Both side) 6. Standard Packing Each bundle of 10 register
DHIS-21 (MR)	PHC Facility Monthly Report Form	Sheet	1. Size 13 x 8.25 inches 2. Paper 55gm color bond 3. Pages 04 pages (Green) 4. Printing Single color printing both side 6. Standard Packing Each bundle of 1000 Sheets
DHIS-22 (MR)	Secondary Hospital Monthly Report Form	Sheet	1. Size 13 x 8.25 inches 2. Paper 55gm color bond 3. Pages 04 pages (Yellow) 4. Printing Single color printing both side 6. Standard Packing Each bundle of 1000 Sheets
DHIS-23 (MR)	Tertiary Hospital Monthly Report Form	Sheet	1. Size 13 x 8.25 inches 2. Paper 55gm color bond 3. Pages 04 pages (Yellow) 4. Printing Single color printing both side 6. Standard Packing Each bundle of 1000 Sheets
DHIS-24 (YR)	Catchment Area Population Chart	Poster	1. Size 20 x 30 inches 2. Paper 260 gm Art card, laminated 3. Printing Single side 02 color 4. Packing Each bundle of 200 poster
DHIS-25 (YR)	Health Institute Data base (HIS) Report Form	Pad	1. Size 13 x 8.25 inches 2. Paper 68gm color bond 3. Pages 50 pages (50 Sheets)) 4. Printing Single color printing both side 6. Standard Packing Each bundle of 1000 Sheets
DHIS-26 (M)	Training for Trainer Manual (English)	Book	1. Size A-4 2. Pages 40 pages (20 Sheets) 3. Paper 68 gm High finish 4. Printing Single color printing both side 5. Title 260 gm art card 04 color laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-27 (M)	Participants Manual (English)	Book	1. Size A-4 2. Pages 112 pages (56 Sheets) 3. Paper 68 gm High finish 4. Printing Single color printing both side 5. Title 260 gm art card 04 color laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-28 (M)	Procedure Manual (English)	Book	1. Size A-4 2. Pages 216 pages (108 Sheets) 3. Paper 68 gm High finish

Instrument No.	DHIS Instrument	Unit	Specification
			4. Printing Single color printing both side 5. Title 260 gm art card 04 color laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-29 (M)	Software Manual English	Book	1. Size A-4 2. Pages 60 pages (30 Sheets) 3. Paper 68 gm High finish 4. Printing Single color printing both side 5. Title 260 gm art card 04 color laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-30 (M)	Trainer Manual on Use of Information (English)	Book	1. Size A-4 2. Pages 70 pages (35 Sheets) 3. Paper 68 gm High finish 4. Printing Single color printing both side 5. Title 260 gm art card 04 color laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-31 (M)	Participant Manual on Use of Information (English)	Book	1. Size A-4 2. Pages 54 pages (27 Sheets) 3. Paper 68 gm High finish 4. Printing Single color printing both side 5. Title 260 gm art card 04 color Laminated 6. Binding Centre Pin 7. Standard Packing Each bundle of 20 books
DHIS-32 (F)	LQAS Job-Aide	PAD	1. Size A4 2. Paper 68gm 3. Pages 100 pages (Sheets 100) 4. Printing Single color printing both side 5. Cover Front Cover Printed & back straw board 6. Standard Packing Each bundle of 10 pad

Appendix 5: DHIS Indicators with formulae[10]

1. Average Daily OPD Attendance

Definition
This indicator measures the average daily patient load of the facility's outpatient department (OPD) daily and, therefore, of the overall performance of the outpatient services.
This indicator is calculated as:

$$\frac{\text{Total OPD attendance for the month}}{\text{Total working days of the month}}$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Monthly Reports) Section III
Numerator = Grand total of OPD New cases + Follow-up cases
Denominator = Total working days mentioned at top left corner of monthly report form

Note: New cases in the PHC Monthly Report include Tibb and Homeo cases also. In case of secondary Hospital Monthly Report, "New Cases" are the grand total of specialty-wise New Cases.

Use
This indicator is useful in understanding facility work load /utilization and to compare which facilities are well performing which are not. A benchmark may be used for comparison; or comparison among facilities or between monthly performances of same facility can be done.

A sudden increase in the daily average can be harbinger of an epidemic or simply indicate seasonal variation.

Related indicators
- Staff productivity (daily OPD staff load), i.e., average OPD patients per facility staff/service providers: to understand whether good/ poor performance is due to good/ poor productivity of staff.
- Per capita OPD attendance: to understand coverage, and community satisfaction

2. Percentage of Age and Gender wise Utilization of OPD (New Cases only)

Definition
This indicator shows the age-wise and gender-wise percentage distribution of new OPD patients attending the health facility.
This indicator is calculated as:

$$\frac{\text{Age or gender specific OPD attendance for the month}}{\text{Total New OPD attendance for the month}} \times 100$$

[10] References/Acknowledgement:
1. Pakistan's DHIS Federal and Provincial TAGs
2. World Health Statistics 2005. World Health Organization. (ISBN 92 4 159326 1)
3. MEASURE Evaluation: Compendium of Indicators for Evaluating Reproductive Health Programs

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) Section III
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) Section III

Examples of gender or age wise calculation of the indicator:

(A) ***Percentage of Under-1 New OPD Cases (PHC Report)***

$$\frac{\text{Total of male \& female under-1 new cases for the month}}{\text{Grand Total (Male + Female) New Cases for the month}} \times 100$$

(B) Percentage of ***Male New OPD Cases (Secondary Hospital Report)***

$$\frac{\text{Grand total of male (<1, 1-4, 5-14, 15-49, 50+) new cases for the month}}{\text{Grand Total (Male + Female) New Cases for the month}} \times 100$$

Note: New cases in the PHC Monthly Report include Tibb and Homeo cases also. In case of secondary Hospital Monthly Report, "New Cases" are the grand total of specialty-wise New Cases.

Use
The indicator can be used to understand whether the health facility is catering to specific age groups, e.g., children under 5 years or elderly patients, and to gender equity.

3. Percentage of Referred cases Attended at the Facility OPD

Definition
This indicator is the measure of referred cases attended at the facility's OPD as proportion of total new OPD attendance.

It is calculated as:

$$\frac{\text{Total referred cases attended at facility's OPD for the month.}}{\text{Total New OPD attendance for the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) Section III

Use
One of the functions of the district health system is establish and improve referral linkages among the various tiers of service delivery. This indicator is a reflection of the integrity of referral system in the sense that patients are being referred by the lower tiers of health service delivery, they travel to the facility for services and that the facility is providing good services and catering to the referred cases. If the percentage is low, it can indicates problem in any one or more of the above three phenomena. If referral is very high, investigation of which cases are most referred and from where can help in establishing specific management facilities at those areas.

Comparison among facilities/ areas can indicate overall performance of the facility or tehsil/district health services.

4. Percentage of Follow-up OPD Cases

Definition
This indicator is the measure of follow-up cases attending the facility's OPD as proportion of total of new and follow-up OPD cases.

It is calculated as:

$$\frac{\text{Total follow-up cases attended at facility's OPD for the month.}}{\text{Total OPD (new + follow-up) attendance for the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) Section III

Use
Severely ill patients but on ambulatory treatment or patients with chronic illnesses require follow-up. At the time of initial consultation, such patients should be counseled for coming back to the health facility for follow-up. However, factors such as staff attitude, provision of medicines from the facility, good case management and client satisfaction and confidence on the provider will influence patient's coming back for follow-up visit. This indicator is, therefore, a measure of the quality of care provided from the facility or by the district health system as a whole.

5. Average Daily Emergency Service Utilization

Definition
This indicator is the measure of the workload of the emergency/casualty department of the facility. It is calculated as:

$$\frac{\text{Total number of cases attended at the emergency department of the facility in a month}}{\text{Total number of days in the reporting month}}$$

Data Source
Secondary Hospital Monthly Report (Section III Row no.12)

Use
This indicator reflects the workload on the emergency department and suggests focusing resources for managing emergencies; it also reflects availability of emergency services at the facility.

Related Indicator
Case profile of patients attending emergency department

6. Average Daily Specialty-wise OPD Utilization

Definition
This indicator is the measure of the workload of OPD of each specialty in of the facility. It is calculated as:

$$\frac{\text{Total OPD attendance of specific specialty for the month}}{\text{Total working days of the month}}$$

Data Source
Secondary Hospital Monthly Report (Numerator - Section III; Denominator - Top left Box of the 1st page of the Monthly Report form)

Use
Together with daily OPD attendance, this indicator will help in understanding the resource needs of the concerned specialty.

Related Indicators
Daily OPD Attendance

7. Per capita OPD Attendance

Definition
This indicator is the measure of the utilization of the facility by the population of the catchment area. It is calculated as:

$$\frac{\text{Total OPD (new + follow-up) cases for the year}}{\text{Population of catchment area}}$$

Data Source
Numerator = DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) Section III
Denominator = Catchment Area Population Chart/HID Form

Use
This indicator can be used to understand the public health service coverage of the catchment population, and may also indicate community satisfaction with the public health facility/services.

Related Indicators
Daily OPD Attendance

8. Percentage of Lab service Utilization (OPD)

Definition
This indicator indicates utilization of laboratory services at the facility and also gives a measure of the proportion of OPD patients receiving diagnostic services from the laboratory of the health facility. It is calculated as:

$$\frac{\text{Total OPD patients provided lab services from the facility during the month}}{\text{Total OPD (new + follow-up) cases for the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)
Numerator = Total OPD patients provided lab services from the facility during the month from Section XI
Denominator = Total OPD (new + follow-up) cases for the month from Section III

Use
This indicator reflects the quality of care in terms of utilization of diagnostic services. It will also help to understand the need for resource allocation for laboratory services based on the utilization rate.

9. Percentage of Lab service Utilization (Indoor)

Definition
This indicator indicates utilization of laboratory services at the facility and also gives a measure of the proportion of indoor patients receiving lab services from the laboratory of the health facility. It is calculated as:

$$\frac{\text{Total indoor patients provided lab services from the facility during the month}}{\text{Total admissions in the facility during the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)
Numerator = Total indoor patients provided lab services from the facility during the month from Section XI
Denominator = Total admissions in the facility during the month from Section XIII-A

Use
This indicator reflects the quality of care in terms of utilization of lab services. It will also help to understand the need for resource allocation for laboratory services based on the utilization rate.

10. Percentage of X-ray service Utilization (OPD)

Definition
This indicator indicates utilization of X-ray services at the facility and also gives a measure of the proportion of OPD patients receiving X-ray services from the health facility.
It is calculated as:

$$\frac{\text{Total OPD patients provided X-ray services from the facility during the month}}{\text{Total OPD (new + follow-up) cases for the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)
Numerator = Total OPD patients provided X-ray services from the facility during the month from Section XI
Denominator = Total OPD (new + follow-up) cases for the month from Section III

Use
This indicator reflects quality of care in terms of utilization of X-ray services. It will also help to understand the need for resource allocation for X-ray services based on the utilization rate.

Related indicators
Lab service utilization

11. Percentage of X-ray service Utilization (indoor)

Definition
This indicator indicates utilization of X-ray services at the facility and also gives a measure of the proportion of indoor patients receiving X-ray services from the health facility.
It is calculated as:

$$\frac{\text{Total indoor patients provided X-ray services from the facility during the month}}{\text{Total admissions in the facility during the month}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)
Numerator = Total indoor patients provided X-ray services from the facility during the month from Section XI

Denominator = Total admissions in the facility during the month from Section XIII-A

Use
This indicator reflects quality of care in terms of utilization of X-ray services. It will also help to understand the need for resource allocation for X-ray services based on the utilization rate.

Related indicators
Lab service utilization

12. Monthly Bed Occupancy Rate (BOR)

Definition
The Bed Occupancy Rate (BOR) is the percent of occupancy obtained by dividing the average daily census by the number of available beds[11].

It can be calculated as:

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

Total admitted patient-days is calculated by adding up the daily census of admitted patients at mid-night.

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) from Section XIII-A

Use
BOR indicates utilization of hospital indoor services. It may also indicate quality of care.
Annual BOR are used to evaluate or compare how hospitals or individual specialties are using their resources. However, the hospital with a high average occupancy rate may not necessarily be running more effectively than the hospital with a low average. High occupancy rates can be due to longer lengths of stay rather than greater numbers of patients being treated. Furthermore since these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal bed borrowing by other specialties, and temporary ward closures. Midnight bed counts can fail to identify patients who do not remain overnight.[12]

Bed occupancy is likely to vary according to:

- Specialty-mix of a hospital's beds. (e.g., orthopedic patients may stay longer; more patients are admitted in pediatric and obstetric wards, etc.)
- Case-mix within specialties (e.g., acute diarrhea and chronic renal failure cases will have different lengths of hospital stay; medicine ward might be receiving large number of malaria cases.)
- Different management practices and their application in different specialties
- Rate of hospital-acquired infections
- Social and demographic characteristics in the populations. (For examples older patients are likely to have longer lengths of stay and patients from socio-economically deprived backgrounds may be more ill and require more care.)

BOR can be used to calculate bed requirement as following:

$$\text{Beds required} = \frac{\text{Total admitted patient-days in the ward(s) during the year}}{365 \times \text{BOR}}$$

Related Indicators
The bed turnover rate (defined as average number of patients treated per bed per year).
Average Length of Stay (ALOS)

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

[12] Baillie H & et al. Public Health Research Unit, Department of Public Health, University of Glasgow: Bed Occupancy and Bed Management. October 1997

13. Average Length of Stay (ALOS)

Definition
This indicator is the measure of the average duration of hospital stay of admitted patients.
It is calculated as:

$$\frac{\text{Total admitted patients-days in the wards during the month or year}}{\text{Number of patients discharged, LAMA, referred \& died during the month/year}}$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) from Section XIII-A

Use
This indicator reflects on the intensity of care delivered to hospitalized patients and the probable burden on hospital resources. Like BOR, it is also influenced by factors like patient management practices, quality of care, case-mix and specialty-mix.

Related Indicators
BOR
Bed turn-over rate
Cost per case

14. Percentage of Hospital Death among Admitted Patients

Definition
This indicator is the measure of the proportion of hospital deaths among admitted patients.
It is calculated as:

$$\frac{\text{Total deaths among admitted patients}}{\text{Total admitted patients}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) from Section XIII-A

Use
This indicator is indicative of quality of care at the hospital indoors.

15. Percentage of Left Against Medical Advice (LAMA)

Definition
This indicator is the measure of the proportion of admitted patients leaving the hospital against medical advice.
It is calculated as:

$$\frac{\text{Total LAMA cases}}{\text{Total admitted patients}} \times 100$$

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) from Section XIII-A

Use
This indicator is indicative of quality of care at the hospital indoors.

16. Annual per capita Hospital Admission Rate

Definition
It is measured as number of hospital admission per 1000 population of the catchment area in a year. It is calculated as:

$$\frac{\text{Number of hospital admission in a year}}{\text{Total catchment area population}} \times 1000$$

Data Source

Numerator = Number of hospital admission in a year from Section XIII-A of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total catchment area population from Catchment Area Population Chart/HID form

Use
This indicator gives a reflection on the extent of the utilization of the hospital's indoor services by the catchment population.

17. Percentage of Full Immunization Coverage

Definition
This indicator is the measure of the percentage of children under one-year (i.e. <12 months) age who have received all the doses of BCG vaccine, three doses of polio & pentavalent vaccines and 1 dose of measles vaccine in a given year.
It is calculated as:

$$\frac{\text{Number of children under one-year age who have been fully immunized}}{\text{Target number of under one year age children in the catchment population}} \times 100$$

The monthly achievement of the percentage of full immunization coverage in a given catchment area can be calculated as:

$$\frac{\text{Number of children under one-year age who have been fully immunized in a given month}}{\text{Target number of under one year age children in the catchment population / 12}} \times 100$$

Data Source
Numerator = Number of children under one-year age who have been fully immunized from Section V of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Target number of under one year age children in the catchment population from Catchment Area Population Chart/HID form

Use
Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts, and are a good indicator of health system performance.

Related Indicators
Pentavalent 3 coverage
Measles Coverage

18. Measles coverage

Definition
This indicator is the measure of the percentage of children under 12 months (i.e. <1 year) age who have received the first dose of measles vaccine in a given year.

It is calculated as:

$$\frac{\text{Number of <12 months age children immunized with measles vaccine}}{\text{Target number of <12 months age children in the catchment population}} \times 100$$

Data Source
Numerator = Number of <12 months age children immunized with measles vaccine from Section V of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Target number of <12 months age children in the catchment population from Catchment Area Population Chart/HID form

Use
Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts, and are a good indicator of health system performance.

Related Indicators
Pentavalent 3 coverage
Full immunization coverage

19. Percentage of TT2 coverage

Definition
This indicator is a measure of the percentage of pregnant women protected against tetanus/neonatal tetanus.
It is calculated as:

$$\frac{\text{Number of pregnant women who have received TT2}}{\text{Number of expected pregnancies in the catchment population}} \times 100$$

The monthly achievement of the percentage of TT2 coverage in a given catchment area can be calculated as:

$$\frac{\text{Number of pregnant women who have received TT2 in a given month}}{\text{Number of expected pregnancies in the catchment population / 12}} \times 100$$

Data Source
Numerator = Number of pregnant women who have received TT2 from Section V of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Number of expected pregnancies in the catchment population from Catchment Area Population Chart/HID form

Use
This indicator reflects the performance of the health system in achieving TT immunization coverage. Comparison with district/tehsil/taluka /union council target will give indication of achievement against the target for that district/tehsil/taluka /union council.

20. Couple years of protection (CYP) delivered

Definition
CYP is the estimated contraceptive protection from pregnancy provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.
It is calculated as:

> The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed over all methods to obtain a total CYP figure

The following **conversion factors** are currently in use in Pakistan.

- Condoms 144 condoms per CYP
- Oral Contraceptives 15 cycles per CYP
- DMPA 4 "doses" (1 ml) per CYP
- Net-En 6 "doses" per CYP
- IUD 3.5 CYP per IUD
- Norplant implant 5 CYP per device
- Surgical Contraception 12.5 CYP per procedure

The computation of CYP can easily be understood with the following example:

Contraceptive Method	Description	Unit Dispensed	CYPs
Pills (cycles)	15 cycles/couple/Year	750	50
Condoms (pieces)	144 units/couple/Year	3000	20.8
IUDs (pieces)	On average 3.5 years	16	56
Injectables (vials) Depo-Provera (DMPA)	4 units/couple/year	144	36
Injectables (vials) Noristerat (Net-En 6)	6 units/couple/year	126	21
Norplants Implants	5 CYP per device	5	25
Surgical Contraception	12.5 CYP per procedure	2	25
Totals			**233.8**

Data Source
DHIS Monthly Report Form (both PHC & Secondary Hospital Reports) from Section VII

Use
CYP serves as a lower-level proxy indicator to track progress when CPR is not available.

Related Indicators

- New acceptors
- Contraceptive prevalence rate

21. Percentage of Antenatal Care (ANC) Coverage

Definition
Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. It is a measure of the percent of pregnant women who utilize antenatal care services provided at the public health facility at least once during their current pregnancy.
This indicator is calculated as:

$$\frac{\text{Number of pregnant women receiving first ANC service from the facility}}{\text{Number of expected pregnancies in Catchment Population}} \times 100$$

Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary.

The monthly achievement of the percentage of ANC coverage in a given catchment area can be calculated as:

$$\frac{\text{Number of pregnant women receiving first ANC service from the facility in a given month}}{\text{Number of expected pregnancies in Catchment Population / 12}} \times 100$$

Data Source
Numerator = Number of pregnant women receiving first ANC service from the facility from Section VIII (Sr.No.1) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Number of expected pregnancies in the catchment population from Catchment Area Population Chart/HID form

Use
This indicator indicates how many of the pregnant women in the catchment area are covered through the facility for antenatal care services. In other words, it reflects the market share of the facility in providing antenatal services. When compared against previous performance or target, it will provide information on the current performance of the facility or facilities in the tehsil/district in catering to the antenatal care needs of the target population of pregnant women. It can reflect the integrity of referral linkages between LHW and the facility-based health care providers, the extent of mobilization of pregnant women or their families to utilize maternal health services from the public health facilities and/or the trust of the community on the public health facilities/providers.

Related Indicators
Average number of ANC attendances

22. Average number of ANC attendances

Definition
This indicator measures the average number of times pregnant women have come to the facility for antenatal services during the pregnancy.
This indicator is calculated as:

$$\frac{\text{Total number of all antenatal care visits at the facility}}{\text{Total number of first antenatal care visits at the facility}}$$

Data Source

Numerator = Total number of all antenatal care visits at the facility from Section VIII (Sr.No.1+Sr.No.3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of first antenatal care visits at the facility from Section VIII (Sr.No.1) from (both PHC & Secondary Hospital Reports)

Use

This indicator indicates how much the facility and outreach staff have been able to motivate pregnant women to re-visit the facility for antenatal care. It can reflect the performance of the facility and outreach in achieving more than one antenatal care visit to facility by pregnant women. When compared against previous performance of the facility or the tehsil/district, it will provide information on changes (improvement/deterioration) in the current performance and indicate the integrity of referral linkages between LHW and the facility-based health care providers, the extent of mobilization of pregnant women or their families to utilize maternal health services from the public health facilities and/or the trust of the community on the public health facilities/providers.

23. Prevalence of anemia among first ANC attendance

Definition

Percent of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl.

This indicator is calculated as:

$$\frac{\text{Number of pregnant women receiving first antenatal service (ANC1) at the facility with Hb level <10g}}{\text{Total number of pregnant women receiving first antenatal service (ANC1) at the facility}}$$

Data Source

Numerator = Number of pregnant women receiving first antenatal service (ANC1) at the facility with Hb level <10g from Section VIII (Sr.No.2) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of pregnant women receiving first antenatal service (ANC1) at the facility from Section VIII (Sr.No.1) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use

Pregnant women coming to the facility for antenatal care serve as a sample of women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status of women in the catchment population.

24. Percentage of Postnatal Care (PNC) Coverage

Definition

Postnatal care (PNC) coverage is an indicator of utilization of health care services after delivery. It is a measure of the percent of mothers who utilize postnatal care services provided at the public health facility at least once within 42 days after delivery.

This indicator is calculated as:

$$\frac{\text{Number of women receiving first postnatal care at the health facility after delivery}}{\text{Expected number of deliveries in the catchment population}} \times 100$$

The monthly achievement of the percentage of PNC coverage in a given catchment area can be calculated as:

$$\frac{\text{Number of women receiving first postnatal care at the health facility after delivery in a given month}}{\text{Expected number of deliveries in the catchment population / 12}} \times 100$$

Data Source

Numerator = Number of women receiving first postnatal care at the health facility within 42 days after delivery from Section VIII (Sr.No.4) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Expected number of deliveries in the catchment population from Catchment Area Population Chart/HID form

Use

This indicator provides an estimate of how much of the pregnant women population in the catchment area are covered through the facility for post-natal care services and reflects the market share of the facility in providing postnatal care services. When compared against previous performance or target, it will provide information on the current performance of the facility or facilities in the tehsil/district in catering to the postnatal care needs of the target population of pregnant women. It is an indirect evidence of how many mothers were counseled on breast feeding, immunization and nutrition after delivery.

25. Percentage of Delivery Coverage at health facility

Definition

Delivery coverage at facility is an indicator of utilization of delivery services provided at public health facilities. It is a measure of the percent of mothers who are delivered at the public health facility.

This indicator is calculated as:

$$\frac{\text{Number of deliveries attended/ conducted at the facility}}{\text{Number of expected deliveries in the catchment population}} \times 100$$

The monthly achievement of the percentage of delivery coverage at health facility in a given catchment area can be calculated as:

$$\frac{\text{Number of deliveries attended/ conducted at the facility in a given month}}{\text{Number of expected deliveries in the catchment population / 12}} \times 100$$

Data Source

Numerator = Number of deliveries attended/ conducted at the facility from Section VIII (Sr.No.5,6) of PHC Monthly Report Form & from Section VIII (Sr.No.5,6,7) of Secondary Hospital Report Form

Denominator = Expected number of deliveries in the catchment population from Catchment Area Population Chart/HID form

Use

This indicator is a proxy for deliveries by skilled health personnel. It indicates how much of the pregnant women population in the catchment area are covered through the public health facility for delivery services and, thus, reflects the market share of the facility in providing delivery services.

26. Percentage of LHW Pregnancy Registration

Definition
This indicator measures the proportion of pregnancies registered by the LHWs in the catchment area. This indicator is calculated as:

$$\frac{\text{Total number of pregnancies newly registered by LHWs during the month}}{\text{Expected number of pregnancies in the catchment area covered by LHWs / 12}} \times 100$$

Data Source
Numerator = Total number of pregnancies newly registered by LHWs during the month from Section IX (Sr.No.1) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)
Denominator = Expected number of pregnancies in the catchment area covered by LHWs from Catchment Area Population Chart/HID form

Use
This indicator reflects the performance of LHWs and the extent to which pregnant women in the catchment area have come in contact with the public health system.

Related indicator
Facility antenatal coverage compared to LHW pregnancy registration

27. Maternal Deaths reported by LHWs

Definition
This indicator indicates the number of Maternal Deaths reported by LHWs in their catchment area population.
This indicator is calculated as:

$$\frac{\text{Total number of Deaths reported by LHWs in their catchment area population}}{}$$

Data Source
Section IX (Sr.No.3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator reflects the occurrence of Maternal Deaths in the area covered by LHWs .

28. Annual OPD case load profile

Definition
This indicator is a measure of the annual number of cases according to specified disease classification attending the OPD.

Data Source
Section IV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator will help in understanding which diseases/cases were attended at the facility, at all health facilities in a tehsil/taluka or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil/taluka or districts. The indicator can trigger a response in terms of additional resource allocation or redistribution according to the disease pattern, or initiating/strengthening specific preventive, promotive and/or curative services at specific area/catchment population.

Related Indicator
Annual IPD case load profile
Annual top 5 communicable and top 5 non-communicable diseases at OPD

29. Annual top 5 communicable and top 5 non-communicable diseases at OPD

Definition
This indicator is a listing of the five most common cases of both communicable and non-communicable diseases attending OPD.

Data Source
For communicable diseases Section IV (Sr. No. 1,2,3,4,7,8,9,10,15,17,18,20,21,22,25,27,33,42,43) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

For non-communicable diseases Section IV (Sr. No. 5, 6, 11, 12, 13, 14, 16, 19, 23, 24, 26, 28, 29, 30, 31, 32, 34, 35,36,37,38,39,40,41) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
It will indicate what type of patients mostly are attending the OPD so that appropriate measures/ resources can be focused, e.g., training of staff, equipments, medicines, lab facilities etc. Also, it will suggest focus area for disease control and prevention.

30. Annual IPD case load profile

Definition
This indicator is a measure of the annual number of cases according to specified disease classification attending the hospital indoors (In-patient departments).

Data Source
Section XIII-B of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator will help in understanding which diseases/cases were attended at the facility, at all health facilities in a tehsil/taluka or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil/taluka or districts. The indicator can trigger a response in terms of additional resource allocation or redistribution according to the disease pattern, or initiating/strengthening specific preventive, promotive and/or curative services at specific area/catchment population.

Related Indicator
Annual OPD case load profile
Annual top 5 communicable and top 5 non-communicable diseases at IPD

31. Annual top 5 communicable and top 5 non-communicable diseases at IPD

Definition
This indicator is a listing of the five most common cases of both communicable and non-communicable diseases attending IPD (In-patient departments).

Data Source

For communicable diseases Section XIII-B (Sr. No. 1,2,3,4) of PHC Facility Monthly Report Form .

For communicable diseases Section XIII-B (Sr. No. 1,2,3,4,5,8,10,12,13,14,15,21,22) of DHIS Secondary Hospital Monthly Report Form

For non-communicable diseases Section XIII-B (Sr. No. 6, 7, 9, 11, 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 28, 29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52) of DHIS Secondary Hospital Monthly Report Form

Use
It will indicate what type of patients mostly are admitted in the hospital indoors so that appropriate measures/ resources can be focused, e.g., training of staff, equipments, medicines, lab facilities etc. Also, it will suggest focus area for disease control and prevention.

32. Percentage of OPD Diarrheal cases (under-5 children)

Definition
This indicator estimates the proportion of children < 5 years of age in the catchment area attending OPD with diarrhea/dysentery.
This indicator is calculated as:

$$\frac{\text{Number of children < 5 years of age with diarrhea/dysentery attending the OPD}}{\text{Total number of children < 5 years of age in catchment area}} \times 100$$

Data Source
Numerator = Number of children < 5 years of age with diarrhea/dysentery attending the OPD from Section IV (Sr. No. 7 + 8) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of children < 5 years of age in catchment area from Catchment Area Population Chart/HID Form

Use
This indicator is a rough estimation of the extent of diarrheal diseases among under-5 children population in the catchment area. This facility-based calculation only provides the tip of the ice-berg picture. Nevertheless, an increasing number of OPD attendances of children with diarrhea should alert the health authority and may deem further investigation of the situation.

33. Percentage of Diarrheal Fatality among under-5 children admitted for diarrhea

Definition
This indicator measure the proportion of deaths among patients admitted with diarrhea/dysentery in hospital indoors.
This indicator is calculated as:

$$\frac{\text{Number of deaths due to diarrhea/dysentery in under-5 children admitted in the facility}}{\text{Total number of under-5 children admitted in the facility with diarrhea/dysentery}} \times 100$$

Data Source
Numerator = Number of deaths due to diarrhea/dysentery in patients admitted in the facility from Section XIII-B (Sr. No. 1) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 1,2) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total number of patients admitted in the facility with diarrhea/dysentery from Section XIII-B (Sr. No. 1) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 1,2) of DHIS Secondary Hospital Monthly Report Form

Use

This indicator may suggest severity of diarrhea in the community and can indicate epidemic. It also reflects on the quality of management practices at hospital and the level of early case detection and management at community. Occurrence of hospital deaths of diarrhea patients, especially adult patients should alert concerned authorities (EDOH, DOH, PHD), trigger an epidemiological investigation and monitoring of the situation, e.g. through daily reporting on the situation.

34. Percentage of OPD Pneumonia cases (under-5 children)

Definition

This indicator estimates the proportion of children <5 years of age in the catchment area attending OPD with pneumonia.

This indicator is calculated as:

$$\frac{\text{Number of children < 5 years of age with pneumonia attending the OPD}}{\text{Total number of children < 5 years of age in catchment area}} \times 100$$

WHO Classification of pneumonia in under-5 children:

Pneumonia: Presence of fast breathing in children under 5 years of age with cough or cold.

Fast breathing: Respiratory rate more than 60 in young infants aged less than 2 months, more than 50 in children 2-11 months and more than 40 in children 1-4 years.

Severe pneumonia: Presence of fast breathing and chest in-drawing in under 5-children with cough or cold.

Data Source

Numerator = Number of children < 5 years of age with pneumonia attending the OPD from Section IV (Sr. No. 2) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of children < 5 years of age in catchment area from Catchment Area Population Chart/HID Form

Use

A sudden significant increase in case load of pneumonia can be indicative of outbreak. This indicator is more useful than calculating ARI which includes "No pneumonia" as well. Calculation of OPD pneumonia cases will help in providing a more tangible understanding of the gravity of the situation in the community. It may also be indicative of a possible measles epidemic in the catchment area. This indicator can help the health authority to decide on initiating preparedness for increase in pneumonia case load in terms of:

- Additional resource (esp. antibiotics and emergency medicines) mobilization
- Training of staff on proper management
- Health education activities
- Coordination with hospitals for preparedness to receive severe pneumonia patients
- Strengthening referral of Under-5 pneumonia cases
- Collaboration with social sector organizations for improved child-feeding activities
- If measles epidemic is there, initiating measles epidemic control measures

35. Percentage of Pneumonia Fatality among under-5 children admitted with pneumonia

Definition
This indicator measure the proportion of deaths among patients admitted with pneumonia in hospital indoors.
This indicator is calculated as:

$$\frac{\text{Number of deaths due to pneumonia in children <5 years of age admitted in the facility}}{\text{Total number of children <5 years of age admitted in the facility with pneumonia}} \times 100$$

Data Source
Numerator = Number of deaths due to pneumonia in children <5 years of age admitted in the facility from Section XIII-B (Sr. No. 2) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 3) of DHIS Secondary Hospital Monthly Report Form

Denominator = Number of children <5 years of age admitted in the facility with pneumonia from Section XIII-B (Sr. No. 2) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 3) of DHIS Secondary Hospital Monthly Report Form

Use
This indicator is suggestive of the severity of pneumonia in the community and the level of early detection and management at community/first care levels. It may also indicate quality of care for pneumonia patients at the facility.

36. OPD Malaria Cases per 1000 population

Definition
This indicator estimates the proportion of suspected malaria cases attending OPD.
This indicator is calculated as:

$$\frac{\text{Number of suspected cases of malaria attending OPD}}{\text{Total population in the catchment area}} \times 1000$$

Data Source
Numerator = Number of suspected cases of malaria at OPD from Section IV (Sr.No.17) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total population in the catchment area from Catchment Area Population Chart/HID Form

Use
This indicator is a rough estimation of the extent of malaria in the catchment population. This facility-based calculation only provides a partial picture. Nevertheless, an increasing number of OPD attendances of malaria cases should alert the health authority and may deem further investigation of the situation.

37. Malaria Case Admissions per 1000 population

Definition
This indicator estimates the proportion of malaria cases admitted in the facility
This indicator is calculated as:

$$\frac{\text{Number of malaria cases admitted in the facility}}{\text{Catchment area population}} \times 1000$$

Data Source

Numerator = Number of malaria cases admitted in the facility from Section XIII-B (Sr. No. 3) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 5) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total population in the catchment area from Catchment Area Population Chart/HID Form

Use

Assuming that only complicated cases of malaria are hospitalized, this indicator may indicate severity of malaria and level of early detection and management at community/first care levels. It may also indicate resistance to first line drugs used at first level.

38. Percentage of Malaria Fatality among Admitted Malaria cases

Definition

This indicator measure the proportion of deaths among patients admitted with malaria in hospital indoors.

This indicator is calculated as:

$$\frac{\text{Number of deaths of admitted patients with malaria}}{\text{Number of patients admitted with malaria}} \times 100$$

Data Source

Numerator = Number of deaths of admitted patients with malaria from Section XIII-B (Sr. No. 3) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 5) of DHIS Secondary Hospital Monthly Report Form

Denominator = Number of malaria cases admitted in the facility from Section XIII-B (Sr. No. 3) of PHC Facility Monthly Report Form plus from Section XIII-B (Sr. No. 5) of DHIS Secondary Hospital Monthly Report Form

Use

It suggests severity of malaria and level of early detection and management at community/first care levels. It may also indicate resistance to first line of drugs used at first care level. This indicator may also point to the quality of malaria care at facility indoors.

39. Percentage of Malaria Slide Positivity

Definition

This indicator measure the proportion of blood slides tested positive for malaria.

This indicator is calculated as:

$$\frac{\text{Number of blood slides with malaria parasite positive result}}{\text{Total number of blood slides examined for malaria parasite}} \times 100$$

Data Source

Numerator = Number of blood slides with malaria parasite positive result from Section XI (Sr. No. 2+3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of blood slides examined for malaria parasite from Section XI (Sr. No.1) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

40. Percentage of Plasmodium Falciparum Slide Positivity

Definition
This indicator measure the proportion of plasmodium falciparum among blood slides tested positive for malaria.
This indicator is calculated as:

$$\frac{\text{Number of blood slides with plasmodium falciparum positive result}}{\text{Number of blood slides with malaria parasite positive result}} \times 100$$

Data Source
Numerator = Number of blood slides with plasmodium falciparum positive result from Section XI (Sr. No. 3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of blood slides examined for malaria parasite from Section XI (Sr. No.2) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator is useful for monitoring increase in proportion of falciparum infection. The national target is to keep the proportion at less that 40%.

National TB Control Program / TB-DOTS Indicators
The following three are the indicators calculated and used by National TB Control / TB-DOTS Program. Details of these indicators are provided in the program guidelines.

- TB case detection rate
- TB treatment success rate
- TB sputum conversion rate

41. TB Suspect Identification rate per 1000 population

Definition
This indicator estimates the proportion of suspected tuberculosis (TB) cases attending OPD.
This indicator is calculated as:

$$\frac{\text{Number of TB Suspects attending the OPD}}{\text{Total population of the catchment area}} \times 1000$$

Data Source
Numerator = Number of TB Suspects attending the OPD from Section IV (Sr.No.4) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total population in the catchment area from Catchment Area Population Chart/HID Form

42. Proportion of TB-DOTS intensive-phase patients missing for <1 week

Definition
This indicator measures the proportion of TB DOTS intensive phase patients missing treatment more than one week.

This indicator is calculated as:

$$\frac{\text{Number of intensive phase TB-DOTS patients missing treatment for >1 week in the month}}{\text{Number of intensive phase TB-DOTS patients during that month}} \times 100$$

Data Source

Numerator = Number of intensive phase TB-DOTS patients missing treatment for >1 week in the month from Section VI (Sr.No.2) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Number of intensive phase TB-DOTS patients during that month from Section VI (Sr.No.1) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use

This indicator is suggestive of the performance of the TB-DOTS treatment center and the associated treatment supporters.

Under TB-DOTS, "if a patient misses his/her treatment for more than 2 consecutive days during the initial intensive phase, he must be traced by the health worker or by the treatment supporter." And, in the continuation phase of treatment "if patient fails to collect his drugs within one week of drug collection day he must be traced by health worker". Also, in case of initial intensive phase treatment cases, if the length of treatment interruption is less that 2 weeks, there is no change in the treatment regimen. But, if interruption is more than 2 weeks, the approach is different according to the situation. Thus, in order to capture the situation of occurrences of treatment interruptions in the initial phase of DOTS, a middle period between 2 days to 2 weeks has been chosen in the DHIS report, i.e., 1 week. If the system is working well, we can expect that the health system would have responded to the missing patient situation by 1 week of treatment interruption. This data on number of intensive phase patients missing treatment >1 week would let the managers know how much extra effort is being put by the health system to bring back missing TB patients, and can serve as a early warning of extent of missing patients and thereby let managers take necessary measures to reduce the occurrences of treatment interruptions. This information is not captured in the quarterly TB report where number of “Default” cases is reported. (By definition, "A patient whose treatment was interrupted for consecutive two months or more" is considered as a defaulter.)

43. OPD suspected measles cases

Definition

This indicator is an estimate of the proportion of suspected measles cases attending OPD.
This indicator is calculated as:

$$\frac{\text{Number of suspected measles cases attending OPD}}{}$$

Data Source

Number of suspected measles cases attending OPD from Section IV (Sr.No.20) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use

This indicator provides only a rough facility-based estimate of the overall situation. A trend analysis may yield information on possible measles outbreak.

44. Neonatal tetanus cases admitted

Definition
This indicator is the percent of live births admitted with neonatal tetanus in the hospital.
This indicator is calculated as:

$$\frac{\text{Number of neonatal tetanuscases admitted}}{}$$

Data Source
Number of neonatal tetanus admitted from Section XIII-B (Sr.No.21) of DHIS Monthly Secondary Hospital Report Form

Use
This facility-based data on number of the neonatal tetanus cases only depicts the tip of the iceberg of the overall neonatal tetanus situation in the community. In spite of that, this indicator serves to tell the program managers that neonatal tetanus cases are occurring in the community; and an increasing trend can mean evolution of an alarming situation in the community, thus reflecting on the immunization program and safe motherhood activities.

45. Percentage of OPD Malnourished children < 5 years

Definition
This indicator is the ratio of malnourished children < 5 years among total children < 5 years attending OPD.
This indicator is calculated as:

$$\frac{\text{Total malnourished children < 5 years attending OPD}}{\text{Total < 5 years children attended OPD}} \times 100$$

OPD malnourished < 5 years children are those children coming to OPD for the treatment of obvious wasting, kwashiorkor or marusmus.

Data Source
Numerator = Total malnourished children < 5 years attending OPD from Section III (Sr. No.7) of PHC Facility Monthly Report Form plus from Section III (column no.15) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total < 5 years children attended OPD from Section III Grand total of (<1years + (1-4) years) of PHC Facility Monthly Report Form plus from Section III Grand total of ((Male <1 years + (1-4) years) plus (Female <1 years + (1-4) years) of DHIS Secondary Hospital Monthly Report Form

Use
This indicator will give an idea about increasing or decreasing trend of occurrence of obvious malnutrition among the children in the community. This indicator can serve as a warning signal of the deteriorating nutritional status of the children in the community and, thus, help to alert the managers for taking appropriate program or action to improve the situation. Other factors may also influence increase in OPD attendance of malnourished children, e.g. community-based awareness program on child nutrition, improvement in the quality of health facility's services.

46. Percentage of Low Birth Weight (LBW) (Facility-based)

Definition
This indicator measures the proportion of live births with low birth weight (live born infants with birth weight less than 2.5 kg) among births in health facility in a given time period.

It is calculated as:

$$\frac{\text{Number of live births in the facility with LBW (<2.5 kg)}}{\text{Total live births in the facility}} \times 100$$

Birth weight is the first weight of the newborn obtained after birth. For live births, birth weight should ideally be measured within the first hour of life before significant postnatal weight loss has occurred and actual weight should be recorded to the degree of accuracy to which it is measured.

Low birth weight is defined as less than 2.5 kg (up to and including 2.49 kg).

Data Source

Numerator = Number of live births in the facility with LBW (<2.5 kg) from Section VIII (Sr. No.8) of PHC Facility Monthly Report Form plus from Section VIII (Sr. No.9) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total live births in the facility from Section VIII (Sr. No.7) of PHC Facility Monthly Report Form plus from Section VIII (Sr.No.8) of DHIS Secondary Hospital Monthly Report Form

Use

LBW rate is a good indicator of a public health problem that includes long-term maternal malnutrition, ill health and poor health care. On an individual basis, low birth weight is an important predictor of newborn health and survival. The facility-based statistics can provide a good estimate of LBW rate in the population. Monitoring changes in facility-based LBW rate can help in understanding changes in the population.

47. Expected Obstetric Complications Admitted

Definition

This indicator is a measure of the proportion of women estimated to have obstetric complications who are admitted and treated in the public health facilities

This indicator is calculated as:

$$\frac{\text{Number of obstetric complications admitted \& treated at the facility}}{\text{Number of obstetric complications expected in the catchment population}} \times 100$$

The monthly achievement of the percentage of expected obstetric complication cases admitted at health facility in a given catchment area can be calculated as:

$$\frac{\text{Number of obstetric complications admitted \& treated at the facility in a given month}}{\text{Number of obstetric complications expected in the catchment population / 12}} \times 100$$

Data Source

Numerator = Number of obstetric complications treated at the facility from Section XIII-B (Sr.No.40,41,42,43,44,45,46,47,48) of DHIS Monthly Secondary Hospital Report Form

Denominator = Number of obstetric complications expected in the catchment population = 15% of the total expected pregnancies in the Catchment Area Population from Catchment Area Population Chart/HID Form

Use
As a rule, about 15% of the pregnant women are thought to need emergency obstetric care at hospitals for obstetric complications. This indicator will suggest how much of the expected complicated pregnancies are catered by the public health facility. Indirectly it also reflects the quality of services at the facility, the quality and coverage of antenatal care services in the catchment area and the strength of the referral system

48. Expected Caesarean sections performed

Definition
This indicator is a measure of Caesarian Sections as a percentage of all births in the population.

This indicator is calculated as:

$$\frac{\text{Number of C-sections carried out in the facility}}{\text{Number of expected births in the population}} \times 100$$

The monthly achievement of the percentage of expected Cesarean sections performed at health facility in a given catchment area can be calculated as:

$$\frac{\text{Number of C-sections carried out in the facility in a given month}}{\text{Number of expected births in the population / 12}} \times 100$$

Data Source
Numerator = Number of C-sections carried out in the facility from Section VIII (Sr.No.7) of DHIS Monthly Secondary Hospital Report Form

Denominator = Number of expected births in the population in the catchment population from Catchment Area Population Chart/HID Form

Use
It is estimated that 15% of pregnancies develop life-threatening complications; of them one-third (i.e., 5% of pregnancies) require C-sections. Thus, Caesarian sections should account for not less that 5% and not more that 15% of all births. This indicator will give an estimate of what proportion of C-sections are taking place in public health facilities. On the other hand, high proportion may indicate over-indulgence in C-sections.

49. Percentage of Fatality among Admitted Obstetric Complication Cases

Definition
This indicator is a measure of deaths among women with obstetric complications admitted in the public health facility.
This indicator is calculated as:

$$\frac{\text{Number of deaths among obstetric patients in the facility in a given month}}{\text{Number of cases with obstetric complications admitted in the facility in that month}} \times 100$$

Data Source
Numerator = Number of deaths among obstetric patients in the facility from Section XIII-B (Sr.No.42,43,44,45,46,47,48) of DHIS Monthly Secondary Hospital Report Form

Denominator = Number of cases with obstetric complications admitted in the facility from Section XIII-B (Sr.No.42,43,44,45,46,47,48) of DHIS Monthly Secondary Hospital Report Form

Use
This is a quality of emergency obstetric care indicator. As a rule of thumb, case fatality rate among women with obstetric complications in the health facilities should be less than 1%. A higher fatality rate indicates poor care. On the other hand, it also reflects quality of early detection and referral from community/first level care facilities for obstetric complications or point towards delays in care seeking for obstetric complications which indirectly suggest the quality/coverage of antenatal care consultations.

Related Indicator
Maternal deaths investigated
Cause-specific obstetric case fatality

50. Percentage of Newborn Fatality in Health Facility

Definition
This indicator refers to the proportion of early neonatal deaths (deaths within the first seven days of life) in the facility among live births occurring in the facility.
This indicator is calculated as:

$$\frac{\text{Number of newborn (early neonatal) deaths in the facility in a given month}}{\text{Total live births in the facility in that month}} \times 100$$

Data Source
Numerator = Number of newborn (early neonatal) deaths in the facility from Section VIII (Sr. No.11) of PHC Facility Monthly Report Form plus from Section VIII (Sr. No.11,12,13,14,15,16) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total live births in the facility from Section VIII (Sr.No.7) of PHC Facility Monthly Report Form plus from Section VIII (Sr.No.8) of DHIS Secondary Hospital Monthly Report Form

Use
This indicator is suggestive of the quality of newborn care, especially the immediate newborn care and obstetric care in the facility. It may also reflect poor nutritional status of mothers and poor health care seeking behavior in the community

Related indicator
Cause-specific facility-based neonatal fatality

51. Percentage of Stillbirth among all births taking place in the facility

Definition
This indicator refers to the proportion of still births (babies born dead after 22 weeks gestation) in the facility among all the births occurring in the facility.
This indicator is calculated as:

$$\frac{\text{Number of still births in the facility in a given month}}{\text{Total births in the facility in that month}} \times 100$$

Data Source
Numerator = Number of still births in the facility from Section VIII (Sr. No.9) of PHC Facility Monthly Report Form plus from Section VIII (Sr.No.10) of DHIS Secondary Hospital Monthly Report Form

Denominator = Total live births in the facility from Section VIII (Sr.No.7) of PHC Facility Monthly Report Form plus from Section VIII (Sr.No.8) of DHIS Secondary Hospital Monthly Report Form

Use
Along with newborn case fatality rate, this indicator provides a measure of facility-based perinatal mortality rate. Perinatal mortality rate reflects the overall quality of maternal and neonatal care. It depends of the socio-economic status of the community, access to health care and the quality of that health care.

52. Percentage of STI cases among OPD cases

Definition
This indicator is a facility-based estimation of the proportion of total 15 and above age patients with STI attending OPD.
This indicator is calculated as:

$$\frac{\text{Number of patients with STI attending OPD}}{\text{Total 15 and above age OPD patients}} \times 100$$

Data Source
Numerator = Number of patients with STI attending OPD from Section IV (Sr. No.15) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total 15 and above age OPD patients from Section III Grand total of (15-49) + (50+) age patients) of PHC Facility Monthly Report Form plus from Section III Grand total of ((Male (15-49) + (50+) age patients) plus (Female (15-49) + (50+) age patients) of DHIS Secondary Hospital Monthly Report Form

Use
This indicator is suggestive of the awareness and/or health seeking behavior of 15 and above age group population for STI.

53. Percentage of Hepatitis B +Ve (among patients screened for Hepatitis)

Definition
This indicator is an estimation of the percent of cases screened positive for Hepatitis B infection.
This indicator is calculated as:

$$\frac{\text{Number of patients tested positive for HBV}}{\text{Total number of patients screened for Hepatitis}} \times 100$$

Data Source
Numerator = Number of patients tested positive for HBV from Section XI (Sr. No. 2 of Viral Hepatitis) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of patients screened for Hepatitis from Section XI (Sr. No.1 of Viral Hepatitis) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator can provide a rough picture of the overall situation of Hepatitis B infection in the general population.

54. Percentage of Hepatitis C +Ve (among patients screened for Hepatitis)

Definition
This indicator is an estimation of the percent of cases screened positive for Hepatitis C infection. This indicator is calculated as:

$$\frac{\text{Number of patients tested positive for HCV}}{\text{Total number of patients screened for Hepatitis}} \times 100$$

Data Source
Numerator = Number of patients tested positive for HCV from Section XI (Sr. No. 3 of Viral Hepatitis) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total number of patients screened for Hepatitis from Section XI (Sr. No.1 of Viral Hepatitis) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator can provide a rough picture of the overall situation of Hepatitis C infection in the general population.

55. Budget release

Definition
It is the proportion of allocated budget released
This indicator is calculated as:

$$\frac{\text{Amount of budget released to-date}}{\text{Total budget allocated for fiscal year}} \times 100$$

Data Source
Numerator = Amount of budget released to-date from Section XVI-B (Sr. No. 1+2+9 of column no.4) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total budget allocated for fiscal year from Section XVI-B (Sr. No. 1+2+9 of column no.3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
This indicator reflects the proportion of allocated budget released, total or for specific budget heads, e.g., M&R, ADP, medicine etc. When viewed against time, it will indicate the amount of budget made available in time. Review of this indicator may lead to call for action like liaison with finance department for timely and adequate release of budget or to put up case with concerned authority in case of difficulty.

56. Total Unspent budget for each Head/line item

Definition
It is the proportion of released budget remaining unspent.
This indicator is calculated as:

$$\frac{\text{Total Unspent budget for each Head/line item}}{\text{Total budget released for each Head/line item}} \times 100$$

Data Source

Numerator = Total Unspent budget for each Head/line item from Section XVI-B (Sr. No. 1+2+9 of column no.6) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total budget released for Head/line item from Section XVI-B (Sr. No. 1+2+9 of column no.3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use

This indicator will help in understanding the utilization of budget. Especially if calculations are made according to each budget head, it will tell what amount of head-wise budget is left for the rest of the year. This indicator will also help to identify occurrence of any unusual expenditure or non-expenditure.

Some of the action that may be necessary based on the review of this indicator can be:

- Investigation of the cause of unusual (very high or low) expenditure
- Re-appropriation of the budget, if necessary
- If less expenditure, expediting processes for appropriate procurement, maintenance activities, etc.
- Take measures (including liaison/consultation with District Government) to increase budget allocation in the relevant line-head of the proposed budget for next year

57. Total Unspent budget

Definition

It is the proportion of released budget remaining unspent.

This indicator is calculated as:

$$\frac{\text{Total Unspent budget}}{\text{Total budget released}} \times 100$$

Data Source

Numerator = Total Unspent budget from Section XVI-B (Sr. No. 1+2+9 of column no.6) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total budget released from Section XVI-B (Sr. No. 1+2+9 of column no.3) of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use

This indicator will help in understanding the utilization of budget. Especially if calculations are made according to each budget head, it will tell what amount of head-wise budget is left for the rest of the year. This indicator will also help to identify occurrence of any unusual expenditure or non-expenditure.

Some of the action that may be necessary based on the review of this indicator can be:

- Investigation of the cause of unusual (very high or low) expenditure
- Re-appropriation of the budget, if necessary
- If less expenditure, expediting processes for appropriate procurement, maintenance activities, etc.
- Take measures (including liaison/consultation with District Government) to increase budget allocation in the relevant line-head of the proposed budget for next year

58. Per capita non-salary budget allocation

Definition
This indicator represents the situation of budget allocated for public health services by the district. It is calculated as:

$$\frac{\text{Total non-salary budget allocation for the year}}{\text{Total population in the district}} \times 100$$

Data Source
Financial record of EDO (Health) Office

Use
The indicator provides a reflection of the district's responsiveness to population's health needs.

59. Stock out of tracer drugs / supplies

Definition
This indicator measures the percent of health facilities that experienced a stock-out of any tracer drug/medicine for any number of days at any time of the month.
This indicator is calculated as:

$$\frac{\text{Number of health facilities in the district that experienced a stock-out of a tracer drug/medicine}}{\text{Total \# of Health Facilities}} \times 100$$

Data Requirements
Occurrence of Stock-out of tracer drugs/medicines

Data Source
Numerator = Number of health facilities in the district that experienced a stock-out of a tracer drug/medicine from Section XII-A of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total # of Health Facilities from HID

Use
Ideally, there should not be any stock-out situation in the facilities. Occurrence of stock-out of any tracer drug for any number of days in a month will indicate that there is a breakage anywhere in the logistic system. By analyzing this indicator the district manager can identify whether breakdown in the logistic supply system in the district is a wide-spread phenomenon involving many health facilities or only occurring sporadically; whether such breakages are occurring regularly throughout the year or only occur occasionally. In this way the probable site of fault in the supply line can be identified and appropriate measures can be taken to improve the situation.

At facility level, the facility can calculate the percent of months a facility reported stock-out in a year. Frequent occurrences of stock-outs at the facility can indicate weaknesses in stock management within the facility.

Related Indicators
Percent of months a facility reported stock-out in a year

60. Proportion of staff positions filled by category

Definition
This indicator refers to the percentage of sanctioned staff positions filled in the facility.
This indicator is calculated as:

$$\frac{\text{Filled staff positions, by category}}{\text{Total sanctioned staff positions, by category}} \times 100$$

Data Source
Numerator = Filled staff positions, by category from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total sanctioned staff positions, by category from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator is a reflection of the availability of staff in the facility according to its sanctioned positions. Calculation of category-wise percentage of filled staff positions will yield a detailed picture of essential staff strength in the facility.

61. Proportion of staff positions

Definition
This indicator refers to the percentage of sanctioned staff positions filled in the facility.
This indicator is calculated as:

$$\frac{\text{Filled staff positions}}{\text{Total sanctioned staff positions}} \times 100$$

Data Source
Numerator = Filled staff positions, by category from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total sanctioned staff positions, by category from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator is a reflection of the availability of staff in the facility according to its sanctioned positions. Calculation of percentage of filled staff positions will yield a picture of total staff strength in the facility.

62. Proportion of specialists staff positions filled

Definition
This indicator refers to the percentage of sanctioned staff positions filled of specialists in the facility.
This indicator is calculated as:

$$\frac{\text{Filled staff positions of specialists}}{\text{Total sanctioned staff positions of specialists}} \times 100$$

Data Source
Numerator = Filled staff positions of specialists from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total sanctioned staff positions of specialists from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator is a reflection of the availability of staff in the facility according to its sanctioned positions. Calculation of percentage of filled staff positions will yield a detailed picture of specialists staff strength in the facility.

63. Proportion of staff positions filled of General Medical Doctors

Definition
This indicator refers to the percentage of sanctioned staff positions filled of General Medical Doctors in the facility.
This indicator is calculated as:

$$\frac{\text{Filled staff positions of General Medical Doctors}}{\text{Total sanctioned staff positions of General Medical Doctors}} \times 100$$

Data Source
Numerator = Filled staff positions of General Medical Doctors from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total sanctioned staff positions of General Medical Doctors from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator is a reflection of the availability of staff in the facility according to its sanctioned positions. Calculation of percentage of filled staff positions will yield a detailed picture of General Medical Doctors staff strength in the facility.

64. Proportion of staff positions filled of Paramedical staff

Definition
This indicator refers to the percentage of sanctioned staff positions filled of Paramedical staff in the facility.
This indicator is calculated as:

$$\frac{\text{Filled staff positions of Paramedical staff}}{\text{Total sanctioned staff positions of Paramedical staff}} \times 100$$

Data Source
Numerator = Filled staff positions of Paramedical staff from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Denominator = Total sanctioned staff positions of Paramedical staff from Section XV of DHIS Monthly Report Form (both PHC & Secondary Hospital Reports)

Use
The indicator is a reflection of the availability of staff in the facility according to its sanctioned positions. Calculation of percentage of filled staff positions will yield a detailed picture of Paramedical staff strength in the facility.

HID Based Indicators

65. Facility equipment need

Definition
This indicator refers to the percentage of facilities in need of specific equipment.
This indicator is calculated as:

$$\frac{\text{Number of facilities without functional equipment/unit in question}}{\text{Total number of facilities}} \times 100$$

Data Source
HID Form

Use
This indicator will provide the overall picture of the need for particular equipment in the district.

66. Facility repair need

Definition
This indicator refers to the percentage of facilities that need major repair (i.e., repair work that is not within the financial or administrative authority of the facility in-charge.)
This indicator is calculated as:

$$\frac{\text{Number of facilities requiring major repair}}{\text{Total number of facilities}} \times 100$$

Data Source
1. Health Institution Database (HID)

Use
This indicator will provide the overall picture of the extent of major repair work of the facilities needed in the district.

67. Functional patient toilets

Definition
This indicator refers percentage of facilities with functional toilets (i.e., toilets that are usable, clean and have sufficient water supply and are used) for the patients in the facility.
This indicator is calculated as:

$$\frac{\text{Number of functional toilets for patients' use in the facility}}{\text{Total number of toilets for patients' use in the facility}} \times 100$$

Data Source
1. Health Institution Database (HID)

Use
This is a quality of care indicator and provides the overall picture of the responsiveness to the patients' needs.

68. Facility waste disposal

Definition
This indicator refers to the percentage of facilities with functional toilets (i.e., toilets that are usable, clean and have sufficient water supply and are used) for the patients in the facility.
This indicator is calculated as:

$$\frac{\text{Number of facilities for a given level with proper waste disposal arrangements}}{\text{Total number of facilities by that level}} \times 100$$

Data Source
1. Health Institution Database (HID)

Use
This indicator reflects adherence to safety procedures by the facility

69. Emergency Obstetric Care

Definition
This indicator refers to the distribution of Emergency Obstetric Care (EmOC) facilities in the district.
This indicator is calculated as:

Number of facilities providing Basic EmOC and Comprehensive EmOC services in the Tehsil/District

Data Source
1. Health Institution Database (HID)

Use
In order to cater to the emergency obstetric care needs, there should be at least 4 Basic EmOC facilities and 1 Comprehensive EmOC facility for 500,000 population and appropriately distributed over the geographical area. This indicator will depict the availability of EmOC services in the district and their geographical distribution.

70. Blood bank screening facilities

Definition
This indicator refers to the availability of screening facility in the blood banks.
This indicator is calculated as:

$$\frac{\text{Number of registered blood banks with HBV, HCV, HIV and syphilis screening facilities}}{\text{Number of registered blood banks}} \times 100$$

Data Source
1. Health Institution Database (HID)

Use
This indicator will reflect the extent of safe/unsafe blood transfusion services in the district.

71. Private facility registration

Definition
This indicator refers to the percentage of private hospitals/clinics registered with the government authority.

This indicator is calculated as:

$$\frac{\text{Number of registered private hospital/clinics in the district}}{\text{Total number of private hospitals/clinics in the district}} \times 100$$

Data Source
1. EDOH Office Records

Use
This indicator will reflect on the extent of private sector health care facilities brought under government's health regulatory authority and indirectly reflect the performance/capacity of such authority.

72. Reporting compliance

Definition
This indicator refers to percent of public health facilities which has submitted the monthly report.
This indicator is calculated as:

$$\frac{\text{Number of facilities submitted monthly reports}}{\text{Total number of facilities}} \times 100$$

Data Source
DHIS Computer Software

Use
This indicator provides a reflection of one aspect (i.e., compliance) of the DHIS data. If facilities are not sending monthly reports, the data from the reports will not get entered in the DHIS computer application, thereby, making availability of complete DHIS data set for any kind of analysis and use for decision making improbable.

73. Reporting timeliness

Definition
This indicator refers to percent of public health facilities providing monthly reports in accord with time protocol.
This indicator is calculated as:

$$\frac{\text{Number of facilities submitting monthly reports in time}}{\text{Total number of facilities}} \times 100$$

Data Source
DHIS Computer Software

Use
This indicator provides a reflection of one aspect (i.e., timeliness) of the DHIS data quality. If facilities are not sending monthly reports on time, the data from the reports will not get entered in the DHIS computer application in time, thereby, making availability of complete DHIS data set for any kind of analysis and use for decision making improbable.

74. Reporting completeness

Definition
This indicator refers to percent of monthly DHIS reports that are complete.
This indicator is calculated as:

$$\frac{\text{Number of complete DHIS monthly reports from the health facilities for a month}}{\text{Total number of monthly reports submitted for the month}} \times 100$$

Complete means all the relevant data elements in the monthly report have been reported, and the submitted report does not contain any cell that is unduly left blank.

Data Source
DHIS Computer software

Use
This indicator is a reflection of the DHIS data quality.

75. Reporting accuracy

Definition
This indicator refers to level of data accuracy (measured in percentage) of the monthly reports as assessed through using the Lot Quality Assurance Sampling (LQAS) technique.

Level of Data Accuracy of the monthly report means the extent to which the data in the monthly reports cross-match with the data in the registers from where the data have been transferred to the monthly reports.

Data Source
Section I (Sr. No.4) of DHIS PHC Monthly report and Section I (Sr.No.13) of DHIS Secondary Hospital Monthly Report

Use
This indicator is a reflection of the DHIS data quality.