2011

Federal Ministry of Health,
Ethiopia

# Community Health Information System
# Data Recording and Reporting

# User's Manual

## ACRONYMS

| | |
|---|---|
| ANC | Antenatal Care |
| ARI | Acute Respiratory Infection |
| ART | Anti Retroviral Treatment |
| BCG | Bacilli Calmette-Guérin |
| BMI | Body Mass Index |
| BP | Blood Pressure |
| CPR | Contraceptive Prevalence Rate |
| DOB | Date of Birth |
| EC | Emergency Contraception |
| FeC | Female Condom |
| FHB | Fetal Heart Beat |
| FMOH | Federal Ministry of Health |
| FP | Family Planning |
| HEP | Health Extension Program |
| HEWs | Health Extension Workers |
| HIV/AIDS | Human Immune Virus/ Acquired Immune Deficiency Syndrome |
| HMIS | Health Management Information System |
| HP | Health Post |
| I | Indeterminate |
| ID | Identification |
| IGA | Income Generating Activity |
| Inj | Injectable |

| | |
|---|---|
| IRS | Indoor Residual Spray |
| ITNs | Insecticide Treated Nets |
| LLITNs | Long Lasting Insecticide Treated Nets |
| LMP | Last Menstrual Period |
| LQAS | Lots Quality Assurance Sampling |
| MaC | Male Condom |
| MUAC | Mid Upper Arm Circumference |
| NGO | Non Governmental Organization |
| NR | Non Reactive |
| OC | Oral Contraceptive |
| OPV | Oral Polio Vaccine |
| Penta | Pentavalent |
| PLWHA | People Living With HIV/AIDS |
| R | Reactive |
| RHB | Regional Health Bureau |
| SN | Serial Number |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| TIN | Tax Identification Number |
| TT | Tetanus Toxoid |
| UN | United Nations |
| VCT | Voluntary HIV Counseling and Testing |
| VIP | Ventilated Improved Pit |
| WHO | World Health Organization |
| WorHO | Woreda Health Organization |
| ZHD | Zonal Health Department |

## Foreword

In the context of the health sector reform and decentralization in Ethiopia, generating health information and intelligence that is standardized, integrated and well linked at all levels is well recognized to monitor the health services and health status of the population.

The organization of the family based services in Ethiopia, *the Health Extension Programme*, has called for the reorganization of information systems to collect and use information for action at local levels using a *family folder*. This in turn drives a need for the careful assessment of what is required for local (community level) data collection, processing, analysis and dissemination, as well as linking to the national health management and information systems.

This guidance document is therefore, prepared by the Policy, Planning & Finance (PPF) Directorate of Federal Ministry of Health, Ethiopia (FMOH), with the support of USAID-funded JSI/MEASURE Evaluation HMIS Project, Tulane University Technical Assistance Project, Ethiopia (TUTAPE), the World Health Organization (WHO) Country Office in Ethiopia and Italian Development Cooperation, Ethiopia for use principally by the district experts, heath extension supervisors and health extension workers all over the country as well as experts at the M&E unit of the FMOH and Regional Health Bureaus. This document was prepared considering the lessons learned from the pilot implementation of Family Folder and HMIS procedures in Amhara and SNNPR in 2010.

Furthermore, national and external participants and advisors to such processes are expected to use it as a reference for the steps and products to which they are contributing.

Finally, it is hoped that all Health information Systems (HIS) technical experts at national, regional and district levels including the supervisors to the community health information systems will find this guideline helpful.

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## INTRODUCTION

Ethiopia has demonstrated to have a nationally standardized comprehensive health management information system (HMIS) which is one of the cross cutting attributes in the health systems strengthening framework. In this context, to promote a family-centered health care at community level through its an innovative community health services extension program (HEP), the Federal Ministry of Health (FMOH) is keen to scale-up the Community Health Information System using the Family Folder which is a tool or package designed to be used for data collection and documentation to meet the necessary information needs for providing family-focused promotive, preventive and environmental health services at community level. Complementing the Family Folder is a simple HMIS recordkeeping and reporting procedure that feeds community level health information.

Family Folder is a family-centered tool designed for the HEW to manage and monitor her work in educating households and delivering integrated package of promotive, preventive and basic curative health service to families. The Family Folder is a pouch provided to each family. Information on household identification, data on family members and household characteristics in terms of environmental sanitation (Latrine, Hand washing facility, Waste disposal, and Drinking water source) and malaria prevention (LLITN) is recorded on the cover side of the family Folder.

Status of HEP packages training and implementation are recorded on the back side of the Folder.

Health Cards and Integrated Antenatal, Delivery, Postnatal and Newborn Card are kept inside the Family Folder. Every member of the family who is ≥5 years of age is issued a Health Card; for those <5 years, their records are kept in their mother's Health Card till they reach the age of 5 years. The Health Cards, blue colored for male members and yellow colored for female members, is used for recording information about individual household members on:

- Follow up and home based care and support of HIV/AIDS, tuberculosis, and other diseases
- Referral
- Family planning services
- Immunization services
- Growth monitoring
- Orphan support (if the individual is an orphan)

The Integrated Maternal and Child Care Card is issued to every woman when she becomes pregnant; it is a longitudinal record used to document the pre-pregnancy status, pregnancy follow

up, delivery, post delivery care of the mother with immunization and growth monitoring of the child.

All these information recorded during the encounter between Health Extension Workers (HEWs) and the family will create the basic information at the grass root level. This will be supplemented by information captured in kebele profiling formats, service and disease tally sheets, and additional administrative and personnel records.

These standardized family health information recording formats are developed according to international standards and best practices, and through consultation with technical programs and care providers.

Following is the list of basic formats/instruments used in the record keeping process at health post/community level:

1. Kebele profiling formats
    a. Kebele demographic profile
    b. Kebele resource mapping
    c. Kebele household environmental sanitation profile
    d. Kebele basic health indicators format
2. Family/household health information recording instruments
    a. Family folder
    b. Health card
    c. Integrated Maternal and Child Care card
    d. Master Family Index (MFI)
    e. Field Book
3. Tallies
    a. Service delivery tally
    b. Disease information tally
    c. Tracer drug availability tally
    d. Family planning method dispensed count

4. Reporting formats
    a. Quarterly service delivery reports
    b. Quarterly disease reports
    c. Annual reports
5. Baseline data collection tools

This users' manual is designed to introduce and familiarize HEWs with the Family Folder and HMIS procedures as they implement the health extension package at the family level in the communities where they deliver services.

# UNIT I – KEBELE PROFILING FORMATS

## 1. PURPOSE OF THE KEBELE PROFILING FORMATS

The purpose of the kebele profiling formats is to serve as tools for collecting data on kebele population, health resources available within the kebele, status of environmental health and basic health indicators. These information will serve to help plan health activities and as baseline data to calculate coverage indicators and to assess changes in health status of the population.

The kebele profiling formats are:

a. Kebele demographic profile
b. Kebele resource mapping
c. Kebele household environmental sanitation profile
d. Kebele basic health indicators format

## 2. WHEN TO DO KEBELE PROFILING

The first time kebele profiling will be done at the time of household registration when all the households in each gote (sub-kebele) of the kebele are numbered and the families are issued Family Folders. Subsequently, the kebele profile is updated every year based on updated data recorded on the Family Folders.

## 3. KEBELE DEMOGRAPHIC PROFILE FORMAT

This format is for compiling demographic data of the kebele. Once the household registration is complete and the cover-pages of the Family Folders have been filled, compile the following data from those cover pages of the Family Folders. The information is updated annually based on the updated data from the Family Folders.

**Table 1: Kebele Demographic Information Compilation Format**

| | Kebele Demographic Information | Number |
|---|---|---|
| 1.1 | Total population | |
| 1.2 | Female population | |
| 1.3 | Male population | |
| 1.4 | Total number of households | |
| 1.5 | Total number of under 6 months of age infants | |
| 1.6 | Total number under 1 year of age infants | |
| 1.7 | Total number of under 3 years of age children | |
| 1.8 | Total number under 5 years of age children | |
| 1.9 | Total number of reproductive age (15-49 yrs) women | |
| 1.10 | Total number of live births in the previous year | |
| 1.11 | Total number of deaths in the previous year | |

1.1 Total population: Add the number of individual household members registered in the "Household members' description' section of the Family Folders issued to all the households within the kebele.

1.2 Female population: Identify the female members of the household registered on the Family Folder and add up to get the total female population in the kebele.

1.3 Male population: Identify the male members of the household registered on the Family Folder and add up to get the total female population in the kebele.

1.4 Total number of households: Using the Household Number noted on the Family Folders, find out the number of households in each gote. Add up the number of households in each gote to get the total number of households in the kebele

1.5 Total number of under 6 months of age infants: Using the date-of-birth (DOB) column in the Family Folder 'Household members' description' section calculate the number of under-6 months

aged infants in each household. Add the numbers from all the households to get the total number of under 6 months of age infants in the kebele.

1.6 Total number under 1 year of age infants: Using the date-of-birth (DOB) column in the Family Folder 'Household members' description' section calculate the number of under-1 year of age infants in each household. Add the numbers from all the households to get the total number of under 1 year of age children in the kebele.

1.7 Total number of under 3 years of age children: Using the date-of-birth (DOB) column in the Family Folder 'Household members' description' section calculate the number of under-3 years of age children in each household. Add the numbers from all the households to get the total number of under 3 year of age children in the kebele.

1.8 Total number under 5 years of age children: Using the date-of-birth (DOB) column in the Family Folder 'Household members' description' section calculate the number of under-5 years of age children in each household. Add the numbers from all the households to get the total number of under 5 year of age children in the kebele.

1.9 Total number of reproductive age (15-49 yrs) women: Using DOB and Sex columns in the Family Folder 'Household members' description' section, calculate the number of females of 15-49 years age in each household. Add the figures to calculate the total number of reproductive age women in the kebele.

1.10 Total number of live births in the previous year: Using the DOB column, calculate the number of children born in the previous year in each household. Aggregate the numbers to obtain the total number of live births in the kebele during the previous year. (Please note that during the household registration, information of only those household members living in the house at the time of registration is recorded of the Family Folder. Thus, children who were born and died in the previous year will not be recorded in the Family Folder.)

1.11 Total number of deaths in the previous year: Check the "Date died" column in the Family Folder 'Household members' description' section and count the number of household members who died during the previous year. Aggregate the numbers to calculate the total number of deaths in the kebele during the previous year.

## 4. KEBELE RESOURCE MAPPING

The following format is for compiling data on potential resources within the kebele that can be useful for promoting health related activities, e.g. schools, religious institutions, teachers, agriculture department agents, trained traditional birth attendants, and community health workers (or the graduate model households) within the kebele. Also, data on slaughter houses and market places in compiled for targeting health promotion activities.

The data for kebele resource mapping is collected from the office of the kebele administration and is updated yearly. Also use this information for drawing map of the Kebele with its main key descriptions like health post, mediation places, market area, main road, river, etc.

**Table 2: Kebele Resource Data Compilation Format**

| **2** | **Kebele Resource Data** | Number |
|---|---|---|
| 2.1 | Total number of schools in the Kebele | |
| 2.2 | Total number of teachers in the Kebele | |
| 2.3 | Total number Agricultural Development Agent | |
| 2.4 | Total number of Community Health Worker (Innovators) | |
| 2.5 | Total number of trained Traditional Birth Attendants | |
| 2.6 | Total number of churches | |
| 2.7 | Total number of mosques | |
| 2.8 | Total number of other meditation places | |
| 2.9 | Total number of market places | |
| 2.10 | Total number of slaughter sites | |
| 2.11 | Total number of communal latrines in the kebele | |

## 6. KEBELE HOUSEHOLD ENVIRONMENTAL SANITATION PROFILE

This format is for compiling data on household level environmental sanitation profile of the kebele. Once the household registration is complete and the cover-pages of the Family Folders have been filled, compile the following data from those cover pages of the Family Folders. The information is updated annually based on the updated data from the Family Folders.

**Table 3: Kebele Environmental Sanitation Information Compilation Format**

| **3** | **Kebele Environmental Sanitation Information** | Number |
|---|---|---|
| 3.1 | Total number of household with latrine | |
| 3.2 | Total number of households with solid waste disposal sites | |
| 3.3 | Total number of households with liquid waste disposal sites | |
| 3.4 | Total number of households with protected solid waste disposal sites | |
| 3.5 | Total number of households using wells as source of drinking water | |
| 3.6 | Total number of households using spring water as source of drinking water | |
| 3.7 | Total number of households using tap water as source of drinking water | |
| 3.8 | Total number of households with any hand washing facility but **without** soap/ash | |
| 3.9 | Total number of households with secure hand washing facility **with** soap/ash | |
| 3.10 | Total number of households with at least one LLITN available in the house | |

Please refer to description of Family Folder under Unit II Section 8 (Household Characteristics) of this guide describing each of the items listed in Table 3 above.

## 7. KEBELE BASIC HEALTH INDICATORS FORMAT

The following format is for recording the basic health indicators of the kebele. The data comes mostly from the HMIS reports of the previous year.

**Table 4: Kebele Basic Health Indicators Compilation Format**

| 4 | **Kebele Basic Health Indicators**<br>**Month/Year:_____ to Month/Year_____** | Number | Percentage |
|---|---|---|---|
| 4.1 | Number of under 1 year aged children received first dose of pentavalent vaccine | | |
| 4.2 | Number of under 1 year aged children received measles vaccine | | |
| 4.3 | Number of reproductive aged women (15-49 years) using Family Planning methods | | |
| 4.4 | Number of pregnant women received first antenatal care | | |
| 4.5 | Number of deliveries assisted by HEW | | |
| 4.6 | Number of OPD attendance | | |
| 4.7 | Number of cases of Malaria | | |
| 4.8 | Number of cases of Pneumonia in <5 children | | |
| 4.9 | Number of households with LLITN | | |
| 4.10 | Number of households with Indoor Residual Spraying (IRS) | | |

4.1. From the previous year's HMIS reports aggregate the number of under 1 year aged children who received first dose of pentavalent vaccine. Using the total number of under 1 year aged children from the kebele's demographic profile, calculate the percentage of under 1 year aged children who received 1st dose of pentavalent vaccine in the previous year.

4.2 From the previous year's HMIS reports aggregate the number of under 1 year aged children who received first measles vaccine. Using the total number of under 1 year aged children from the kebele's demographic profile, calculate the percentage of under 1 year aged children who received measles vaccine in the previous year.

4.3 From the previous year's HMIS report, aggregate the total number of reproductive aged women (15-49 years) using Family Planning methods during that year. Using the total number of 15-49 years aged women from the kebele demographic profile calculate the percentage of 15-49 years women using Family Planning methods.

4.4 From the previous year's HMIS report aggregate the number of pregnant women received first antenatal care during that year. Using the expected number of pregnant women in the previous year from the kebele's demographic profile as denominator, calculate the percent of pregnant women who received the 1st antenatal care visit in that year.

4.5 From the previous year's HMIS report aggregate the number of deliveries assisted by HEWs. Using the expected number of deliveries in the kebele as denominator, calculate the percent of deliveries assisted by HEWs in that year.

4.6 Write the total number of OPD attendance in the Health Posts during the previous year.

4.7 Aggregate the number of malaria cases reported by the HEW from the Health Post in the previous year.

4.8 Aggregate the number of under 5 years old pneumonia cases reported from the Health Post in the previous year.

4.9 Review the front page of all the Family Folder and compile the number of households with at least one Long Lasting Insecticide Treated bednets (LLITN). Calculate the percent of household with LLITN in the kebele by using total number of households in the kebele as the denominator.

4.10 Record the number of households with Indoor Residual Spraying (IRS) in the previous year. Calculate the percentage coverage by using total household numbers as the denominator.

# UNIT II – FAMILY FOLDER

## 1. PURPOSE OF THE FAMILY FOLDER

Family Folder is a pouch issued to every household in the kebele. It contains information about the household that will help the HEW to identify the health (preventive, promotive & environmental health) service needs of the family or household and give them the service or counsel them accordingly.

The front and back sides of the Family Folder are used for recording information on:

- Household characteristics – latrine, hand-washing, waste disposal & drinking water facilities, and LLITN availability
- Household HEP package training & implementation status

Within the Family Folder, the health cards and integrated maternal and child care card are stored for recording disease information, preventive and promotive services to individual members of the household

## 2. TO WHOM FAMILY FOLDERS ARE ISSUED

As a government policy, every family will get a Family Folder to ensure that every family is provided family-centered health services

## 3. HOW TO ISSUE FAMILY FOLDERS TO ALL THE FAMILIES

**Visit & register every family in the Kebele involving Gote volunteers**

This should be done through a campaign by mobilizing the Gote/kebele tarnafi and utilizing voluntary services of agriculture staff, teachers, model family members etc. In each Gote, these volunteers issue serial Gote-wise unique Household numbers to all the households in the respective Gote and register household characteristics data on the cover page of the Family Folder. Later, the HEWs will aggregate data from the Family Folders to compile basic demographic and environmental sanitation profile of the Goth/Kebele.

## 4. HOUSEHOLD NUMBERING - TO IDENTIFY INDIVIDUAL HOUSEHOLDS USING A UINIQUE NUMBER

During the initial household registration, every household in a Gote is issued a unique identifier number consisting of a 2-digit gote code followed by 3-digit household number (xx.xxx). The HEW in consultation with the kebele administration will assign the gote-code to each gote with the catchment kebele. Subsequently, when a new household is created in a Gote, the last available serial number for the Gote will be assigned to that new household.

**Suggestive steps for Household numbering in a Gote**

1. The HEW supervisor in consultation with kebele administration will decide to give number codes to each Gote within the kebele
2. Select the house of one VCHW/CHP within the Gote, or any house adjacent to a landmark, e.g. church
3. Give that house the first number for that Gote. For example, if the Gote code is 01 the first household number is 01-001
4. Continue to serially number all households in the neighborhood of that VCHW/CHP's house/catchment area
5. Once all the households in the catchment area of that VCHW/CHP is complete, shift to the neighborhood/catchment area of the next VCHW/CHP
6. Depending on the last number used, give this VCHW/CHP's household the next available number.
   For example, if the last number of the household in the previous neighborhood was 01-052, then the household number of the VCHW/CHP's house in the next neighborhood will be 01-053.
7. Continue till all the households in the Gote have been numbered
8. Later on when new households are created within the Gote, the next available

## 5. WHERE THE FAMILY FOLDER IS KEPT, HOW IT IS FILED

All the Family Folders will be kept at the Health Posts. They will be serially filed on shelves according to Gote.

## 6. HOW THE DATA ON FAMILY FOLDER IS UPDATED WHEN SERVICE IS PROVIDED AT HEALTH POST, AT HOUSEHOLD AND AT OUTREACH

**At Health Post:**

When a family member visits the Health Post for service, the HEW will have to retrieve the respective Family Folder from the shelf. In order to facilitate easy retrieval, the HEW will maintain a Master Family Index (MFI) with names of the household heads arranged in alphabetic order along with their corresponding household numbers. Using the Household ID number, HEW will retrieve the Family Folder and later file it back in the appropriate place on the shelf.

**During Household visits:**

According to her visit plan, the HEW will identify the Family Folders of the families she plans to visit on that particular day, carries them with her and updates as she provides them services. She may have to carry 10-12 Family Folders with her. For unexpected clients attended during the household visit for whom the HEW did not bring any Family Folder, the HEW will record their data on a **Field Book** and update the Folders later on.

**During Outreach service delivery:**

The HEW has to organize outreach services at fixed sites where she provides mainly immunization and family planning services, in addition to curative services for common ailments. Most of the clients coming to the outreach are well-known to the HEW and are pre-informed. The HEW will carry their respective Family Folders to the outreach in a planned manner. However, there can be a few unexpected clients coming for various services and for whom the HEW would not have brought their Family Folders. For such cases, the HEW will keep the **Field Book** with her to record the services provided and, later, on her return to the Health Post update the respective Family Folders using information from the Field Book.

## 7. HOW HEW USES FAMILY FOLDER TO ORGANIZE HER WORK AND IMPROVE SERVICE DELIVERY

The HEWs will use some mechanism (e.g. flagging, noting in her notebook, etc) to identify the Family Folders of those families where one of the clients with priority needs exists, such as:

- pregnant woman
- child under 3 years
- TB patient
- HIV/AIDS patient
- Etc.

While preparing her weekly household visit plan, HEW will highlight the household numbers of such families and note the reason for the visit. Accordingly she will ensure that those clients are duly followed-up.

## 8. DESCRIPTION OF THE FAMILY FOLDER

Family Folder pouch has five basic parts:

1. Identification
2. Household description,
3. Household characteristics,
4. HEP package training status and
5. Household implementation status on the HEW packages

### I. IDENTIFICATION

1. Region: Name of the specific region where that Family or household exists.
2. Woreda: Name of the specific Woreda where that Family or household exists.
3. Kebele: Name of the specific Kebele where that Family or household exists.
4. Gote: Name of the specific Gote [Sub division of Kebele, village] where that Family or household exists.
5. Family number/House number: Number given to one specific household with five digits [xx-xxx]. It helps to identify each household in the specific place.
6. Name of head of the family: Name of the leader of the family/household with his/her father, grandfather name (and if available the tax identification number).

7. Date of first registration: Date at which the family registered on the Family Folder.

## II. HOUSEHOLDER MEMBER'S DESCRIPTION

**Table 5: Household members' description**

| Individual ID | Name | DOB | Place of Birth | Sex M/F | Occupation | **Marital status** S/M/D/W | Date died | Cause of death |
|---|---|---|---|---|---|---|---|---|
| | | __/__/_____ | | | | | __/__/_____ | |
| | | __/__/_____ | | | | | __/__/_____ | |
| | | __/__/_____ | | | | | __/__/_____ | |

1. Individual ID: A unique identifier for an individual. This number can be TIN[1], or a seven digit sequentially assigned serial number given for every member of the household [the first five digits are assigned from the household number and the next two assigned by sequential numbering (xx-xxx/xx)].
2. Name: Name of the individual in the household.
3. DOB: Date of birth of the individual in the household.
4. Place of Birth: the place where the individual is born
5. Sex: M=Male; F=Female
6. Occupation: Kind of work that the individual does in his/her everyday life. For example, Farmer, Merchant, Student, Housewife, Pensioner, Employee, Daily laborer etc.
7. Marital status: the individual's relationship situation. This can be:
    a. Single
    b. Married
    c. Divorce

[1] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

d. Widowed

8. Date Died: Date of death of the individual in the household

9. Cause of Death: Child Death, Maternal related death, all others. It is based on any document or hospital/health center record available with the family.

## III. HOUSEHOLD CHARACTERISTICS

This part has five major areas that include information on

1. Latrine,
2. Hand washing facility,
3. Waste disposal system,
4. Drinking water source and
5. LLITN issued.

### 1. Latrine

a. **Availability** of latrine at household level during first visit
   - Circle N if the household has no latrine and
   - Circle Y if the household has a latrine (Pit or VIP latrine)

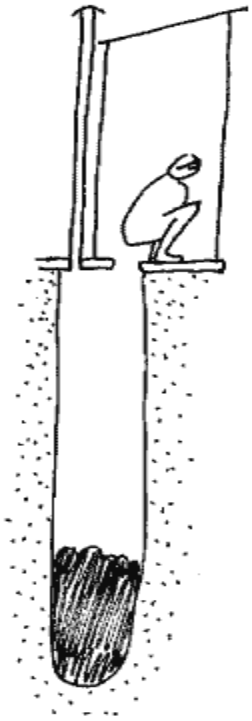
b. **Type:** if the house hold has a latrine, note which type of latrine the family has.

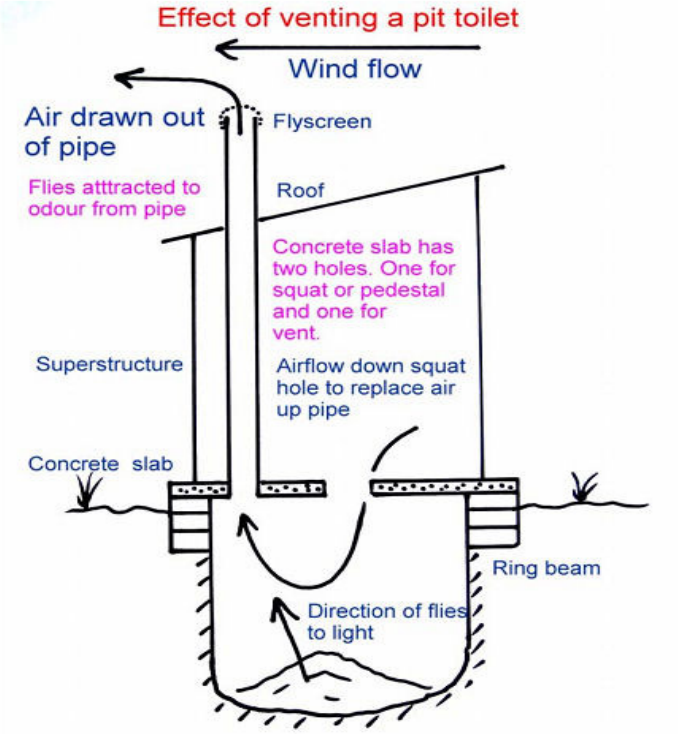
**Types of latrines:**

- Pit latrine: the simplest and cheap form of latrine and most basic form of improved sanitation available. It consists of square, rectangular or circular pit dug in to the ground, covered by hygienic cover slab or floor with a hole through which excreta fall in to the pit.

- Ventilated Improved pit latrine (VIP): as the name implies VIP latrine, is a modified latrine different from the traditional pit latrine in that it removes the foul smell which usually comes from latrines, by means of a vent pipe.

b.






c. **Date latrine is first used:** is the date that the household possess the specific type of latrine. If there are more than one type of latrines constructed at different times, the dates of construction can be placed in the rows provided.

**Table 6: Household characteristics, latrine**

| Latrine<br><br>N / Y | Type | Date latrine is first used |
|---|---|---|
| | | ___/___/_____ |
| | | ___/___/_____ |

## 2. Hand washing facility

a. Availability of water and soap or ash for hand washing after each latrine visit.
    - Circle N if the household does NOT have a hand washing facility and
    - Circle Y if the household does have a hand washing facility.

b. Type: write whether the hand washing facility is with or without soap/ash.

c. Date hand washing facility is secured: this is the date when the family secured a hand washing facility.

**Table 7: Household characteristics, hand washing facility**

| Hand washing facility N / Y | Type | Date hand washing facility with soap is secured |
|---|---|---|
| | | ____/____/_____ |
| | | ____/____/_____ |

## 3. Waste disposal system

a. Availability of waste disposal system for solid and/or liquid wastes on the first visit.
    - Circle N if the household does not have solid and/or liquid disposal system and
    - Circle Y if the household does have solid and/or liquid disposal system.

b. Type: the family may use different kinds of waste disposal systems like
    - Refuse disposal pits: dug pits used for waste disposal
    - Temporary solid waste storage container: it is a temporary storage arranged in the household using containers like plastic bag, barrel, dust bin, basket
    - Soakage pit: a pit use to dispose liquid waste from bathroom, waste from washing clothes (laundry waste)

Therefore, write the type of waste disposal system in the space provided.

c. Date waste disposal system is secured: this is the date when the family secured a solid and/or liquid disposal system.

**Table 8: Household characteristics, waste disposal system**

| Solid waste disposal system available<br>N / Y | Type | Date waste disposal system is secured |
|---|---|---|
| | | ____/____/_____ |
| | | ____/____/_____ |
| Liquid waste disposal system available<br>N / Y | | ____/____/_____ |
| | | ____/____/_____ |

**4. Drinking water source**

Type: source of drinking water for the family may be rain water, surface water [river water, pond water, lake water], ground water [well water, spring water], pipe. Therefore, write the type the drinking water source in the space provided.

**Table 9: Household characteristics, drinking water source**

| Drinking water source (type): |
|---|
| |
| |

**5. LLITN issued:**

- Date ITN is issued: the date when the net was provided
- Number issued: the number of ITNs issued on the same date that the nets were first provided
- Currently available enter date:
    - Circle N if the household does NOT have any ITN on the date of visit and write the date of visit.
    - Circle Y if the household does have ITNs on the date of visit and write the date of visit.
    - When the household does have ITNs put the number available

**Table 10: Household characteristics, LLITN issued**

| ITN Issued Date | Number issued | Currently available enter date | | | | | |
|---|---|---|---|---|---|---|---|
| ___/___/_____ | | Y/N | No___ | ___/___/_____ | Y/N | No___ | ___/___/_____ |
| ___/___/_____ | | Y/N | No___ | ___/___/_____ | Y/N | No___ | ___/___/_____ |

## IV. HEP PACKAGES TRAINING STATUS

This part is designed to write information related to the HEP package training status based on the model household training schedule, training start and completion date.

a. Training start date: the date when the training was started for a specific HEP package.
b. Date training is completed: the date when the training is finalized for a specific HEP package.
c. Remark: use space for any observation about the training process of a specific HEP package.

**Table 11: HEP packages training status**

| HEP packages | Training start date | Date training is completed | Remark |
|---|---|---|---|
| Hygiene and Environmental Sanitation | | | |
| Excreta disposal | ___/___/_____ | ___/___/_____ | |
| Solid and liquid waste disposal | ___/___/_____ | ___/___/_____ | |
| Water supply and safety measures | ___/___/_____ | ___/___/_____ | |
| Food hygiene and safety measures | ___/___/_____ | ___/___/_____ | |
| Healthy home environment | ___/___/_____ | ___/___/_____ | |
| Control of insects and rodents | ___/___/_____ | ___/___/_____ | |
| Personal hygiene | ___/___/_____ | ___/___/_____ | |
| Family Health | | | |
| Maternal and Child health | ___/___/_____ | ___/___/_____ | |
| Family planning | ___/___/_____ | ___/___/_____ | |
| Immunization | ___/___/_____ | ___/___/_____ | |

| | | | |
|---|---|---|---|
| Nutrition | ___/___/_____ | ___/___/_____ | |
| Adolescent Reproductive health | ___/___/_____ | ___/___/_____ | |
| Disease Prevention and control | | | |
| HIV/AIDS, STI and TB prevention and control | ___/___/_____ | ___/___/_____ | |
| Malaria Prevention and control | ___/___/_____ | ___/___/_____ | |
| First Aid Emergency measures | ___/___/_____ | ___/___/_____ | |
| Health Education and Communication | ___/___/_____ | ___/___/_____ | |

## V. HOUSEHOLD IMPLEMENTATION STATUS ON THE HEP PACKAGES

This part is designed to enter implementation status on the HEP packages.

a. Registration: write the date when the household registers for training on HEP packages
b. Training: write the date when the training started.
c. Graduation: write date of graduation when the household completes 75% of theoretical and practical part of the 16 health packages.
d. Advance training: write date advanced training is given to the family
e. Remark: use space left for any observation about the specific implementation process for the specific household activity.

**Table 12: Household implementation status of the HEP packages**

| **Household activities** | Date | Remark |
|---|---|---|
| Registration | ___/___/_____ | |
| Training | ___/___/_____ | |
| Graduation | ___/___/_____ | |
| Advance Training | ___/___/_____ | |

## VI. NOTES

This part is left for additional note in relation to household health activity and HEP.

**Table 13: Notes**

| |
|---|
| |
| |
| |
| |
| |

# UNIT III - HEALTH CARD

## 1. PURPOSE OF THE HEALTH CARD

a. For registering information about individual household members:
   - Follow up and home based care and support of HIV/AIDS, tuberculoses, and other disease information,
   - Referral information,
   - Family planning status
   - Immunization history
   - Height and weight
   - Orphan support when orphan is identified.

b. Provides disease and home based care and support report, family planning utilization, immunization and nutritional status information from respective households.

## 2. THE HEALTH CARDS

Where it is used:

- At health post and in individual households

Format of instrument:

- The health card comes in two colors with identical content to identify sex of the household member. The **blue** color is assigned for male members, and the **yellow** color is for female members.
- Every household member whose age is above five years will have his/her own health card and every child under five years of age will have a health card with his/her mother's **yellow** card. When the child reaches the age he /she will be issued a new health card based on the sex of the child (**blue** for male and **yellow** for female). But the child who has lost his/her mother, or when the mother for some reason does not

have a **yellow** health card, use his/her own health card based on the sex of the child (**blue** for male and **yellow** for female)[2].

Location:

- It should be kept in the family folder pouch in the archive room of health post.

Who maintains:

- The health extension worker

Archival procedure:

- National and regional regulations for retention should be observed. If these regulations are unknown, records may be retained in active storage for 5yrs after last visit and retained in inactive storage for 10 yrs after last visit or death.

Contents: Health card has ten parts.

I. Identification
II. Earlier health history
III. Disease information
IV. Referral information
V. HIV/AIDS
    a. ART follow up
    b. Home based care and support for PLWHA
VI. Tuberculosis
VII. Family planning
VIII. History of Immunization
IX. Height and weight status
X. Orphan support

## I. IDENTIFICATION

This part includes:

a. Name: Name of the individual seeking any medical care.
b. DOB: Date of birth of the individual seeking any medical care.

[2] ***N.B. Use the card independently for >= 5yrs and for < 5yrs who lost their mother***

c. Individual ID: A unique identifier for an individual. This number can be TIN.[3], or an assigned serial number for every member of the household with his/her own sequential order with seven digits [the first five assigned from the household number and the next two assigned form the sequential number (xx-xxx/xx)].

## II. PAST HISTORY OF HEALTH

This part is for documenting past history of health of an individual seeking medical care. Here, more than one past history of health information can be written; one on each row of the table.

1. Individual ID: A unique identifier for an individual. This number can be TIN.[4] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned from the household number and the next two assigned form the sequential number (xx-xxx/xx)].
2. Earlier health history: pervious health condition of an individual which was identified by health professional.

**Table 14: Earlier health history**

| Individual ID | **Earlier health history:** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## III. DISEASE INFORMATION

This part is for documenting disease conditions of an individual household member. [Use **yellow** health card for females and **blue** card for males who are above five years of age, and for

[3] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

[4] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

those under five years who have lost their mother based on their sex category. For each under five years child use his/her **yellow** mothers' card].

**Table 15: Disease information**

| **Disease information** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Individual ID | Date | Age | Sex | Diagnosis | Type of visit | | Action taken | Setting (HP/ Home) | Referred (√) | Remark |
| | | | | | New | Repeat | | | | |
| | __/__/____ | | | | | | | | | |
| | __/__/____ | | | | | | | | | |

- ***N.B on this part maternal and under five children health problems can be recorded on the same Yellow card, in which case the mothers' Individual ID is written on one row and the child's individual ID is written on another row.***
- ***"Individual ID" and "sex" is omitted out in cases of male (Blue) card.***

This section of the health card has the following columns

1. Individual ID: A unique identifier for an individual. This number can be TIN.[5] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned from the household number and the next two assigned form the sequential number (xx-xxx/xx)].
2. Date : Record date of visit
3. Age: Individual's age in years. If newborn under one month, write age in days, followed by the word day(s). If infant under 1 year, write age in months, followed by the word month(s).
4. Sex : M=Male; F=Female
5. Diagnosis: HEWs' impression about the type of health problem identified. This is based on the description of the HMIS name of the disease classified by the HEW.
6. Type of visit: Tick (√) "New" if visit is for a new episode of illness, Tick (√) "Repeat" if visit is follow up for a previous episode of illness

***a. New: when the client is visiting for the first time for classified disease or when the HEW classifies disease during home visit session for the first time.***

***b. Repeat: when the client visit HP for the same problem or HEW visit the individual for***

[5]

7. Action taken: any measure taken by HEW for classified disease (treatment, advice, referral, etc…).
8. Setting (HP/Home): the HEW can encounter an individual seeking medical care either at the health post, or at home during a home visit.
    a. Write HP if the individual gets medical care at HP level
    b. Write home if the individual gets medical care at home during home visit
9. Referred: one task of the HEW is to facilitate referral link between health facility and the community, so that for specific health care conditions that need health center management prompt referral is provided.
    a. Tick (√) "Referred" when the individual needs further medical care management at health center level.
10. Remark: is the space provided for writing any important note for at that particular visit.

## IV. REFERRAL INFORMATION:

When there is a referral [i.e. after ticking (√) "Referred" when an individual is referred for further medical care management at health center level] on the disease information table, the following information should be recorded on the referral information table.

1. Individual ID: A unique identifier for an individual. This number can be TIN.[6] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five digits assigned from the household number and the next two assigned form the sequential number (xx-xxx/xx)].
2. Reason for that referral: the reason why the individual is referred.
3. Date of referral: the data when the individual was referred.
4. Feed back: the response that has been received from the health center for a specific medical care.
5. Date feedback received: the date that the feedback was received.
6. Remark: is the space provided for any important note concerning that particular referral.

[6] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

**Table 16: Referral information**

| **Referral information** | | | | | |
|---|---|---|---|---|---|
| Individual ID | Reason for referral | Date of referral | Feed back | Date feedback received | Remark |
| | | __/__/_____ | | __/__/_____ | |
| | | __/__/_____ | | __/__/_____ | |
| | | __/__/_____ | | __/__/_____ | |

- ***N.B on this part maternal and under five children health problems can be recorded on the same Yellow card, in which case the mothers' Individual ID is written on one row and the child's individual ID is written on another row.***
- ***Individual ID is omitted out in cases of male (Blue) card.***

## V. HIV/AIDS

HIV/AIDS related information is documented in this section.

1. ART follow up
    a. Individual ID: A unique identifier for an individual. This number can be TIN.[7] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned form the household number and the next two assigned form the sequential number (xx-xxx/xx)].
    b. Date: Record date of visit
    c. Currently on medication: Current status of the individual whether he/she is on ART or not.
        a. Write Y for "Yes" [For PLWHA currently on medication]
        b. Write N for "No" [For PLWHA currently not on medication].
    d. Properly taking ART: If the client is on ART, the HEW needs to identify drug compliance whether there is regular uptake or not.

[7] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

e. Any related health problem identified: Identification and documentation of problems that the PLWHA on ART might manifest like fast breathing, lose of self control, and any newly apparent complaint.
f. Remark: is the space left to for any important note about that particular event.

**Table 17: HIV/AIDS, ART follow up**

| Individual ID | Date | Currently on medication (ART) (Y/N) | Properly taking ART (Y/N) | Any related health problem identified | Remark |
|---|---|---|---|---|---|
| | ___/___/_____ | | | | |
| | ___/___/_____ | | | | |
| | ___/___/_____ | | | | |
| | ___/___/_____ | | | | |
| | ___/___/_____ | | | | |
| | ___/___/_____ | | | | |

- ***N.B on this part maternal and under five children health problems can be recorded on the same Yellow card, in which case the mothers' Individual ID is written on one row and the child's individual ID is written on another row.***

2. Home based care and support for PLWHA

   This table is used to document support given to PLWHA. At first registration there should be an assessment on whether the individual is eligible for support or not. The table includes the following components:

   a. Support: is help given to PLWHA based on their eligibility. The support can be food support, shelter support, income generating activity [IGA], psychosocial support, medical care, legal support.
   b. Support received: write "Yes" or "No" based on the eligibility and support received with the first contact date, and follow the support on the second, third and fourth contact. Here, write the date support is received.
   c. Remark: is the space left for any important note about that particular event.

**Table 18: HIV/AIDS, Home based care and support for PLWHA**

| Supports | Support received* | | | | | | | | | | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1st contact | | Date | 2nd contact | | Date | 3rd contact | | Date | 4th contact | | Date | |
| | Yes | No | | Yes | No | | Yes | No | | Yes | No | | |
| Food | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |
| Shelter | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |
| IGA | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |
| Psychosocial | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |
| Medical | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |
| Legal | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ | |

## VI. TUBERCULOSIS

The contribution of HEWs is high in the control of TB; it begins with identifying and referring persons who cough for over three week. This helps in tracing cases of TB in the community. After it is proven that the client has tuberculosis of any form, the health center will send the client back home and the following table will help the HEW to follow the client for drug compliance, and any other related health problems.

1. Individual ID: A unique identifier for an individual. This number can be TIN.[8] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned form the household number and the next two assigned form the sequential number (xx-xxx/xx)].
2. Date medication started: is the date on which the client started anti TB drug.
3. Date: Date of subsequent visit to refill drug.
4. Any related health problem identified: document any health problem that has been identified.
5. Action taken: the action taken for identified problems.

   ***N.B. Record referral for sputum conversion check up that should be done at 2nd, 5th and 7th month here in action taken column.***

[8] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

6. Date medication completed: at the competition of the treatment enter the date anti-tb regiment is completed.
7. Remark: is the space left for any important note about that particular event.

**Table 19: Tuberculosis**

| Individual ID | Date medication Started | Date | Any related health problem identified | Action taken | Date medication completed | Remark |
|---|---|---|---|---|---|---|
| | | __/__/____ | | | | |
| | | __/__/____ | | | | |
| | __/__/____ | __/__/____ | | | __/__/___ | |
| | | __/__/____ | | | | |
| | | __/__/____ | | | | |
| | __/__/___ | __/__/____ | | | __/__/___ | |

- ***N.B on this part maternal and under five children health problems can be recorded on the same Yellow card, in which case the mothers' Individual ID is written on one row and the child's individual ID is written on another row.***

## VII. FAMILY PLANNING

This table is designed to register status of family planning based on each method. Essentially, the HEW is expected to give Oral pills, Injectable, condom and Implanon as a contraceptive. This section will help to track family planning service.

**Table 20: Family Planning**

| | Description | Visit - 1 | Visit – 2 | Visit – 3 | Visit – 4 | Visit – 5 | Visit – 6 |
|---|---|---|---|---|---|---|---|
| 1 | New/ Repeat | | | | | | |
| 2 | Visit Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| 3 | LMP* | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| 4 | BP* | | | | | | |
| 5 | Weight* | | | | | | |
| 6 | Method | | | | | | |
| 7 | Amount given | | | | | | |
| 8 | Reason for method | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | switch | | | | | | |
| 9 | Reason for referral | | | | | | |
| 10 | Next visit | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |

***N.B. * On the Blue card this part is omitted out since Male client not subjected for these descriptions.***

The following rows are incorporated in this section

1. New/ Repeat
    a. Write "New" if client is a new acceptor at the time of registration.
    b. Write "Repeat" if client is a repeat acceptor at the time of registration.

***A new acceptor is someone who has not received a contraceptive method from a recognized program before registration.***

***A repeat acceptor is someone who is not a new acceptor; in other words, a repeat acceptor has received a contraceptive method from a recognized program before registration.***

2. Visit date: Date of each visit including date of refilling drug.
3. LMP: stands for Last Menstrual Period. The date when a female client began her last normal menstrual bleeding, written as (EC) Day / Month / Year (DD/MM/YY).
4. BP: stands for Blood Pressure. Record systole / diastole – (measured as 120/80mmHg) Weight: weight of client in kg. It is one of the parameters which must be monitored of clients who are on contraception.
5. Method: Enter type of contraceptive method used by the client. Contraceptive method a client may choose are:
    a. Abbreviate type as follows:
        i. MaC Male Condom
        ii. FeC Female Condom
        iii. OC Oral Contraceptive
        iv. Inj Injectable
        v. EC Emergency Contraception
        vi. Implanon
6. Amount given: Amount of contraceptive issued per cycle

***N.B. The type of method will be tallied and counted each month on the family planning method dispensed count sheet each month.***

7. Reason for method switch: If client changes method, record reason for changing or discontinuing method.
    a. Abbreviate reason for change as follows:
        i. MethUn: Unavailability of the method
        ii. S/E: Unwanted side effects
        iii. Preg: Desire being pregnant
        iv. Ill: Developed illness and disease
        v. Int: Potential interaction with newly initiated treatment ingredient
        vi. STI: Risk of STI exposure
        vii. Oth: Other
8. Reason for referral: the reason why the individual is referred.
9. Next visit: date of appointment. During each visit the client must be given an appointment date for refilling, or client follow up.

## VIII. HISTORY OF IMMUNIZATIONS

The information in this table includes

1. Individual ID: A unique identifier for an individual. This number can be TIN.[9] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned form the household number and the next two assigned form the sequential number (xx-xxx/xx)].
2. Vaccine: Make sure that the infant/ the mother received respective antigen as per the time of provision.
    a. BCG/ OPV-0 at time of delivery
    b. OPV-1/ Penta-1 at 6th week age
    c. OPV-2/ Penta-2 at 10th week age
    d. OPV-3/ Penta-3 at 14th week age
    e. Measles at 9 month
    f. TT 1-5

[9] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

3. Date: Write the date of immunization based of the type of antigen given. The information can be acquired from old immunization card or transferred from mother's health card or it can be explored from family by history or evidence of completeness from immunization certificate that family keep. If there is discrepancy on the sequential order of immunization status and changed type of immunization write a remark.
4. Remark: it is the space left for any important note for at that particular event.

**Table 21: History of immunization**

| **Individual ID** | Vaccine | **Date** | Vaccine | **Date** | **Vaccine** | **Date** |
|---|---|---|---|---|---|---|
| | BCG | __/__/__ | Pentavalent-2 | __/__/__ | TT1* | __/__/__ |
| | OPV-0 | __/__/__ | OPV-3 | __/__/__ | TT2* | __/__/__ |
| | OPV-1 | __/__/__ | Pentavalent-3 | __/__/__ | TT3* | __/__/__ |
| | Pentavalent-1 | __/__/__ | Measles | __/__/__ | TT4* | __/__/__ |
| | OPV-2 | __/__/__ | | | TT5* | __/__/__ |
| | BCG | __/__/__ | Pentavalent-2 | __/__/__ | Remark | |
| | OPV-0 | __/__/__ | OPV-3 | __/__/__ | | |
| | OPV-1 | __/__/__ | Pentavalent-3 | __/__/__ | | |
| | Pentavalent-1 | __/__/__ | Measles | __/__/__ | | |
| | OPV-2 | __/__/__ | | | | |
| | BCG | __/__/__ | Pentavalent-2 | __/__/__ | | |
| | OPV-0 | __/__/__ | OPV-3 | __/__/__ | | |
| | OPV-1 | __/__/__ | Pentavalent-3 | __/__/__ | | |
| | Pentavalent-1 | __/__/__ | Measles | __/__/__ | | |
| | OPV-2 | __/__/__ | | | | |

***N.B. on this part maternal and under five children health problems can be recorded on the same Yellow card, in which case the mothers' Individual ID is written on one row and the child's individual ID is written on another row.***

**** On the Blue card this part is omitted out since Male client not subjected for this description.***

## IX. HEIGHT AND WEIGHT

This is an important parameter for monitoring health and nutritional status, it is also indicative of problems arising from chronic illnesses.

The table has the following parts:

1. Date: Record date of visit,
2. Weight: weight of the individual in kilograms.
3. Height: height of the individual in centimeters.
4. BMI: stands for BMI[10].
5. Remark: is the space left for any important note.

**Table 22: Height and weight**

| Date | Weight | Height | BMI | Date | Weight | Height | BMI | Date | Weight | Height | BMI | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| __/__/__ | | | | __/__/__ | | | | __/__/__ | | | | |
| __/__/__ | | | | __/__/__ | | | | __/__/__ | | | | |
| __/__/__ | | | | __/__/__ | | | | __/__/__ | | | | |

## X. ORPHAN [WHEN ORPHAN IS IDENTIFIED]

This table is used to document support given to orphans. At first registration there should be an assessment on whether the individual is eligible for orphan support or not. Orphans are those children who are below the age of 18yrs, AND they must have lost either one or both of their parents.

The table includes the following components:

1. Individual ID: A unique identifier for an individual. This number can be TIN.[11] Or assigned serial number of every member of the household with his/her own sequential order with seven digits [the first five assigned form the household number and the next two assigned form the sequential number (xx-xxx/xx)].

[10] ***N.B. BMI:*** *Body Mass Index Calculated as weigh over height square.*

[11] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

2. Age: Individual's age in years. If newborn under one month, write age in days, followed by the word day(s). If infant under 1 year, write age in months, followed by the word month(s).
3. Support: is help given to orphans based on their eligibility. The support can be educational support, food support, shelter support, income generating activity [IGA], Psychosocial, medical, legal.
4. Support received: write "Yes" or "No" based on the eligibility and support received with the first contact date, and follow the support on the second, third and fourth contact. Here, write the date support is received.
5. Remark: is the space left for any important note about that particular event.

**Table 23: Orphan [When orphan is identified]**

| Individual ID | Age | Supports | Support received* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1st contact | | Date | 2nd contact | | Date | 3rd contact | | Date | 4th contact | | Date |
| | | | Yes | No | | Yes | Yes | | Yes | No | | Yes | No | |
| | | Educational | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | Food | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | Shelter | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | IGA | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | Psychosocial | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | Medical | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |
| | | Legal | | | __/__/__ | | | __/__/__ | | | __/__/__ | | | __/__/__ |

* Document "Yes" or "No" based on the support received and write the date of support for orphans <18yrs.

# UNIT IV - INTEGRATED MATERNAL AND CHILD CARE CARD

## 1. PURPOSE OF THE INTEGRATED MATERNAL AND CHILD CARE CARD

Integrated Maternal and Child care card is a longitudinal record used to document the pre pregnancy status, pregnancy follow up, delivery, post delivery care of the mother with immunization and growth monitoring of the child.

## 2. THE INTEGRATED MATERNAL AND CHILD CARE CARD

Where it is used:

- At health post and in individual households

Format of instrument:

- Every mother in a household who is pregnant and delivers a baby will have her own integrated Maternal and Child care card. The card is a folded, yellow, A4 sized card with the front part to be used for recoding pre pregnancy status, and pregnancy follow up information. The inside part is for recoding delivery, postnatal care, immunization, and growth monitoring chart for boys. The backside is growth charts for girls.

Location:

- It should be kept in the family folder pouch in the archive room of health post.

Who maintains:

- The health extension worker

Archival procedure:

- National and regional regulations for retention should be observed. If these regulations are unknown, records may be retained in active storage for 5yrs after last visit and retained in inactive storage for 10 yrs after last visit or death.

Content: The card has the following major parts.

I. Identification
II. General condition
III. Obstetric history
IV. Current pregnancy
V. Pregnancy follow up

VI. Birth preparedness
VII. Delivery/ labor
VIII. Postnatal care
IX. Immunization
X. Growth monitoring and nutrition
XI. Growth charts

## I. IDENTIFICATION

This part includes both the mother and the new born:

a. Name: Name of the mother or the new born who needs any care.
b. DOB: Date of birth of the mother or the new born who needs any care.
c. Individual ID: A unique identifier for the mother or the new born. This number can be TIN[12], or an assigned serial number for every member of the household with his/her own sequential order with seven digits [the first five assigned form the household number and the next two assigned form the sequential number (xx-xxx/xx)].

## II. GENERAL CONDITION

This part has space for general information like

1. Gravidity: Number of pregnancies a woman has experienced, including current pregnancy, abortion, miscarriage
2. Parity: Number of previous deliveries after 28 weeks: includes live and still births & also death of child after delivery
3. LMP (Last Menstrual Period): The date of a client's first bleeding date for the last normal menstrual bleeding, written as (EC) Day / Month / Year (DD/MM/YY).
4. Referral history for sexually transmitted illness: put a tick mark (√) when the mother is referred for STI testing.
5. HIV testing: put a tick mark (√) when the mother received HIV testing.

[12] ***N.B. TIN (tax identification number):*** *a number given to an individual for taxation purpose.*

6. HIV test result: Circle “R” in red pen if test is reactive; “NR” using a normal colored pen if test is not reactive; and “I” with a normal colored pen, if test is indeterminate.

### III. OBSTETRIC HISTORY:

1. Circle N if there is no past obstetric history.
2. Circle Y if there is a past obstetric history.

### IV. CURRENT PREGNANCY:

1. Information on current pregnancy: If a sign is detected, circle Y otherwise circle N.
2. General medical history: Circle Y if there is any history of a medical condition documented otherwise circle N.

**Table 24: Integrated Maternal and Child care card, Pre pregnancy status**

| **General Condition** | |
|---|---|
| Gravidity | |
| Parity | |
| LMP | __/__/__ |
| EDD | __/__/__ |
| Referred for STI testing (□) | HIV test result R / NR / I |
| Referred for HIV testing (□) | |
| **Obstetric history** | |
| 1. Previous stillbirth or neonatal loss? N/Y | |
| 2. History of 3 or more consecutive spontaneous abortions? N/Y | |
| 3. Birth weight of last baby < 2500g N/Y | |
| 4. Birth weight of last baby > 4000g N/Y | |
| 5. Hospitalization for hypertension or pre-eclampsia/ eclampsia? N?Y | |
| 6. Previous C/S N/Y | |
| **Current pregnancy** | |
| 7. Age less than 16 years? N/Y | |
| 8. Age more than 40 years? N/Y | |
| 9. Vaginal bleeding? N/Y | |
| 10. Diastolic blood pressure 90mm Hg or more at booking? N/Y | |

| General medical history |
|---|
| 11. Diabetes mellitus? N/Y |
| 12. Renal disease? N/Y |
| 13. Cardiac disease? N/Y |
| 14. Known substance abuse? N/Y |
| 15. Any other severe medical disease or condition like malaria, TB, HIV: N/Y |
| **Remarks** |

## V. PREGNANCY FOLLOW-UP

This section is focused on the four comprehensive ANC visits. The following items are included in the pregnancy follow up part:

1. Visits: Number of pregnancy follow-up visits made by the mother, which is based on the concept of focused ANC, therefore there will be a total of four visits.
2. Date of visit: Record date of visit, written as (EC) Day / Month / Year (DD/MM/YY)
3. GA (Gestational Age): Age of the current fetus in weeks
4. BP (Blood Pressure): Record systole / diastole – (measured as 120/80mmHg)
5. FHB (Fetal Heart Beat):
    i. Write Y if fetal heart beat is detected during a specific visit time.
    ii. Write N if fetal heart beat is not detected during specific visit time.
6. Anemia/ Edema:
    i. Write Y if anemia/ edema is detected during a specific visit time.
    ii. Write N if anemia/ edema is not detected during a specific visit time.
7. Sign/ symptom of illness: list signs and symptoms seen during a specific visit time.
8. Action taken: Any action taken, like advice, referral and/or medication given.
9. Folic acid:
    i. Write Y if Folic acid is given during a specific visit time.
    ii. Write N if Folic acid is not given during a specific visit time.
10. Mebendazole
    i. Write Y if Mebendazol is given during a specific visit time.

ii. Write N if Mebendazole is not given during a specific visit time.

11. Remark: is the space provided for any important note concerning pregnancy follow up.

**Table 25: Integrated Antenatal, Labor, Delivery, Postnatal and New born care card, Pregnancy follow up**

| **Pregnancy follow up** | | | | |
|---|---|---|---|---|
| Visits | 1st | 2nd | 3rd | 4th |
| Date of Visit | __/__/____ | __/__/____ | __/__/____ | __/__/____ |
| GA | | | | |
| BP | | | | |
| FHB (N/Y) | | | | |
| Anemia/ Edema (N/Y) | | | | |
| Sign/symptom of illness | | | | |
| Action taken | | | | |
| Folic acid (N/Y) | | | | |
| Mebendazole (N/Y) | | | | |
| Remarks | | | | |

## VI. BIRTH PREPAREDNESS

This section is focused on birth preparedness.

1. Plan for Delivery place: Put the place where the pregnant mother wants to delivery. It can be health facility [Hospital, Health center, Clinic] or home.
2. Plan for Birth attendant: Put the person in charge the mother wants during delivery time. Here skilled birth attendant [Doctor, Nurses, Midwifes, etc…] or trained traditional birth attendant or any ordinary person can be recorded as birth attendant.

3. Plan for check-up after delivery till 6wks: Put the plan on seeking postnatal care until 6wks of delivery. Put "Yes" if the mother wants to have postnatal care; otherwise put "No".
4. Saving of birth cost in birr:
    a. For delivery: put the amount of money that the mother saves for delivery in birr.
    b. For transportation: put the amount of money the saves for transportation purpose during delivery time.
5. Contact person in case of emergency: Put the name of the person in contact during delivery time/emergency.
6. Intended plan done? (If not why?): put "Yes " if the above intended plan done; otherwise put "No" and document the reason why not.

**Table 26: Integrated Maternal and Child care card, Birth preparedness**

| **Birth Preparedness** | |
|---|---|
| Plan for Delivery place | |
| Plan for<br>Birth attendant | |
| Plan for check up till 6 weeks of birth | |
| **Saving of birth cost in Birr** | |
| For Delivery: | |
| For transportation: | |
| Contact person in case of emergency | |
| **Intended plan done? (If not why?)** | |

## VII. DELIVERY / LABOR

The delivery part is the section where labor related information, delivery out come, and newborn outcome is documented

1. Delivery (Labor)
    a. BP (Blood Pressure): Record systole / diastole – (measured as 120/80mmHg)
    b. FHB (Fetal Heart Beat):
        i. Write Y if fetal heart beat is detected.
        ii. Write N if fetal heart beat is not detected.
    c. Membrane:
        i. Circle "Intact" when the membrane is not broken at the time of visit
        ii. Circle "Ruptured" when the membrane is already broken at the time of visit
    d. Delivery date and time: Date and time that a mother delivered (gave birth), written as (EC) Day / Month / Year (DD/MM/YY), followed by local time (00:00)
2. Delivery outcome
    a. Normal: Circle Y when delivery is normal; otherwise circle N.
    b. Complicated and referred: Circle Y when the delivery is complicated and referred; otherwise circle N.
    c. Maternal death: Circle Y when the mother died due to delivery complications; otherwise circle N.
    d. Birth Attendant: put a tick (√) mark on the box corresponding to the person who attended the delivery. The birth attendant can be a health worker, health extension worker or traditional birth attendant.
    e. Live birth: Circle Y when newborn is alive during delivery; otherwise circle N.
    f. Still birth: Circle Y when newborn is born dead; otherwise circle N.
3. Neonate
    a. Sex: Circle M when the new born is male, and circle F when the new born is female.
    b. Weight in grams: Weight of the new born in grams.
    c. Neonatal death: Circle Y when neonate is dead; otherwise circle N.
    d. Dead (Age in days): Write age in day(s) if neonate died after live birth.
4. Remarks: Note any package of neonatal care given to the newborn.

**Table 27: Integrated Antenatal, Labor, Delivery, Postnatal and New born care card, Delivery**

| **Delivery/Labor** | |
|---|---|
| BP | |
| FHB | |
| Membrane (Intact /Ruptured) | |
| Delivery date and time | ___/___/_____ , __:__ |
| **Delivery Out come** | **Remarks** |
| Normal N/Y | |
| Complicated and referred N/Y | |
| Maternal death N/Y | |
| Birth Attendant<br>Health Worker □<br>HEW □<br>tTBA □ | |
| Live birth N/Y | |
| Still birth N/Y | |
| **Neonate** | |
| Sex (M/F) | |
| Weight in gram | |
| Neonatal death N/Y | |
| Dead (age in days) | |

## VIII. POSTNATAL CARE

Another part of Integrated Maternal and Child Care Card is the post natal care section. This part has two major components: postnatal care and infant assessment.

1. Postnatal care
    a. Visits: number of visits that the mother has for postnatal follow-up, which is based on the scientific grounds there are three visits which are mandatory.
    b. Date of visit: Record date of visit, written as (EC) Day / Month / Year (DD/MM/YY).
    c. Sign/symptom of illness: list signs and symptoms seen during specific visit time.
    d. Action taken: any action taken like advice, referral, and/or medication given.
    e. Referred: when the mother is referred to a health center for further medical care, put a tick (√) mark on the box corresponding to respective visit.

f. Counseling on FP: Write “Yes” if the mother received counseling on FP; otherwise write “No”.
g. Counseling on Breast feeding (exclusive/ complementary): Write “Yes” if the mother received counseling on breast feeding; otherwise write “No”.

2. Infant assessment
    a. Weight in grams: weight of infant in grams.
    b. Sign/symptom of illness: list signs and symptoms of the infant during specific visit time.
    c. Action taken: any action like advice, referral and/or medication given.
    d. Remarks: is the space provided for any important note.

**Table 28: Integrated Maternal and Child care card, postnatal care**

| **Postnatal care** | | | |
|---|---|---|---|
| Visits | 1st | 2nd | 3rd |
| Date of visit | __/__/__ | __/__/___ | __/__/__ |
| Sign/symptom of illness | | | |
| Action taken | | | |
| Referred | | | |
| Counseling on FP | | | |
| Counseling on breastfeeding (exclusive/ complementary) | | | |
| **Infant assessment** | | | |
| Weight | | | |
| Sign/symptom of illness | | | |
| Action taken | | | |
| **Remarks** | | | |

## IX. IMMUNIZATION

This part is designed to monitor immunization status of the infant. This section has the following basic components

1. Protected at birth against tetanus: Tick (√) if the mother of the child received TT2+.
2. Vaccine: Make sure that the infant received respective antigen as per the time of provision.
    a. BCG/ OPV-0 at time of delivery
    b. OPV-1/ Penta-1 at 6th week age
    c. OPV-2/ Penta-2 at 10th week age
    d. OPV-3/ Penta-3 at 14th week age
    e. Measles at 9 month
3. Date: write the date the antigen is given to the infant.
4. Fully immunized: Tick (√) when the infant is fully immunized, which is after the measles immunization.

**Table 29: Integrated Maternal and Child care card, Immunization**

| **Immunization** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Protected at birth against Tetanus (√) ☐ | Vaccine | **Date** | Vaccine | | **Date** | Vaccine | **Date** |
| | BCG | __/__/_____ | OPV-2 | | __/__/_____ | Measles | __/__/_____ |
| | OPV-0 | __/__/_____ | Penta-2 | | __/__/_____ | | |
| | OPV-1 | __/__/_____ | OPV-3 | | __/__/_____ | Fully immunized (√) ☐ | |
| | Penta-1 | __/__/_____ | Penta-3 | | __/__/_____ | | |

## X. GROWTH MONITORING AND NUTRITION

Documentation on growth status of children under three years of age and nutritional condition especially on Vitamin A and Deworming is written in this section.. The part has the following components:

1. Date: record date of visit, written as (EC) Day / Month / Year (DD/MM/YY).
2. Vitamin A for the child: Tick (√) when Vitamin A is given to the child.
3. De-worming by Albendazol: Tick (√) when Albendazol or related medication is given to the child.
4. MUAC in cm: is the Mid Upper Arm Circumference in centimeters.
5. Action taken: any action like advice, referral and/or medication given.

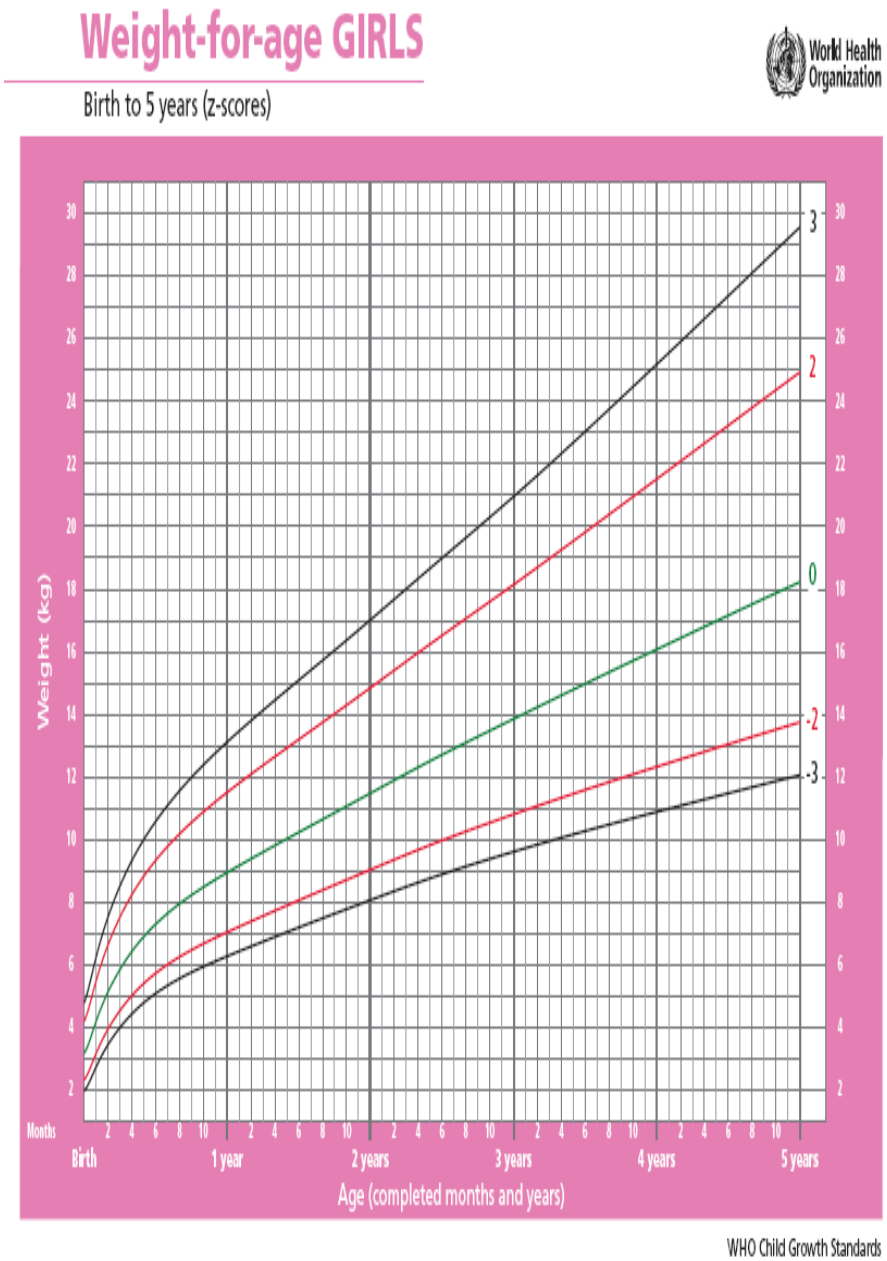
**Table 30: Integrated Maternal and Child care card, growth monitoring and nutrition**

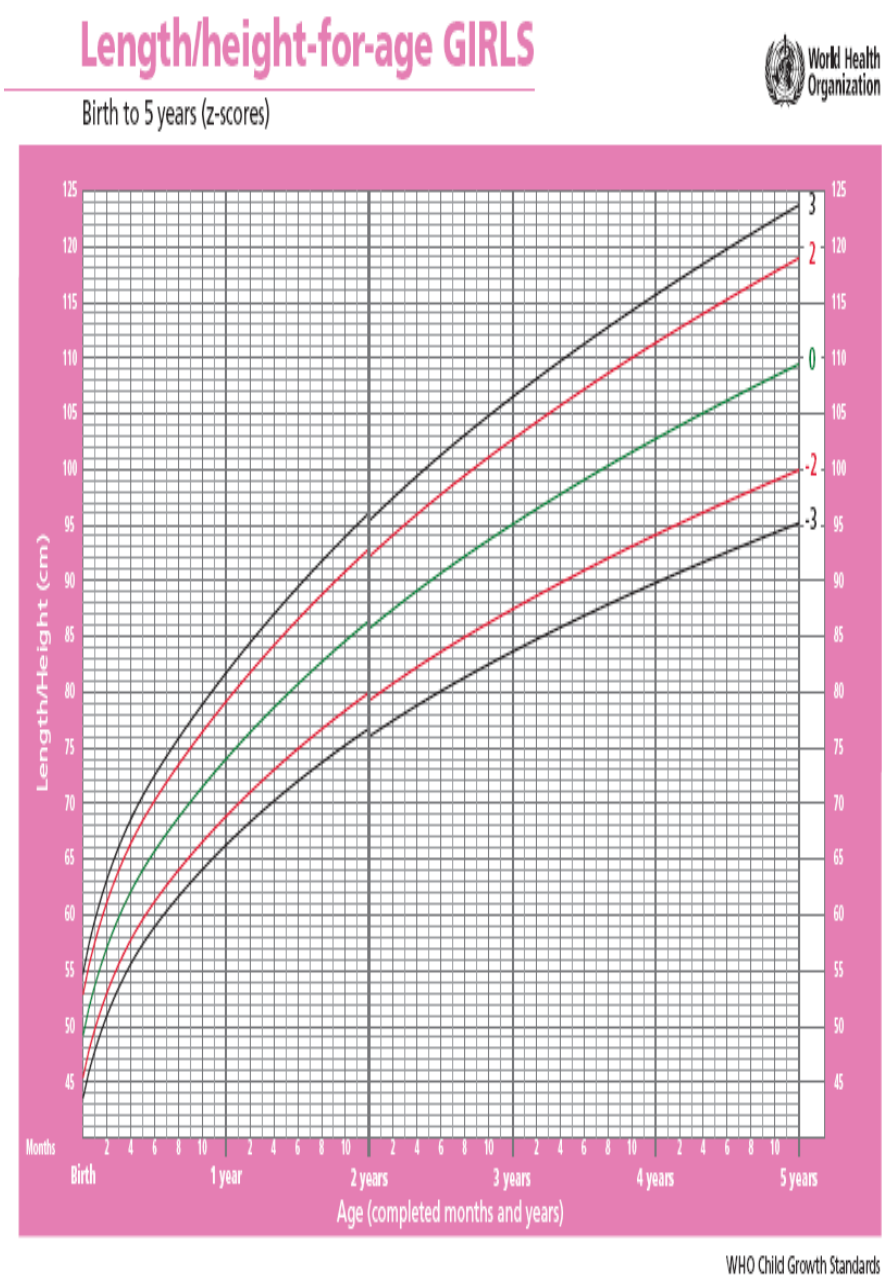
| **Growth Monitoring and Nutrition** | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| Vit A Supplementation (√) | | | | | | | | | | | | | | | | | | |
| De-worming by Albendazol (√) | | | | | | | | | | | | | | | | | | |
| MUAC in cm | | | | | | | | | | | | | | | | | | |
| Action taken | | | | | | | | | | | | | | | | | | |

## XI. GROWTH CHARTS

1. Weight in Kg: weight of child in kilograms. Use growth chart based on sex category.
    a. Z-score above 3: Over weight
    b. Z-score above 2: Over weight
    c. Z-score 0 (median): Normal weight
    d. Z-score below 2: Under weight
    e. Z-score below 3: Severely under weight
2. Height in cm: height of the child in centimeters. Use growth chart based on sex category.
    a. Z-score above 3: Very tall
    b. Z-score above 2: Normal Height
    c. Z-score 0 (median): Normal Height
    d. Z-score below 2: Stunted
    e. Z-score below 3: Severely Stunted

**Growth charts**

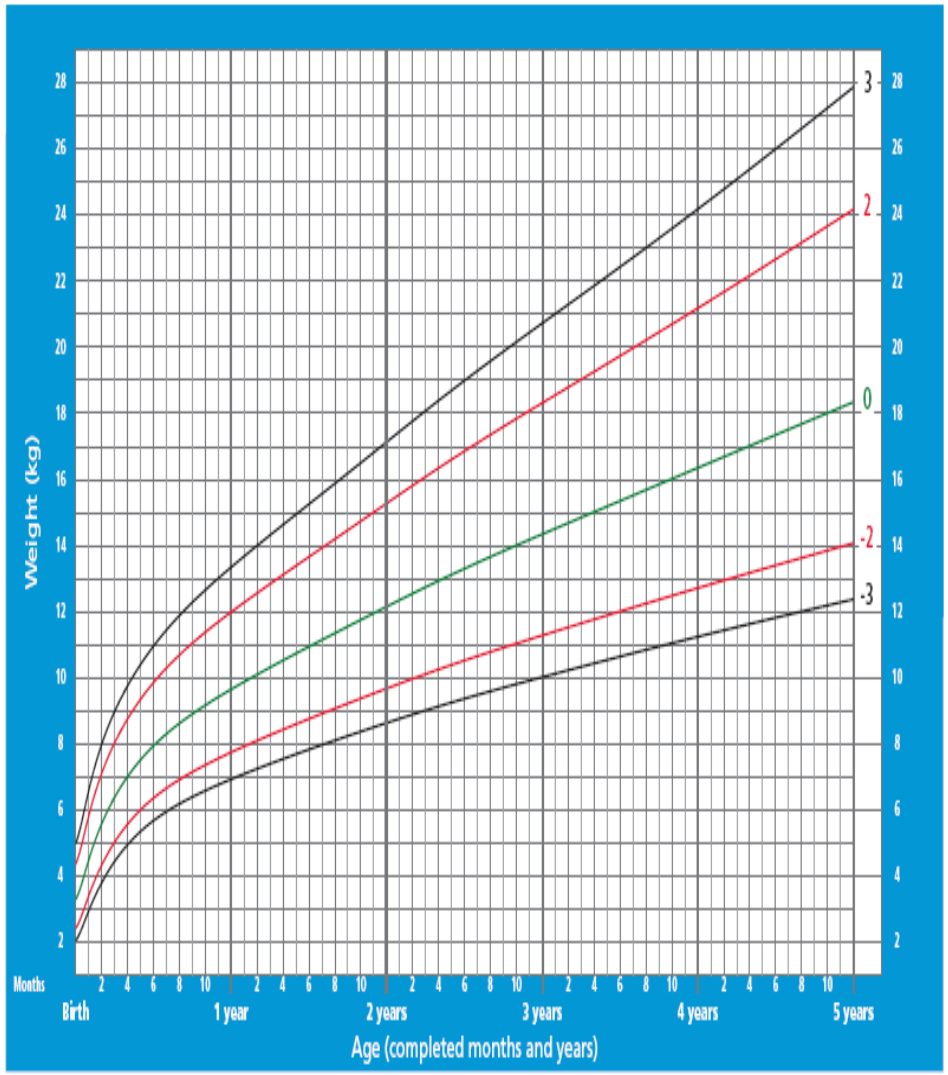


# Weight-for-age BOYS

World Health Organization

Birth to 5 years (z-scores)

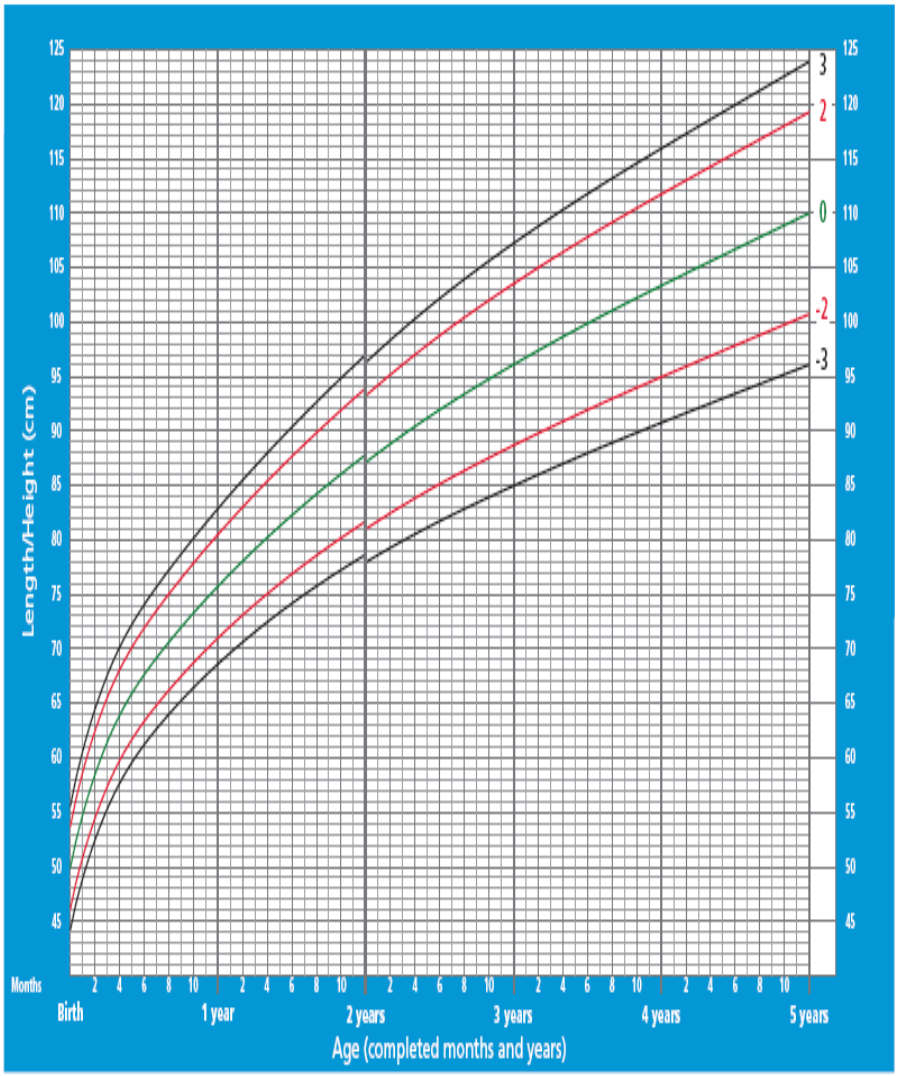



WHO Child Growth Standards

# Length/height-for-age BOYS

World Health Organization

Birth to 5 years (z-scores)




WHO Child Growth Standards

# UNIT V – MASTER FAMILY INDEX (MFI)

## 1. PURPOSE OF MASTER FAMILY INDEX

The Master Family Index (MFI) is an alphabetic list of Heads of the Households with their corresponding household numbers. This list is to facilitate the identification of household number of a household based on the name of the household head and thereby help in the retrieval of Family Folders from the filing system.

## 2. WHERE IT IS USED

The MFI is mainly used at Health Post for easy retrieval of FF from the shelves. HEW may also take it with her during outreach to identify the Household number of the client and record the HH number on tally sheet and field book as needed.

## 3. FORMAT OF INSTRUMENTS

MFI is an index to record name, fathers and grand father's name of each household in alphabetic order by gote. For every alphabet, use one or more pages, as necessary. Start new page for the next alphabet. Separate lists are maintained for each gote.

For recording household information, use one row for each Household's record. In the first column write the name of the head of the house hold. In the next columns write the father's name and grandfather's name of the household head. Put the household number in the last column.

Leave some blank rows for adding new HHs records.

**Table 31: Master Family Index (MFI)**

**Name of Gote _____ Alphabet _____**

| Household Head | | | Household number |
|---|---|---|---|
| Name | Father | Grand Father | |
| | | | |
| | | | |
| | | | |

## 4. LOCATION

MFI is kept in health post but HEW may carry it to outreach.

## 5. WHO MAINTAINS

It is maintained by the HEWs

## UNIT VI – FIELD BOOK

### 1. THE PURPOSE OF FIELD BOOK

The purpose of the Field Book is to record the identification details and service data of clients receiving service at household or outreach and for whom the HEW did not carry the Family Folder. These records are then used for updating the Family Folders after the HEW return back to the Health Post.

### 2. WHERE IT USED

The Field Book is mainly used at the household and outreach levels.

### 3. FORMAT OF INSTRUMENTS

The Field Book has five columns. For every client served for whom the Family Folder is not available with the HEW, enter the date of visit, name of the client and service provided.

Services are recorded in the third column. For recording the service, note the specific service provided. For example for Family Planning services, record the type of commodity/service provided; for disease write the diagnosis.

In the fourth column note the name of the household head or the household number if available, and in fifth column note the name of the gote to which the client belongs.

**Table 32: Field Book**

| Date of visit | Name of the client | Service provided | Household number/ name | Gote |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## 4. LOCATION

The Field Book is kept in health post but HEW carries it to the household and outreach during her field visits.

## 5. WHO MAINTAINS

It is maintained by the HEWs

# UNIT VII - TALLIES, REPORTING FORMATS, HMIS DATA FLOW, & DATA QUALITY

## TALLIES

### I - SERVICE DELIVERY TALLY

Purpose:

- To keep a daily count of each health service activity.
- Maintain a record of which service was given to which household – for later data quality check and identification of target household for follow-up services.

How to use:

- Put the unique household numbers in the corresponding rows for the services given. For example, if Family Planning service is given to a new client, record the household number of that client in the row in front of "New Acceptors".
- At the end of the month count the total numbers of entries made in each row and record the row total in the last column.

Where it is used:

- At health post, outreach and in individual households

Location:

- It should be kept in the health post and updated every day.

Who maintains:

- The health extension workers

Archival procedure:

- National and regional regulations for retention should be observed. If these regulations are unknown, records may be retained in active storage for 5yrs after last visit and retained in inactive storage for 10 yrs after last visit or death.

Content: See annex 1

### 2. DISEASE INFORMATION TALLY

Purpose:

- To keep a daily count of each type of disease diagnosis encountered by the HEW
- Maintain a record of which cases attended at which households – for later data quality check and identification of target household for follow-up services.

How to use:

- Put the unique household numbers in the corresponding rows against the diagnosis of the cases disaggregated by age group (<5 years, 5-14 years, and ≥ 15 years).
- At the end of the month count the entries in each cell and record the cell total for HMIS reporting.

Where it is used:

- At health post, household and outreach

Location:

- It should be kept in the health post and updated as cases are attended.

Who maintains:

- The health extension worker

Archival procedure:

- At end of month, after the monthly data compilation is completed, this tally form is given to the HMIS in-charge for archiving. National and regional regulations for retention should be observed. If these regulations are unknown, tally sheets may be retained for 5 years and then discarded.

Content: See annex 2

### 3. TRACER DRUG AVAILABILITY TALLY

Purpose:

- Monthly record of tracer drug availability.

Where it is used:

- At health post

Format of instrument:

- Preprinted on standard A4 paper.

Location:

- It should be kept in the health post

Who maintains it:

- The health extension worker

Archival procedure:

- At end of month, this tally form is given to the HMIS in-charge for archiving. National and regional regulations for retention should be observed. If these

regulations are unknown, tally sheets may be retained for 5 years and then discarded.

Content: See annex 3

### 4. FAMILY PLANNING METHOD DISPENSED COUNT

Purpose:

- Monthly record of contraceptives distributed to provide annual total that can be used to estimate contraceptive prevalence rate (CPR).

Where it is used:

- At health post

Format of instrument:

- Preprinted on standard A4 paper.

Location:

- It should be kept in the health post

Who maintains:

- The health extension worker

Archival procedure:

- At end of year, this tally form is given to the HMIS in-charge for archiving. National and regional regulations for retention should be observed. If these regulations are unknown, tally sheets may be retained for 5 years and then discarded.

Content: See annex 4

## REPORTING FORMATS

The HMIS reporting formats collect and transfer the data required to calculate the indicators used in performance monitoring. The data are gathered from Family/household health information records, using tally sheets, and entered into the reporting formats.

The quarterly and annual reporting formats for each level, along with the definition for each data item reported, and the registered items and tally source for each data item are included in Annexes 5, 6 and 7 Quarterly and Annual Service Delivery reporting form, and Quarterly Diseases reporting form.

## HMIS DATA FLOW

**Summary.** Data flow should supply consumers with data in an effective and efficient manner.

**Who:** Health Extension Workers check and review data, then forward it to their designated administrative office (usually WorHO). The administrative office aggregates the data it receives, adds its own administrative data, monitors its own performance based on these reported and self-generated data, and forwards the HMIS report to the next level.

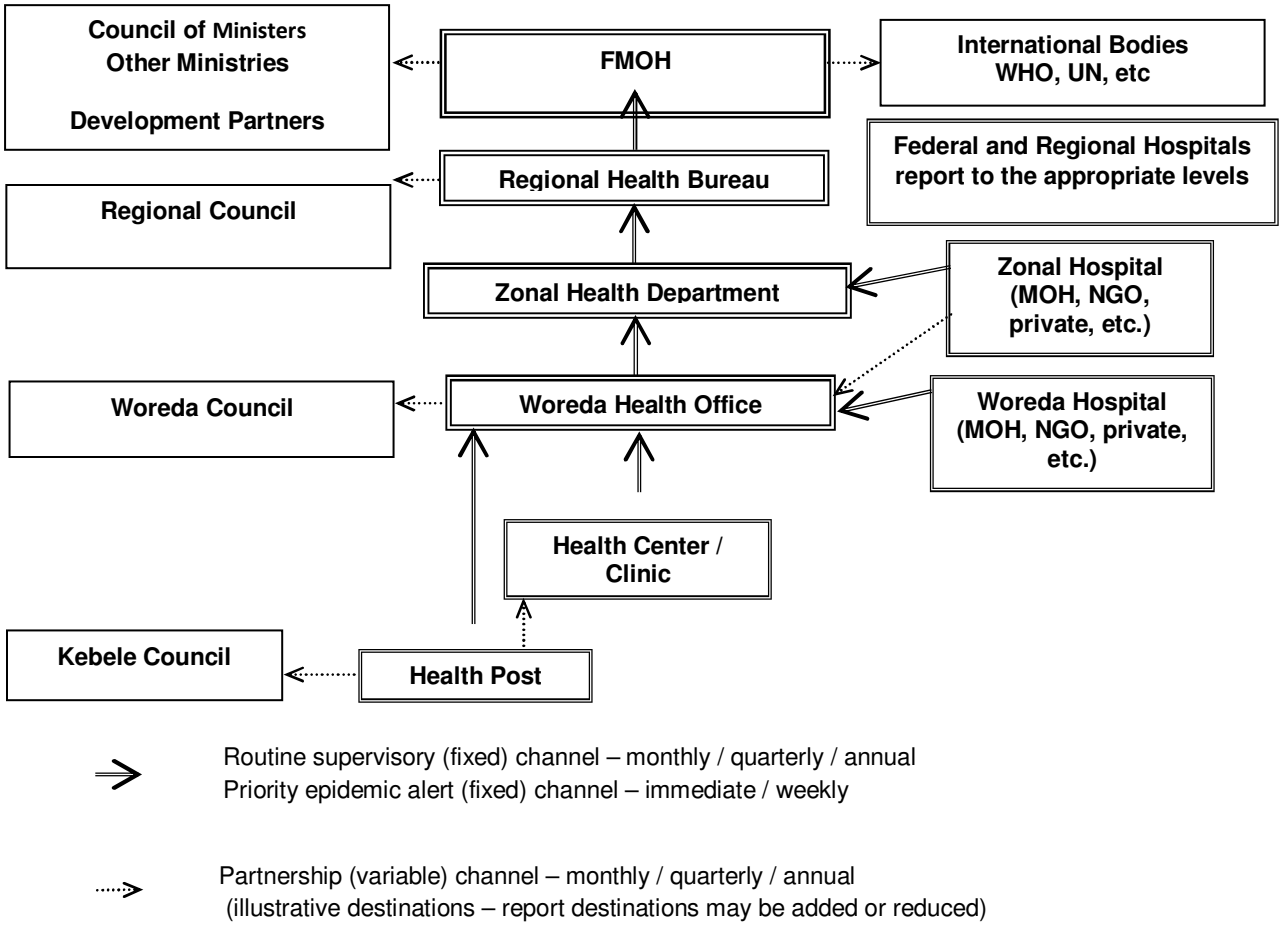
**What:** HEWs report on the services that they provided, the disease cases seen, and on administrative data such as human resources, and logistics.

**When:** HEWs aggregate and review data monthly with their supervisor and Kebele administrator. She reports to her administrative office (WorHO) quarterly. Administrative levels forward results quarterly. Besides, annual reports may include additional data that are not collected quarterly.

**How:** Data are transmitted through an integrated channel to assure standardization, consistency, and quality control. HEWs may also report laterally to local governments or other partners.

Routine data are assembled monthly and reported quarterly as described above. To respond to immediate events, particularly for the purpose of outbreak detection and control, the data channel has a fast track. Immediately notifiable disease data are transmitted via a yellow envelope directly to the designated disease prevention and control expert at each level. This expert notifies the next disease prevention and control expert in the reporting chain and the HMIS officer / in-charge at the same level.

**HMIS/M&E Reporting Flow Diagram**




## HMIS/M&E INFORMATION FLOW

Reports flow into and out of the Health Extension Program through the head of the HP (HMIS in-charge), who disseminates compiled information to responsible officers. These officers review and may provide feedback or additional processing.

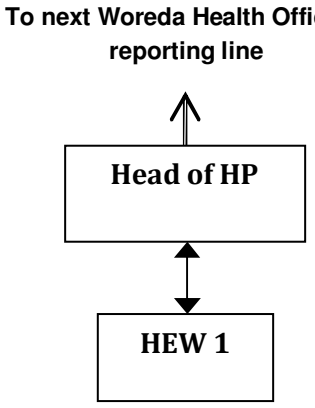



Figure 1: HMIS information flow

**Table 33: HMIS reporting schedule**

| From | To | Report arrival date at reporting destination | Frequency of | | Comment |
|---|---|---|---|---|---|
| | | | Reporting | Aggregation / Assessment | |
| Health post | WorHO with copy to HC | 8th of month | Quarterly and annual | Monthly | |
| WorHO | ZHD / RHB | 15th of month | Quarterly and annual | Quarterly | |
| ZHD | RHB | 21st of month | Quarterly and annual | Quarterly | |
| RHB | FMOH | 28th of month | Quarterly and annual | Quarterly | Selected few activities may require quarterly reporting |

***Note: Arrival date in all cases refers to the following month after each quarter or fiscal year. This schedule is intended to provide enough time for review of results to improve data quality, particularly at the facility.***

## DATA QUALITY

### 1. CHECKING DATA ACCURACY IN MONTHLY REPORT

If data in the monthly report are not accurate, then decisions made based on those data may not produce the effects that are intended. Lot quality assurance sampling (LQAS) is a methodology that originated in manufacturing as a low-cost way to assess and assure quality. Based on a small sample size, one can estimate the level of quality. In recent years this methodology has been applied to assess the quality of various aspects of health services, including data quality.

The following steps show how the quality of HMIS data can be estimated using a sample of 12 data elements and comparing the results with a standard LQAS table.

1. Selection of data elements is random, which means data elements are selected without any preference. A broad representation of the data elements from different sections of the monthly tally

sheet 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 month's tally sheet. Write the selected data element in the first column of the data accuracy check sheet given below. Repeat the procedure until all data elements from different sections are entered in first column.
3. Copy the figures of the selected data elements as reported on the month's tally form in second column of data quality check sheet, under the heading of "figures from month's tally sheet".
4. Note the household numbers as recorded on the tally sheet against the selected data elements. Pull out the Family Folders with the corresponding household numbers from the shelf and re-count the actual entries of a selected data element made on the Family Folder/Health Cards. Write the figure you counted from the Family Folders in third column of check sheet, under the heading "figure from Family Folders". Repeat this procedure for all data elements.
5. If the figures in column 2 and 3 are same, tick under YES in column four. If they are not the same (do not match), write a tick under NO in column four. Repeat this procedure for all data elements.
6. Count the total ticks under "YES" and write in row of total for "YES". Repeat the procedure for "NO" column. The sum of YES and NO totals should be equal to the sample size of 12.

**Table 34: Data Accuracy check sheet**

| Month for which data accuracy is checked_____ | | | | |
|---|---|---|---|---|
| Randomly Selected Data Elements from the monthly reporting form | Figures from the Month's tally sheet (2) | Figures counted from Family Folders (3) | Do figures from columns 2 & 3 Match? | |
| | | | YES | NO |
| 1. Family planning section | | | | |
| 2. Child health section | | | | |
| 3. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| Total | | | | |

The total in number in the "Yes" column corresponds to the percentage 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 number in the "yes" column is 7, the accuracy level is between 65-70%.

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

Circle the data accuracy percentage, write it in section D3.2 of the monthly report, and submit to the Woreda office.

- 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 a high level of accuracy and needs to be maintained at that level.

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

# ANNEXES

## ANNEX1: SERVICE DELIVERY TALLY

Woreda: _____Facility: _____Year: _____Month: _____ [___/____/_____ to ___/___/_____E.C.]

| S.N. | Activity | Tally | Number |
|---|---|---|---|
| A. | Family Health | | |
| A.1 | Reproductive Health | | |
| A.1.2 | Family Planning Acceptors | | |
| 1.2 | Total new and repeat acceptors | | |
| 1.2.1 | New acceptors | | |
| 1.2.2 | Repeat acceptors | | |
| A.1.3 | Antenatal Care | | |
| 1.3 | First antenatal attendances | | |
| A.1.5 | Deliveries and Outcomes | | |
| 1.5.2 | attended by HEW | | |
| 1.5.2.1 | Live births | | |
| 1.5.2.2 | Still births | | |
| 1.5.3 | attended by tTBA<br>Total Birth | | |
| | Child death | | |

| | | | |
|---|---|---|---|
| 1.9 | Early neonatal deaths | | |
| A.1.10 | Postnatal Care | | |
| 1.10 | First post natal attendances | | |
| | Maternal death | | |
| | Total Death | | |
| A.2 | Child Health | | |
| 2.1 | Child Health | | |
| 2.1.1 | Number of newborns weighed | | |
| 2.1.2 | Low birth weight<br><br>Vit A supplementation for 6-59 months of age | | |
| | 2-5yrs age group who de-wormed | | |
| 2.2 | Growth Monitoring | | |
| 2.2.1 | Number of weights measured for children < 3 years | | |
| 2.2.2 | Number of weights recorded with moderate malnutrition (z-scoring) | | |
| 2.2.3 | Number of weights recorded with severe malnutrition (z-scoring) | | |
| A.3 | Expanded Program on Immunization (EPI) | | |
| | BCG for < 1yrs | | |
| 3.1 | Penta 1 for < 1yrs | | |
| | Penta 2 for < 1yrs | | |
| 3.2 | Penta 3 for < 1yrs | | |
| | OPV for < 1yrs | | |

b

| | | | |
|---|---|---|---|
| 3.3 | Measles for < 1yrs | | |
| 3.4 | Fully immunized for < 1yrs | | |
| | BCG >=1yrs | | |
| | Penta 1 >=1yrs | | |
| | Penta 2 >=1yrs | | |
| | Penta 3 >=1yrs | | |
| | OPV >=1yrs | | |
| | Measles >=1yrs | | |
| | Fully immunized >=1yrs | | |
| 3.5 | Births protected against NNT (PAB) | | |
| 3.6 | Vaccine | | |
| 3.6.1 | BCG doses given (all ages) | | |
| 3.6.2 | Pentavalent (DPT- Hep B -Hib) doses given (all ages) | | |
| 3.6.3 | Polio doses given (all ages) | | |
| 3.6.4 | Measles doses given (all ages) | | |
| 3.6.5 | TT doses given (all ages) | | |
| | BCG doses opened | | |
| | Penta doses opened | | |
| | Polio doses opened | | |
| | Measles doses opened | | |
| | TT doses opened | | |

C

| | | | |
|---|---|---|---|
| D | Health Service | | |
| | **OVC who received** | | |
| | Education support | | |
| | Food support | | |
| | Shelter support | | |
| | IGA support | | |
| | **PLWHA received** | | |
| | Education support | | |
| | Food support<br><br>Shelter support | | |
| | IGA support | | |
| | **Communicable disease prevention and control** | | |
| | Number of HHs with ITN | | |
| | Number of HHs covered with IRS | | |
| | **Model Households** | | |
| | Number of graduated households | | |
| D.2 | Management | | |
| 2.1.1 | Supportive supervisions received from WorHO | | |
| 2.2.1 | Self-assessment meetings held | | |
| 2.2.2 | Participatory review meetings held | | |

d

## ANNEX 2: DISEASE INFORMATION TALLY

Woreda: _____Facility: _____Year: _____Month: _____ [___/___/_____ to ___/___/_____E.C.]

| Code | Diagnosis | Male | | | | | | | | | | | | Female | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | <5yrs | | | | 5-14 yrs | | | | >=15 yrs | | | | <5yrs | | | | 5-14 yrs | | | | >=15 yrs | | | |
| | | New | | Repeat | | New | | Repeat | | New | | Repeat | | New | | Repeat | | New | | Repeat | | New | | Repeat | |
| | | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # | Tally | # |
| 0100 | Priority infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | |
| | Epidemic Prone diseases | | | | | | | | | | | | | | | | | | | | | | | | |
| 0101 | Malaria (clinical without laboratory confirmation) | | | | | | | | | | | | | | | | | | | | | | | | |
| 0102 | Malaria (confirmed with P. falciparum | | | | | | | | | | | | | | | | | | | | | | | | |
| 0103 | Malaria (confirmed with species other than P. falciparum | | | | | | | | | | | | | | | | | | | | | | | | |
| 0104 | Diarrhea (non-bloody) | | | | | | | | | | | | | | | | | | | | | | | | |
| 0105 | Diarrhea with dehydration | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0106 | Diarrhea with blood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0107 | Meningitis (suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0111 | Acute febrile illness (AFI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Immediately reportable diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0112 | Acute poliomyelitis/ Acute flaccid paralysis (suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0113 | Measles (suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0115 | Cholera (suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0117 | Drancunculiasis (suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0118 | Neonatal tetanus (Suspected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0120 | Avian human influenza (AHI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0121 | Rift Valley Fever (RVF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other infectious diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0125 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0134 | Trachoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0137 | Helminthiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9000 | Other unclassified diseases (referred) | | | | | | | | | | | | | | | | | | | | | | |
| 9001 | District/ region specific diseases | | | | | | | | | | | | | | | | | | | | | | |
| 9002 | District/ region specific diseases | | | | | | | | | | | | | | | | | | | | | | |
| 9999 | Other or unspecified diseases (referred) | | | | | | | | | | | | | | | | | | | | | | |

## ANNEX 3: TRACER DRUG AVAILABILITY TALLY FOR HEALTH POST

Woreda/sub-city: _____ Kebele: _____

Year: _____ Month: _____

| Type of drug | Month | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hamle | Nehase | Mesekerm | Tikimt | Hidar | Tehsas | Tir | Yekatit | Megabit | Miazia | Ginbot | Sene |
| Oral Rehydration salt | | | | | | | | | | | | |
| Arthemisin Lumphantrine | | | | | | | | | | | | |
| Tetracycline eye ointment | | | | | | | | | | | | |
| Parcetamol | | | | | | | | | | | | |
| Medroyprogestrone (depo) injection | | | | | | | | | | | | |
| Ferrous Salt plus folic acid | | | | | | | | | | | | |

N.B. Make (✓) the month if the drug is not available

h

## ANNEX 4: FAMILY PLANNING METHODS DISPENSED COUNT

Woreda/sub-city: _____ Kebele: _____ Year: _____E.C.

| Month | Condoms (# issued) | | Oral Contraceptives (# of monthly cycles distributed) | | Injectable (Depo-Provera) Number of injection given | | Implanon (# of procedures done) | |
|---|---|---|---|---|---|---|---|---|
| | Tally | # | Tally | # | Tally | # | Tally | # |
| Hamle | | | | | | | | |
| Nehase | | | | | | | | |
| Mesekerm | | | | | | | | |
| Tikimt | | | | | | | | |
| Hidar | | | | | | | | |
| Tehsas | | | | | | | | |
| Tir | | | | | | | | |
| Yekatit | | | | | | | | |
| Megabit | | | | | | | | |
| Miazia | | | | | | | | |
| Ginbot | | | | | | | | |
| Sene | | | | | | | | |
| Total | | | | | | | | |

## ANNEX 5: HEALTH POST QUARTERLY SERVICE DELIVERY REPORT FORM

**Woreda/Sub-city _____ Kebele/ HP _____**

**Year _____ Quarter _____**

| S.N. | Activity | Month | Month | Month | Quarter |
|---|---|---|---|---|---|
| **A** | **Family Health** | | | | |
| **A.1** | **Reproductive Health** | | | | |
| ***A.1.2*** | ***Family Planning Acceptors*** | | | | |
| 1.2 | Total new and repeat acceptors | | | | |
| 1.2.1 | New acceptors | | | | |
| 1.2.2 | Repeat acceptors | | | | |
| ***A.1.3*** | ***Antenatal Care*** | | | | |
| 1.3 | First antenatal attendances | | | | |
| ***A.1.5*** | ***Deliveries and Outcomes*** | | | | |
| 1.5.2 | attended by HEW | | | | |
| 1.5.2.1 | Live births | | | | |
| 1.5.2.2 | Still births | | | | |
| 1.5.3 | attended by tTBA | | | | |
| | Total Birth | | | | |
| | Child death | | | | |
| 1.9 | Early neonatal deaths | | | | |
| ***A1.10*** | ***Postnatal Care*** | | | | |
| 1.10 | First post natal attendances | | | | |
| | Maternal death | | | | |
| | Total Death | | | | |
| **A2** | **Child Health** | | | | |
| ***2.1*** | ***Child Health*** | | | | |

| S.N. | Activity | Month | Month | Month | Quarter |
|---|---|---|---|---|---|
| 2.1.1 | Number of newborns weighed | | | | |
| 2.1.2 | Low birth weight | | | | |
| | Vit A supplementation for 6-59 months of age | | | | |
| | 2-5 yrs age group who de-wormed | | | | |
| ***2.2*** | ***Growth Monitoring*** | | | | |
| 2.2.1 | Number of weights measured for children < 3 years | | | | |
| 2.2.2 | Number of weights recorded with moderate malnutrition (Z-score b/n 2 and 3) | | | | |
| 2.2.3 | Number of weights recorded with severe malnutrition (Z-score below 3) | | | | |
| **A.3** | **Expanded Program on Immunization (EPI)** | | | | |
| 3.1 | Pentavalent DPT1-HepB1-Hib1 immunizations for infants < 1 year of age | | | | |
| 3.2 | Pentavalent DPT3-HepB3-Hib3 immunizations for infants < 1 year of age | | | | |
| 3.3 | Measles immunizations for infants < 1 year of age | | | | |
| 3.4 | Fully immunized infants < 1 year of age | | | | |
| 3.5 | Births protected against NNT (PAB) | | | | |
| | ***Vaccine*** | | | | |
| 3.6.1 | BCG doses given (all ages) / doses opened | / | / | / | / |
| 3.6.2 | Pentavalent (DPT-HepB-Hib) doses given (all ages) / doses opened | / | / | / | / |
| 3.6.3 | Polio doses given (all ages) / doses opened | / | / | / | / |
| 3.6.4 | Measles doses given (all ages) / doses opened | / | / | / | / |
| 3.6.5 | TT doses given (all ages) / doses opened | / | / | / | / |
| **C.** | **Resource: Logistics** | | | | |
| ***C.4.*** | **Logistics:** ***Tracer drug availability (enter 1 if drug whenever needed in month, 0 if ever unavailable when needed).*** | | | | |

| S.N. | Activity | Month | Month | Month | Quarter |
|---|---|---|---|---|---|
| 4.1.1 | Amoxicillin | | | | |
| 4.1.2 | Oral Rehydration Salt | | | | |
| 4.1.3 | Arthemisin / Lumphantrine | | | | |
| 4.1.4 | Mebendazol Tablets | | | | |
| 4.1.5 | Tetracycline Eye Ointment | | | | |
| 4.1.6 | Parcetamol | | | | |
| 4.1.7 | Refampicine / Isoniazide / Pyrazinamide / Ethambutol | | | | |
| 4.1.8 | Medroxyprogesterone (depo) Injection | | | | |
| 4.1.9 | Ergometrine Maleate Tablet | | | | |
| 4.1.10 | Ferrous Salt plus Folic Acid | | | | |
| 4.1.11 | Pentavalent DPT-Hep-Hib Vaccine | | | | |
| **D** | **Health Systems** | | | | |
| ***D.1*** | ***Health service coverage and utilization*** | | | | |
| 1.2.1 | Visits < 5: new – Male | | | | |
| 1.2.2 | HP visits < 5: new – Female | | | | |
| 1.2.3 | HP visits < 5: repeat – Male | | | | |
| 1.2.4 | HP visits < 5: repeat – Female | | | | |
| 1.2.5 | HP visits 5-14: new – Male | | | | |
| 1.2.6 | HP visits 5-14: new – Female | | | | |
| 1.2.7 | HP visits 5-14: repeat- Male | | | | |
| 1.2.8 | HP visits 5-14: repeat – Female | | | | |
| 1.2.9 | HP visits > = 15: new – Male | | | | |
| 1.2.10 | HP visits > = 15: new – Female | | | | |
| 1.2.11 | HP visits >= 15: repeat- Male | | | | |
| 1.2.12 | HP visits >= 15: repeat – Female | | | | |
| 1.3 | Practitioners (HEW) | | | | |

| S.N. | Activity | Month | Month | Month | Quarter |
|---|---|---|---|---|---|
| | **OVC Who received** | | | | |
| | Education Support | | | | |
| | Food support | | | | |
| | Shelter Support | | | | |
| | IGA support | | | | |
| | **PLWHA received** | | | | |
| | Education Support | | | | |
| | Food support | | | | |
| | Shelter Support | | | | |
| | IGA support | | | | |
| | **Communicable disease prevention and control** | | | | |
| | Number of HHs with ITN | | | | |
| | Number of HHs covered with IRS | | | | |
| | **Model Households** | | | | |
| | Number of graduated households | | | | |
| ***D.2*** | ***Management*** | | | | |
| 2.1.1 | Supportive supervisions received from WorHO | | | | |
| 2.2.1 | Self-assessment meetings held | | | | |
| 2.2.2 | Participatory review meetings held | | | | |
| **D.3** | **HMIS and M&E** | | | | |
| 3.2 | Data quality LQAS score | | | | |

**Name** _____ **Title** _____

**Signature** _____ **Date (DD/MM/YY)**_____

## ANNEX 6: HEALTH POST QUARTERLY DISEASE REPORT FORM

**Woreda/Sub-city _____ Kebele _____**

**Year _____ Quarter _____**

| | | Disease Cases | | | | | |
|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | |
| | **Disease** | **0-4 years** | **5-14 years** | **>=15 years** | **0-4 years** | **5-14 years** | **>=15 years** |
| **0100** | **Priority infectious diseases** | | | | | | |
| | ***Epidemic prone diseases*** | | | | | | |
| 0101 | Malaria (clinical without laboratory confirmation) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0102 | Malaria (confirmed with *P. falciparum*) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0103 | Malaria (confirmed with species other than P. falciparum) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0104 | Diarrhea (non-bloody) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |

| | | Disease Cases | | | | | |
|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | |
| | **Disease** | **0-4 years** | **5-14 years** | **>=15 years** | **0-4 years** | **5-14 years** | **>=15 years** |
| | month_____ | | | | | | |
| 0105 | Diarrhea with dehydration q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0106 | Diarrhea with blood (dysentery) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0107 | Meningitis *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0111 | Acute febrile illness (AFI) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | ***Immediately reportable diseases*** | | | | | | |
| 0112 | Acute poliomyelitis / Acute flaccid paralysis *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |

| | | Disease Cases | | | | | |
|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | |
| | **Disease** | **0-4 years** | **5-14 years** | **>=15 years** | **0-4 years** | **5-14 years** | **>=15 years** |
| 0113 | Measles *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0115 | Cholera *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0117 | Drancunculiasis *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0118 | Neonatal tetanus *(suspected)* q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0120 | Avian human influenza (AHI) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0121 | Rift Valley Fever (RVF) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |

| | | Disease Cases | | | | | |
|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | |
| | **Disease** | **0-4 years** | **5-14 years** | **>=15 years** | **0-4 years** | **5-14 years** | **>=15 years** |
| | month_____ | | | | | | |
| | ***Other infectious diseases*** | | | | | | |
| 0125 | Pneumonia q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0134 | Trachoma q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 0137 | Helminthiasis q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| **9000** | **Other unclassified diseases (referred)** | | | | | | |
| 9001 | District /region specific diseases - 1 q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 9002 | District /region specific diseases - 2 q'ly total | | | | | | |
| | month_____ | | | | | | |

| | | Disease Cases | | | | | |
|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | |
| | **Disease** | **0-4 years** | **5-14 years** | **>=15 years** | **0-4 years** | **5-14 years** | **>=15 years** |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| 9999 | Other or unspecified diseases (referred) q'ly total | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |
| | month_____ | | | | | | |

**Name** _____ **Title** _____

**Signature** _____ **Date (DD/MM/YY)**_____

r

## ANNEX 7: HEALTH POST ANNUAL REPORT FORM

**Woreda/ sub-city _____ HP/Kebele _____ Year**

| S. No | Activity | Amount |
|---|---|---|
| **A.1** | **Reproductive health** | |
| **A.1.1** | **Family planning methods issued** | |
| 1.1.1 | Condom (number of condoms distributed) | |
| 1.1.2 | Oral contraceptives (number of monthly cycles distributed) | |
| 1.1.3 | Injectable (Depo-Provera) (number of injections) | |
| | Implanon (number of procedures done) | |
| **B.4** | **Disease prevention and control – Environmental Sanitation** | |
| 4.1 | Number of households using latrine | |
| 4.2 | Number of households using safe drinking water | |
| 4.3 | Number of households whose utilization of latrine and safe drinking water assessed in year | |
| 4.4 | Total households in catchment area | |
| **C** | **Resources** | |
| **C.1** | **Assets** | |
| 1.3 | Health Post has telephone or radio. (Enter 1 if *yes*; enter 0 if *no*) | |
| 1.3.1 | Health Post has telephone. (Enter 1 if *yes*; enter 0 if *no*) | |
| 1.3.2 | Health Post has radio. (Enter 1 if *yes*; enter 0 if *no*) | |
| 1.4 | Health Post has electricity. (Enter 1 if *yes*; enter 0 if *no*) | |
| 1.5 | Health Post has water supply. (Enter 1 if *yes*; enter 0 if *no*) | |

| | | |
|---|---|---|
| 1.6 | Health Post has latrine with functioning water supply. (Enter 1 if *yes*; enter 0 if *no*) | |
| **C.3** | **Human resources** | |
| 3.1.1 | HEWs in-service at beginning of year | |
| 3.1.2 | HEWs in-service end of year | |
| 3.3 | HEWs left facility | |
| 3.4 | HEWs received in-service training (IRT) | |
| **C.5** | **Blood bank and Laboratory** | |
| 5.4 | Health Post has capacity for malaria parasite diagnosis and has performed diagnosis in past 3 months. (Enter 1 if *yes*; enter 0 if *no*) | |
| **D.1** | **Health Systems** | |
| **1.1** | **Health service coverage and utilization** | |
| 1.1.1 | Population within 10 km (2 hrs walking distance) from health post | |
| 1.1.2 | Total population in HP catchment area in year just completed | |

**Name** _____ **Title** _____

**Signature** _____ **Date (DD/MM/YY)**_____

t

## ANNEX 8: HOUSEHOLD HEP PACKAGE IMPLEMENTATION STATUS ASSESSMENT CHECKLIST

### HYGIENE AND ENVIRONMENTAL SANITATION ASSESSMENT CHECKLIST

Use this checklist to document the status of 7 sub package areas.

i. Construction, usage and maintenance of sanitary latrine: assess and document whether the household has a latrine or not, if there is no latrine assess and document the reason why not. Assess and document the space and materials used for latrine construction.

ii. Solid and liquid waste management: assess and document on availability of solid and liquid waste disposal system; if there is none, assess and document the reason why not. Assess and document the space and materials used for solid and liquid waste disposal.

iii. Water supply and safety measures: assess and document whether the household has a safe/protected water source or not; if not assess and document the reason why not. Assess and document the possibility of water protection mechanisms and the distance of the household form the source.

iv. Food hygiene and safety measures: assess and document whether the household follows food hygiene and safety measures, asses and document the usual food hygiene and safety measures practiced, and the usual feeding habits.

v. Building and maintaining healthful house: assess and document whether the household is healthful or not, if not assess and document the reason why not. Assess and document the presence of materials used to construct a healthful house.

vi. Control of insects, rodents and other biting species: assess and document whether the household controls insects, rodents and other biting species in the house as well as in the compound; if not assess and document the reason why not. Assess and document any conditions that help to control insects, rodents and other biting species.

vii. Personal hygiene: assess and document whether the household has access to clean water or not; assess and document whether the household members (all members of

the household) keep their personal hygiene or not; if not assess and document the reason why not. Assess and document any conditions that facilitate personal hygiene in the household.

**Table 35: Hygiene and Environmental Sanitation data collection checklist at household level**

| Household Assessment data collection checklist for individual households | | | |
|---|---|---|---|
| **S/N** | **Health extension packages** | **Yes** | **No** |
| **1** | **Hygiene and environmental sanitation** | | |
| *1.1* | *Construction, usage and maintenance of sanitary latrine* | | |
| | Is there latrine in the household? | | |
| | Why is there no larine? (if the above answer is "No") | | |
| | Is there space available for latrine construction? | | |
| | Is there any building material for latrine construction? | | |
| *1.2* | *Solid and liquid waste management* | | |
| | Is the household using any solid or liquid waste disposal system? | | |
| | Why does the household NOT have a waste disposal system? (if the above answer is "No") | | |
| | Is there space for solid or liquid waste disposal system construction? | | |
| | Is there any equipment and material available for disposal of solid and liquid wastes system construction | | |
| *1.3* | *Water supply and safety measures* | | |
| | Is the household using safe/protected water source? | | |
| | Why is the household NOT using safe water?(if the above answer is "No") | | |
| | Is there material available for protecting water source? | | |
| | How far is the water source from the household? (in meters) | | |
| *1.4* | *Food hygiene and safety measures* | | |
| | Is the household utilizing food hygiene and safety measures? | | |
| | What are the usual ways of food hygiene and safety mechanism? | | |
| | What are the usual feeding habits? | | |

| | | | |
|---|---|---|---|
| *1.5* | *Building and maintaining healthful house* | | |
| | Is the household healthful? | | |
| | How many rooms does the house have? | | |
| | Why is the household NOT healthful?(if the above answer is "No") | | |
| | Is there any material for building and maintaining healthful house? | | |
| *1.6* | *Control of insects, rodents and other biting species* | | |
| | Does the household control insects, rodents and other biting species? | | |
| | Why does the household NOT control and prevent insects, rodents and other biting species?(if the above answer is "No") | | |
| | Is there any condition which would help control insects, rodents, and biting species? | | |
| *1.7* | *Personal hygiene* | | |
| | Does the household have access to clean water? | | |
| | Are household members keeping their personal hygiene? | | |
| | Why do household members NOT keep their personal hygiene?(if the above answer is "No") | | |
| | Is there any material which can be used for personal hygiene? | | |

## FAMILY HEALTH ASSESSMENT CHECKLIST

Use this checklist to assess and document the status of the five sub packages

i. Maternal and child health, family planning and immunization: under this assess and document the following

1. S/N: Serial Number which is the sequential number assigned
2. Name: Name of an individual in the household
3. DOB: Date of birth of an individual in the household
4. Place of Birth: the place where the individual is born
5. Sex: M=Male; F=Female
6. Marital status: can be:
    a. Single
    b. Married
        i. Monogamy
        ii. Polygamy
    c. Divorced
    d. Widowed
7. Educational Status: a persons' literacy status, this can be:
    i. Illiterate
    ii. Literate (irrespective of his educational level)
8. Occupation: kind of work that the individual does in his/her everyday life. This can be:
    i. Farmer
    ii. Merchant
    iii. Student
    iv. Housewife
    v. Pensioner
    vi. Employee
    vii. Daily laborer etc…
9. Remark: it is the space left for any important note form a particular visit.
10. S/N: Serial Number which is the sequential number assigned

11. Pregnancy status: when the household member is female write :
    a. Pregnant: when she became pregnant
    b. Non-pregnant: when she is not pregnant
    c. Not applicable: when registering females is beyond the age of fertility, and all males
12. Immunization status: assess and document the immunization status as:
    a. Up-to-date: when the immunization status is according to the schedule
    b. Not up to the age: when the immunization status not according to the schedule
    c. Not immunized: when the individual has not received any antigen in his/her life time
    d. Status unknown: when the individuals immunization status not clearly stated or known
    e. Not applicable: when stating immunization for individual to whom it is not applicable
13. Last vaccine type: assess and document the last type of antigen given.
    a. BCG
    b. Penta 1
    c. Penta 2
    d. Penta 3
    e. Measles
    f. TT1
    g. TT2
    h. TT3
    i. TT4
    j. TT5
14. FP eligible: assess and document eligibility of women between the age of 15 and 49yrs for family planning.
    a. Yes: when the women is eligible
    b. No: when the women is not eligible
    c. Not applicable: when this section is not relevant to the individual
15. Currently using: assess and document individuals who are using a FP method currently.
    a. Yes: when the individual is currently using a FP method

b. No: when the individual is not currently using any FP method
c. Not applicable: when this section is not relevant to the individual

16. Reason for not using any FP method: assess and document the reason why a FP method is not being used.
17. Wants to use FP: assess and document whether the individual is interested in using a FP method or not.
    a. Yes: when the individual is interested in using a FP method
    b. No: when the individual is not interested in using a FP method
    c. Not applicable: when this section is not relevant to the individual
18. Mothers who breast feed: assess and document mothers who breast feed their child
    a. Yes: when the mother is breast feeding
    b. No: when the mother is not breast feeding
    c. Not applicable: when this section is not relevant to the individual
19. Diarrhea and vomiting status of children: assess and document any episodes of diarrhea and vomiting seen in children in the past one year.
    a. Present: when the child has had an episode of diarrhea and vomiting in the past one year.
    b. Absent: when the child had no episode of diarrhea and vomiting in the past one year.
    c. Not applicable: when this section is not relevant to the individual
20. ARI status of children: assess and document any episodes of ARI seen in children in the last one year.
    a. Present: when the child has had an episode of ARI in the past one year.
    b. Absent: when the child had no episode of ARI in the past one year.
    c. Not applicable: when this section is not relevant to the individual

Remark: is the space left for any important note for that particular visit

**Table 36: Maternal and child health, family planning and immunization data collection form at individual household level**

| S/N | Name | DOB | Place of Birth | Sex | Marital status | Educational Status | Occupation | Remark |
|---|---|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | ____/____/_____ | | | | | | |
| | | ____/____/_____ | | | | | | |
| | | ____/____/_____ | | | | | | |
| | | ____/____/_____ | | | | | | |

(1) serial number
(2) name of the household member
(3) date of birth ( dd/ mm/ yyyy)
(4) Place of birth
(5) sex: Female, Male
(6) marital status: Single, Married (Monogamy), Married (Polygamy), Divorced, Widowed, Separated
(7) educational status: Illiterate, literate
(8) occupation: Farmer, merchant/ trader , student, housewife, pensioner, employee, Daily laborer, Other (Specify)

| | | Immunization | | Family planning | | | | | Disease information | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| S/N | Pregnancy status | Immunization status | Last vaccine type | FP eligible | Currently using | Why not using? | Wants to use FP | Mothers who breast feed | Diarrhea and vomiting status of children | ARI status of children | Remark |
| (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

(10) S/N: Serial number
(11) Pregnancy status: Pregnant, Non-pregnant, Not applicable
(12) Immunization status: Up to date, Not up to the age, Not immunized, Status unknown, Not applicable
(13) Last vaccine type: BCG, Penta1, Penta2, Penta3, Measles
(14) FP eligible: Yes, No, Not applicable
(15) Currently using: Yes, No, Not applicable
(16) Why not using: Reason
(17) Wants to use FP: Yes, No, Not applicable
(18) Mothers who breast feed: Yes, No , Not applicable
(19) Diarrhea and vomiting status of children: Present, Absent, Not applicable
(20) ARI status of children: Present, absent, Not applicable

## DISEASE PREVENTION AND CONTROL ASSESSMENT CHECKLIST

Use this checklist to assess and document the status of 3 sub package areas

1. HIV/AIDS, STI and TB prevention and control: assess and document household status regarding HIV/AIDS, STI and TB prevention and control
    a. HIV/AIDS prevention and control: assess and document the type of marriage, mobility of individuals in the household (especially to urban areas), the presence or absence of PLWHA and those on ART, and the presence or absence of orphans.
    b. TB prevention and control: assess and document the presence of chronic coughers; and if present whether he/she is on treatment or not.
2. Malaria Prevention and control: assess and document household status regarding household to size, the presence or absence of pocket mosquito breeding sites in the compound, experiences of spray of IRS and having LLITNs with the experience of sleeping under it.
3. First aid and emergency measures: assess and document the occurrence of any accident or emergency in the house in the last one year with its causes and extent.

**Table 37: Data collection form for disease prevention and control at individual household level**

| S/N | Health extension packages | Yes | No |
|---|---|---|---|
| **3** | **Disease Prevention and control** | | |
| *3.1* | *HIV/AIDS, STI and TB prevention and control* | | |
| *3.1.1* | *HIV/AIDS prevention and control* | | |
| | Is there more than one marriage among one of the members of the household? | | |
| | Is there shuttling of any family member between urban and rural area for trade? | | |
| | Is there any family member living with HIV? | | |
| | How many? ( if the above answer is “Yes”) | | |

| | | | |
|---|---|---|---|
| | Is there any AIDS patient in the household? | | |
| | How many? ( if the above answer is “Yes”) | | |
| | Is the patient on ART? | | |
| | Are they any children whose parents died due to AIDS? | | |
| | How many? ( if the above answer is “Yes”) | | |
| *3.1.2* | *TB prevention and control* | | |
| | Is there any TB patient (who coughs for more than 3 weeks) in the household? | | |
| | How many? ( if the above answer is “Yes”) | | |
| | Has the patient got any anti-TB medication? | | |
| *3.2* | *Malaria prevention and control* | | |
| | Average household size per meter square | | |
| | Are there possible water pockets site in the compound? | | |
| | Was the household sprayed last time with IRS? | | |
| | Does the household have LLITNs? | | |
| | How many? ( if the above answer is “Yes”) | | |
| | Were there any household member who slept under LLITN last night? | | |
| *3.3* | *First aid and emergency measures* | | |
| | Any accident or emergency which occurred in the house in the last one year? | | |
| | What were the causes of the accident? | | |
| | What were the emergency situations? | | |



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