

SECTION 5

INFORMATION SYSTEM GUIDELINES

- Introduction
- Guide for reviewing the monthly PHC report
- Example of adapted information guide from the Elliot Health District
- Monitoring Forms
- Data Definitions
- Indicator Definitions

SECTION 5: INFORMATION SYSTEM GUIDELINES

INTRODUCTION

The information system provides the “brains” for primary health care, both to track services provided as well as guide managerial decisions. The quality of data provided from the clinics is the most critical factor in assessing the validity of the information system. If the monthly reports from the clinics are incorrect the entire system is mislead. A standard data form for PHC monthly data has been agreed to for each province, although individual districts can add additional information to this form if they desire. It is important that workers in the clinic understand the definitions of each data element and record it correctly. One of the most frequent errors is a misunderstanding of the definition of the data item. It is the supervisor’s job to understand the definitions and to scrutinize the monthly report each month to see that the information submitted is correct and valid.

The District Health Information System - DHIS is the computer software that analyses this data. It provides not only for the validation of entry figures (detecting numbers which lie outside of a normal range described as the min and max of each data field and also does validity checks on certain figures to be sure that they are within the range of possibility). The computer automatically produces reports of the data for any desired period and calculates a whole set of indicators, many of which are described in this information section.

It is important for people in the clinic to understand their own data and to use it for self analysis and decision making. For this reason clinic staff are encouraged to graph the data from their monthly reports. Supervisors are expected to assist and oversee in this graphing process. Each month the latest addition to the graphs should be discussed to decide whether or not progress is as expected. Some items such as immunisation coverage and family planning are best graphed in a cumulative graph. This shows the number for the month as well as the total numbers receiving the service since the beginning of the year to show the progress towards an annual objective. Other data is best graphed month by month to show differences according to season, such as cases of diarrhoea or acute respiratory illness. Sometimes data can be shown or traced on a locally drawn map. New cases of STD may cluster in a particular geographic area and will give hint on control. New cases of tuberculosis may show communities in particular need of intensified case finding and control of spread.

The monthly review of the routine statistics is an important supervision activity and contributes to improved quality of both health services and management.

SECTION 5: INFORMATION SYSTEM GUIDELINES

GUIDE FOR REVIEWING THE MONTHLY PHC REPORT

The Clinic Supervisor is responsible for reviewing the monthly report, verifying the data, making suggestions to the clinic and signing the report to signify the data have been checked and found correct, before it is submitted to the district office. This guide provides pointers for the supervisor in this important task.

Notice that there is a space for comments next to each data box. Here is where any observations on the data, especially validating unusual data, should be recorded. Data, which falls substantially out of line from past months should be questioned and if verified as true, a comment should be made explaining why it is outside normal. Any unusual circumstances may also be noted in this space.

1 Management

- Headcount under five and over five record the number of visits made to the clinic throughout the month.
- The number of DOTS visits is recorded to enable subtraction of DOTS patients when calculating workload of nurses other than DOTS (routine DOTS visits take very little time and are a matter of routine. Each DOTS patient is expected to visit twenty times a month.)
- Nursing staff days worked cannot be any higher than the total working days in the month times the number of nursing staff in the clinic. Any personnel providing nursing services regardless of their actual rank or title (staff nurses, nursing assistant) is included in "nursing staff days worked". If absences are high, look into the reasons.
- Supplies or drugs available all month are recorded from the list, which is also appended and sent in. The list of tracer drugs and supplies should be kept in the clinic drug storage area and if any item is found out during the month tick [✓] to indicate that a stockout occurred. It is not necessary to record how many days the item is out but just a single tick is adequate to say at some point it was out of stock. The number of items with a tick is filled in this box and represents the number of items out of those traced (if the clinic has certain items which are never stocked, the number of expected items is less than the full list). Find out why any item has gone out of stock and try to suggest remedial measures.

2 Ante-natal visits

- First antenatal visits - is the number of pregnant women who were newly booked this month. Some provinces record whether this first visit occurred before or after 13 weeks (first trimester) or before or after 20 weeks. Be sure to know what your province requires. Subsequent ante-natal visits is all other ante-natals, which is usually more than the first ante-natals.
- Pregnant women receiving tetanus toxoid number two (previously only the third dose was recorded), or a booster if tetanus toxoid was given previously, is recorded here. This will probably occur during a subsequent ante-natal visit. The number who receive tetanus toxoid number 2 should be the same number as first ante-natal visits when summed over the year but will not be the same month to month as two or more doses are required, requiring more visits.

3 Deliveries

- Note that live-borns **who were delivered in this reporting facility** are the only ones that should be recorded. Make sure that only those born in the facility, not outside of the facility are recorded. Those born in the facility weighing less than 2.5 kilograms assumes that all others born in the facility weighed more than 2.5 kilograms.
- Deliveries to women age less than eighteen is women up through age seventeen and provides a measure of what is called teenage pregnancies delivering in this facility.
- Still-borns are those who are not alive at birth, made no breath or cry.

SECTION 5: INFORMATION SYSTEM GUIDELINES

GUIDE FOR REVIEWING THE MONTHLY PHC REPORT

4 Contraceptive protection

- Please note it is not numbers of people but oral pill cycles that are recorded. Injections are usually one per person. IUDs are no longer reported from PHC as they are unusual at this level.
- Condoms dispensed are the number of condoms, which were given out plus those taken from the public dispensing box in the waiting area.
- Number referred for TOP refers to women who asked for counselling and were sent to another institution, whether they actually went or not.

5 Child Health

- Diarrhoea in children is generally defined as greater than three loose stools, although even a massive watery stool is technically diarrhoea. Here one would look for unusual increases in numbers representing a local epidemic. Check that each child received ORS.
- Lower respiratory infection is diagnosed by counting respirations (Greater than 60/minute in infants under 2 months old, > 50/minute in infants, > 40/minute in children over age one according to the IMCI protocol.) Others with cough and cold should **not** be recorded here.
- Children under five years weighed should be recorded in this box. If any child is weighed more than once in a month it may be recorded on the RTH card but is recorded here only once in the month. Note that every child under age five coming to the clinic should be weighed whether he is coming for nutritional services or not. Of those who are weighed how many did not gain weight since the last time they were weighed? This is an important indicator of faltering growth and should be monitored carefully by clinic staff to be sure those not gaining weight have received advice and follow-up. They are not necessarily malnourished but simply not growing as expected and some action should be taken, usually advice for more frequent feeding at home. This is not necessarily an indicator to provide nutritional supplements but follow-up of each child is indicated to assure growth recovers.
- Severe malnutrition these are only the cases **newly** diagnosed this month. Any case severely malnourished will surely remain so for several months. These cases should be referred to the hospital for treatment and should not be managed as outpatient treatment in a clinic.
- The number of children in the PEM scheme during the month are those who have received food under the PEM scheme at one or more times during the month. Each child is counted only once in any given month.

6 Immunisations

- Doses are recorded as they are given.
- Note that when a child has received all of the primary immunisations before one year he is recorded once and only once in the box "new cases fully immunised before age one year". It is very unusual for this number to be higher than the number of measles (nine month) or the number of third DPT or third Polio or third HBV.
- You should check the number of doses to be sure they make sense.
- Vitamin A supplementation is now provided as part of the immunization program. Newly delivered mothers should receive a dose before their baby reaches 4 weeks of age, preferably given to the mother in the hospital before she is discharged. Check each postpartum mother to be sure that she received this dose – if not give it in the clinic. Only doses given in the clinic should be recorded.
- A dose of 100,000 units is given to the child at 6 months (or any time up to 11 months)
- A dose of 200,000 is given to older children (at 12, 18, and 24 months in ECape, six monthly in other provinces).

SECTION 5: INFORMATION SYSTEM GUIDELINES

GUIDE FOR REVIEWING THE MONTHLY PHC REPORT

- Check to see that the doses of vitamin A given are equal to the comparable doses of vaccines at the same ages (eg BCG at birth, 9 month measles and 18 month measles). You may want to graph these together.

7 Tuberculosis

- Suspect TB cases are the number of cases from whom a sputum was taken and sent to the laboratory are counted as suspect TB cases. The clinic should be regularly suspecting TB in any adult with chronic cough. Normally, one would expect at least 1-2% of the adult head count to require a sputum exam. If fewer sputa are sent, the clinic is not adequately seeking new TB patients.
- New TB cases are those diagnosed this reporting month
- All new cases of TB should be urged to have an HIV test. Up to 50% of TB cases also have HIV infection and it is important to treat both conditions.
- TB cases under treatment are those who are carried on the TB register for treatment during the reporting month. This means any case, even if they have been irregular, is recorded here. Do not report those who are cured, died, transferred out or abandoned treatment.
- TB cases under DOTS care was previously recorded, but is no longer collected – all patients with TB should be on DOTS care either in the clinic (desirable) or if not possible, in the community with a DOTS supporter.

8 STDs (also called STIs)

- New cases treated as STD are any new case treated according to the STD protocol, whether it is truly diagnosed as STD should be recorded here.
- All new cases of STD should be urged to have an HIV test. HIV is just one form of STI
- Male urethral discharge is self-evident. These are also included as New Cases above
- Contact slips should be issued to each patient treated as STD and contact slips issued are probably close to the same number as new cases
- Number of contacts treated are any contacts returning with a slip or without a slip who say they are coming back because their partner was treated for STD. Over a period of months the number of contacts treated should equal the contact slips issued.

9 HIV/AIDS – (new data fields in 2003 – these need to be carefully explained and checked more frequently by the supervisor until their definitions and recording are well understood)

- HIV counseling, testing and results are recorded for males and females separately
- Discordant tests (where the two different rapid tests give different results) need to be all checked by a sample being sent to the lab. If many, the test kits need checking by the lab.
- Cotrimoxazole newly started should be the number of new positives who have symptoms – the total received is a measure of continuity of care and should be maintained and increasing as new patients are put on prophylactic care.
- PMTCT data fields enable you to track the positive rate in pregnant women, and the proportion of them who accept nevirapene treatment for themselves and their babies. A high rate of acceptance of testing and of nevirapene use by positives is desired.
- Babies of HIV positive mothers should receive either **exclusive** breastfeeding or **exclusive** bottle feeding – mixed feeding is dangerous to these infants
- Infants are tested at one year to see if they are infected – if positive, they should be tested again at 18 months as a few could be false positives at 12 months. When HIV positive mothers have received Nevirapene and given a dose to the baby, then HIV positivity at one year should be less than 10% if bottle fed, less than 15% if breast fed.
- Suspect opportunistic infections are those unusual infections that make one suspicious of underlying immune deficiency – all of these should be counseled to have HIV testing.
- TB and STI cases should all be advised to have HIV testing.

SECTION 5: INFORMATION SYSTEM GUIDELINES

GUIDE FOR REVIEWING THE MONTHLY PHC REPORT

10 General patients

Mental health cases are now divided into:

- Cases of violence against women. Any complaint of violence, physical or mental, would be recorded here.
- Cases of psychiatric illness are those with psychiatric diagnosis being treated either by a mental health nurse or having been discharged from a psychiatric facility, are coming back for re-treatment of established illness.
- All other mental health cases are marked, as before, as those cases requiring counselling of some type but are not a psychiatric diagnosis

Chronic cases are divided into:

- diabetes,
- high blood pressure,
- epilepsy
- all other chronic illnesses (such as arthritis, asthma, etc).

Referred to doctor are **all cases who the nurses refer to the doctor** whether the doctor is in the same establishment, the same building or visiting occasionally, or the patient is sent out of the facility to the doctor. It is assumed that patients see the nurse first and are sent by her to the doctor.

You should discuss any unusual findings, making suggestions to the nurse as how to improve performance or response to any of these reported services.

In cases where numbers look clearly wrong, inspect the register or source of data directly and make concrete suggestions for improvement.

For each facility three to five of these data, or indicators calculated from these data should be monitored in a graphic form on the wall of the clinic. The supervisor can help to set up these graphs and transfer the data to the graphs each month, eventually passing this responsibility on to the clinic staff. Ideas on how to draw graphs, interpret indicators and actions to take are found in the manual for health workers at facility level by EQUITY: *Using Information for Action*.

Feedback on earlier reports from the district office should also be discussed with the clinic staff. And plans made to take action to improve the performance such as immunisation coverage, FP acceptance, STD contact tracing or better TB outcomes. Monitor the results of these actions each month as you review the data returns.

SECTION 5: INFORMATION SYSTEM GUIDELINES

LOCAL ADAPTATION OF GUIDE TO SUPERVISORS OF DHIS MONTHLY STATISTICS

SUPERVISORY CHECKLIST FOR MONTHLY TOTAL SHEET (REGION B)

Check the following:

- Children weighed < 5 years (Block 7) should not be more than total number of children < 5 (Block 4).
- Check that all marasmic children (Block 8) are not automatically recorded as failure to gain weight (Block 10), but only if they are not gaining weight according to the definition in the guidelines. Also make sure that only new cases of marasmus and kwashiorkor are recorded each month and not those that were diagnosed and recorded on total sheets in previous months.
- The total of children fully immunised (Block 62) should not be considerably higher than the measles 9 months (Block 22). There may be some who had DPT3, etc, after having had 9 months measles. If measles 9 months and fully immunised are always the same, please check the clinic records as it is highly unlikely that all children come in the correct sequence for immunisations. If the fully immunised column is much higher than the 9 months measles, check that the person who did the stats understands the definition of "fully immunised". It is common for clinic personnel to tick this column in the tick register when they see that the child has had all immunisations rather than when they administer the last immunisation to the child under 1 year. Block 62 is the sum of blocks 23.1 and 23.2, please check that it has been correctly calculated.
- Check that the Tetanus Toxoid given (sum of blocks 25 – 27) is not higher than the total number of ANC visits (Block 68)
- Block 67 is the sum of blocks 28.1 and 28.2, please check that it has been correctly calculated. Block 68 is the sum of blocks 67 and 29, please check the calculation.
- Check that W_r for ANC's (Block 34) and Rh (Block 33) are more or less the same as the initial ANC visits (Block 67). If they differ greatly, it indicates that the clinic staff are either not taking blood when they should or are leaving this for the second or third visit.
- W_r for STD (Block 35) may be more, but should not be less than the 1st treatment this episode (Block 39). Clients who do not have symptoms of STD's (eg Some contacts) may have blood drawn and then only be treated when the results come back. All clients who are treated should have blood drawn for STD.
- First treatment this episode (Block 39) should not be more than the sum of blocks 37 and 38. There should also not be considerably more clients in blocks 37 and 38 than in 39 as most STD clients are given complete treatment on their first visit and do not return for follow up. Please ensure that repeat infections are not recorded as follow ups, but as new infections, therefore, should be recorded in block 39. Check the definitions in the guidelines if you are unsure.
- Blocks 69 to 74 are the answers to the figures in blocks 42 to 47 divided or multiplied by the factor to the right. For example: Block 42 is divided by 13 and the answer is recorded in block 69. Block 47 is multiplied by 200 and the answer is recorded in block 73. Block 75 is the sum of blocks 69 to 74. Please check these calculations
- Total psychiatric cases (Block 50) should only be those that are seen and treated by the clinic staff and not those seen by visiting psychiatric teams such as Komani hospital. Block 76 is the sum of blocks 51 and 52. Please check the calculation.
- Block 77 is the sum of blocks 53.1 to 53.6, check the calculation.
- Block 78 is the sum of 54.1 and 54.2, check the calculation

SECTION 5: INFORMATION SYSTEM GUIDELINES

LOCAL ADAPTATION OF GUIDE TO SUPERVISORS OF DHIS MONTHLY STATISTICS

- If the number of lower respiratory infections in children under 5 (Block 56) is very high in relation to the total number of children under 5 (Block 4) please check that the clinic staff know the correct definition and are only ticking those children whose symptoms comply with the definition.
- Total number of DOTS clients (Block 82) should not be more than the number of TB patients on treatment (Block 79). Make sure that staff are recording the number of clients and not the number of visits in block 80 and 81. The total number of DOTS visits to the facility (Block 83) should look realistic in relation to the DOTS clients seen at the clinic (Block 80). Block 82 is the sum of 80 and 81 – check the calculation.
- If mobile clinics are working according to a schedule then the number of stops planned (Block 84) should remain constant from month to month unless changes are made to the schedule. Ideally, the number of stops planned and the number of stops visited should be the same. If there are major discrepancies, the causes should be checked and corrected.
- Please check that the number of days worked has been correctly calculated according to the definition in the guidelines
- Block 87 is the sum of blocks 5 and 6, please check the calculation. Block 88 is the sum of blocks 87 and 4. Please check that this has been correctly calculated.

SECTION 5: INFORMATION SYSTEM GUIDELINES

EASTERN CAPE PHC MONITORING FORM

MONTHLY REPORT OF PRIMARY HEALTH CARE ACTIVITIES

CODE

NAME OF FACILITY		
MAGISTERIAL		
HEALTH DISTRICT		
HEALTH REGION		

MONTH		YEAR	
DATE SUBMITTED			
COMPLETED BY			
CHECKED BY	<i>(Supervisors Name)</i>		

1. MANAGEMENT

COMMENTS

Total headcount – all ages and visits	
PHC headcount under 5 years	
PHC headcount 5 years and older	
DOTS visits - facility	
Nursing staff days worked	
Supplies/drugs available (append list)	

2. ANTE-NATAL VISITS

First Ante-natal visits	
Follow-up ante-natal visits	
TetTox 2 nd booster dose to pregnant woman	

3. DELIVERIES

Live bom in this facility (not outside births)	
Live bom in this facility weighing < 2.5 kgs	
Delivery to woman under 18 years	
Stillborn in this facility	

4. CONTRACEPTIVE PROTECTION

Oral pill cycles	
Nuristerate injection	
Depo-provera/Petogen injection	
Condoms distributed	
Referred for termination of pregnancy (TOP)	

SECTION 5: INFORMATION SYSTEM GUIDELINES

EASTERN CAPE PHC MONITORING FORM

MONTHLY REPORT OF PRIMARY HEALTH CARE ACTIVITIES

5. CHILD HEALTH

COMMENTS

Diarrhoea under 5 years - new	
Lower respiratory infection under 5 years - new	
Child under 5 years weighed	
Of those weighed number not gaining weight since last weighed	
Severe malnutrition under 5 years - new	
PEM client under 5 years	

6. IMMUNIZATION

BCG dose	
Vitamin A supplement to new mother	
DTP-Hib 1 st dose	
DTP-Hib 3 rd dose	
OPV 1 st dose	
OPV 3 rd dose	
HepB 1 st dose	
HepB 3 rd dose	
Vitamin A supplement to 6-11 months infant	
Measles 1 st dose at 9 months	
Immunised fully under 1 year – new	
Vitamin A supplement to 12-23 months child	
Measles 2 nd dose at 18 months	

7. TUBERCULOSIS

Suspect TB cases (one or more sputa sent)	
TB patient under treatment	
TB patient on DOTS – Facility	
TB patient on DOTS - Community	

8. SEXUALLY TRANSMITTED INFECTION (STIs)

Cases treated as STI – new	
Male urethral discharge – new	
STI contact slip issued	
STI contact treated – new	

SECTION 5: INFORMATION SYSTEM GUIDELINES

EASTERN CAPE PHC MONITORING FORM

MONTHLY REPORT OF PRIMARY HEALTH CARE ACTIVITIES

9. GENERAL PATIENTS

COMMENTS

Mental Health Cases

Cases violence against women	
Cases psychiatric illness	
All other mental health cases	

Chronic Cases

Diabetes melitus	
High blood pressure	
Epilepsy	
All other chronic cases	
Referred to doctor	

10. HIV

COMMENTS

HIV counselled – female	
HIV counselled – male	
HIV counselled test done – female	
HIV counselled test done – male	
HIV positive test – female	
HIV positive test – male	
Discordant Results – HIV	
INH eligible HIV positive client	
INH started – new	
INH completed 6 months – new	
INH discontinued – new	
INH receiver this month – total	
Co-Trimoxazole eligible client started – new	
Co-Trimoxazole receiver this month – total	
Pregnant woman tested for HIV	
Pregnant woman tested HIV positive	
Pregnant woman tested HIV positive accepts Nevirapene	
Pregnant woman tested HIV positive, who received NVP that had a live birth	
Pregnant woman tested HIV positive collects NVP tab at 32-34 wk	
Pregnant woman tested HIV positive reported taken NVP at labour/delivery	

SECTION 5: INFORMATION SYSTEM GUIDELINES

EASTERN CAPE PHC MONITORING FORM

MONTHLY REPORT OF PRIMARY HEALTH CARE ACTIVITIES

Pregnant woman tested HIV pos whose infant received liquid NVP	
Pregnant woman tested HIV pos who received infant formula	
Infant of HIV pos woman HIV tested at 9 months or later	
Infant of HIV pos woman tested HIV pos at 9 months or later	

SECTION 5: INFORMATION SYSTEM GUIDELINES

EASTERN CAPE PHC MONITORING FORM

MONTHLY REPORT OF PRIMARY HEALTH CARE

SUPPLIES/DRUGS AVAILABLE

NAME OF FACILITY		COMPLETED BY	
HEALTH DISTRICT		MONTH	
HEALTH REGION		DATE SUBMITTED	

Tick if an item runs out of stock at any time during the month

No	Description	Out of stock
1	Amoxicillin 125mg/5 ml Suspension (75ml)	
2	Test, Glucose in Urine (50 sticks)	
3	Condom	
4	Gloves Disposable, Non-Sterile	
5	IV Gving set(60 drops)	
6	Needle (21G, 22G or 23 G) Disposable	
7	Syringe, 5 ml, Disposable	
8	Bedomethasone Inhaler	
9	Oral Rehydration Salts	
10	Amoxicillin 250mg	
11	Ciprofloxacin 500mg	
12	Co-trimoxazole 480mg	
13	Doxycycline 100mg	
14	Glibenclamide 5 mg	
15	Hydrochlorothiazide 25mg	
16	Mebendazole 100mg	
17	Paracetamol 500mg	
18	Rifampicin/Isoniazid/Pyrazinamide/Ethambutol 120/80/250 mg)	
19	Half Darrows Solution, IV (200ml)	
20	Adrenaline 1/1000 (1ml) Vial	
21	Norethisterone Enanthate or Medroxyprogesterone Injection	
22	DPT/Hib Vaccine (vial)	
23	INH- Rifampicin Tablets	
TOTAL BOXES checked out of stock at any time during the month (record total on PHC monthly form)		

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definitions
PHC headcount under 5 years	All individual patients not yet reached five years (60 months) of age attending the facility during the period (usually month). Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen.
PHC headcount 5 years and older	All individual patients five years (60 months) and older attending the facility during the period (usually month) for Primary Health Care. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen.
DOTS visit - Facility	Directly Observed Treatment System visit (usually daily) by a diagnosed tuberculosis patient to receive medication. Only DOTS visits supervised by health personnel are counted in this data element - the actual location of the DOTS visit would normally be the facility or a mobile visiting point.
Nurse clinical work days	The number of actual work days by nurses, irrespective of rank, used to perform Primary Health Care services in the facility during the period (usually month). One actual work day is normally equivalent to an 8-hour shift (40 hours of work), so 3.5 12-hour shifts would be equivalent to 5 work days. The clinical work days put in by each nurse must be ADDED UP.
First antenatal visit	A first visit by a pregnant woman to a health facility for the primary purpose of receiving antenatal care often referred to as a "booking visit". The actual protocol followed during the visit might vary, but it should include relevant screening procedures, laboratory tests (eg for syphilis), ANC counseling/health promotion (the latter often done in groups). A visit purely to take a pregnancy test should NOT be counted as a first antenatal visit.
Follow-up antenatal visit	Any antenatal visit other than a first antenatal visit
Tetanus Toxoid 3 rd /booster dose to pregnant woman	The final Tetanus Toxoid dose given to a pregnant woman. Women who have proof of being fully immunized during a previous pregnancy are considered fully immunized after receiving one booster dose of Tetanus Toxoid during this pregnancy. All others are regarded as fully immunized against Tetanus Toxoid after 3 doses
Live birth	Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of involuntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
Live birth under 2500g	Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of involuntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. The weight range relates to the weight of the baby immediately after delivery. The most common ranges are under 2500g versus 2500g and over, but the low weight range might be sub-divided further.
Delivery to woman under 18 years	A delivery where the mother is under 18 years on the day of delivery.
Still birth	Still birth is death prior to the complete expulsion or extraction from its mother of a product of conception; the death is indicated by the fact that after such separation the foetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of the involuntary muscles. Still births should only be counted when the foetus is of 26 or more weeks gestational age and/or weighs 500g or more.
Oral pill cycle	A packet (cycle) of oral contraceptives issued to a woman between 15 and 45 years, each containing pills for one cycle (28 days).

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definitions
Nuristerate injection	Any Nuristerate (Norethisterone enantate) injection given to a woman between 15 and 45 years. This injection provides contraceptive protection for 2 months.
Depo-provera/Petogen injection	Depo Provera/Petogen (Medroxyprogesterone acetate) injection given to a woman between 15 and 45 years. This injection provides contraceptive protection for 3 months.
IUCD inserted	Infra Uterine Contraceptive Device (IUCD) inserted into a woman between 15 and 45 years.
Condoms distributed	Condom that has been given out or taken from distribution points in facilities or elsewhere (including campaigns in streets, markets, factories, etc).
Referred for Termination of Pregnancy	A client referred to a facility that provides Termination of Pregnancy services.
Diarrhoea under 5 years – new	A child under 5 years diagnosed as having diarrhea. Diarrhoea is formally defined as 3 or more watery stools in 24 hours, but in practice information provided by the mother and/or other signs observed by the nurse/doctor can result in diarrhea diagnosis even if there has been less than 3 watery stools.
Lower respiratory infection under 5 years – new	A child under 5 years seen with a lower respiratory tract infection (eg pneumonia). The child must have a cough and a measured respiratory rate greater than the following thresholds: a) 1 week-2 months: over 60 breaths per minute; b) 2-12 months: over 50 breaths per minute; c) 1-5 years: over 40 breaths per minute.
Child under 5 years weighed	A child weighed and the weight plotted onto the Road to Health card, the patient folder and other relevant recording systems.
Not gaining weight under 5 years	A child under 5 years that has not gained weight compared to the weight recorded at least one month earlier on the Road-to-Health chart.
Severe malnutrition under 5 years – new	A new child found to weigh less than 60% of Estimated Weight for Age (EWA), or to suffer from Marasmus, Kwashiorkor, or similar, EXCLUDING new-born babies. Severe malnutrition might also be denoted as CLINICALLY malnourished.
PEM client under 5 years	Any child under 5 years that has been put on the PEM programme in accordance with entry – and exit criteria for under – 5 year olds.
BCG	BCG (tuberculosis vaccine given to new-born babies.
Vitamin A supplement to new mother	Each newly delivered mother should receive a single dose of 200,000 units of Vitamin A, preferably immediately after delivery and not later than 8 weeks after delivery.
DTP-Hib 1 st dose	DTP-Hib (Diphtheria/Tetanus/Pertussis-Haemophilus influenzae B) vaccine 1 st dose given to a child under one year – preferably at around 6 weeks after birth.
DTP-Hib 3 rd dose	DTP-Hib (Diphtheria/Tetanus/Pertussis-Haemophilus influenzae B) vaccine 3 rd dose given to a child under one year – preferably at around 14 weeks after birth.
OPV 1 st dose	OPV (Poliovirus) vaccine 1 st dose given to a child under one year, preferably around 6 weeks after birth.
OPV 3 rd dose	OPV (Poliovirus) vaccine 3 rd dose given to a child under one year, preferably around 14 weeks after birth.
HepB 1 st dose	Hepatitis B vaccine 1 st dose given to a child under one year – preferably at around 6 weeks after birth.
HepB 3 rd dose	Hepatitis B vaccine 3 rd dose given to a child under one year – preferably at around 14 weeks after birth.
Vitamin A supplement to 6-11 months infant	Dose of Vitamin A, 100,000 units, given once to infants aged at least 6 months and not yet 12 months of age.
Measles 1 st dose at 9 months	Measles vaccine 1 st dose given to a child under one year of age (preferably at 9 months after birth).
Immunised fully under 1 year - new	A child who have completed his/her primary course of immunisation before the age of one. A Primary Course includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles dose at 9 months.

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definitions
Vitamin A supplement to 12-23 months child	Vitamin A dose of 200,000 units given to each child every six months for 12 to 23 months of age (maximum two doses spaced six months apart).
Measles 2 nd dose at 18 months	Measles vaccine 2nd dose given to a child above one year of age (preferably at 18 months)
Suspected TB case	Any case where one or more sputum specimens were sent to the laboratory with the possible diagnosis of tuberculosis.
TB patient under treatment	Any TB currently regarded as under treatment in the facility according to the TB register, whether they are regularly attending or not. This excludes patients who have died, been transferred, completed treatment or have been determined to have officially abandoned treatment.
TB patient on DOTS - Facility	TB patients who have been treated during the month through DOTS visits to the facility.
TB patient on DOTS - Community	TB patients who have been treated during the month through DOTS supervised by a volunteer in the community or a Community Health Worker.
Case treated as STI - new	A patient/client presenting with symptoms of a Sexually Transmitted Infection (STI) and treated according to the Syndromic Approach (even if a certain percentage of these ACTUALLY are non-STI infections).
Male urethral discharge - new	Any male presenting with a new Male Urethral Discharge - often called "Penile Urethral Discharge" (PUD).
STI contact slip issued	A contact slip issued in relation to a new case treated as an STI.
STI contact treated - new	Any patient that presented with a contact slip and was treated for a suspected STI (first contact for the episode).
Mental health visit	Any visit of a client with identified mental health problems, and where this is the primary reason for the consultation. Cases counted relate to problems that can affect an individual psychologically, emotionally and/or physically and where there seems to be a need for mental health intervention (e.g. counselling, psychotropic medication or referral to a mental health worker/service). Typical examples are mood disorders, anxiety, post traumatic stress disorder, schizophrenia, organic brain disease, dementia, substance abuse disorders, psychosis, mental handicap, attention defect disorders and enuresis. Bereavement, psychosomatic problems, relationship difficulties, stress and burn out, adjustment problems, behavioural problems in children and adolescents or any other problem that seriously affect the person psychologically, emotionally and/or physically would also qualify.
Violence against woman	Any case of complaint by a woman of violence of any kind, mental as well as physical.
Psychiatric illness visit	Any case diagnosed and or treated as a psychiatric disease. Includes follow-up cases discharged from psychiatric facilities as well as cases being followed chronically for diagnosed psychiatric illness.
Chronic care visit	Any condition that is considered not curable, but which is a disease for which we give palliative or controlling treatment on a repeated basis, is considered a chronic illness. All cases of a continuing illness of this nature are recorded.
Diabetes mellitus visit	Any visit related to the regular treatment of Diabetes mellitus, including first and follow-up visits.
Hypertension visit	Any visit related to the regular treatment of hypertension (high blood pressure), including first and follow-up visits.
Epilepsy visit	Any visit related to the regular treatment of epilepsy, including first and follow-up visits. An epileptic patient is prone to seizures and must return regularly for evaluation and continued medication.

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definitions
Referred to doctor	A patient/client (child or adult) seen by a Professional Nurse or a Clinical Nurse Practitioner for a curative service (diagnosis and treatment) and subsequently referred to a doctor. This referral may occur due to diagnostic difficulties or due to the treatment required. The referral might be to a doctor in the same facility or in another facility.
HIV counseled – fe male	The number of clients refusing HIV testing after pre-test counseling.
HIV counseled – male	The number of clients tested for HIV after receiving pre-test counseling.
HIV counseled test done – male	
HIV positive test – fe male	The number of clients that have tested positive for HIV
HIV positive test – male	
Discordant Results	The number of Discordant Results this month
INH eligible HIV positive client	The number of patients who have tested positive for HIV and are eligible for INH preventive therapy as a prophylaxis for Tb.
INH started – new	The number of clients who have tested positive for HIV and have started INH prophylaxis therapy this month.
INH completed 6 months – new	The number of clients who have completed 6 months of INH prophylaxis therapy during this month.
INH receiver this month – total	The number of clients enrolled in the INH as TB prophylaxis programme that have received their tablets this month.
Co-Trimoxazole eligible client started – new	The number of HIV positive clients offered cotrimoxazole as a prophylaxis for opportunistic infection (OI) and have started this month.
Co-Trimoxazole receiver this month – total	The number of HIV positive clients that have accepted cotrimoxazole as a prophylaxis for opportunistic infection (OI) and received their tablets this month.
Pregnant woman tested for HIV	The number of pregnant women tested for HIV after receiving pre-test counseling.
Pregnant woman tested HIV positive	The number of pregnant women tested for HIV who have a positive HIV result.
Pregnant woman tested HIV pos accepts Nevirapine	The number of pregnant women who tested positive for HIV and have accepted Nevirapine.
Pregnant woman tested HIV positive, who received NVP that had a live Birth	A live birth to a HIV positive mother who took Nevirapine.
Pregnant woman tested HIV pos collects NVP tab at 32-34 wk	The number of pregnant women who tested positive for HIV and collected Nevirapine tablet at 32-34 weeks of pregnancy.
Pregnant woman tested HIV pos reported taken NVP at labour/delivery	The number of pregnant women who tested HIV positive and reported to have taken Nevirapine during labour/delivery.
Pregnant woman tested HIV pos whose infant received liquid NVP	The number of pregnant women who tested HIV positive and whose infant received liquid Nevirapine within 72 hours of birth.
Pregnant woman tested HIV pos who received infant for mola	The number of pregnant women who tested HIV positive and whose infant received infant for mola.
Infant of HIV pos woman HIV tested at 9 months or later	The number of infants of HIV positive women, who were tested for HIV at 9 months or later.
Infant of HIV pos woman tested HIV pos at 9 months or later	The number of infants of HIV positive women, who tested positive for HIV at 9 months or later.
Amoxicillin 125mg/5ml suspension (75ml)	Antibiotic drug
Test, Glucose in Urine (50 sticks)	Dipstick test
Condoms	Protection against Sexually Transmitted Infections and pregnancy
Gloves disposable, non-sterile	
IV Giving Set (60 drops)	Drip set
Needle (21G, 22G or 23G) disposable	

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definition
Syringe 5 ml, disposable	
Bedo methasone Inhaler	Asthma drug
Oral Rehydration Salts sachet	Diarrhoea treatment
Amoxicillin 250mg	Antibiotic drug
Ciprofloxacin 500mg	Antibiotic drug
Co-Trimoxazole 480mg	Antibiotic drug
Doxycycline 100mg	Antibiotic drug
Glibendamide 5 mg	Diabetic drug
Hydrochlorothiazide 25mg	Hypertension drug
Mebendazole 100mg	Parasitic infection drug
Paracetamol 500mg	Painkiller
Rifampicin/INH/PZA/Ethambutol 120/60/300/200 (or 225)mg	TB drug cocktail
Half Darrow's solution, IV (200 ml)	Electrolyte solution for treatment of diarrhea
Adrenaline 1/1000 (1ml) vial	Cardiac arrest drug
Norethisterone Enanthate or Medroxyprogesterone injection	Contraceptive drugs
DTP-Hib vaccine (vial)	DTP-Hib (Diphtheria/Tetanus/Pertussis-Haemophilus influenzae B) vaccine vial
Rifampicin/INH (150/100 or 300/150)	TB drug cocktail
Vitamin A 200,000 units capsule	Whether Vitamin A capsules, 200,000 units, were out of stock at any point in time during the reporting period (month).
Reports	This data element is only a placeholder for the number of reports detailing drug/supplies tracer items out of stock for the period. The element will only exist in memory during the auto-processing of out of stock indicators and will never be physically stored in the Data File.
PHC total headcount	All individual patients seen during the period (usually month). Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen.
Antenatal total visits	Any visit of a pregnant woman where antenatal care is provided, including first (booking) visits and follow-up visits.
Births total	Total births is the total number of babies born, regardless of whether the baby was live or still born during a period of time. Note that this can be greater than Total Deliveries if multiple births occur.
DTP-Hib doses	The total number of DTP-Hib doses given, calculated as the sum of the first and third doses multiplied by 1.5, i.e. the number of second doses are assumed to be the average of the first and third doses (uniform drop-out rates between first, second and third doses).
OPV total doses	The total number of OPV doses given, calculated as the sum of the first and third doses multiplied by 1.5, i.e. the number of second doses are assumed to be the average of the first and third doses (uniform drop-out rates between first, second and third doses).
HepB total doses	The total number of Hepatitis B doses given, calculated as the sum of the first and third doses multiplied by 1.5, i.e. the number of second doses are assumed to be the average of the first and third doses (uniform drop-out rates between first, second and third doses).
Measles total doses	The total number of Measles doses given, calculated as the sum of the first and second doses.
Minor ailment	Any illness considered minor and that is not covered through one of the major PHC programmes.
HIV counseled clients that refused test	The total number of clients counseled for HIV testing.

SECTION 5: INFORMATION SYSTEM GUIDELINES

PHC MONITORING FORM

DATA SET DEFINITIONS

Data Field	Data Field Definition
Benzathine Penicillin 2_4 MU Injection	
Co-Trimoxazole 240mg/ml Suspension (50ml)	
Ethambutol 400mg	
Hydrocortisone 100mg Injection	
Insulin (any) 100 units (10ml)	
Measles with diluent (10 doses)	
Methyldopa 250mg	
Metronidazole 200mg	
Paracetamol 120mg/5ml Suspension (50ml)	
Rifampin/Isoniazid/Pyrazinamide 120/80/250mg	
Salbutamol Inhaler 100mcg/dose (200 doses)	
Theophylline 300mg SR	
DTP-Hib 2 nd dose	DTP-Hib (Diphtheria, Tetanus/Pertussis-Haemophilus influenzae B) vaccine 2 nd dose given to a child under one year – preferably at around 10 weeks after birth.
OPV 2 nd dose	OPV (Poliovirus) vaccine 2 nd dose given to a child under one year, preferably around 10 weeks after birth.
HepB 2 nd dose	Hepatitis B vaccine 2 nd dose given to a child under one year – preferably at around 10 weeks after birth.