

ANNEX

1

Classes of indicators and their major attributes

The matrix below outlines the four classes of indicators, that is input, process, output, and outcome, and their major attributes. The definition and an example of an indicator are given for each attribute. Finalization of a set of indicators for a health management information system will require that the concise set of selected indicators be balanced as a set. As described by Bulatao (1995), "Balance in a set of indicators requires even-handed coverage of different [health system] goals and proportionate attention to key [health system] processes. Imbalance is often easy to identify, even in a large set of indicators: the 103 proposed by Bertrand et al. (1994), for example, lack any indicator relating to reproductive health outcomes or to program costs, though these are promised for later editions of their handbook. Balance is more critical, and often more difficult to achieve, the smaller the set of indicators. A small set cannot afford to overlook important attributes. This may mean relaxing some of the criteria highlighted . . . for the identification of 'good' indicators at points. Not all aspects of the [health system] are well-researched, and some weak indicators may have to be provisionally accepted".

Classes of indicators and their attributes	Definition	Example
INPUTS		
Availability of resources	Inputs are the human and financial resources, physical facilities, equipment, operational policies, and organizational arrangements that enable services to be delivered in the health system. This definition encompasses both the availability of resources, as well as the organizational structure of the system. The organizational arrangements, in turn, reflect authority–responsibility relationships, organizational design features, governance and empowerment issues, proximity of financial responsibility to operational accountability, the degree of decentralized decision making, and what kinds of decisions are delegated (De Geyndt, 1994). Donabedian (1980) considers structural inputs like physical inputs, staffing, money, and organizational arrangements as measuring quality of care.	<ul style="list-style-type: none"> Indicator for availability of resources: trained nurses per 10,000 population.
Health determinants (risk factors)	Determinants refer to conditions that contribute to or are precursors of disease such as human behavioural factors or unhealthy environmental conditions. It includes factors such as cigarette smoking, alcohol use, obesity, low birth weight, and so on which have a negative impact on health.	<ul style="list-style-type: none"> Indicator of risk factor: proportion of live-born infants weighing less than 2500 g at birth.
PROCESS		
Service delivery and support activities	Service delivery and support activities represent the bulk of the process indicators. In Cameroon, the information system provides indicators for the following support activities at the primary health care level: <ul style="list-style-type: none"> — community participation; — supervision; 	<ul style="list-style-type: none"> Indicator for support activities: proportion of health districts that have at least one trained professional for IUD (intrauterine device) insertion.

Design and implementation of health information systems

Classes of indicators and their attributes	Definition	Example
Quality of services and support activities	<p>— human resources (training, incentives);</p> <p>— financial management (public funding and cost recovery);</p> <p>— drug management;</p> <p>— maintenance.</p> <p>Quality of service indicators seek to address how well the staff perform their curative, preventive, and promotive tasks, as well as whether appropriate medical supplies and medications are available at the facilities. The quality of support activities is checked by measuring how well the support activities are carried out.</p>	<ul style="list-style-type: none"> • Indicator of quality of services: proportion of women delivering at the health centre who are effectively immunized against tetanus. • Indicator of support activities: proportion of refrigerators in the district that are out of order.
Financial accessibility	<p>Financial accessibility measures the extent to which people are able to pay for care. This is usually measured through a community-based willingness and ability to pay survey.</p>	<ul style="list-style-type: none"> • Indicator of financial accessibility: proportion of people who are able to pay for a particular service, considering both personal contributions and health insurance.
Geographical accessibility	<p>Geographical accessibility measures the extent to which services are available and accessible to the population. It is, of course, linked to the distribution of infrastructure in a given region but also to the actual offering of these services at these facilities. Geographical accessibility will vary according to local means of transportation, as well as the local topography. In developing countries, services are generally considered accessible if they can be reached within a 1-hour walk. Accessibility can also be expressed in terms of distance (population living less than 15 km from the facility).</p>	<ul style="list-style-type: none"> • Indicator of geographical accessibility: proportion of the population living within walking distance of less than an hour from a health centre.
Cultural accessibility	<p>Indicators of cultural accessibility consider whether access to health services are impeded by cultural taboos. Three examples are provided: (i) Can women use reproductive health services if all of the physicians in the facility are male? (ii) Will persons who belong to an ethnic minority use services that are staffed by the majority population? (iii) Will persons use health services for processes that are considered "natural", that is without the need for health intervention (such as pregnancy)?</p>	<ul style="list-style-type: none"> • Indicator of cultural accessibility: proportion of pregnant women in a catchment area who can independently choose (and afford) to go to a clinic for treatment of a sexually transmitted disease.
OUTPUT Use	<p>Use is the expression of the demand for services.</p>	<ul style="list-style-type: none"> • Indicator of use: number of curative care episodes per 1000 population.
Coverage	<p>Coverage measures the proportion of a target group that has received a particular service.</p>	<ul style="list-style-type: none"> • Indicator of coverage: proportion of pregnant women who received at least two antenatal care visits of appropriate quality while pregnant.
Financial performance	<p>Financial performance measures the financial viability of the organization.</p>	<ul style="list-style-type: none"> • Indicator of financial performance: proportion of total costs actually recovered by the cost-sharing programme.
Acceptability (perceived quality)	<p>Acceptability or perceived quality considers the extent to which patients are satisfied with the services offered. A patient's perception of the quality of care typically reflects the congeniality of the providers and waiting times, in addition to the technical competence of the facility staff.</p>	<ul style="list-style-type: none"> • Indicator of perceived quality: proportion of patients who are satisfied with the service provided and would return to the provider for future care.

Classes of indicators and their attributes	Definition	Example
Behavioural changes	Indicators of behavioural output consider whether clients change their health-related conduct as a result of contact with a health-care facility or its information, education, and communication campaigns. It should be noted that Donabedian (1988) classifies behavioural changes as outcomes.	<ul style="list-style-type: none"> Indicator of behavioural changes: proportion of mothers breastfeeding babies up to 18 months of age, before/after an intervention.
OUTCOME Health outcomes	These indicators measure the mortality and the morbidity (disability) for certain health conditions. Since facility-based health management information systems give only a limited perspective on the health status of a population, facility records should be supplemented with information from community-based surveys, vital registration, censuses, and other data collection instruments to fully understand health outcomes within a population. Health outcome indicators from a routine information system are important, though, because they monitor the conditions that impact on the management of health services and help managers to make resource allocation decisions.	<ul style="list-style-type: none"> Indicator of health outcome: number of deaths from pregnancy-related and puerperal causes during a given year divided by the number of live births during the same year per 100,000 pregnant women (the maternal mortality ratio).
Effectiveness	Effectiveness is the extent to which objectives are achieved.	<ul style="list-style-type: none"> Indicator of effectiveness: proportion of children under 1 year of age that are immunized against measles (compared with the national objectives of 80% coverage).
Efficiency	Efficiency is the extent to which objectives are achieved by minimizing the use of resources. Cost is a major concern in both developed and developing countries.	<ul style="list-style-type: none"> Indicator of efficiency: cost per child vaccinated.
Sustainability	Sustainability is the ability or prospect to continue, prolong, keep something up (Wilson & Sapanuchart, 1993).	<ul style="list-style-type: none"> Indicator of sustainability: proportion of donor funding to total funding.
Equity	Equity, or whether health services are provided "justly" within a population, is difficult to measure since it carries moral and political connotations. For this reason, few indicators have been unanimously agreed upon. Indicators include accessibility of health services, use of health services by demographic groups, inequalities in mortality and morbidity among different subgroups of the population, unequal distribution of health resources, and so on.	<ul style="list-style-type: none"> Indicator of equity: proportion of selected categories of health personnel to the population in different provinces or districts.

References

- Bertrand JT et al. (1994). *Handbook of indicators for family planning program evaluation*. Chapel Hill, NC, University of North Carolina at Chapel Hill.
- Bulatao RA (1995). *Key indicators for family planning projects*. Washington, DC, World Bank (World Bank Technical Paper, No. 297).
- De Geyndt W (1994). *Managing the quality of health care in developing countries*. Washington, DC, World Bank (World Bank Technical Paper, No. 258).
- Donabedian A (1980). *Exploration in quality: assessment and monitoring*. Vol. 1: *The definition of quality and approaches to its assessment*. Ann Arbor, MI, Health Administration Press, School of Public Health, University of Michigan.
- Wilson R, Sapanuchart T, eds. (1993). *Primary health care management advancement program*. Geneva, Aga Khan Foundation.

National lists of indicators: the trade-off between conciseness and completeness

We draw the attention of the reader to the fact that there is a need to make a trade-off between conciseness (limiting the number of indicators) and completeness (targeting all attributes) in the selection of indicators. As an illustration of conciseness, the following list of indicators was selected for assessing community health status and monitoring progress towards the year 2000 in the United States.

Progress towards the year 2000 objectives: consensual agreement by expert committees

Indicators of processes

- Proportion of children under 2 years of age who have been immunized with the basic series (as defined by the Immunization Practice Advisory Committee)
- Proportion of adults aged 65 years or older who have been immunized for pneumococcal pneumonia and influenza
- Proportion of assessed rivers, lakes, and estuaries that support beneficial uses (fishing and swimming approved)
- Proportion of women receiving a Papanicolaou smear at an interval appropriate for their age
- Proportion of women receiving a mammogram at an interval appropriate for their age
- Proportion of the population uninsured for medical care
- Proportion of the population without a regular source of primary care (including dental services)

Indicators of health status outcome

- Race/ethnicity-specific infant mortality, as measured by the rate (per 1000 live births) of deaths among infants less than 1 year of age
- Death rates (per 100,000 population) for:
 - motor vehicle crashes; work-related injury; suicide; lung cancer; breast cancer; cardiovascular disease; homicide; all causes
- Reported incidence (per 100,000 population) of:
 - AIDS; measles; tuberculosis; primary and secondary syphilis; percentage of children under 5 years of age who are tested and have blood lead levels exceeding 15 µg/dl; incidence of viral hepatitis B, per 100,000; proportion of children aged 6–8 and 15 years with one or more decayed primary or permanent teeth

Indicators of risk factors

- Incidence of low birth weight, as measured by percentage of total number of live-born infants weighing less than 2500g at birth
- Births to adolescents (females aged 10–17 years) as a percentage of total live births
- Prenatal care, as measured by the proportion of children under 15 years of age living in families at or near the poverty level
- Proportion of persons living in countries exceeding US Environmental Protection Agency standards for air quality during the previous year

Indicators of risk factors (age-specific prevalence rates)

- Cigarette smoking; alcohol use; obesity; hypertension; hypercholesterolaemia; confirmed abuse and neglect of children

Source: The Nation's Health, *Journal of the American Public Health Association*, September 1991.

Health information subsystem: issue framework

HEALTH INFORMATION SUBSYSTEMS TO BE ASSESSED	HIS components of assessment						INFORMATION SYSTEM RESOURCES				Information Systems Management Coordination and Networking
	Use of Information — Decisions and Actions	Data Analysis — Transmission Reporting	Data Input — Recording and Collection	Financial Resources		Staff Availability and Capabilities	Material and Facilities	Computer Use			
				Lack of a regular budget for hardware and software purchase and staff training	Inadequate staff training in computer use and database development						
Epidemiological Surveillance	Inadequate response to disease outbreaks and notifications	Inappropriateness of data processing and presentation of computer software Delays in report preparation and submission	Lack of standard case definitions	Lack of adequate and uncoordinated funding for health activities	Inadequate staff training and job descriptions at all levels of the health system	Lack of established procedures for equipment maintenance	Inadequacy of computer facilities for surveillance data management and communication	HIS management and its support to epidemiological surveillance unclear	Lack of a clear structure and function of the management information system	Poor data communication among health care system levels	
Service Reporting Case Monitoring Task Performance	Non-use of routine service reports for resource allocation	Problems of using standard computer applications for data management and analysis	Inefficiency of data collection procedures			Suboptimal use of equipment	Lack of computer facilities for emergency management monitoring and performance analysis				

ANNEX

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Examples of assessment questions and recording formats

Does the staff know or can they calculate the following population target groups?

	Yes	No	Size	Proportion of total	Purpose
Women of reproductive age (15–45)					
No. of pregnant women expected					
No. of births expected					
Infants 0 to 11 months					
Infants 0 to 23 months					
Infants 9 to 23 months					
Children 0 to 3 years					

What is the trend in the following three diseases over the past 6 months?

	Increasing	Decreasing	Variable (no trend)	True or False	Don't know
Diarrhoea					
Measles					
Meningitis					

Verify the trend in cases by extracting data from the registers

	Jan.	Feb.	Mar.	Apr.	May	June
Diarrhoea						
Measles						
Meningitis						

Design and implementation of health information systems

Determine whether the cases reported in the last annual report agree with the monthly registers

Disease	Number of cases		Percentage difference
	Total from monthly registers	Total in the annual report	
Malaria			
Diarrhoeal diseases			
Acute respiratory infection			
Meningitis			
Measles			
Anaemia			
Tuberculosis			

Awareness/availability of data on hospital personnel situation

Tables/registers are available with data on	Hospital Director	Chief Matron	Personnel Office
Sanctioned posts by staff type			
Filled and vacant posts by staff type			
List of in-service training received last year			
List of impending retirements by year			

ANNEX

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Examples of assessment data tables

Staff knowledge of target population groups

Target groups	Health facilities						District/ Regional Office		Total				
	Dispensary		Health centre		Hospitals				Yes		No		
	Yes	No	Yes	No	Yes	No	Yes	No	No.	%	No.	%	
Total population served													
Women of reprod. age													
Number of expected births													
Infants 0 to 11 months													
Infants 0 to 23 months													
Infants 9 to 23 months													
Children 0 to 3 years													
Children 0 to 5 years													

Availability and consistency of data on disease cases and trends

Variables	Health facilities						District/ Regional Office		Total				
	Dispensary		Health centre		Hospitals				Yes		No		
	Yes	No	Yes	No	Yes	No	Yes	No	No.	%	No.	%	
Knowledge of disease trends													
Data available in monthly registers and reports													
Data from the registers and reports agree													

Data on malnutrition and security stock of supplies

Variables	Health facilities						District/ Regional Office		Total			
	Dispensary		Health centre		Hospital				Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No	No.	%	No.	%
Data are available on the number of children found to be mainourished during growth monitoring												
Staff are able to calculate the percentage of children 0 to 3 who are mainourished												
Staff are able to calculate the amount of security stock required for: FeS and folic acid												
Measles vaccine												

Source: *Home-based maternal records: guidelines for development, adaptation and evaluation.* Geneva, WHO (1994)

गर्भ का रिकार्ड

माँ का नाम -----

गाँव . -----

उमर — तारीख—	•	••	•••	••••	•••••	••••••	•••••••	••••••••	•••••••••

ANNEX

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Child health register

Source: Ministry of Public Health, Pakistan (1993)

CHILD HEALTH REGISTER (FR3)

Year 1992

1 Serial No.	2 Registration Date	3 Name of Child & Father	4 Address / Village	5 Date of Birth	6 Age At Registration		8 Nutritional Status												High Risk				
					Less than 1 Year	1 Year or more	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
0025	03/07/92	Ijaz s/o Inayat	Ghagen phatak	May 91		✓										M	M		N				
0026	08/07/92	Hanuma s/o Hashmat	" "	23/08/91	✓											M	M	M					✓
0027	08/07/92	Sadia s/o Qasim	Qureshi Goth	15/05/92	✓											N				N			
0028	09/07/92	Lakhi s/o Ram	Raman Goth	June 92	✓											S	S	M			N		
0029	12/07/92	Huma s/o Rahim	Dina Shah	01/01/92		✓										M				N			
0030	16/07/92	Habib s/o Jan Din	Baluch Goth	10/07/92	✓											N							
0031	22/07/92	Amina s/o Haji	" "	Dec 90		✓										M		M			M		✓
0032	25/07/92	Yousaf s/o Qasim	Achar Salar	Jan 91		✓										M	S	M					✓
0033	29/07/92	Karin s/o M. Bux	Ghagen Patak	19/05/92	✓											S					N		
0034	30/07/92	Khanum s/o Hanif	Dhabeji	26/08/92	✓												N					N	
0035	01/08/92	Nabi Bux s/o Shakel	Achar Salar	01/02/90		✓											M				M	N	
0036	02/08/92	Lajvanti s/o Ram	Qureshi Goth	25/01/91		✓											N						✓
0037	05/08/92	Amina s/o Rasheed	" "	Mar 92	✓											S	M			M			✓
0038	10/08/92	Zainab s/o Rasool	Dhabeji	01/08/91		✓											M	M	N				
0039	11/08/92	Yaqoob s/o Karim	Achar Salar	08/08/90		✓											M	N				M	✓
0040	12/08/92	Sadiq s/o Amin	Qureshi Goth	09/10/91	✓												S	M	N				
0041	15/08/92	Shamim s/o Kazim	Dhabeji	23/08/90		✓											N					N	
0042	12/09/92	Laj Bux s/o Lal Bux	" "	04/05/90		✓												N	M	M			✓
0043	15/09/92	Kasam s/o Najar M	Achar Salar	05/06/91		✓												M			N		
0044	17/09/92	Rahim s/o Jan M	Qureshi Goth	06/07/92	✓													S	M	M	N		
0045	20/09/92	M. Khan s/o Qadir	Ghagen patak	09/06/90		✓												M			N	M	✓
0046	22/09/92	Nawaz s/o	" "			✓												M	N				
0047	25/09/92	Mohammad s/o Yassar	Jute Mill	02/10/91		✓												N				N	

Example of tally sheet

Source: Primary Health Care Management Advancement Programme, Module 3, Aga Khan Foundation, Geneva (1993)

Exhibit 16: CHW activity record

Name of CHW: _____ Village: _____ Month: _____



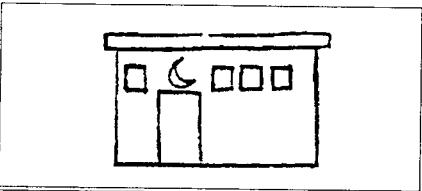
Children identified malnourished this month

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○



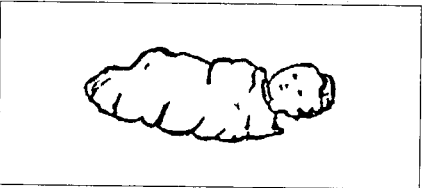
Children suffering from ARI

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○



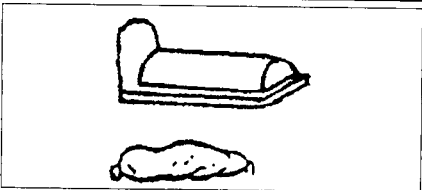
Number of referrals made

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○



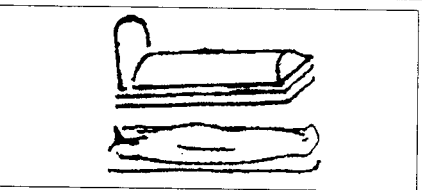
Children born this month

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○



Children who died this month

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○



Mothers who died this month

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○ ○ ○

INSTRUCTIONS: Fill one circle for every case seen.

ANNEX 9

Hospital daily attendance sheet

Source: Ministry of Health, Republic of Chad (1986)

REPUBLIQUE DU TCHAD
MINISTERE DE LA SANTE PUBLIQUE
SECRETARIAT D'ETAT
DIRECTION GENERALE
BUREAU DE STATISTIQUES
PLANIFICATION ET ETUDES

FICHE DE PRESENCE JOURNALIERE
SERVICES D'HOSPITALISATION

MOIS : DECEMBRE

ANNEE : 1986

Nom de Formation/Localité CENTRE MEDICAL DE BOUSSO

SERVICE <u>PEDIATRIE</u>		(B) TOTAL LITS/PLACES: <u>20</u>																													(A) NOMBRE DE JOURS: <u>31</u>		
DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
(C) NOMBRE PRESENTS		17	15	16	17	16	15	18	19	15	18	18	17	20	20	18	16	14	13	13	15	17	18	19	18	17	17	17	15	17	16	18	519 (C)
(D) ENTRANTS		2	3	4	4	3	3	4	2	6	0	4	3	4	1	2	2	0	1	2	4	3	2	4	1	0	0	4	3	1	2	3	77 (D)
(E) SORTANTS		4	1	2	4	3	0	2	5	1	0	4	0	4	2	3	2	1	1	0	2	1	1	5	1	0	0	6	0	2	0	3	60 (E)
(F) DECEDES		0	1	0	1	0	0	1	1	2	0	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	11 (F)
(G) EVADES		0	0	1	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	6 (G)

$$(H) \text{ OCCUPATION MOYENNE} = \frac{C \times 100}{A \times B} = \frac{519 \times 100}{31 \times 20} = 83.71\%$$

$$(I) \text{ SEJOUR MOYEN} = \frac{C \times 2}{D + E + F + G} = \frac{519 \times 2}{77 + 60 + 11 + 6} = 6.74 \text{ jours}$$

ANNEX 10

Population chart of catchment area

Source: Ministry of Public Health, Pakistan (1993)

POPULATION CHART OF CATCHMENT AREA

(FR11)

Institution: BHU BHANPUR I.D. No.: 345617 Year: 1992

Union Council: BHATKELA District: GUARA

1 Sr. No.	2 Name of Villages	3 Population	4 Distance from Facility (Km)	5 No. of CHWs	6 No. of TBAs	
					Trained	Untrained
1	Sunjuzal	474	5	0	1	0
2	Seriwala	1,438	3	0	1	0
3	Haji Golti	836	8	0	1	0
4	Bhanpur	2,847	0	0	2	0
5	Ghais	1,371	7	0	0	1
6	Gujju	931	13	0	1	0
7	Dhabeiji	1,749	21	2	2	0
8	Sori bazi	372	14	1	0	1
9	Kazampura	1,699	12	0	1	0
TOTAL >		11,717		3	9	2
% of population living more than 20 km. from Institution:		14.9 %				

TARGET RISK GROUPS	STANDARD DEMOGRAPHIC PERCENTAGES	ESTIMATED POPULATION
Expected Pregnancies	4.5	527
Expected Births	4.0	469
0 - 11 months	3.8	445
0 - less than 3 years	11	1,289
CBAs (15 to 44 years)	21	2,461
Married CBAs (15 to 44 years)	16	1,875

Example of supervisory checklist

Source: Primary Health Care Management Advancement Programme, Module 6, Aga Khan Foundation, Geneva (1993)

PHC service quality checklist
18. Treatment of minor ailments

This checklist is intended for use in the observation of treatment of minor ailments. Before using it, the local treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about the chief complaint (fever, pain, cough, etc)?
6. YES _____ NO _____ Determine the present history of the illness?
7. YES _____ NO _____ Determine condition-related past and family history?

Physical examination

Did the service provider:

8. YES _____ NO _____ Check vital signs (blood pressure, temperature, pulse, respiration rate etc.)
9. YES _____ NO _____ Conduct a related physical exam?

Diagnosis

Did the service provider:

10. YES _____ NO _____ Make differential diagnosis (e.g., cough, TB, pneumonia, bronchitis, abdominal pain, gastroenteritis, acute cholecystitis, appendicitis, etc.)?

Laboratory diagnosis

Did the service provider:

11. YES _____ NO _____ Order condition- or preliminary diagnosis-related diagnostic tests (laboratory tests, x-ray studies, etc)

Treatment and follow-up plans

Did the service provider:

13. YES _____ NO _____ Provide appropriate treatment according to the condition?
14. YES _____ NO _____ Provide information to the patient about the condition and treatment plan?
18. YES _____ NO _____ Discuss the importance of compliance with the drug therapy?
21. YES _____ NO _____ How often will you take this medicine?
22. YES _____ NO _____ What is the dose you will take?
23. YES _____ NO _____ For how long will you continue treatment?

ANNEX 12

HMIS/FLCF monthly report: section on mother care activities

Source: Ministry of Public Health, Pakistan

8. MOTHER AND CHILD CARE PREVENTIVE ACTIVITIES

A. Pre-natal Care		Expected New Pregnancies this month (CA Population / 270)					
<i>(From Mother Health Register)</i>		<input type="text"/> (1)					
Number Newly Registered (2)		Newly Registered During 1st Trimester (3)		Haemoglobin under 10 gm% at 1st measurement (4)		Total Visits (5)	
% of Expected New Pregnancies (2) / (1)	%	% of Total Newly Registered (3) / (2)	%	% of Total Newly Registered (4) / (2)	%	No. of Re-visits (5) - (2)	

B. Deliveries				Expected Deliveries this month (CA Population/300)		C. Post-natal Care	
<i>(From Mother Health Register)</i>				<input type="text"/> (1)		<i>(From Mother Health Register)</i>	
Total Number of Deliveries (2)		No. of Deliveries by Trained Persons (5)		% of Expected Deliveries (5) / (1)	%	Number of Deliveries in month previous to reporting month (7)	
Number of Stillbirths (3)		No. of Deliveries in your Facility (6)		% of Deliveries by Trained Persons (6) / (5)	%	Rec'd at least 1 Postnatal Visit (8)	
Number of Abortions (4)						% of Deliveries in previous month (8) / (7)	%

D. Maternal Deaths Number: *(From Mother Health Register)*

