





# **Implementation of DHIS2 System**

Department of Health, ICT



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## **CHAPTER 1: INTRODUCTION OF DHIS & DHIS2**

#### 1.1 DHIS:

DHIS is a web-based information system to record and analyze Overall health facility utilization, Preventive Care Services i.e., immunization, family planning etc., Curative Care with mortality & morbidity, Obstetric and Neonatal Care, Financial Management, Logistics, Human Resources and timeliness, completeness, accuracy of reporting by primary and secondary health care facilities.

#### 1.2 DHIS2:

DHIS 2 is a tool for collection, validation, analysis, visualizing and sharing data for all health programs. It is a generic tool rather than a pre-configured database application, with an open meta-data model and a flexible user interface that allows the user to design the contents of a specific information system without the need for programming. DHIS2 is a modular web-based software package built with free and open source Java frameworks developed by the Health Information Systems Program (HISP) at the University of Oslo (UiO). DHIS2 is the world's largest Management Information Software platform and is in use by 73 low and middle-income countries, covering at least 2.4 billion people. With inclusion of NGO-based programs in various countries, DHIS2 is in use in more than 100 countries now.

Following are the benefits which can be achieved by using DHIS2

- a) Provides a detailed picture of all the activities of public health facilities at a single point which enables to design effective policy and future oriented decisions.
- b) No programming helps to start DHIS2 in a new setting. Flexible user interface allows customization and local adaptation.
- c) Large numbers of tools are available for data validation and improvement of data quality.
- d) Provide easy to use one click to generate effective reports or summary reports with graphs, tables and charts using the design of the data collection tools.
- e) A user-specific dashboard for quick access to the relevant monitoring and evaluation tools including indicator charts and links to favorites reports, maps and other key resources in the system.
- f) Provide different development strategies i-e Online and Offline
- g) Dashboard facility enables to see a bigger picture of health care facilities and able to change/modify according to the changing demands.
- h) Messages enables effectively communicate via feedback messages
- i) Data entry app allows adding, editing and deleting data values with much better efficiency because of user friendly interface. It also allows marking a data value for follow-up and showing data value history.
- j) With Event capture app it is much easier to register, edit and delete an event. Allow to share event in edit mode and to view history of event edits.
- k) Data Visualizer app is used to create a chart by selecting different chart types.
- I) GIS app is used to create thematic maps.

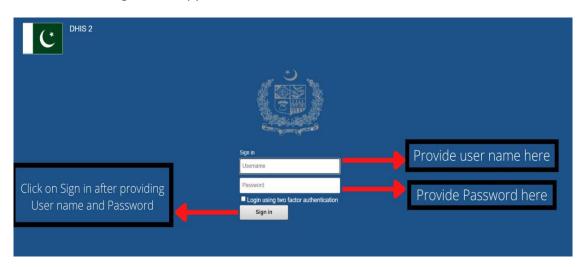
Event reports app create event reports; along with that, it also manages all favorite events.

## **CHAPTER 2: GETTING STARTED WITH DHIS 2**

## 2.1 Opening DHIS 2:

The DHIS 2 is a web-based application and will be available in an Internet browser when you have Internet connection.

- i. Open a browser, we recommend Google Chrome
- ii. In the address field, you type in the URL of the DHIS 2 [http://ict.mmis.site/]
- iii. The following Screen appears in front of user

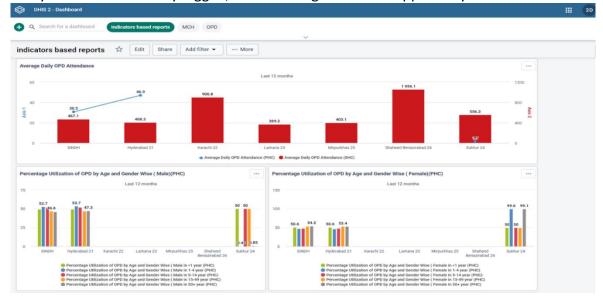


## 2.2 How to Logging in DHIS 2:

Once you can see the blue screen of DHIS 2 you must enter your user name and password to login to the application.

#### 2.3 Main Interface

Once you have successfully logged, the following screen will appear in your web browser.

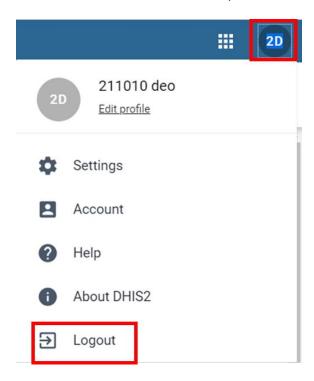


Following are the main Features represented in the Main Screen

- i. At the top, there is a menu bar showing user name and Application Menu.
- ii. Below the Menu Bar, there is a list of available dashboards in the system.
- iii. By Clicking on any Dashboard, its relevant Dashboard consisting of pivot tables, reports and charts will be displayed on the screen.

## 2.4 How to Logging out DHIS-2

i. On the right most corner of menu bar click on user name, the following screen will appear

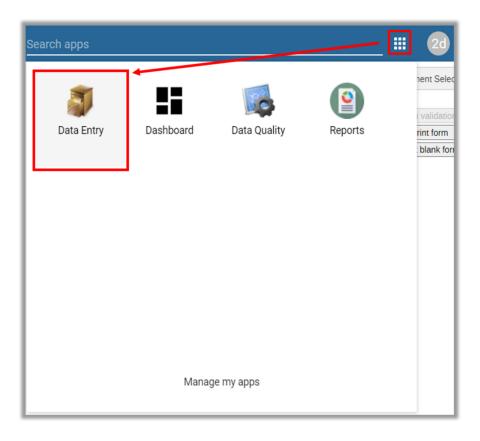


ii. Click on logout to exit DHIS2.

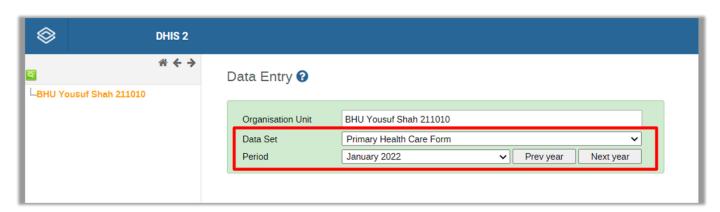
#### **CHAPTER 3: DATA ENTRY**

## a. 3.1 Data Entry App

The Data Entry app is where you manually enter data in DHIS2. You register data for an organization unit, a period, and a set of data elements (data set) at a time. A data set often corresponds to a paper-based data collection tool. For Data Entry, Select Data Entry from Application Menu.



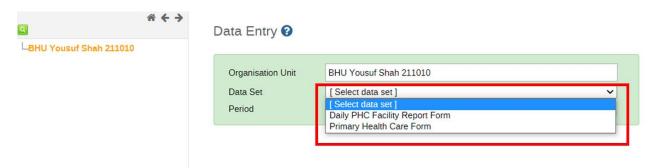
Click on **Data Entry App** and data entry parameters will be shown on the screen.



## b. 3.2 Select the data entry form

To start entering data the first step is to open the correct form. Follow these steps:

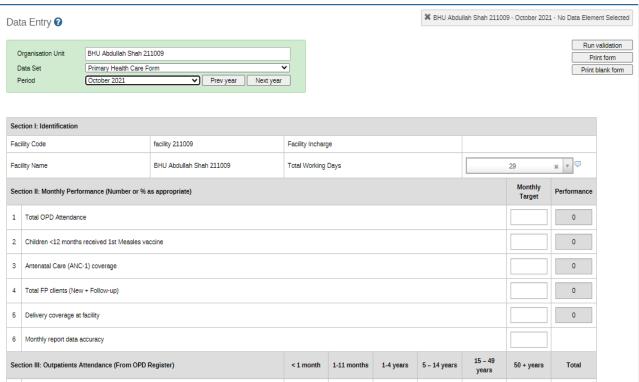
 i. Data Set: The 'Data Set' will dropdown a list of health care forms, Select Data set from Drop Down List



ii. **Period: The 'Period' will dropdown a list of month and year,** Select the Period accordingly. You can jump a year back or forward by using the tab next the period



The required form will get displayed on the screen as shown below



## c. 3.3 Entering data

Simply start entering data by clicking inside the first field and type in the value. Move to the next field using the Tab button. Shift + Tab will take you back one-step. The values are saved immediately and do not require any save/finished button click. A green field indicates that the value has been saved in the system.

#### 3.3.1 Input validation:

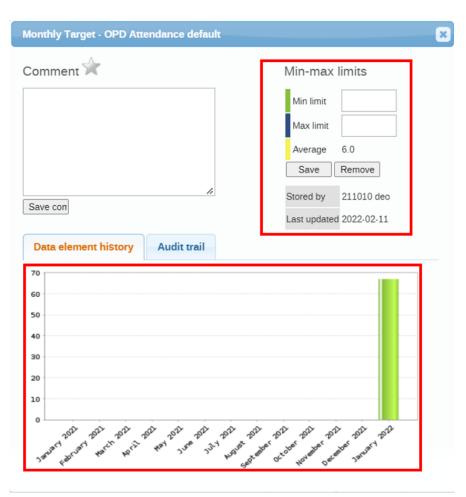
If you type an invalid value, for example, a character in a field that only accepts numeric values, you'll get a pop-up that explains the problem and the field will be colored yellow (not saved) until you have corrected the value.

#### 3.3.2 Disabled fields:

A grey field means that the field is disabled and you cannot enter a value and the cursor will automatically jump to the next open field.

#### 3.3.3 Data History:

By double-clicking on any input field in the form, a data history window opens showing the last 12 values registered for the current field in a bar chart. This window also shows the min and max range and allows for adjusting the range for the specific organization unit and data element combination.



## 3.4 Validating & Submission Data in the form

After Completion of the form, click Run validation in the top right corner or below the data entry form. All validation rules involving data elements in the current data entry form (data set) are then run against the new data. If there are no violations of the validation rules, you will see a message saying the data entry screen successfully passed validation.



If there are validation violations, they will be presented in a list.



- iii. Correct Validation errors, if any.
- iv. Click 'Complete.' The system uses this information when generating completeness reports for district, county, province or the national level.

## d. 3.5 Network Requirement for Data Entry App

The Data Entry app works even if you don't have a stable Internet connection during data entry. When you don't have an internet connection, the data you enter is saved to your local computer. When the Internet connection is back, the app will push the data to the server. The total bandwidth usage is reduced since data entry forms no longer are retrieved from the server for each rendering. To use this functionality, you must login to the server while you've an Internet connection.

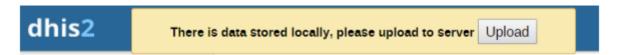
When you're connected to the Internet, the app displays this message at the top of the data entry form:



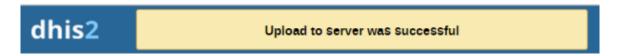
If your Internet connection breaks during data entry, the app detects it and displays this message:



Now your data will be stored locally. You can continue to enter data as normal. Once you have entered all necessary data and the app detects that the Internet connection is back, you'll see this message:



Click **Upload** to synchronize data with the server. When the data has successfully synchronized with the server, you'll see this confirmation message:

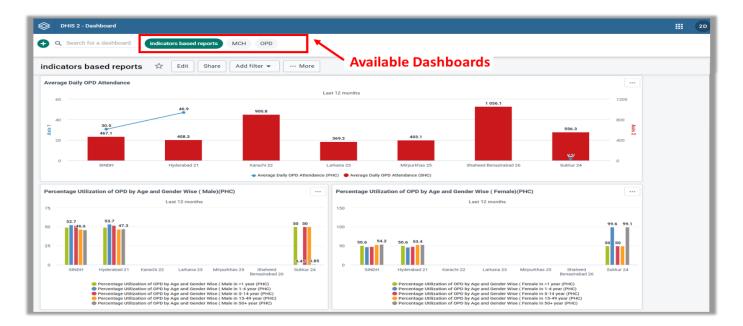


### **CHAPTER 4: DASHBOARDS**

A **dashboard** is a type of graphical user interface, which often provides at-a-glance views of key performance indicators (KPIs) relevant to a particular objective. Dashboards are intended to provide quick access to different analytical objects (maps, charts, reports, tables, etc.) to an individual user. Dashboards can also be shared with user groups.

#### e. 4.1 Available Dashboards

Dashboards have a title, description, and any number of dashboard items. The dashboard items can be of many different types, including charts, maps, reports, tables, resources, messages, and text items. Above the dashboard is the control bar, which shows all your available dashboards, including a dashboard search field.



## 4.1.1 Indicator Based Reports

All the reports based on indicators are represented in this section.

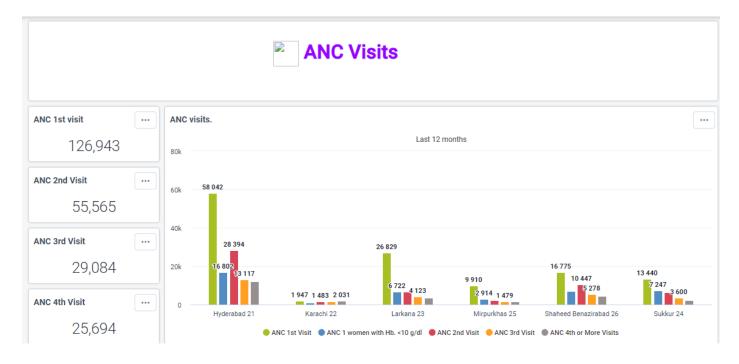


#### Training Manual - Implementation of DHIS2

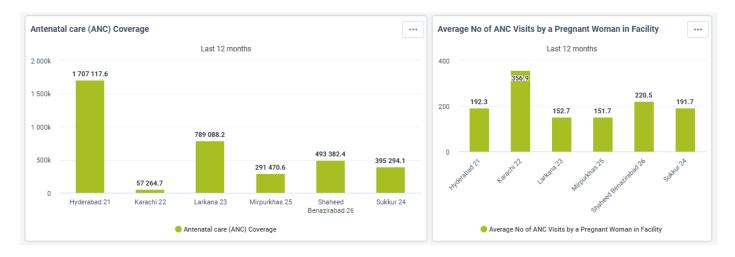


#### 4.1.2 MCH

MCH represents all the antenatal and postnatal details.

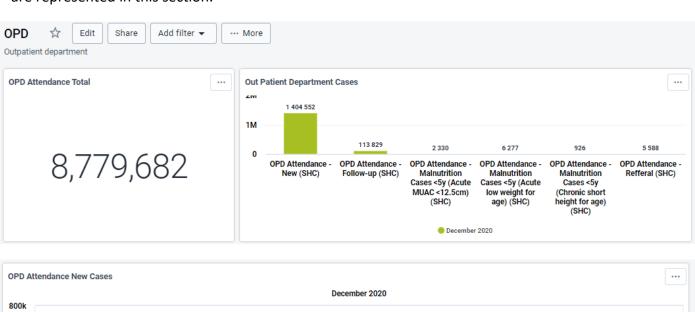


#### Training Manual - Implementation of DHIS2



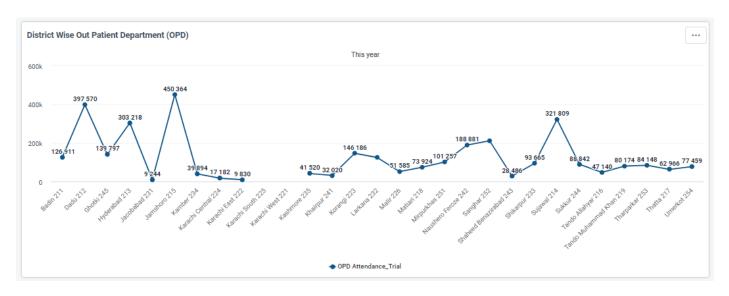
i. 4.1.3 OPD

Details regarding OPD parameters such as OPD attendance, new cases, follow up cases and referred cases are represented in this section.





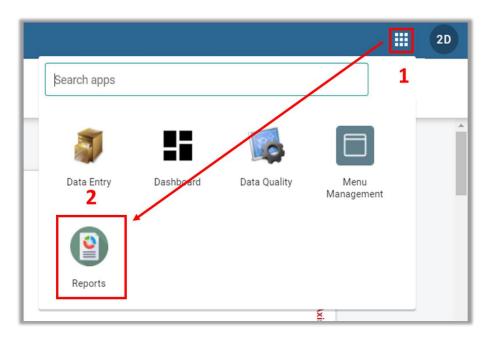
## Training Manual – Implementation of DHIS2



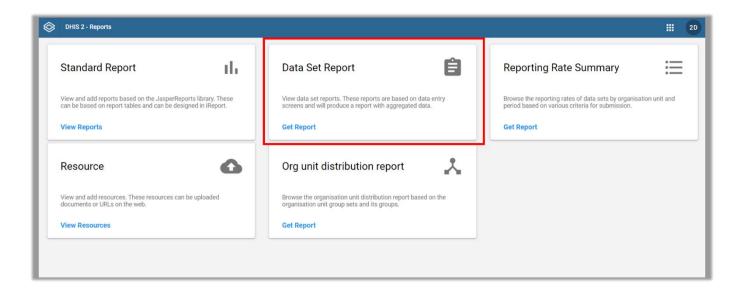
## **CHAPTER 5: REPORTS**

The reports app allows for data set reports. To View reports

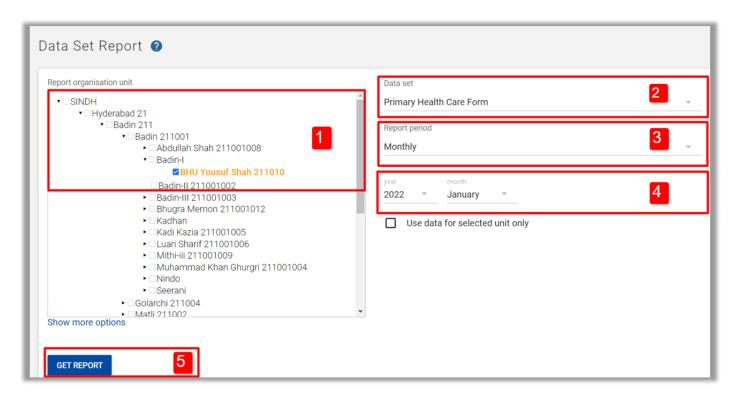
II. Click on report from Application menu.



III. Select the required report

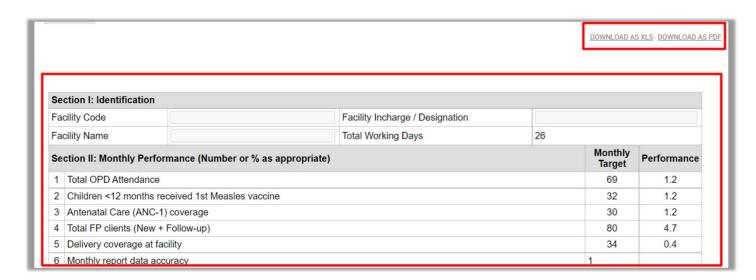


## a. 5.1 Data Set Report



- i. Select Organization Unit
- ii. Select data set from all the available data sets
- iii. Select report period
- iv. Select Month & Year
- v. Click on get report

Required data set of relevant organization unit and period will be displayed on screen. Reports can easily downloaded in Excel and PDF as well.



# **CHAPTER 6: DATA CAPTURING TOOLS (REPORTING FORMS)**

# 6.1 PHC Report Form

	Date: (dd-mm-yyyy)						Die	strict:							Pag	ge 1
	sace. (dd-min-yyyy)							Sure.					_			
	ion I: Identification		**	2.0		61	- 11.									
	1. Facility ID	4.	Nan	ae & S	ignatu	ure of I	Facility	y In-ci	aarge:	i						
	Facility Name     In Italuka/Town/Sub Division	5.	Desi	ignatio	n:											$\dashv$
	). Iditate town out Division		D		35.00 00						-	- 1				
			St		Male		vs.		_	st		Female		100		nder
		<1 month	-11 months	1-4 years	5-14 years	15-49 years	50 + years	Total	<1 month	I-11 months	1-4 years	5-14 years	15-49 years	50 + years	Total	Transgender
		\[ \frac{\tau}{1} \]	1-11	4	5-14	15-4	50 +	Ē	△	1-11	4	5-14	15-4	50+	Ä	Ţ
Sec	tion II: Outpatients Attendance (From OPD Register)															
1	New Cases															
2	Follow- up Cases							_						$\vdash$		
3	Referred (To)							$\dashv$						$\overline{}$		
4	Referred (From)							$\dashv$							$\rightarrow$	
5 Sec	No. of cases of Malnutrition < 5 Yrs children (Acute -MUAC <12.5 cm)  tion III: Cases Attending OPD (From OPD Abstract Form)															
	piratory Diseases															
1	Acute (upper) Respiratory Infections															
2	Pneumonia							$\neg$								
3	TB Suspects (Cough more than two weeks)															
Ga	stro Instestinal Disease															
4	Acute diarrhea (non-Cholera)															
5	Acute watery diarrhea (Cholera)															
6	Bloody diarrhea (dysentery)															
7	Enteric/Typhoid Fever			Ш										Ш		
	nary Track Diseases															
8	Sexually Transmitted Infections															
0000	Supported Dharmotic Favor															
9	Suspected Rheumatic Fever Suspected Crimean Congo Haemorrhagic							-							$\dashv$	
11	Suspected Crimean Congo Haemonnagie Suspected Meningitis	$\vdash$						$\rightarrow$							$\rightarrow$	
	eter Bone															
12	Suspected Chikungunya															
13	Suspected Malaria							$\neg$								
14	Suspected Cutaneous Leishmaniasis					П										
15	Suspected Dengue Fever															
Va	ccine Preventable Diseases															
16	Suspected Measles															
17	Suspected Pertussis															
18	Suspected COVID-19							_						$\vdash$	_	
19	Suspected Acute Jaundice Syndrome (Hepatitis A &E)	$\square$						$\rightarrow$				-				
20	Suspected Chicken Pox Suspected Nagaratal Tetranya							$\rightarrow$							$\rightarrow$	
21	Suspected Neonatal Tetanus Suspected Diphtheria	$\vdash$		$\vdash$				$\dashv$						$\vdash$	$\dashv$	
	n Diseases	ш									لــــا					
23	Scabies															
	uries/Poisoning															
24	Road Traffic Accidents (RTA)															
25	Dog Bite (New Cases)															
26	Dog Bite (Follow Up Cases)															
27	Suspected Rabies															
Dis	eases															
28	Acute Flaccid Paralysis (AFP)							$ \rightarrow $						$\vdash$		
29	Suspected HIV/ AIDS							_								
30	Suspected Mumps							$\rightarrow$								
31	Suspected Naegleria fowleri	$\vdash$										,				
32	Pyrexia of Unknown Origin  Leprosy													$\rightarrow$		

																02
					Male						1	Femal	e			
		<1 month	1-11 months	1-4 years	5-14 years	15-49 years	50 + years	Total	<1 month	1-11 months	1-4 years	5-14 years	15-49 years	50 + years	Total	Transgender
Sect	ion IV: Immunization From EPI Monthly Report of HF)															
1	Children <12 months received 3rd Pentavalent vaccine															
2	Children <12 months received 1st Measles vaccine															
3	Pregnant women received TT-2 vaccine															
Sect	ion V: Maternal and Newborn Health (From Maternal Health &	Obstet	ric Re	gisters	)											
1	ANC-1															
2	ANC-1 women with Hb. <10 g/dl															
3	Normal Vaginal Deliveries															
4	Assisted Deliveries															
5	Cesarean Sections															
6	Total live births															
7	Early Initiation of Breast Feeding (within one hour of Delivery)															
Sect	ion VI: Laboratory Investigation for Communicable Diseases (F	rom L	abora	tory Re	egister	/TB L	ab Re	gister)								
a	Malaria															
1	Slides examined															
2	Slides MP +ve															
3	Slides P. Falciparum +ve															
4	Sides of P. Vivax +ve															
5	Rapid Diagnostic Test (RDT)															
6	Dengue +ve															
b	T.B	1		1									I			
1	Slides for AFB Diagnosis (New)															
2	Slides Diagnosed Cases (AFB +ve)															
С	Viral Hepatitis	1	1													
1	Patients screened															
2	Hepatitis B+ve															
3	Hepatitis C +ve															
d	HIV	T														
1	Patients Screened HIV +ve															
2		· D ·														
	ion VII: Cases Attending Indoor (From Indoor Register / Obstetra Diarrhea - Admission	c Kegi	sier)													
2	20-2000 (100 200 - 100 20 0 100 100 100 100 100 100 100 10															
3	Diarrhea - Death  Dysentery - Admission															
4	Dysentery - Death															
5	Pneumonia - Admission															
6	Pneumonia - Admission  Pneumonia - Death															
7	Malaria - Admission															
8	Malaria - Admission  Malaria - Death													sc .		
9	Pulmonary Tuberculosis - Admission															
10	Pulmonary Tuberculosis - Death															
11	Obstetric/Maternal Complications - Admission															
12	Obstetric/Maternal Complications - Death															
13	Neonatal/ Infant/ <5 years															
14 Soct	Maternal - Death															
- 22	ion VIII: Surgeries (from OT Registers)  Operations under GA															
2	Operations under GA Operations under Spinal Apacthagia															
3	Operations under Spinal Anesthesia Operations under LA															
4	Procedures done without done Anesthesia															
-	Trootages done without done Allesthesid			_												

T	0	-
Pag	e U	13

Se	ction IX: Indoor	Services (From )	Daily Bed Stateme	ent Register)							
		Allocated Beds	Admissions	Discharged/DOR (not on same day of admission)	Discharged/DOR (on the same day of admission)	LAMA	Referred	Deaths	Total Daily Patient Count	Bed Occupancy (%)	Average Length of Stay (ALS)
1	Male									%	
2	Female									%	
3	Transgender									%	

100000000000000000000000000000000000000	ction X: Stock out Report: rom Stock Register for Medicine/Supplic	es) Write 0	(Zero) for available ar	ıd 1 (One)	for not available		
1	Cap. Amoxicillin	8	Inj. Ampicillin	15	I/V Infusion	22	Syp. Zinc
2	Amoxicillin Dispersible Tablet	9	Tab. Diclofenac	16	Inj. Dexamethasone	23	Zinc Tablet (DT)
3	Syp. Amoxicillin	10	Syp. Paracetamol	17	Tab. Iron/ Folic Acid	24	Anti-Snake Venom
4	Tab. Cotrimoxazole	11	Inj. Diclofenac	18	ORS (low Osmolarity)	25	Anti-Rabies Venom
5	Syp. Cotrimoxazole	12	Tab. Chloroquine	19	Chlorohexidine (CHX)	26	Metformin
6	Tab. Metronidazole	13	Syp. Salbutamol	20	Tab. Misoprostol	27	Methyl Dop
7	Syp. Metronidazole	14	Syp. Anthelmintic	21	Inj. Magnesium Sulfate		

Section XI – Achievements/ Issue	

# b. 6.2 PHC Monthly Report Form

Month: Year: 20	PHC Facility Monthly Report Date of Submission	Page 1
Total Working Days	District	Date:

Section	I: Identification								
1.	Facility ID						Name & Cianatura of Carilla.		
2.	Facility Name					4.	Name & Signature of Facility I	n-cnarge:	
3.	Taluka/Town/Sub Division					5.	Designation:	· ·	
Section	n II: Monthly Performance (Numbe	r or % as	appropria	ite)			Monthly Target	Performance	
1.	Total OPD Attendance								
2.	Children <12 months received	1st Mea	sles vacc	ine					
3.	Antenatal Care (ANC-1) covera	ge							
4.	Total FP clients (New + Follow	up)							
5.	Delivery coverage at facility								
6.	Monthly report data accuracy								

	on III: Outpatients Attendance n OPD Register)	< 1 month	1-11 months	1-4 years	5 – 14 years	15 – 49 years	50 + years	Total
1.	Male (New Cases)							
2.	Female (New Cases)							
	Grand Total							
3.	Follow-up cases.	4.	Referred ca	ses attende	d			
5.	No. of cases of Malnutrition < 5 Yrs children (Acute (low weight for age)	6.	No. of case: <12.5 cm)	s of Malnutri	tion < 5 Yrs	children (Acu	te -MUAC	
7.	No. of cases of Malnutrition < 5 Yrs children (Chronic (short height for age)	8.	Total Home	eo cases				
9.	Total Tibb/Unani							

Sect	on IV: Cases Attending OPD (From OPD Abstract Form)					
Resp	iratory Diseases		Endo	ocrine Diseases		
1.	Acute (upper) respiratory infections		41.	Diabetes Mellitus	New Cases	
2.	Pneumonia < 5 yrs.		42.	Diabetes Wellitus	Follow up Cases	
3.	Pneumonia > 5 yrs.		43.	Goiter		
4.	TB Suspects (Cough more than two weeks)		44.	Hypo Thyroidism		
5.	Chronic Obstructive Pulmonary Diseases		45.	Hyper Thyroidism		
6.	Asthma		Neu	ro-Psychiatric Diseases		
Gast	ro Intestinal Diseases		46.	Depression		
7.	Diarrhea < 5 yrs	8	47.	Drug Dependence		
8.	Dysentery < 5 yrs		48.	Epilepsy		
9.	Diarrhea / Dysentery > 5 yrs		49.	Children/adolescent w	vith abnormal behavior	
10.	Enteric/Typhoid Fever		Eye	& ENT		
11.	Worm Infestations		50.	Cataract		
12.	Peptic Acid Diseases		51.	Trachoma		
13.	Biliary Disorders		52.	Glaucoma		
Urin	ary Tract Diseases		53.	Conjunctivitis		
14.	Urinary Tract Infections		54.	Otitis Media		
15.	Renal Calculi		Oro	- Dental Diseases		
16.	End Stage Renal Disease (ESRD)		55.	Dental Caries		
17.	Sexually Transmitted Infections (STIs)		56.	Periodontitis		
18.	Benign Enlargement of Prostrate		57.	Sub Mucosal Fibrosis		
Vect	or Borne Diseases		58.	Oral Ulcers		
19.	Suspected Malaria		Injur	ries /Poisoning		
20.	Suspected Dengue Fever		59.	Road traffic accidents		
21.	Suspected Chikungunya		60.	Fractures		
22.	Suspected Cutaneous Leishmaniasis		61.	Burns		
Vac	cine Preventable Diseases		62.	1900	New Cases	
23.	Suspected Measles	·	63.	Dog bite	Follow up Cases	
24.	Suspected Pertussis		64.	Rabies		
25.	Suspected COVID-19		65.	Curaliza biba	New Cases	
26.	Suspected Acute Jaundice Syndrome (Hepatitis A &E)		66.	Snake bite	Follow up Cases	
27.	Suspected Chicken Pox		N-	matal Dianasa	·	
28.	Suspected Viral Hepatitis		Neo	natal Diseases		
29.	Suspected Neonatal Tetanus		67.	Birth Asphyxia		
30.	Suspected Diphtheria		68.	Neonatal Sepsis		

Card	liovascular Diseases		Mis	cellaneous Diseases	
31.	Ischemic Heart Disease		69.	Fever due to other causes	
32.	II	New Cases	70.	Acute Flaccid Paralysis (AFP)	
33.	Hypertension	Follow up Cases	71.	Suspected HIV/AIDS	
Skin	Diseases		72.	Suspected Mumps	
34.	Scabies		73.	Suspected Naegleria fowleri	
35.	Dermatitis		74.	Pyrexia of Unknown Origin	
36. Fungal Infection			75.	Leprosy	
37.	Impetigo		Any	Other unusual Diseases (Specify)	
Othe	er Communicable Diseas	es	76.		
38.	Suspected Rheumatic F	Fever	77.		
39.	Suspected Crimean Co	ngo Haemorrhagic			
40.	Suspected Meningitis				

Sec	Section V: Immunization (From EPI Monthly Report of HF)											
1.	Children <12 months received 3rd Pentavalent vaccine:		3.	Pregnant Women received TT-2 Vaccine								
2.	Children <12 months received 1st Measles vaccine											
Sec	tion VI: TB-DOTS (From TB Register, TB Card TB-01)			31								
1.	Number of diagnosed cases AFB+ve / clinical/extra Pulmonary		3.	Number of TB cases completed treatment during the month								
2.	Number of TB cases started treatment during the month											

	on VII-A Contraceptive Commodities		Balance during	the month	
(Fron	n Stock Register)	Opening	Received	Consumed	Closing
1.	Condom (pieces)				
2.	Oral pill-COC (cycles)				
3.	Oral pill-POP (cycles)				
4.	IUCD (pieces)				
5.	Injection DMPA (vials)				
6.	Injection Net-En				
7.	Implant				
8.	Any other (Specify)				

Indicators	Clients	
Total FP Clients		
Total FP New Clients		
Total FP Follow-up Clients		
Total Clients for PPFP Services		
Total Clients for PAFP Services		
Total Clients for Short acting FP Services		
Total Clients for Short acting FP Services  Total Clients for LARCs		

		FP	Services			PP	FP Servic	es	PAFP Services			
Method	Age (15-19)	Age (20-24)	Age (25+)	Total	Age (15-19)	Age (20-24)	Age (25+)	Total	Age (15-19)	Age (20-24)	Age (25+)	Total
COC Clients												
POP Clients												
DMPA inj Clients												
Net-EnIng Clients												
Condom Clients												
IUCD Clients												
Implant Clients												
Tubal Ligation Clients												
Vasectomy Clients												
Counselling Provided on FP					NA							

Section VII-D	Section VII-D											
No. of years of Education	Age (15-19)	Age (20-24)	Age (25+)	Total	Pills	Injections	Condom	Implants	IUCDs	Total		
No Education												
Primary												
Secondary												
Bachelors												
Masters or Above												

		Constitution of the state of th												
Occupation of head of household	Pills	Injections	Condoms	Implants	IUCDs	Total								
Labourer														
Peasant/ farmer														
Government employee														
Private employee														
Shopkeeper														
Business														
Landlord														
Others					- N									

Period After which LARC removed	Age (1!	5 - 19)	Age (2	0 - 24)	Age (2	25+)	Total
Period After Which LARC removed	Implant	IUCD	Implant	IUCD	Implant	IUCD	
Within 3 Months							
More than 3 months to 6 months							
More than 6 months to 1 year							
More than 1 year to 2 years							
More than 2 years to 3 years							
More than 3 years							

Section VII-G	ection VII-G											
Reasons for removal of LARCs	Implant	IUCDS	Total	Within 3 Months	more than 3 months to 6 months	more than 6 months to 1 year		more than 2 years to 3 years	more than	Total		
Wanted to get Pregnant												
Husband disapproval												
Side effects and complication												
Completion of effective period												
Opting for short acting method												

Secti	on VIII: Maternal and Newborn Health (From Mo	aternal Health & Obstetric	c regi	sters)	
1.	ANC-1		14.	Assisted Deliveries	
2.	ANC-1 women with Hb. <10 g/dl		15.	Cesarean Sections	
3.	ANC-2		16.	Total Live births	
4.	ANC-3		17.	Live births with LBW (< 2.5kg)	
5.	ANC-4 or More		18.	Preterm Live births	
6.	PNC-1		19.	Birth Asphyxia	
7.	PNC-2		20.	Neonatal sepsis	
8.	PNC-3		21.	Stillbirths	
9.	PNC-4		22.	Neonates received Chlorohexidine (CHX)	
10.	Malnourished Pregnant women (ANC-1)		23.	Neonatal deaths in the facility	
11.	Malnourished Lactating women (PNC-1)		24.	Women Referred for PPIUCD	
12.	PW given Misoprostol Tables		25.	Early Initiation of Breastfeeding (within one hour of Delivery)	
13.	Normal Vaginal Deliveries		26.	Exclusive Breastfeeding (Only Breastfeeding up to 6 Months)	

Sact	tion-IX: Community Meetings (Fro	om Community	1400	ing Posister					Number of P	articipants
Seci	tion-ix. Community Meetings (Fre	on community	iviee	illy negister					Male	Female
1.	No. of community meetings									
2.	No. of Health Education Session	ıs								
Sect	ion X: Diagnostic Services (From Lo	aboratory Regis	ter/T	B Lab Register/	Radiolo	gy Register)				
	Services Provided	OP	D	Indoor		Servi	ces Provide	d	OPD	Indoor
1.	Total Lab Investigations				3.	Total Ultra	Sonographi	es		
2.	Total X-Rays				4.	Total ECGs	,			
		Labo	rator	/ Investigation	for Com	municable D	iseases			
	Malaria				T.B				Viral Hepa	ititis
1.	Slides examined		1.	Slides for AFB	Diagnosi	s (New)		1.	Patients screened	
2.	Slides MP +ve		2	cl: 1 1:		(AED)		2.	Hepatitis B +ve	1
3.	Slides P. falciparum +ve		2.	Slides diagnose	ea cases	(AFB+Ve)		3.	Hepatitis C +ve	
4.	Sides of P. Vivax +ve								HIV	
5.	Rapid Diagnostic Test (RDT)							1.	Patients Screened	
6.	Dengue +ve							2.	HIV +ve	

Operations under Spinal Anesthesia

															Page 04
			eport: Stock ou . (One) for no			gs for	any numbe	r of days th	is montl	n (From Sto	ock Re	gister for	Medicine	? / Supplies)	Write 0
1.	Cap. Amox	icillin				10.	Syp. Parac	etamol			19.	Chlorohe	xidine (CH	IX)	
2.	Amoxicillin	Dispersibl	e Tablet			11.	Inj. Diclofe	enac			20.	Tab. Miso	prostol		
3.	Syp. Amox	icillin				12.	Tab. Chlor	oquin		,	21.	Inj. Magr	esium Su	lfate	
4.	Tab. Cotrir	noxazole				13.	Syp. Salbut	amol			22.	Syp. Zinc			
5.	Syp. Cotrin	noxazole				14.	Syp. Anthe	lmintic			23.	Zinc Tabl	et (DT)		
6.	Tab. Metro	nidazole				15.	I/V Infusio	n			24.	Anti-Snal	e Venom		
7.	. Syp. Metronidazole					16.	Inj. Dexam	ethasone			25.	Anti-Rabi	es Venon	n	
8.	. Inj. Ampicillin					17.	Tab. Iron/	Folic Acid			26	Metform	in		
9	9 Tab. Diclofenac 18.						ORS (low 0	Osmolarity)			27.	Methyl D	ор		
Sect	ion XI-B: St	ock out Re	port: Vaccine	s. (W	rite 0 (Ze	ro) for	available	& 1 (One) j	for not a	vailable)					1000
1.	BCG Vacci	ine				5	Hepatitis	-B vaccine			8	Rota viru	s vaccine		
2.	2. Pentavalent vaccine 6 Me							vaccine			10	Anti-Rabies vaccine			
3.	3. OPV 7						Tetanus	Toxoid			11	Vaccine s	yringes		
4 IPV vaccine 8 PCV-10 vaccine															
Sec	Section XII-A: Indoor Services (From Daily Bed Statement Register)														
		Allocated Beds	Admissions	OI	harged/ D n the sam of admissi	e day	DOR	narged/ on same admission	LAMA	Referred	Deat	ths [	tal of Daily nt Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male													%	
2.	Female													%	
Sect	ion XII-B: C	ases Attend	ding Indoor (Fr	om In	door Regi	ister / C	bstetric Re	gister)							
								Total Nu	mber of	Admission	s		Total N	lumber of D	eaths
1.	Diarrhea	1 < 5 yrs.													
2.	Dysente	ry < 5 yrs.													
3.	Pneumo	nia <5 yrs.													
4.	Malaria														
5.	Pulmona	ary Tubercı	ulosis												
6.	Obstetri	c / Matern	al Complicatio	n											
7.	Other ca	ises													
	Total														
_															
Sect		rgeries (Fro	om OT Registe	er)			3	Operation	ons unde	erIA			1		

Procedures done without Anesthesia

			Section XI	V: Human Res	ource l	Data (Fro	m Facility	(Records)			
	Post Nam	e/Category		Sancti	oned			Vacant			Contract
1	Medical Superinten	dent									
2	Senior Medical Offi	cer									
3	Pediatrician										
4	Gynecologist										
5	Medical Officer										
6	Women / Lady Med	lical Officer									
7	Dental Surgeon										
8	Staff Nurse (Female	2)									
9	Staff Nurse (Male)										
10	Lab Technician										
11	Dental Technician										
12	X-Ray Technician		+								
13	Health Technician										
14	Lady Health Visitor	11									
15	Dispenser										
16	EPI Vaccinator		1								
17	Midwife										
18	Others										
19	Number of LHWs re	eporting at HF									
Saction	on XV-A: Revenue Ge	marated (From Pac	oint Pogistor	-1					Total Rece	int	Deposited
Section	on XV-A. Nevenue Ge	Total Receipt	Deposit	200	5.	X-Ray			Rs.	прс	Deposited
1. O	PD	Rs.	Берозк		6.	Ultraso	und		Rs.	3	
	ndoor	Rs.			7.		Procedur	es	Rs.		
1000	aboratory		+		8.	Ambula		c3			
4. E		Rs.			9.	Others	ince		Rs.		
							•				
Secti	on XV-B: Financial Re	eport-for the Curre	nt Fiscal Yea	Total	Alloca e fiscal	tion		nent) <b>(For RI</b> al Budget sed to-date	1	Expenditure to-date	Balance to date
1.	Salary & Allowance	s (Establishment ch	arges)	Rs.		et .	Rs.		Rs.		Rs.
2.	Non-Salary (Operat	ing 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/Transpo	Rs.	Rs.				Rs.		Rs.		
7.	M&R Building Dept	Rs.			Rs.		Rs.		Rs.		
8.	Others			Rs.			Rs.		Rs.		Rs.
9.	Annual Developme	nt Plan		Rs.			Rs.		Rs.		Rs.
Section	on XVI: Ambulance S	ervice (Source facil	ity record)							o# - :	
	Tota		On Road				Off Road  Repairable Condemn				

		(Write ZERO (0) if m	Method of ethod is in	Incinerator				
Daily Hospital Waste (kg)	Pit Hole	Disposal Through Municipality	Burnt	Incineration	Any Other Method	Number	Functional	Non- Functional
		Municipality						

Municipality	Hand Pump	Well	Filter Plant	Electric Water Cooler with Filter	Mineral Water	R.O Plant		Safe Drinking Water (Certified / Tested)	
water Supply						Total Number	Functional Number	Yes	No.
1	2	3	4	5	6	7	8	9	10

	Service Type	Status		Service Type	Status
1	OPD		21	Hb Measurement	
2	EPI		22	Sputum AFB	
3	ANC		23	Dengue RTD	
4	PNC		24	Malaria Microscopy	
5	FP		25	Malaria RTD	
6	BEMONC		26	TB Treatment	
7	CEMONC		27	Nutrition Services	
8	Health education		28	Measurement of Nutrition Status of Children <5	
9	Indoor		29	Measurement of Nutrition Status of Pregnant Women	
10	Labour Room		30	Measurement of Nutrition Status of Lactating Women	
11	Minor OT		31	Blood Transfusion	
12	Major OT		32	Dental Services	
13	Delivery		33	Public Toilets	
14	C-Section		34	Water Supply	
15	Laboratory		35	Safe Drinking Water	
16	Ultrasound		36	Electricity / Transformer	
17	X-Ray		37	Generator	
18	Dental X-Ray		38	Solar System	
19	ECG		39	Waste Management	
20	Blood screening (Hepatitis B&C, HIV)		40	Ambulance	

Section XIX – Achievements/ Issue			