# The Republic of The Gambia

## Ministry of Health and Social Welfare

## National Health Management Information System

## Data Collection and Management Guidelines

**FEBRUARY 2015**

**ADD WORLD BANK LOGO**

## CONTENTS

## 1.0 Introduction

The health information system data that are collected and reported are essential for understanding the health needs of the population we serve. The information obtained from the data is for us to consume to make our job easier.. While each level of the health services (Village Health Service, Basic Health Service, Hospitals, Regional Health Teams and Central level Managers) will use this information in different ways; as a result it is important for us, who are collecting and managing the data to understand why we are doing so. The data collected and analysed will enable us to make informed decisions for planning, management, resource mobilisation and allocation.

The data generated is collected from the village health circuits, health facilities hospitals and Regional Health Teams in order to inform central level managers of drugs, vaccines and other medical supplies, infrastructure, equipment and personnel needs. The data collected will help us to manage and allocate the scarce resources and measure the impact of our interventions. The data collected and analysed will also enable us to detect early warning signs of epidemics and make appropriate and timely intervention strategies in order to reduce the impact and consequences on the population.

Collecting complete, timely and accurate data; verifying the collated data and analysing it; reporting to the next level and acting on it immediately will improve the quality of the services delivered to the population.

### *What to look for in this guideline*

This guideline provides basic information on:

- Data collection and reporting responsibilities
- Data collection procedures
- Registers
- Monthly and quarterly returns
- Procedures for validation of the data and evaluation of the returns
- Case definitions for diagnosis of diseases and conditions being recorded
- Suggested uses for the data and formats for annual assessments

### *Reporting Centres*

All health facilities or clinics Public, private, Non-Governmental Organizations and Community managed health care providers in The Gambia are oblige to report information to the Ministry of Health & Social Welfare. Health facilities, RCH clinics, village Outpatient clinics and Primary Health Care circuits will submit monthly returns through the supervising Regional Health Team (RHT). Each RHT has the current list of all the reporting centres within its area of supervision from which it should expect returns.

**Reporting Centres**

**Table 1 Lower River Region reporting centre**

| **Health Centres** | **Village Clinics** | **PHC Key Village** |
|---|---|---|
| Soma | Jappeneh | Manduar |
| Bureng | Kaiaf | Jiffarong |
| Keneba | Jalam Bereh | Kwinella |
| Kiang Karantaba | Jiffarong | Kaiaf |
| Kwinella | Pakaliba | Soma |
| Dongoroba | Nema | Jappineh |
| | | Bureng |
| | | Pakaliba |

**Table 2: North Bank West Region**

| **Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Essau | Madina Sering Mass | Njongone |
| Kerr Cherno | Fass Njaga Choi | Medina Sering Mass |
| Kuntaya | Macca Balla Manneh | Fass Njaga Choi |
| Ndungu Kebbeh | Bali Mandinka | Kerr Cherno |
| Nema Kunku | Ginack | Lamin |
| Albreda | Mbakam | Albreda |
| | Buniadou | Ndungu Kebba |

| | | |
|---|---|---|
| | | Kuntaya |

**Table 3 North Bank East Region**

| **Hospitals/Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Fara fenni RCH | Njawara | Saaba |
| Kerewan | Nauleru | Njawara |
| Ngayen Sanjal | Daru | Salikenni |
| Njaba Kunda | No Kunda | Njaba Kunda |
| Salikenni | Saaba | No Kunda |
| Illiassa | | Illiassa |
| Sara Kunda | | Macca Farafenni |
| AFPRC Hospital | | Ngayen Sanjal |
| | | Sarakunda |

**Table 4: Central River Region**

| **Hospitals/Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Bansang RCH | Nana | Njau |
| Brikama-ba | Balanghar | Buduk |
| Chamen | Njau | Kuntaur |
| Dankunku | Pinai | Kayai |
| Jahali | Firdawsy | Banni |
| Janjang-bureh | Njoben | Sami Karantaba |
| Kaur | Gissadi | Sami Pachonki |
| Kudang | Sare Soffi | Katamina |
| Kuntaur | Jailan Bakadagi | Batti Njole |
| Sami Karantaba | Jamali Ngayadou | Kudang |
| Saint Lazirus | Sambel Kunda | Brikama-ba |
| Bansang Hospital | | Patcharr |
| Bansang Fire Services | | Fullabantang |
| | | Galleh Manda |

| | | |
|---|---|---|
| | | Bansang |
| | | Sare Soffie |
| | | Ballanghar |

**Table 5: Upper River Region**

| **Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Basse | Changali Lang Kaddy | Kuraw |
| Baja Kunda | Numuyel | Darsilameh Mandinka |
| Diabugu | Demba Kunda Kuta | Taibatou |
| Fatoto | | Barrow Kunda |
| Gambissara | Sotuma Sere | Baja Kunda |
| Garawol | Kwonku ba | Bakadagi |
| Yorobawol | Sabi | Numuyel |
| Foday Kunda | Julangel | Sabi |
| Koina | Chamoi Bunda | Kulari |
| Saint Vitus | | Dingiri |
| Demba Kunda Koto | | Sare Alpha |
| MRC Basse | | Garawol |

**Table 6: Western Health Region 1**

| **Hospitals/Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Ahmadyia Hospital | | Brufut |
| Bafrow Clinic | | Banjulnding |
| Bakau | | Mandinary |
| Banjulunding | | |
| Pakala | | |
| Brufut | Mandinary | |
| Lamtoro | | |
| Faji Kunda | | |
| Senela | | |
| Jammeh Foundation for Peace Hospital | | |

| | | |
|---|---|---|
| West field | | |
| Leman St | | |
| Old jeshwang | | |
| New jeshwang | | |
| EFSTH Polyclinic | Sinchu Balia | |
| Serekunda | Youna | |
| MRC Fajara | | |
| SOS Bakoteh | | |
| Sukuta | | |
| Afrimed | | |
| Sarab Clinic | | |
| New Yundum | | |
| Mbowen Clinic | | |
| GFPA | | |
| IBN Seena | | |
| | | |
| ASB clinic | | |
| Sere Kunda Hospital | | |
| Medicare | | |
| Arri baya (private) | | |
| Tallinding Children's Clinic | | |
| Ahmed Clinic | | |
| Service Clinics | | |

**Table 7 Western Health Region 2**

| **Hospitals/Health Centres** | **Village Clinics** | **PHC Key Villages** |
|---|---|---|
| Bafrow Clinic Madinaba | Besse | Siffo |
| Brikama | Pirang | Tujereng |
| Farato | Madina Salam | Kassa Kunda |

| | | |
|---|---|---|
| Ramis Darsilami | Bassori | Jambanjeli |
| Sintet | Jambanjeli | Basori |
| Gunjur | Marakissa | Marakissa |
| Sibanor | Tujering | Pirang |
| Catholic Mobile Clinic | Sambuya | Sintet |
| Kafuta | Sanyang | Kafuta |
| Sulayman Junkung Hospital | Kanilai | Besse |
| Kubuneh | Mayork | Sangajorr |
| Naran | Bakary Sambuya | Sibanor |
| Kalagi | Siffoe | |
| | Nyofelleh | |
| | Kartong | |
| | Banyaka | |
| | Bondali | |
| | Jarrol | |
| | Kampassa | |
| | Kasangne | |
| | Somita | |
| | Berending | |
| | Tanji | |
| | Batu Konku | |
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## 2.0 Data collection Tools

### 2.1 Registers

The registers are provided by the MOH&SW and partners to all the reporting health facilities for the recording of patient details and all the services that have been provided to them. The following types of registers are provided:

- OPD registers (Under 5 & above 5)
- Inpatient registers
- Laboratory registers
- IWC registers
- ANC registers
- Delivery register
- Post natal registers
- Family planning registers
- FGM/Obstetric Complication registers
- HCT Registers
- HCT/TB registers
- PMTCT registers
- PMTCT/ARV care and support registers
- ART register
- PLHIV care support register
- TB /Lep. registers
- Theater registers
- Vitamin A and deworming registers
- OPT register
- IPTp register
- Cancer Registers
- Birth Registers
- Death Registers
- Referral In registers
- Referral Out registers

### 2.2 Health Facility Returns

- Monthly Health facility return.

- Monthly Health facility LMIS return
- Quarterly Human resource return.

### 2.3 Primary Health Care Returns

- CHN Monthly summary return

### 2.4 Primary Health Care Tally sheets

- TBA tally form
- VHW tally form

## 3.0 Frequency and Timing for the Submission of returns

All monthly returns should be delivered to the RHT by the 5th day of the following month and punched into the data base at RHTs by the 10th of the month. All quarterly returns are to be delivered to the RHT by the 5th of the month following the end of a quarter. Health facilities with data entry clerks, computer(s), and internet connection are to punch their data into the DHIS2 data base by the 5th of the following month.

## 4.0 Responsibilities

The Ministry of Health and Social Welfare and partners will provide registers, returns and tally sheets to RHTs. The RHTs will supply all returns for data collection and reporting to the reporting centers within their jurisdiction. MOH&SW and partners will provide computers, servers, external hard drives and CD for the RHTs for information storage and backups, hospitals and major health centres will be provided with computers for data management. Stationary supplies will be provided by MOH &SW and partners.

## 5.0 Data collection, preparation and submission of returns, validation and review, and analysis

At the end of each month or quarter, the health workers extract information from the registers (primary data collection tools) which are filled into the returns (secondary data collection tools) and send to the RHTs for inputting into the DHIS2 database. Health facilities with computer and internet connection are to

punch data at facility level and submit the hard copies to supervising RHTs. The RHTs use the hard copies to verify the punched data.

For the Village Health Services, the Village Health Workers and the Traditional Birth Attendants use tally sheets with pictorial images to collect information on the services they provide. At the end of the month, the CHN /VHS collate the data from the VHW and TBA tally sheets into the monthly summary returns which are send to the RHT through the supervising health facility for punching into the DHIS2 Database.

For each reporting center, the officer in charge has the responsibility to assign specific people to every step of the reporting process. Not doing so often causes important activities to be neglected. The following tables detail the various necessary steps in data collection, reporting and analysis for which an individual (with a back-up) should be designated

**Village Health Service**

| **Duty** | **Name and/or Designation** | **When will it be done?** |
|---|---|---|
| Record the data on tally sheets | 1. TBA<br>2. VHW | As services are provided. *By the end of each month all of the PHC village tallies must be up to date.* |
| Collects tally sheets, review them with CHW's. Feedback is given **immediately** to the CHW's. | CHN/VHS | *Monthly* |
| Compile data and prepares PHC Returns | CHN/VHS | *Monthly* |
| Submits completed PHC Returns to the OIC of supervising health facility. | CHN/VHS | *Monthly* |
| | | |
| Record information in Family Planning and At Risk registers | CHN/VHS | *As needed, patient information will be entered and updated **daily**. By the end of each month all of the PHC village registers must be up* |

| | | |
|---|---|---|
| | | *to date.* |
| | | |
| Prepare and submits semi-annual Nutritional "Surveillance Returns to OIC of the supervising Health facility and RHT. | CHN/VHS | *Semi-annually, by the 15th of the month following the end of the survey period.* |

**Basic Health Service**

| **Duty** | **Designation/Person Responsible** | **When will it be done?** |
|---|---|---|
| Record the data in <u>Facility Registers.</u><br>1. | Data Entry Clerk<br>Nurses<br>Public Health Officers<br>Laboratory Technicians/Assistants<br>Pharmacy Technicians/ Assistants | As services are provided information must be up to date.<br><br>As needed, patient information will be entered and daily updated |
| Report all suspected case base priority Diseases to case investigators at health centres | Doctors<br>Nurses<br>Public Health Officers<br>Laboratory Technicians/Assistants | ***Immediately*** |
| Compile the data from the tally sheets and registers.<br>Fill out the <u>Monthly</u> and <u>Quarterly</u> <u>Returns:</u><br>1. Health Facility Monthly Return<br>2. VHS returns<br>3. Quarterly Human resource Return | Data Entry Clerk<br>Nurses<br>Public Health Officers<br>Laboratory Technicians/Assistants<br>Pharmacy Technicians/ Assistants | Data compiled from the register should be entered as soon as the last clinic of the month or quarter is finished.<br><br>Monthly returns should be completed by the 3rd day of the following month.<br>Quarterly returns should be completed by the 3rd day of the following month. |
| Compile an annual facility summary. | OIC | *By 31st March of each year.* |

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| Monthly Returns are to be delivered to the Regional Health Team by the 5th of the following month after verification by the OIC of the facilities or head of the Medical Records in hospitals.<br>Quarterly Returns are to be delivered to the regional Health Team by the 5th of the month after the end of the quarter (5th April, 5th July, 5th October and 5th January). |

**Regional Health Team**

| Duty | Name and/or Designation | When will it be done? |
|---|---|---|
| Report all suspected case base priority Diseases to Disease Surveillance Officer at EDC | RPPHO | Immediately |
| Receive, verify and record returns<br><br>Village Health Service Returns:<br>1. Receive and log in the Monthly summary Returns from the CHN/VHS.<br>2. Verify and validate VHS returns and look for any major problems.<br><br>Health Facility Returns:<br>1. Receive and log in the health facility Monthly and Quarterly Returns.<br>2. Verify and validate health facility monthly and Quarterly Returns and look for any major problems.<br>. | Regional Director | 1. Immediately upon receipt.<br><br>1. . |
| To ensure that the following duties are not neglected two RHT staff members with the Data Manager should be designated by the Regional Director. | | |
| Organize and store all returns. | Data Manager | Immediately as needed. |
| Enter data into the DHIS2 database. | Data Manager | Within two days of receiving any returns. |
| Verify, review and evaluate summary data | Regional Director/ Data Manager | Monthly, by the 10th of the month following |

| | | |
|---|---|---|
| | | the end of the month. |
| | | |
| Prepare and deliver quarterly Feedback Report to CHN/CHN/VHS's and to health facilities in the region. | Regional Director | Quarterly, by the end of April, July, October and January. |
| Update regional nominal roll, and, RHT reference databases | Senior Administrative Officer | Quarterly, by the 10th of the month following the end of the quarter |
| | | |
| Prepare Regional Annual Report | Regional Director | *Annually, by the end of March of the following year.* |

**6.0 Feedback from Supervisors: What Should You Expect?**

Feedback should be rapid and is a two way process. The data generated therefore should be analysed and feedback given for action. The table below lists all the information that the health workers should be monitoring.

| **Service Level** | **Information that you keep track of from year to year:** | **Information that other levels should provide:** |
|---|---|---|
| Village Health **Service** | 1. List of all VHW, TBAs and Asst. TBA in your circuit, with their level of training.<br>2. List of villages comprising the "catchment area" of each PHC circuit.<br>3. Annual totals for each PHC village:<br>➢ Patients seen<br>➢ Diseases and condition<br>➢ Drug and supply requisition<br>➢ Births<br>➢ Deaths and major causes<br>➢ Family Planning acceptors and defaulters<br>➢ Home visits | **From the supervising health facility**:<br>1. Information on at risk mothers and children<br>2. Information from any reports received from the RHT<br>3. Information on any disease outbreak<br>4. Information on disease incidences in the catchment area<br>From the RHT:<br>1. Semi-annual reports comparing circuit activities |

| | | |
|---|---|---|
| | 4. Results of the Nutritional Surveillance (% children in red & dark red groups in each village). | within the region in order to compare circuit activities.<br>2. Six monthly reports of Nutritional Surveillance results, comparing all circuits in the region. |

| **Service Level** | **Information that you keep track of from year to year:** | **Information that other levels should provide:** |
|---|---|---|
| Basic Health Facility | Annual totals:<br>1. Births:<br>➢ Total deliveries male and female<br>➢ Total live births and % attended by skilled attendants, male and female<br>➢ Total stillbirths and fresh stillbirths as % of total deliveries male and female<br>➢ Five most common obstetric problems seen at delivery<br>2. Deaths:<br>➢ Number for <5 and >5 age groups male and female<br>➢ Five most common causes of deaths for each age group male and female<br>➢ Maternal deaths and their cause(s)<br>3. Inpatient:<br>➢ Number by sex, age group and condition<br>➢ Admissions per facility bed<br>4. Referrals: five most common reasons for referral by sex, age group<br>5. Five most common reasons for obstetric referrals | From the /CHN/ CHN/VHS:<br>1. PHC circuit reports<br>From the RHT:<br>1. Quarterly reports comparing facility activities within the region in order to compare facilities<br>2. Catchment area population projections |

| | | |
|---|---|---|
| | 6. Clinic attendance:<br>OPD and IWC (male and female), ANC, PNC<br>7. Major diseases: number of cases, <5 and >5 male and female<br>8. Clinic cancellations and reasons<br>9. Inventory of major drugs<br>10. Drug, equipment, staff or transport problems that affected service delivery<br>11. Suspected case base priority Diseases<br>12. Immunization data by sex and age | |

| **Service Level** | **Information that you keep track of from year to year:** | **Information that other levels should provide:** |
|---|---|---|
| Regional Health Team | For each PHC circuit and for the region as a whole:<br>1. CHN/CHN/VHS supervisory visits/village<br>2. Live births and stillbirths per circuit male and female<br>3. Births per TBA male and female<br>4. Maternal deaths and infant deaths male and female<br>5. Deaths per circuit for <5 and >5. male and female<br>6. Nutritional Surveillance results by sex and age<br>For each facility catchment area and for the region as a whole:<br>1. Births/1,000 women 15-49 years | From the HMIS Unit:<br>Annual Report compiling and comparing health indicators for each region and the country as a whole. |

| | | |
|---|---|---|
| | 2. Births/skilled attendants<br>3. Admissions/Clinicians<br>4. Disease incidences (<5 and >5) male and female<br>5. Deaths male and female<br>➢ Five most common causes of death for each age group<br>➢ Maternal deaths and their cause(s)<br>➢<br>➢ ANC attendances<br>➢ PNC attendance<br>6. Estimate of vaccine coverage: Penta3 /IWC first attendance | |

## 7.0 Data Collection

### *7.1 Sources of data*

The principal sources of data for preparation of monthly returns are the registers.

### *7.2 Data collection procedures:*

To ensure that the data being collected are accurate, it should be recorded at the time the patients / clients are being seen. Waiting to fill in registers and tally books at the end of a clinic will lead to the production of incomplete data resulting to unreliable and poor quality data. Mark all tally books and enter data into registers while the patient / clients are with you. Supervisors need to observe their staff to see that this is actually happening.

When the data from tally books and registers are compiled on the returns, the persons responsible should verify and "validate" the figures, checking for obvious errors and inaccuracies.

The person responsible for compiling the data must ensure that the figures on the returns are accurate before sending to the RHTs. Check for inconsistencies such as recording more cases of malaria than the total number of patients attending the clinic. Check for any unusual reports, such as cases of suspected case base priority diseases, or an unexpected increase/decrease in cases of other conditions. If a problem of inaccuracy is detected, the appropriate supervisor should consult the person responsible and correct it as soon as possible.

The OIC of each facility, who fills out the returns personally, or delegates that job to others, has the responsibility to ensure the quality of the data gathered and reported is accurate.

The Regional Director, who records and analyses the regional data him or herself, or delegates this responsibility to others, must check the received returns for accuracy and enter the data into the DHIS2 database and for timely submission to the HMIS unit.

Group 1 stop here

## 8.0 Instructions for Completing the Forms

Each month all reporting health facilities throughout The Gambia must complete their returns, giving information on their workload, the types of disease seen and services provided. Before sending the returns to the supervising RHT, the officer in charge of a facility and the public health officer, as well as each CHN/CHN/VHS, should verify the figures for each month or quarter for accuracy or any unusual occurrences. Each regional Health Team should verify the returns they receive immediately upon receipt, check them for accuracy, enter the data into the DHIS2 database, verify the entries, analyzed the data and provide feedback to the health facilities.

### 8.1 Health Facility Returns

At the end of each month the Health Facility Monthly Return should be compiled from the registers to the corresponding returns. Add up the number of cases in each condition/age category sex etc. and enter it in the corresponding box on the return. This return is used by the hospitals, major and minor health centres, village OPD clinics, NGO health facilities, private facilities and community managed facilities. All clinics run by a given facility are reported on this single form. This includes OPD, RCH base and all outreach stations, laboratory, drugs, HCT, inpatients, deaths, registration of births, vaccination and vaccine management.

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At the end of each quarter, the Quarterly Human Resource Return should be completed by the OIC and sent to the RHT. There are separate return for the hospitals, health centre, RHTs and Health training institutions. It collects information on the number, sex and category of different health workers within the system; nationality, staff motivation, attrition and appointments.

Finally the officer completing the return will sign and date the return and ensure that it reaches the RHT by the 15th of the following month where it will be verified, signed and recorded.

### *8.2 Tally Book*

Vaccination Tally book

The vaccination tally books are used during Reproductive and Child Health clinics (RCH) **Infant Welfare Clinics (**IWC) and Ante Natal Clinic (ANC).

### Infant Welfare Clinics

The vaccination tally book enables one to count the number of vaccinations given by type, age and sex. Each vaccination is to be recorded under the appropriate age group, sex and the type of vaccine given. The age groups are less than one year and more than one year of age.

### Ante Natal Care

The vaccination tally book records tetanus toxoid immunizations given to pregnant women. No trimester information is required. However, the number of doses given is recorded.

### 8.3 Primary Health Care Returns

The PHC Return is completed by the Community Health Nurses/ VHS responsible for each PHC circuit. It is largely compiled from tally sheets completed by the Village Health Workers (VHW) and Traditional Birth Attendants (TBA) in each of the PHC villages. The monthly Family Planning ‘Return is completed by the CHN/VHS from the Family Planning Register.

### *8.4 Tally Sheets*

VHW Tally Sheet

The Village Health Worker in each village records the following information on the tally sheet by sex and age:

1) Total Patients Seen: the number of patients seen by the VHW, including any counted separately below
2) Total Patients Treated
3) Children with suspected measles
4) Children with "fast breathing"
5) Children with diarrhoea
6) Uncomplicated malaria
7) Uncomplicated malaria issued with Coartem
8) RDT used
9) Pregnant women with Uncomplicated malaria
10) Clients given condoms
11) Number of condoms issued
12) Home visits
13) Number of suspected TB cases
14) Number of TB cases treated
15) Referrals to Health Centre: the number of people referred to the Health Centre for further treatment or examination
16) Infant deaths
17) Child deaths
18) Other deaths

**Traditional Birth Attendance Tally Sheet**

The TBA in each village records the following information on the tally sheet:

1) Antenatal women visited: the number of visits to/by pregnant women
2) Live Births male and female: the number of live births attended

3) Stillbirths attended male and female: the number of births of stillborn babies attended
4) Other live births in the village male and female: not attended by the TBA
5) Other stillbirths in the village male and female: not attended by the TBA
6) Maternal Death: the number of women who die of causes associated with the pregnancy/delivery within six weeks of delivering (either before or after) a full term baby
7) Neonatal Death male and female: the number of deaths of children under the age of 28 days reported in the village.
8) Postnatal visits: the number of visits made to women who have given birth and/or their babies
9) Neonatal conjunctivitis: the number of cases of neonatal conjunctivitis
10) Neonatal tetanus: the number of cases of neonatal tetanus
11) Family Planning Motivation - the number of people/couples counseled in family planning;
12) Referrals for family planning: the number of women referred to the CHN or clinic to start using any form of contraception
13) Clients given pills: the number of women given contraceptive pills by the TBA
14) Cycles of Pills Issued: the number of cycles of contraceptive pills supplied to clients by the TBA
15) Pregnant women Referred for delivery: number pregnant women referred to health facility for delivery
16) Pregnant women being referred, evacuated and escorted by the TBA/VSG member to the health facility for medical attention: Number of Pregnant women being referred evacuated and escorted by the TBA/VSG member to the health facility for medical attention
17) Referrals of Neonates with complication to health centre: Any baby from 0 to 28 days of life referred for complication

### *8.5 Returns*

VHS Monthly Summary Form

The PHC return is completed by the CHN/VHS responsible for the circuit using the above tally sheets, the death registers in the villages used by VHWs and TBAs and information on his/ her own activities implemented during the month.

The first column on the return is to enter the data from the Key village and the other columns are used for the other PHC villages. Ensure that the names of the villages are entered above the data.

### 8.6 CHN/VHS Activities

1) Record under each village, the number of supervisory visits made to the village
2) Record under the appropriate village, the number of RCH clinics attended. CHNs must attend the RCH clinics held in their circuit to assist and advise villagers from their circuit at the clinic.
3) Record the number of visits made to mothers and children identified as being "at risk" under the villages in which the mothers/children live.
4) Record the number of leprosy or TB patients in each village who are receiving Directly Observed Treatment Short course (DOTS) from the VHW (or other person).
5) Record the number of VDC or other community meetings attended in each village.
6) Identify any other activities undertaken as part of CHN duties.

7). Finally, record the details of all deaths in the circuit villages accurately. Sign and date the return and ensure that it reaches the Health facility by the 3rd of the following month.

## 9.0 Case Definitions and Terminology

### 9.1 Health Facility Monthly Return

**Malaria:**

**Uncomplicated Lab confirmed malaria <5years of age:** Number of children less than five years with headache, fever and general body pain with blood film positive for malaria parasites.

**Uncomplicated RDT confirmed malaria <5years of age:** Number of children less than five years with headache, fever and tested with RDT and happen to be positive for malaria parasites.

**Severe malaria lab confirmed <5years of age:** Number of children less than five years with vomiting, headache, fever, restlessness, convulsion, a Hb < 6 g/dl and general body pain with blood film positive for malaria parasites

**Severe malaria RDT confirmed <5years of age**: Number of children less than five years with vomiting, headache, fever, restlessness, convulsion, a Hb < 6 g/dl and general body pain with blood film positive for malaria parasites

**Uncomplicated lab confirmed malaria >5years of age:** Number of patients more than five years of age, with headache, fever and general body pain with blood film positive for malaria parasites.

**Uncomplicated RDT confirmed malaria >5years of age:** Number of patients more than five years of age with headache, fever and general body pain tested with RDT and happen to be positive for malaria parasites.

**Severe malaria BF confirmed >5years of age:** Number of patients more than five years of age with vomiting, headache, fever, restlessness, convulsion, a Hb < 6 g/dl and general body pain with blood film positive for malaria parasites

**Severe malaria RDT confirmed >5years of age**: Number of patients more than five years of age with vomiting, headache, fever, restlessness, convulsion, a Hb < 6 g/dl and general body pain tested with RDT and happen to be positive for malaria parasites.

**Uncomplicated BF confirmed malaria in pregnancy**: Number of pregnant women with headache, fever and general body pain with blood film positive for malaria parasites.

**Uncomplicated RDT Confirmed Malaria in Pregnancy**: Number of pregnant women with headache, fever and general body pain tested with RDT and happen to be positive for malaria parasites.

**Severe Malaria BF Confirmed Pregnancy:** Number of pregnant women with vomiting, headache, fever, restlessness, convulsion, a Hb < 6 g/dl and general body pain with blood film positive for malaria parasites

**Severe Malaria RDT Confirmed Pregnancy:** Number of pregnant women with vomiting, headache, fever, restlessness, convulsion, an Hb < 6 g/dl and general body pain tested with RDT and happen to be positive for malaria parasites

**Mental disorder related to malaria**: Any mental disorder which occurs as a result of malaria.

**Total Number Of RDT Used**: Total number of rapid diagnosis test (RDT) kit used during the month

**RDT Positive**: One pink colored band appears in the control window "C" AND one distinct pink colored band also appears in the test window "T": Test **POSITIVE** for **F*alciparum*.**

**RDT Negative**: Only one pink colored band appears in the control window "C": Test **NEGATIVE** for P. *falciparum*.

**RDT Invalid**: No Pink colored band in the control window "C": Test **INVALID.** These tests have to be repeated.

**COARTEM CONSUMPTION**

**<5 YEARS**: Number of coartem doses consumed during the month by children under the age of five years

**>5 YEARS**: Number of coartem doses consumed during the month by patients more than five years of age.

**INTERMITTENT PREVENTIVE TREATEMENT (IPT)**

**1ST DOSE**: Number of pregnant women who received the first dose of IPT during the month

**2ND DOSE**: Number of pregnant women who received the second dose of IPT during the month

**3nd Dose:** Number of pregnant women who received the third dose of IPT during the month

**4th Dose:** Number of pregnant women who received the forth dose of IPT during the month

**Sexually transmitted Infections**

**AIDS/HIV Infection**: an adult or adolescent (> 12 years of age) who exhibits at least two of the following major signs in combination with at least one of the minor signs (unless these signs are known to be due to a condition unrelated to HIV infection):

***Without laboratory confirmation:***

1. Major signs (*two or more*): weight loss greater than 10%, fever for more than one month (intermittent or constant), chronic diarrhoea for more than one month.
2. Minor signs (*one or more*): persistent cough for more than one month, generalised pruritic dermatitis, history of herpes zoster, oral candidiasis, chronic progressive or disseminated herpes virus infection, generalised lymphadenopathy.

*With laboratory confirmation:*

3. A positive blood test for antibodies to HIV, with Kaposi sarcoma or cryptococcal meningitis.

**Sexually Transmitted Infections (Syndromic Diagnoses):**

1. *STI with Discharge*: The patient presents with a urethral (male) or vaginal (female) discharge, possibly with painful urination. This syndromic diagnosis will include gonorrhoea, chlamydia infection, trichomonas vaginalis and candidiasis.
2. *STI with Genital Ulcer*: The patient presents with a genital ulcer, single or in clusters. This diagnosis will include Herpes simplex, chancroid, and syphilis. Ulcer with large lumps in the groin (buboes) would include lymphogranuloma venereum.

**Syphilis**: A person with a confirmed positive serology for syphilis (Rapid Plasma Reagin (RER) or VDRL confirmed by *Treponema pallidum* haemagglutinin antibodies (TPHA) or fluorescent treponemal antibody absorption (FTA)).

I**mmunization**

**BCG < one year**: This is the number of children (male or female) below the age of one year who received a dose of BCG immediately or soon after birth during the month.

**BCG >one year**: This is the number of children (male or female) more than one year who received a dose of BCG during the month

**HEPATITIS B< one year**: This is the number of children (male or female) below the age of one year who received a dose of hepatitis B immediately or soon after birth during the month.

**HEPATITIS B>one year:** This is the number of children (male or female) above the age of one year who received a dose of hepatitis B during the month

**PENTA 1< one year**: This is the number of children (male or female) below the age of one year who received first dose of PENTA at age of two months or later during the month.

**PENTA 1> one year:** This is the number of children (male or female) above the age of one year who received first dose of PENTA during the month

**PENTA 2< one year:** This is the number of children (male or female) below the age of one year who received second dose of PENTA at least one month after the first dose during the month.

**PENTA 2 >one year**: This is the number of children (male or female) above the age of one year who received second dose of PENTA during the month

**PENTA 3< one year:** This is the number of children (male or female) below the age of one year who received third dose of PENTA at least one month after the second dose during the month

**PENTA 3> one year:** This is the number of children (male or female) above the age of one year who received third dose of PENTA antigen during the month

**POLIO 0< one year**: This is the number of children (male or female) below the age of one year who received first dose of polio antigen at birth or soon after during the month

**POLIO 0> one year:** This is the number of children (male or female) above the age of one year who received first dose of polio antigen during the month

**POLIO 1< one year**: This is the number of children (male or female) below the age of one year who received polio1 at the age of two months or soon after during the month

**POLIO 1>one year:** This is the number of children (male or female) above the age of one year who received polio1during the month

**POLIO 2< one year:** This is the number of children (male or female) below the age of one year who received polio 2 one month after polio 1 or soon after during the month

**POLIO 2> one year:** This is the number of children (male or female) above the age of one year who received polio 2 during the month

**POLIO 3< one year:** This is the number of children (male or female) below the age of one year who received polio 3 one after polio 2 or soon after during the month.

**POLIO 3>one year**: This is the number of children (male or female) above the age of one year who received polio 3 during the month.

**POLIO 4 plus< one year**: This is the number of children (male or female) below the age of one year who received polio 4 at the age of nine month or soon after during the month

**POLIO 4 plus >one year:** This is the number of children (male or female) above the age of one year who received polio 4 during the month

**MEASLES< one year:** This is the number of children (male or female) below the age of one year who received a dose of measles at the age of nine month or soon after during the month

**MEASLES> one year:** This is the number of children (male or female) above the age of one year who received a dose of measles during the month

**YELLOW FEVER< one year:** This is the number of children (male or female) below the age of one year who received a dose of yellow fever at the age of nine month or soon after during the month

**YELLOW FEVER> one year**: This is the number of children (male or female) above the age of one year who received a dose of yellow fever during the month

**PNEUMOCOCCAL 1< one year:** This is the number of children (male or female) below the age of one year who received first dose of pneumococcal at the age of two months or soon after during the month

**PNEUMOCOCCAL 1> one year**: This is the number of children (male or female) above the age of one year who received first dose of pneumococcal during the month

**PNEUMOCOCCAL 2< one year**: This is the number of children (male or female) below the age of one year who received second dose of pneumococcal one month or soon after the first dose during the month

**PNEUMOCOCCAL 2> one year:** This is the number of children (male or female) above the age of one year who received second dose of pneumococcal during the month

**PNEUMOCOCCAL 3< one year**: This is the number of children (male or female) below the age of one year who received third dose of pneumococcal one month or soon after the second dose during the month

**PNEUMOCOCCAL 3> one year**: This is the number of children (male or female) above the age of one year who received third dose of pneumococcal during the month

**DPT BOOSTER.> one year**: This is the number of children (male or female) above the age of one year who received a dose of DPT one year after the third dose of penta during the month

**Rota 1: This is the number of children (male or Female) who receive a dose of rota virsus 1 during the month**

**Rota 2: This is the number of children (male or Female) who receive a dose of rota virsus 2 during the month**

**Rota 3: This is the number of children (male or Female) who receive a dose of rota virus 3 during the month**

**IPV:**

**TT 1**: Number of pregnant women who received first dose of tetanus toxoid at first contact during the month

**TT 2 plus:** Number of pregnant women who received two or more doses of tetanus toxoid six months after the first dose of TT during the month.

**VITAMIN A (PREVENTION) 6 - 11 Months**: Number of children between the ages of 6-11months who received vitamin A blue capsule (100,000IU) at the age of six months or soon after during the month

**VITAMIN A (PREVENTION) 12 - 59 Months:** Number of children between the ages of 12-59 months who received a dose of vitamin A red capsule (200,000IU) during the month

**VITAMIN A (PREVENTION) Post partum period**: Number of post partum mothers (within 6 weeks after given birth) who received vitamin A red capsule (200,000IU) during the month

**VITAMIN A (TREATMENT)**: Number of children between the ages of 6-11months who received vitamin A blue capsule (100,000IU) during the month

**VITAMIN A (TREATMENT)**: Number of children between the ages of 12-59 months who received vitamin A red capsule (200,000IU) during the month

**MEBENDAZOLE 500mg**: Number of children between the ages of 1-5years who received mebendazole 500mg during the month as prophylaxis according to the national guidelines.

## SUSPECTED CASE BASE PRIORITY DISEASES

## SCHISTOSOMIASIS

**Urinary Schistosomiasis**: A person with visible haematuria, or with positive reagent strip for haematuria, or with characteristic parasite eggs urine (microscope)

**Intestinal Schistosomiasis** –Suspected case: A person with nonspecific abdominal symptoms, blood in stool, hepato (spleno) megla

**Confirmed case**: A person with eggs of S. Mansoni, S. Japonicum, S. Melcongi or S. Intercalatum in stool (microscope)

**Meningitis** - Suspected case: Any person with a sudden onset of fever (>38.5C rectal or 38.0c axiliary) and one of the following signs: neck stiffness, altered consciousness or other meningeal signs.

**Meningitis** - Confirmed case: A suspected case confirmed by isolation of N. Meningitdis from CSF or blood

**Measles** - Suspected case: A person with fever and maculopapular (non-vesicular) generalised rash and cough, coryza or conjunctivitis (red eyes) or any person in whom a clinician suspects measles

**Measles** - Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in and outbreak

**Yellow Fever**- Suspected case: A person with acute onset of fever followed by jaundice with two weeks of onset of first symptoms. Hemorrhagic manifestations and renal failure occur.

**Yellow Fever** - Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody or viral isolation) or epidemiologic link to confirmed cases or outbreaks.

**OTHER VIRAL HEMORRHAGIC FEVERS**- Suspected case: Illness with onset of fever and no response to usual causes of fever in the area, and at least one of the following signs: bloody diarrhoea, bleeding from gums, bleeding in to skin (purpur), bleeding into eyes and urine

**OTHER VIRAL HEMORRHAGIC FEVERS** - Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody or viral isolation) or epidemiologic link to confirmed cases or outbreaks

**HUMAN INFLUENZA A (H5N1)** - Suspected H5N1 case: any person presenting with unexplained acute lower respiratory illness with fever (>38 C) and

cough, shortness of breath or difficulty breathing and exposure (s) in the 7days prior to symptom onset.

**POLIOMYELITIS (ACUTE FLACCID PARALYSIS)** - Suspected cases: Any child under 15 years of age with acute flaccid paralysis or any person with paralytic illness at any age in whom the clinician suspects poliomyelitis.

**OTHER VIRAL HEMORRHAGIC FEVERS** - Confirmed case: A suspected case with virus isolation in stool

**SEVERE ACUTE RESPIRATORY SYNDROME (SARS)** - Suspected case: Any person with a history of fever, or documented fever ≥38 C and

• one or more symptoms of lower respiratory tract illness (cough, difficulty of breathing, shortness of breath) and

• Radiographic evidence of lung infiltrates consistent with pneumonia or autopsy finding consistent with the pathology of pneumonia or ARDS without an identifiable cause and no alternative diagnosis van fully explain the illness.

**SEVERE ACUTE RESPIRATORY SYNDROME (SARS) -** Confirmed case: Any person who test positive for SARS- CoV by the recommended testing procedure describe in the TG for IDSR

**CHIKUNGUNYA** - Suspected case: Any person with acute symptoms (abrupt onset fever, headache, arthralgia, nausea, vomiting, abdominal pain, sore throat, lymphadenopathy, rash at defervescence, and malaise).

**CHIKUNGUNYA -** Confirmed case: A suspected case with laboratory confirmation

**SMALLPOX (Variola**)- Suspected case: An illness with acute onset of fever ≥ 101F (38.3 C) followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause.

**SMALLPOX (Variola**)- Confirm case: A clinically compatible case that is laboratory confirmed.

**ANTHRAX** - Suspected case: Any person with acute onset characterized by several clinical forms which are: (a) cutaneous: skin lesion evolving over 1 to 6 days from a popular through a vesicular stage, to a depressed black eschar invariably accompanied by odema that may be mild to extensive

(b) systemic forms: • gastro-intestinal: abdominal distress characterized by nausea, vomiting, anorexia and followed by fever

• pulmonary (inhalation): brief prodrome resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnoea and high temperature, with X-ray evidence of mediastinal widening

• meningeal: acute onset of high fever possibly with convulsion, loss of consciousness, meningeal signs and symptoms; commonly noted in all systemic infections

And has an epidemiological link to confirmed or suspected animal cases or contaminated animal products.

**LYMPHATIC filariasis** - Clinical case definition: Hydrocele or lymphoedema in a resident of an endemic area for which other causes of these findings have been excluded.

**LYMPHATIC filariasis** - Confirmed case: A person with lab confirmation even if he or she does not meet clinical case definition

**Neonatal Tetanus**- Suspected case: Any new born with a normal ability to suck and cry during the first two days of life, and who, between the 3$^{rd}$ and 20$^{th}$ day of age, cannot suck normally, and becomes stiff or has convulsions or both.

**Neonatal Tetanus** -Confirmed case: No laboratory confirmation recommended.

**DIPTHTERIA** - An illness characterised by laryngitis or pharyngitis or tonsillitis, and an adherent membrane of the tonsils, pharynx and/or nose.

Probable case: a case that meets the clinical description.

Confirmed case: a probable case that is laboratory-confirmed (isolation of *Corynebacterium diphtheriae* from a clinical specimen, or four-fold or greater rise in serum antibody (but only if both serum samples were obtained before administration of diphtheria toxoid or antitoxin)) or linked epidemiologically to a laboratory-confirmed case.

**Hepatitis, acute viral**: An acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue and right upper quadrant tenderness. Biological signs include increased urine urobilinogen and >2.5 times the upper limit of serum alanine aminotransferase.

**Hepatitis A-** Suspected case: a case compatible with the clinical description.

**Hepatitis** A - Confirmed case: a case that is laboratory confirmed (see below) or, for Hepatitis A only, a case compatible with the clinical description in a person with an epidemiological link (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms) with a laboratory-confirmed case of hepatitis A. *Laboratory criteria for diagnosis:* Positive for IgM anti-HAV.

**HEPATITIS B -** Suspected case: Any person with symptoms lasting for several weeks including yellowing of the skin and eye (jaundice); dark urine; extreme fatigue; nausea; vomiting and abdominal pain.

**HEPATITIS B -** Confirmed case: A suspected case that is laboratory confirmed. Positive for IgM anti-HBc or (less preferably) HbsAg.

**PERTUSIS -** A person with a cough lasting at least two weeks with at least one of the following: a) paroxysms (i.e. fits) of coughing; b) inspiratory "whooping"; c) postotussive vomiting (i.e. vomiting immediately after coughing) and without other apparent cause.

**PERTUSIS** - Suspected: a case that meets the clinical description.

**PERTUSIS** - Confirmed: a person with a cough that is laboratory confirmed by isolation of *Bordetella pertusis* or detection of genomic sequences by polymerase chain reaction (PCR).

**CHOLERA-** Suspected case: • In a patient age 5 years or more, severe dehydration or death from acute rice watery stool diarrhoea.

• If there is cholera epidemic, a suspected case is any person age 5 years or more with acute rice watery stool diarrhoea, with or without vomiting.

**CHOLERA-**Confirmed case: A suspected case in which Vibrio cholerae 01 or 0139 has been isolated in the stool

**DRACUNCULIASIS (Guinea worm):** An individual exhibiting, or having a history (within one year) of a skin lesion with the emergence of a Guinea worm.

**Ebola:**

**Standard case definition**

***Suspected case***: Illness with onset of fever and no response to usual causes of fever in the area, and at least one of the following signs: bloody diarrhoea, bleeding from gums, bleeding from skin (purpura), bleeding from eyes and bloody urine.

Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody, positive PCR or viraln isolation), or epidemiologic link to confirmed cases or outbreak.

**Note**: During an outbreak, these case definitions may be changed to correspond to the local event.

**Acute viral hepatitis (Hepatitis A, B & C)**

**Standard case definition**

***Suspected case***: Any person with acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness. (Note: infected children are often asymptomatic.)

***Confirmed case***: A suspected case that is laboratory confirmed

**Onchocerciasis**

**Standard case definition**

***Suspected case***: In an endemic area, any person with fibrous nodules in subcutaneous tissues.

***Confirmed case***: A suspected case that is laboratory confirmed by presence of one or more of the following: microfilariae in skin snips, adult worms in excised nodules, or typical ocular manifestations (such as slit-lamp observations of microfilariae in the cornea, the anterior chamber, or the vitreous body).

**Diseases of Special Focus among Children < 5 Yrs. (IMNCI)**

**Severe Anaemia -** Is when you assess a child (2-5yrs) for malnutrition and Anaemia and one of the following sign are present; visible severe wasting or severe palmar pallor and Oedema of both feet.

**Moderate Acute Malnutrition**: A child whose weight for height is less than or equal to -3 standard deviation

**Severe acute malnutrition with complications:** A child whose weight for height is less than or equal to -3 standard deviation with complications such as dermatosis, anaemia, hypoglycemia, hypothermia and shock

**Severe acute malnutrition:** A child whose weight for height is less than or equal to -3 standard deviation and any child with bilateral pitting odema – any child with SAM that has been treated according to the national protocol.

**Pneumonia -** Is when you assess a child (2-5yrs) for cough or difficult breathing and count his/ her breaths per minute. Example (*Neonates*: respirations ≥ 60 breaths per minute, *Infants (< one year of age)*: respirations ≥ 50 breaths per minute, *others*: respirations ≥ 40 breaths per minute). If you count and there is fast breathing then you classify as pneumonia.

**Severe Pneumonia** - Is when you assess a child (2-5yrs) for cough or difficult breathing and there is general danger sign or chest in drawing or stidor in calm child

**Severe Complicated Measles -** If you assess a child (2-5yrs) for measles and the measles is present now or within last 3 months then you classify any general danger sign or clouding of cornea or deep or extensive mouth ulcers.

**Measles with eye or mouth complication** - If you assess a child Age (2-5yrs) for measles and there is pus draining from the eye or mouth ulcer.

**No pneumonia: Cough or Cold -**If you assess a child (2-5yrs) for cough or difficult breathing and there is no sign of pneumonia or very severe disease.

**Serious possible Bacteria Infection** - If you assess an infant (0-2months) and one of the following is present convulsion or fast breathing (60 breaths per minute or more) or severe chest in-drawing or nasal flaring or grunting or bulging fontanels or umbilical redness extending to the skin or fever 37.5 degree centigrade or more and /or low body temperature less 35.5 degree centigrade or feels cold or many or severe skin pustules or boils or lethargic or unconscious or less than normal movement.

**Severe persistent Diarrhoea** - If you assess a child (2-5yrs) for diarrhoea and if diarrhoea is 14 days or more and there is dehydration present

**Persistent Diarrhoea** - If you assess a child (2-5yrs) for diarrhoea and if diarrhoea is 14 days or more and there is no dehydration.

**Diarrhoea with some dehydration** - If you assess a child (2-5yrs) for diarrhoea and two of the following signs are present; restlessness, irritable sunken eyes, drinking eagerly, thirsty, skin pinch goes back slowly.

**Diarrhoea with severe dehydration** - If you assess a child (2-5yrs) for diarrhoea and two of the following signs are present; lethargic or unconscious, sunken eyes, not able to drink or drinking poorly, skin pinch goes back very slowly.

**Dysentry** - If you assess a child (2-5yrs) for diarrhoea and if there is blood in stool

**Acute ear infection** - If you assess a child (2-5yrs) for ear problem and pus is seen draining from the ear and discharge is reported for less than 14 days or ear pain.

**Chronic ear infection** - If you assess a child (2-5yrs) for ear problem and pus is seen draining from the ear and discharge is reported for less than 14 days or more.

**Eye infection** - If you assess a child (0-2 months) for Jaundice and Eye infection and Eyes are draining pus

**Jaundice**: Yellowish coloration of a baby up to two months.

**Severe Jaundice**: Yellowish coloration of a baby up to two months including the palms and soles.

**VACCINE MANAGEMENT**

**Stock in doses/Vials during the month**: Total number of doses / vials available during the month.

**Opening:** Number of doses/vials at hand in the beginning of the month

**Received**: Number of doses/vials received during the month

**Consumed**: Number of doses/vials consumed during the month

**Balance:** Number of doses/vials remaining at the end of the month

**DISEASES AND CONDITIONS**

**Pregnancy Induced Hypertension:** The occurrence of the blood pressure of 140/90mmHg or more and or increase in diastolic pressure of 20mmHgs or more

after the 20th week of pregnancy on at least two separate occasions more than 24hrs apart in a woman known to be a non-hypertensive.

**Pre-eclampsia** - It is a situation where the diastolic blood pressure is between 90-110 mm Hg on two visit and with proteinuria in a pregnant woman

**Eclampsi**a -A condition peculiar to pregnancy characterized by a fit or fits and associated with hypertension and proteinuria.

**Anaemia in pregnancy**: heamoglobin levels of ≤ 11 g/dl..

- **Fistula:** Women who developed fistula due to pregnancy complications
- **Cervical cancer:** women with confirmed diagnosis of cervical cancer
- **FGM:** these are women who had complications of labour due to FGM. **Differentially able <5 years:** People with any type of disability under the age of five years.

**Differentially able >5 Years:** People with any type of disability over the age of five years.

**Helminth Infestation >5years:** Number of patient over the age of five years who reported during the month with worm infestation.

**NOMA (CANCUMORIS**)- Suspected case: Any person with a mouth ulcer living in poor circumstances such as one who is malnourished, immune compromised, recovering from measles, and living under poor sanitation should be regarded as a potential noma case.

Confirmed case: Any person with a gangrenous diseases stating as gingival ulceration and spread rapidly through the orofacial tissues, destroying the soft and hard tissues of the face.

**Typhoid Fever >5 Years -** Suspected case: Any person of age above 5 years with gradual onset of steadily increasing and then persistently high fever chills malaise, headache, sore throat, cough, and sometimes abdominal pain and constipation or diarrhoea.

**Typhoid Fever >5 Years -** Confirmed case: Suspected case confirmed by isolation of Salmonella Typhi from blood, bone marrow, bowel fluid or stool

**Pneumonia > 5 Years -** Over five years of age with cough or difficult breathing and count his/ her breaths per minute (respirations ≥ 40 breaths per minute). If you count and there is fast breathing then you classify as pneumonia.

**Severe Pneumonia > 5 Years** - Over five years of age with cough or difficult breathing and any general danger sign or chest in-drawing or stidor in calm person.

Confirm cases: radiographic or laboratory confirmation of pneumonia will not be feasible in most facilities.

**Diarrhoea with severe Dehydration > 5 years** - Suspected case: Passage of 3 or more loose or watery stools in the past 24 hours with or without dehydration and: Some dehydration—two or more of the following signs: restlessness; irritability; sunken eyes; skin pinch goes back slowly or Severe dehydration – two or more of the following signs: lethargy or unconsciousness

**Diarrhoea with blood/ mucus (dysentry) >5 yrs -** Suspected case: A person with diarrhoea with visible blood/mucus in stool

**Diarrhoea with blood/ mucus (dysentry) >5 yrs -** Confirmed case: Suspected case with stool culture positive for Shigella dysenteriae SDI

**Skin disorders > 5 years:**

**Anaemia** > 5 years: Laboratory facilities available: Blood haemoglobin < 9 g/dL.

Laboratory facilities not available: Pallor, dizziness, oedema, dyspnea, insomnia.

**Eye conditions**

**Cataracts**: Any opacity of the crystalline lens.

**Neonatal conjunctivitis:** Pus or purulent discharge, swelling or redness of the eyes with discharge in the first month of life.

**Trachoma:** A chronic follicular keratoconjunctivitis caused by *Chlamydia trachomatis*. The conjunctiva is red and swollen, with small (0.2-2 mm), whitish dots, or follicles, on the inside lining of the eyelids in the early stage. There may also be visible red dots, or papillae. In later stages, in adults, the follicles and inflammation are replaced by scars.

**Mental Disorders**

**Epilepsy suspect case**: Any person with one epileptic seizure

**Epilepsy confirmed case**: Any person with recurrent of, at least, two epileptic seizures. A positive response to treatment with AED strengthens the hypothesis of a confirmed case. Epileptic seizures can last for 30 seconds to 3 minutes. When they are intricate without a pause they can lead to status epilepticus.

**Mental and neurological disorders (including epilepsy)**: Fitting, halucination (auditory or visual), depression, withdrawal, hysteria.

**Depression** is the state of feeling lifeless, empty and apathetic

**Schizophrenia** is a serious mental illness characterized by a disintegration of the process of thinking and of emotional responsiveness

**Mania**, the presence of which is a criterion for certain psychiatric diagnoses, is a state of abnormally elevated or irritable mood, arousal, and/ or energy**.**

**Drug induced psychosis**

The drugs that induce this form of psychosis are all stimulants, most commonly amphetamines and cocaine derivatives. These drugs, among lots of other things, induce temporary episodes of Obsessive Compulsive Disorder (OCD), and they surely mess up the sleep cycle.

**Organic mental disorders**

Severe mental illness produced by damage to the brain, as a result of poisoning, alcoholism, disease **etc.**

**Phobia:** irrational fear of situations or things that are of no harm to the individual**.**

**Anxiety disorders:** Abnormal level of anxiousness that affects the individuals daily functioning.

**Pregnancy related mental disorder:** Any form of mental and behavioral disorders related to pregnancy.

**Childhood mental disorder:** Any form of mental and behavioral disorders occurring in **childhood.**

**Accidents**

**Dog bite**: a bite inflicted by a dog.

**Snake bite:** bite inflicted by a snake

**Fall from height**: falling from a high place

**Other bites**: bites inflicted by other animals, insects and humans.

**Road traffic crash (RTC)** - is when a road vehicle collides with another vehicle, pedestrian, animal, road debris, or other geographical or architectural obstacle or any accident as a result of road traffic

**Other injuries**: injures besides RTAs.

**Drowned**: To be suffocated or killed by submerging in water or another liquid

**Fracture**: is the (local) separation of any skeletal body parts into two or more pieces under the action of stress.

**Ingestion of harmful substance** - The process of taking poisonous/ harmful material (e.g. foodstuff) into the mouth or body.

**Non Communicable Diseases**

**Asthma**: Difficulty in breathing characterized by wheeze and dry cough.

**Diabetes (insipidus and mellitus):** Polyuria, polydipsia, polyphagia, weight loss and increased appetite.

**Hypertension**: An elevated diastolic pressure of 90-140 mmHg on three consecutive visits

**Cancer:** Any malignant tumor including carcinoma and sarcoma. It arises from the abnormal and uncontrolled division of cells that then invade and destroy the surrounding tissues.
Renal failure (definitions—Sonko)

**Cardiac disorder:** Any medical condition or disorder that affects the heart whereby making it not to function effectively
**Hepatic disorder:** Any disorder or medical condition affecting the liver.

**Liver cancer:** Any cancer affecting the liver tissues

**Breast cancer:** Cancer that develops from breast tissue

**Prostate cancer:** Prostate cancer is a type of cancer that affects the prostate gland in men. The prostate is located beneath the bladder, in front of the rectum, and wraps around part of the urethra:

**Lung cancer:** lung cancer is a cancer (malignancy) that originates in the tissues of the lungs or the cells lining the airways. Lung cancer originates when normal lung cells become cancer cells, usually after a series of mutations, and begin to divide out of control.

**Other cancer** These are cancers which are not specified and affect any body, tissues and bone parts that are not mentioned above.

**Sickle cell anaemia :** Is an inherited condition characterized by sickle cell (crescent)-shaped red blood cells and chronic anaemia caused by excessive destruction of red blood cells

**Rabies:** is a viral infection of the brain that is transmitted by animals and causes inflammation of the brain and the spinal cord

**Laboratory Services**

**HB Test:** This is the number of test done during the month to measure the hemoglobin level in the blood.

**Urinalysis:** This **i**s the physical, chemical, and microscopic examination of urine.

**Sickle cell**: This is the number of test done during the month to diagnose sickle cell.

**Sickle cell positive: This is the numbers of test done that are positive during the month to diagnose sickle cell**

**RPR** test: This is the rapid test for syphilis.

**RPR** reactive: this is when the syphilis test is positive

**TPHA** test: This is the number of syphilis confirmatory test done during the month.

TPHA reactive:

**Stool microscopy:** This is the number of stool microscopy test done during the month.

**Acid-Fast Bacilli (AFB) Tested:** This is the number of AFB test done for the diagnosis of Tuberculosis during the month.

Number AFB positive: this is the number of smear positive for TB

**Blood Grouping**: This is the number of test for blood grouping done during the month.

**No. Of blood donation**: This is the number of people who donated blood during the month.

**Number transfused:** This is the number of patients who are transfused with blood during the month.

**Blood film positive: This is the numbers of BF test done that are positive in a month**

**Blood film negative: This is the numbers of BF test done that are negative in a month**

**Registration of Births and Deaths**

**GAMBIAN PARENTS**

**Early registration 0-3 months:** This is the registration of children from 0-3 months of age who are born in the Gambia and one or both parent(s) are Gambian.

**Early registration 4month to 1year:** This is the registration of children under one year of age who are born in the Gambia and one or both parent(s) are Gambian.

**Late registration 1-5years:** This is the registration of children between the ages of one and five years who are born in the Gambia and one or both parent(s) are Gambian.

**Late registration over 5 years:** This is the registration of people over the age of five years who are born in the Gambia and one or both parent(s) are Gambian.

**Non Gambian Parents**

**Early registration 0-3 months** This is the registration of children from 0-3 months of age who are born in the Gambia and one or both parent(s) are non Gambian.

**Early registration 4month to 1year**: This is the registration of children under one year of age who are born in the Gambia and their parents are non-Gambian.

**Late registration 1-5years:** This is the registration of children between the ages of one and five years who are born in the Gambia and their parents are non-Gambian.

**Late registration over 5 years:** This is the registration of people over the age of five years who are born in the Gambia and their parents are non-Gambian.

**Births outside the Gambia**

**Early registration 0-3 months** this is the registration of children from 0-3 months of age who are born outside the Gambia and one or both parent(s) are Gambian.

**Early registration 4month to 1year**This is the registration of children under one year of age who are born outside the Gambia but one or both parents are Gambian.

**Late registration 1-5 years:** This is the registration of children between the ages of one and five years who are born outside the Gambia but one or both parents are Gambian.

**Late registration over 5 years:** This is the registration of people over the age of five years who are born outside the Gambia but one or both parents are Gambian.

**Registration of Deaths**

**Feutal death:** Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy

**Neonatal death**: Number of children who died before the age of 28 days.

**Deaths under one year**: Number of children who died before their first birth day.

**Deaths 1-5 years:** Number of children who died between the ages of one to five years.

**Deaths 5-14 years:** Number of children age 5 to 14 years of age who died.

**Deaths over 14 years**: Number of people above 14 years of age who died.

**HIV AND AIDS**

**HIV positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission this month Option B+ 1**: This is the number of positive pregnant women who received antiretroviral (Option B+ 1) to reduce the risk of mother-to-child transmission among all positive HIV mother (EFZ/3TC/TDF 600/300/300mg)

**HIV positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission this month Option B+ 2:** This is the number of positive pregnant women who received antiretroviral (Option B+ 2) to reduce the risk of mother-to-child transmission among all positive HIV mother (TDF/3TC+LPV/r 300/300 + 200/50mg)

**Antenatal care attendees tested for syphilis**: This is the number of antenatal care attendees tested for syphilis among all antenatal care attendees

**Infants born to HIV positive women receiving a virological test for HIV within 2 months of birth:** This is the number of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth among all infants born to positive HIV women

**Adults and children that initiated ART who had a viral load test this month**: This is the number of people on ART (both children and adults) who had a viral load tested this month among all adult and children on ART at the facility

**Adults and children that initiated ART with an undetectable viral load this month:** This is the number of people on ART (both children and adults) with undetectable viral load this month among all adult and children on ART at the facility who undergo viral load testing

**New individuals who tested positive for HIV enrolled in care this month:** This is the number of people both adults and children who tested positive for HIV enrolled in care among all adults and children who tested positive for HIV

**HIV counselling and Testing**

**Number Pre-Test Counselled:** Number of people who received information on HIV during the month before they were tested for HIV

**Number tested:** Number of people tested for HIV during the month among all who were pretest counseled.

**Number post-test counseled:** Number of people who received information on HIV after the test during the month.

**Number Positive HIV 1:** Number of clients tested and found to be positive with HIV 1 during the month.

**Number Positive HIV 2:** Number of clients tested and found to be positive with HIV 2 during the month.

**Number Positive HIV 1 & 2:** Number of clients tested and found to be positive with HIV 1 and 2 during the month.

**PREVENTION OF MOTHER-TO-CHILD TRANSMISSION**

**Pregnant women seen at your health facility this month:** This is the **TOTAL** number of pregnant women who attended antenatal services at your base clinic in your health facility this month.

**Newly registered pregnant women seen at your health facility this month***:* This is the **TOTAL** number of newly registered pregnant women who attended antenatal services at your base clinic in your health facility this month.

**Pregnant women seen at your health facility who received individual pre-test counseling for HIV this month:** This is the total number of women attending antenatal services who received individual pre-test counseling for HIV.

**Pregnant women seen at your health facility who were tested for HIV this month:** This is the total number of women, of those that received individual pre-test counseling for PMTCT, who elected to have a test.

**Pregnant women who received post-test counselling and their test result for HIV at your health facility this month:** This is the number of pregnant women who received full post-test counselling as part of PMTCT services and who received their test results.

**Pregnant women seen at your health facility who tested positive for HIV this month:** This is the number of pregnant women seen at the facility who have been tested for HIV and who are HIV positive this month. This should be disaggregated by HIV type and age in the format provided

**HIV positive pregnant women who received ARV prophylaxis this month:** This is the number of HIV positive pregnant women who received (ingested) a course of **Triple Combination Therapy ( ABC, AZT and 3TC**). This should be disaggregated by age in the format provided.

**HIV positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission this month Option B+ 1:** This is the number of positive pregnant women who received antiretroviral (Option B+ 1) to reduce the risk of mother-to-child transmission among all positive HIV mother(EFZ/3TC/TDF 600/300/300mg

)

**HIV positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission this month Option B+ 2:** This is the number of positive pregnant women who received antiretroviral (Option B+ 2) to reduce the risk of mother-to-child transmission among all positive HIV mother (TDF/3TC+LPV/r 300/300 + 200/50mg)

**Antenatal care attendees tested for syphilis:** This is the number of antenatal care attendees tested for syphilis among all antenatal care attendees

**HIV positive mothers provided with replacement infant feeding formula this month:** This is a total number of HIV positive mothers who were given the recommended supply of formula in the month that you are reporting on.

**Infants born this month to HIV positive mothers registered in your facility this month:** This is the number of infants delivered to HIV positive pregnant women seen in your facility in the month that you are reporting on.

**Infants born to HIV positive mothers registered in your facility who were seen in your health facility and tested 18 months for HIV this month:** This is the number of infants seen in the facility who were born to HIV positive women registered in your facility and were tested for HIV this month.

**Infants born to HIV positive women receiving a virological test for HIV within 2 months of birth:** This is the number of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth among all infants born to positive HIV women

**Infants born to HIV positive mothers registered in your facility who were seen in your health facility and who tested positive for HIV this month:** This is the number of infants seen in the facility who were born to HIV positive women registered in your facility who were tested for HIV and who were found to be HIV positive this month.

**Infants born to HIV positive mothers registered in your facility who were seen in your health facility received ARV prophylaxis this month:** This is the number of infants seen in the facility who were born to HIV positive women registered in your facility who received a course of ARV after delivery in the month that you are reporting on.

## ANTI RETROVIRAL THERAPY

**Number of PLWHA currently on ART (sex and HIV type):** This is the TOTAL number of patients that are currently on ART according to national guidelines in the month that you are reporting on. This will also include patients who were taken off ART in previous months due to drug toxicity, but who have been RESTARTED on ART, but on a different treatment regimen to eliminate the drug toxicity problem. This should be disaggregated by sex and HIV type in the format provided.

**Number of PLWHA who began ART for the first time this month (sex and HIV type):** This is the number of NEW patients who started on ART according to national guidelines during the month that you are reporting on. This should be disaggregated by sex and HIV type in the format provided.

**Number of PLWHA who died from AIDS related conditions this month (sex and HIV type):** This is the number of PLWHA who died from AIDS related conditions in the month that you are reporting on. This includes both PLWHA who

are not on ART and PLWHA on ART. This should be disaggregated by sex and HIV type in the format provided.

**Number of PLWHA currently on ART (sex and age):** This is the TOTAL number of patients that are currently on ART according to national guidelines in the month that you are reporting on. This will also include patients who were taken off ART in previous months due to drug toxicity, but who have been RESTARTED on ART, but on a different treatment regimen to eliminate the drug toxicity problem. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA who began ART for the first time this month (sex and age):** This is the number of NEW patients who started on ART according to national guidelines during the month that you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA who restarted ART this month:** This is the number of patients who have been on ART but did not receive ART in the previous month and RESTARTED ART in the month you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA who stopped (or defaulted) ART this month:** This is the number of patients who stopped ART or defaulted in the month you are reporting on. This will be the number of patients missed follow-up or informed their treating clinic that they did not take their medication in that month. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA on ART who died this month:** This is the number of PLWHA receiving ART who died from AIDS related conditions in the month that you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA on ART transferred out (i.e. to another ART centre):** This is the number of PLWHA receiving ART who were transferred from your

facility to another ART centre to continue care for any reason and did not receive ART from your facility in the month you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA on ART transferred in (i.e. from another ART centre):** This is the number of PLWHA receiving ART that were transferred to your facility from another ART centre to continue care for any reason and received ART at your facility for the first time in the month you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA not on ART who died from AIDS related conditions this month:** This is the number of PLWHA who are not on ART who died from AIDS related conditions in the month that you are reporting on. This should be disaggregated by sex and age in the format provided.

**Number of clients seen and treated for sexually transmitted infections at your health facility this month:** This is the total number of clients seen and treated for sexually transmitted infections in this month.

**OPPORTUNISTIC INFECTIONS**

**Number of PLWHA currently on OI prophylaxis this month:** This is the number of PLWHA who are received prophylaxis for opportunistic infections (OIs) at your health facility this month. This should be disaggregated by sex and age in the format provided.

**Number of new individuals who tested positive for HIV enrolled in care this month:** This is the number of people both adults and children who tested positive for HIV enrolled in care among all adults and children who tested positive for HIV

**Number of PLWHA who began OI prophylaxis for the first time this month:** This is the number of people PLWHA who received prophylaxis for opportunistic infections (OIs) at your health facility for the first time this month. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA who received <u>treatment</u> for OIs this month <u>and</u> are on prophylaxis for OIs:** This is the number of PLWHA who received treatment for opportunistic infections (OIs) **and are also on** prophylaxis for OIs at your health facility this month as per national guidelines. This should be disaggregated by sex and age in the format provided.

**Number of PLWHA who received <u>treatment</u> for OIs this month <u>but are not</u> on prophylaxis for OIs:** This is the number of PLWHA who received treatment for opportunistic infections (OIs) **but are not** on prophylaxis for OIs at your health facility this month as per national guidelines. This should be disaggregated by sex and age in the format provided.

**TB-HIV CO-INFECTION**

**Number of PLWHA patients who are screened for TB symptoms this month:** This is the number of newly diagnosed PLWHA patients at your health facility who are asked about the presence of key symptoms of TB such as cough, fever, night sweats, recent weight loss.

**Number of PLWHA patients who are investigated for TB this month:** This is the number of registered PLWHA patients at your health facility who are investigated for TB (one or more of the following investigations: AFBs, Chest X-ray Mantoux test)

**Number of PLWHA patients who tested positive for TB (smear or culture positive) this month:** This is the number of registered PLWHA patients at your health facility who tested positive for TB confirmed by smears or cultures (smear positive or culture positive)

**TB HIV Collaboration**

**Adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV**

**care in the reporting period:** This is the number of PLHIV patients ( adults and children) enrolled in HIV care who had TB status assessed and recorded during their last visit in the reporting period at your health facility

**CARE AND SUPPORT**

**People living with HIV and are on ART who received supplementary food at any point during the reporting period:** This is the number of PLWHA on ART who receiving supplementary food at any point during the reporting period among all PLHIV on ART registered in the health facility

## 10.16 Oral Disorders

Toothache: is an aching pain in or around a tooth. In most cases toothaches are caused by problems in the tooth or jaw, such as cavities, gum disease, the emergence of wisdom teeth, a marginally cracked tooth, infected dental pulp (necessitating root canal treatment or extraction of the tooth), jaw disease, or exposed tooth root. Causes of a toothache may also be a symptom of diseases of the heart, such as angina or a myocardial infarction, due to referred pain.

**Oral thrust/ ulcer**: Ulcer of the mouth.

- Tooth ache**:** is an aching pain in or around a tooth. In most cases toothaches are caused by problems in the tooth or jaw, such as cavities, gum disease, the emergence of wisdom teeth, a marginally cracked tooth, infected dental pulp (necessitating root canal treatment or extraction of the tooth), jaw disease, or exposed tooth root. Causes of a toothache may also be a symptom of diseases of the heart, such as angina or a myocardial infarction, due to referred pain.

Dental abscess: a dental abscess is a collection of pus which can cause toothache.

**Gingivitis**: Inflammation of the gums caused by plauque on the surface of the teeth at their necks. The gums are swollen and bleed easily. Chronic gingivitis is an early stage of periodontal disease but is reversible with good oral hygiene. Ulcerative gingivitis is painful and destructive. Gingival over growth may be caused by drug therapy e.g. phenytoin

**Others**: other oral conditions that are not defined above

## CLINIC ATTENDANCE

## INFANT WELFARE CLINICS ATTENDANCE

**New Attendance < 1 month:** Number of children less than one month who attended the infant welfare clinic during the month for the first time.

**New Attendance >1 month of Age:** Number of children more than one month who attended the infant welfare clinic during the month for the first time

**All Other Attendance**: Besides the first visit, number of children who attended the infant welfare clinic during the month

**Antenatal Clinic Attendance**

**First attendance < 20years of age:** Number of pregnant women less than 20 years of age who attended the antenatal clinic during the month for the first time

**First Attendance 20Years Of Age and above**: Number of pregnant women more than 15 years of age who attended the antenatal clinic during the month for the first time

**ANC first trimester visit:** Number of pregnant women who registered for ANC in the first trimester

**ANC completing three other scheduled visits:** Number of pregnant women who registered for ANC in the first trimester and completed three other scheduled visits according to the focus antenatal care guide lines

:

**All Other Attendance (re-visit):** Number of pregnant women who attended the antenatal clinic after their first visit.

**Post natal clinic attendance**

Total post natal attendance: Number of women who are seen and assessed by a health worker during the first 6 weeks post-delivery according to the maternity care guideline (three visits: within 24 hours, between day 2 and 7 and between 1 week to 6 weeks of delivery)

- :

**Completing three post natal care visits**: Number of women who had three post natal care visits as scheduled.

**Out Patient Clinic Attendance**

**Under 5 new attendances: Number of children seen by a skilled attendant at OPD for a new episode of an illness**

**Under5 Years Of Age**: Number of children under 5 years of age who attended the outpatient clinic during the month for the first time for that episode.

**5 to 14 years of age:** Number of children between 5 and 14 years of age who attended the outpatient clinic during the month.

**Over 14 Years Of Age:** Number of people above 14 years of age who attended the outpatient clinic during the month

**Total Outpatient Attendance:** Total number of people who attended the outpatient clinic during the month.

**Clinics Scheduled**

**Total Clinic Scheduled**: Total number of RCH clinics schedule during the month.

**Clinics Cancelled**: Number of RCH clinics cancelled during the month

**Cancelled Due To Public Holiday**: Number of RCH clinics cancelled due to public holidays

**Cancelled Due To Vehicle Unavailability**: Number of RCH clinics cancelled due to unavailability of vehicle

**Cancelled Due To Fuel Unavailability**: number of RCH clinics cancelled due to unavailability of fuel

**Cancelled Due To Staff Unavailability**: Number of RCH clinics cancelled due to unavailability of staff

**Others**: Number of RCH clinics cancelled due to other reasons

**Drug and other medical supplies management**

**Stock at hand:** Total number of units (e.g. tins, packets, sachets, pieces, vials etc) available at the beginning of the month.

**Stock Received**: Number of units received during the month

**Total:** Means stock at hand plus stock received during the month.

**Consumed**: Number of units dispensed during the month

**Stock out:** only reportable if an item is not available for more than **14 days** during the month.

**% availability**: percentage of essential (tracers) medicine available at the health facility i.e. (Y/21)*100. Y is the number of drugs available

**Tuberculosis**

An infection, usu

ally pulmonary, caused by the organism *Mycobacterium tuberculosis*, which may be spread from the initial site in the lungs to other parts of the body.

**Pulmonary tuberculosis:**

1. Suspected case: a patient who reports persistent cough for three weeks or more, mostly with sputum (occasionally with blood), chest pain, loss of weight, fever and shortness of breath.
2. Probable case: a suspected case where the patient has had contact with a known tuberculosis case.
3. Sputum-smear-positive case: a suspected case with at least two sputum smear positive for acid-fast bacteria (at least 3 acid-fast bacilli seen in 100 oil-immersion fields) or with sputum culture

***Outcomes for RR-TB/MDR-TB/XDR-TB patients treated using second-line treatment*** **Outcome** Cured

**Cured**: Treatment completed as recommended by the national policy without evidence of failure AND three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase.

**Treatment completed**: Treatment completed as recommended by the national policy without evidence of failure BUT no record that three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase.

**Treatment failed**: Treatment terminated or need for permanent regimen change of at least two anti-TB drugs because of:
 lack of conversion by the end of the intensive phasea, *or*
 Bacteriological reversion in the continuation phase after conversionb to negative, *or*
 Evidence of additional acquired resistance to fluoroquinolones or second-line injectable drugs, *or*
 Adverse drug reactions (ADRs).

**Died:** A patient who dies for any reason during the course of treatment

Lost to follow-up: A patient whose treatment was interrupted for 2 consecutive months or more.

**Not evaluated**: A patient for whom no treatment outcome is assigned. (This includes cases "transferred out" to another treatment unit and whose treatment outcome is unknown)

**Treatment success**: The sum of *cured* and *treatment completed*

**Leprosy**

This is a chronic infectious disease caused by the organism *Mycobacterium leprae*. A patient will have one or more of the clinical cardinal signs: 1) hypo pigmented patches with loss of sweating and sensation in the patches and 2) enlarged peripheral nerve(s) at affected sites.

**Births at Health Facility**
**Total Delivery:** Number of deliveries conducted in the health facility.
**Skilled Delivery:** Deliveries assisted by personnel trained to proficiency (nurses, doctors, and midwives).

**Live birth**

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 voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

**Live births < 2.5kg**: The number of live birth who weighs less than 2.5kg in a month
**Live births >= 2.5kg**: The number of live birth who weighs more than or equal to 2.5kg in a month
**Fresh births < 2.5kg**: The number of fresh still birth who weighs less than 2.5kg in a month
**Fresh still birth >= 2.5kg**: The number of fresh still birth who weighs more or equal to 2.5kg in a month
**Macerated still birth < 2.5kg**: The number of macerated still birth who weighs less than 2.5kg in a month
**Macerated still birth <= 2.5kg**: The number of macerated still birth who weighs more or equal to 2.5kg in a month

## TYPES OF DELIVERIES

- **Normal delivery:** delivery by vertex presentation and the birth occurred without the need for forceps, vacuum, or any other instrumentation.
- **Vacuum delivery:** No of deliveries assisted by the use of a vacuum extractor
- **Caesarean section:** No of deliveries conducted by Caesarean section
- **Breech delivery:** birth of a baby from a breech presentation, in which the baby exits the pelvis with the buttocks or feet first as opposed to the normal head-first presentation

**Others:**

**Birth weight:** the first weight of the foetus or newborn obtained after birth. For live births, the birth weight should be measured within the first hour of life.

**Low birth weight:** less than 2.5kg (up to, and including 2.49kg).

**Post Natal Care:** Care given to a woman and baby within six weeks after delivery

**Well women:** Women without complications after delivery

**Anaemia:** Low haemoglobin level of between 7 - < 11 g/dl.

**Post partum hypertension**: Raised blood pressure within six weeks after delivery

**Sever lower abdominal pain**: Severe pain that occurs between the umblicus and the pelvic region.

**Odema:** Swelling of lower extremities

Puerperal infection: Infection of the birth canal within six weeks after delivery

**Postpartum hemorrhage**: loss of blood estimated to be >500 ml, from the genital tract, within six weeks of delivery.**FGM:** Female genital mutilation constitutes all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.

**Perineal tear:** Injury to the perineum during childbirth

**Septic episiotomy:** Infected episiotomy

**Puerperal Mental disorders:** Woman who suffer from mental disorder within six weeks after delivery.

**Perinatal period:** the perinatal period commences at 22 completed weeks (154 days) of gestation (the time when birth weight is normally 500 g), and ends seven completed days after birth.

**Neonatal period:** the neonatal period commences at birth and ends 28 completed days after birth.

**Abortion**: Termination of pregnancy before 28 weeks gestation.

**Haemorrhoeage in pregnancy**: Bleeding after 28 weeks gestation.

**Placenta previa**: Painless bleeding with soft abdomen.

**Placental abruption**: Severe abdominal pain, tense abdomen, bleeding with clots.

**Pre-eclampsia**: A pregnant woman with high blood pressure (a rise in diastolic pressure of 15 mmHg on three consecutive visits, after 28 weeks of pregnancy or hypertension with oedema and/or proteinuria.

**Family Planning Services**

Number of women and adolescent girls (15-49 years) supplied with family planning pills for the first time at that health facility

Number of women and adolescent girls (15-49 years) re-supplied with family planning pills (i.e. not new clients)

Number of women and adolescent girls (15-49 years) supplied with injectable contraceptives for the first time at that health facility

Number of women and adolescent girls (15-49 years) re-supplied with injectable contraceptives (i.e. not new clients)

Number of women and adolescent girls (15-49 years) supplied with a contraceptive implant or IUCD

Defaulters: Any client that do not turn up for three consergative months after her appointment **9.3 Quarterly Human Resource Return**

**Registered Nurses***:* Also called professional or licensed nurses. Their education last about 3 years in nursing school, and lead to a certificate in nursing. They have full range of nursing skills.

**Enrolled Nurses:** Education last about 2 years and leads to an award a certificate (post-secondary school). Common nursing skills. They can perform simple as well as complex medical procedures and usually operate under the supervision of professional registered nurses or physicians.

**Auxiliary Nurses***:* also called assistants. Some trained in secondary school. A period of on-the-job training and sometimes formalized in apprenticeships. Basic nursing skills, no training in nursing decision-making.

**Registered Midwives:** Also called professional or licensed midwives. Their education last about 1.5 years in midwifery school after serving for some years as graduate Registered Nurse, and lead to a diploma in midwifery. They have full range of midwifery skills.

**Enrolled Midwives***:* Education last about 1 year in midwifery school after serving for some years as graduate Enrolled Nurse, and lead to a certificate in midwifery. They have Common midwifery skills.

**Dentists***:* At least 5 years of university leading to a dentistry degree. Full array of dentistry skills

**Pharmacists** *:* At least 5 years of university leading to a pharmaceutical degree. Full array of pharmaceutical skills

**Dispensing Technician** *:* From 2 to 4 years in pharmaceutical school, with an award not equivalent to university degree (post-secondary school). They acquire Common pharmaceutical skills

**Dispensing Assistant** *:* About 1 to 2 years in secondary school training. A period of 18 months training plus on-the–job training may be included. They acquire Basic pharmaceutical skills.

**Physiotherapist :** From 2 to 3 years in physiotherapy school, with an award not equivalent to university degree (post-secondary school). Common physiotherapy skills

**Laboratory Scientist** *:* At least 5 years of university degree. Full array of laboratory procedures.

**Laboratory Technician** *:* From 2 to 3 years in laboratory technology school, with an award not equivalent to university degree (post-secondary school). Acquire Common range of laboratory procedures

**Laboratory Assistant** *:* About 2 to 3 years in secondary school training. A period of on-the-job training may be included, and sometimes formalised in apprenticeships. Basic laboratory procedures.

**Radiographer Technician :** From 2 to 3 years in school of radiography, with an award not equivalent to university degree (post-secondary school). Common range of radiography skills.

**Environmental/ Public Health Officers***:* 3 years training. This includes all environmental health, health inspectors, health promotion officers, health educators

and all who are concerned with public health promotion. (Please provide the full list of what you include under this category

**Community Health Workers:** A period of on-the-job training may be included, and sometimes formalized in apprenticeships.

**Support Staff***:* All those related with tasks like: secretaries, electrician, drivers, security guards, cooks, orderlies, laundrers and health laborers.

**Community Health Nurse*:*** must complete a post secondary education of 2 years in Community health.

**Community Health Nurse Midwives**: Education last about 1 year in midwifery school after serving for some years as graduate Community Health Nurse, and lead to a certificate in midwifery. They have Common midwifery skills.

**Physicians**: also called doctors or medical officers, include;

**Generalist**: At least 6 years of university; some years of internship might be compulsory depending on the country. Full array of clinical skills.

**Specialist**: At least have 5 years of university and specialist training; some years of internship might be compulsory depending on the country. Full array of clinical skills and specialization.

**Dental technicians**: From 2 to 3 years in dentistry school, with an award not equivalent to university degree (post-secondary school). Common dentistry skills.

- **Dental assistants:** About 2 to 3 years in secondary school training. A period of on-the-job training may be included, sometimes formalized in apprenticeships. Basic dentistry skills.

- **Skilled administrative staff**: Having obtained a professional degree. All those related with tasks like: directors, management, financial services inspector, accountants, statisticians, economists, engineers.
- **Ophthalmologist**: An eye doctor. A physician practicing ophthalmology. An ophthalmologist is an M.D.
- **Histologist**: a medical scientist who specializes in the study of the structure of organ tissues, including the composition of cells and their organization into various body tissues

- **Urologist**: A physician who specializes in diseases of the urinary organs in females and the urinary tract and sex organs in males

- **Psychologist**: may have a master's degree (MA) or doctorate (Ph.D.) in psychology. They may also have other qualifications, including Board certification and additional training in a type of therapy.
- **Oncology**: A physician that specializes in cancer treatment. This type of doctor is familiar with several types of cancer, and may specialize in a specific type of cancer.
- **Ophthalmic Medical Assistant** (refer to the eye unit)

- **Traditional birth attendants:** They have structured training and some on-the-job training on delivery of pregnant women; have basic delivery skills and postnatal care.

- **Village Health Worker:** They have structured training on the treatment of minor ailments. They also have some basic skills in health promotion and prevention.

- **Surgeon**: A physician who treats disease, injury, or deformity by operative or manual methods. A medical doctor specialized in the removal of organs, masses and tumors and in doing other procedures using a knife (scalpel). The definition of a "surgeon" has begun to blur in recent years as surgeons have begun to minimize the cutting, employ new technologies that are "minimally invasive," use scopes, etc.

- **Social worker** - someone employed to provide social services (especially to the disadvantaged) or chronically ill people.

- **Gynecologist**: A medical doctor who specializes in gynecology and diseases affecting the female reproductive system

- **Optometrist**: A person who is professionally trained and licensed to examine the eyes for visual defects, diagnose problems or impairments, and prescribe corrective lenses or provide other types of treatment.

- **Anesthetist**: a qualified doctor specializing in the administration of anesthetics.

- **Cook**: one employed to prepare food for patients.
- **Laundress**: A woman employed to launder clothes or linens.
- **Driver**: One that drives, as the operator of a motor vehicle.
- **Health Labourer**: One employed to make the environment clean through routine cleaning
- **Pediatrician:** A medical doctor who specialises in the medical care of infants and children.
- **Record Supervisor**: a person employed to take proper care of institution's records.
- **Cleaner/Orderly**: A person whose work or business is to clean the institution.

## 10.0 The National Monitoring and Evaluation System of the Health Sector.

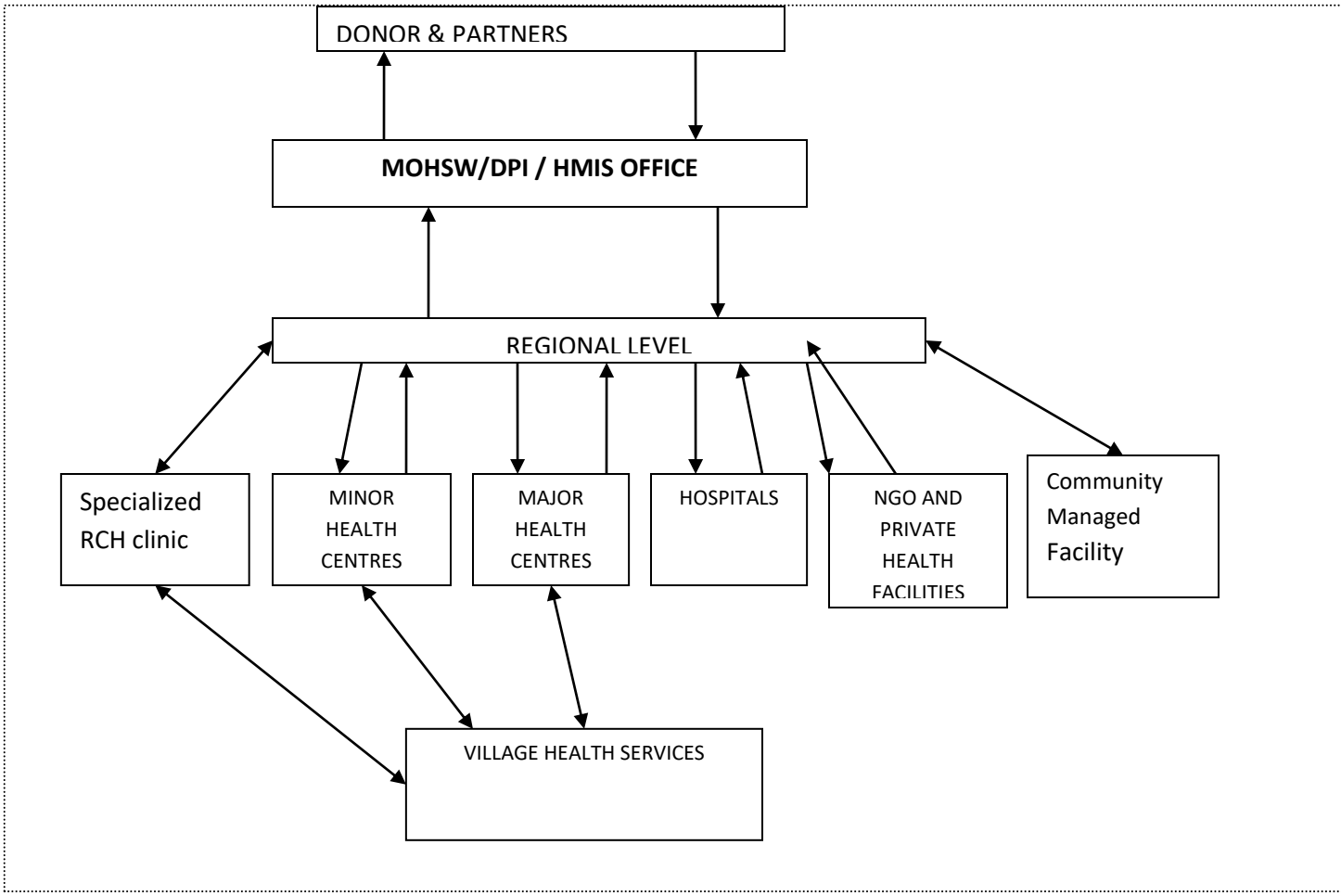
Monitoring of indicators regarding the health status of the population, the provision of services as to the coverage and utility, drugs stocks and consumption patterns, equipment status and availability, Finances and personnel on a regular basis is the responsibility of the National Health Management Information System. In order to achieve this noble task, it requires timely and accurate information from various sources. Accurate, relevant and up-to-date information is essential to health service in order to recognize weakness and abnormalities in the health service provision and take actions that will improve service delivery.

The collection, processing and use of data for information generation are the life blood of any organization. The most important elements in any Health Management Information System are the provision of accurate, complete and timely reporting of indicators. These three elements cannot be achieved without regular supervision and monitoring of data sources. In addition, information needs to attract all attentions for its proper coordination which will guide planners and decision makers.

The present M & E system in the health sector is very robust and efficient in collecting and reporting on the health indicators for prompt decision making. At the field levels, data entry clerks are employed and responsible for the collection and management of health data on day to day bases. The data entry clerks are trained on data management and use registered supplied by the HMIS to record details of patients as they report to the health facilities. At the end of every month, the data entry clerk with the support of the Officer in Charges of health facilities and head of sections compiled the data into the secondary data collection tools (Monthly and quarterly returns) from the primary data collection tools (registers). Whereas for the VHS returns, the CHN/VHS collate the tally sheets filled by the VHWs and TBAs into the VHS monthly summary returns and send it to the RHT for entry into the database.

When the returns are completed, they are sent to the regional health team for entry into the database by the data entry clerk at the regional level. Prior to the entry of the returns, they are verified by the data manager and signed to indicate that it is complete and accurate. The HMIS team at central level visits the health facilities and the RHTs to verify and audit the data for completeness, accuracy and relevance on quarterly bases. On the issue of completeness and timeliness of data, a system has been put in place which state that all data from the health facilities must reach the RHT by the 3$^{rd}$ of the following month, RHT must also send in that data by the 5$^{th}$ of the same month to central level.

**HMIS NATIONAL DATA FLOW CHART**




## Annex 1. Annual Assessments and Possible Use of Your Information

For each Health Facility and Primary Health Care Circuit a yearly assessment of few major indicators can be done, using the data that has been collected during the year

The following are some suggestions for monitoring the health status of the health facility and PHC circuit catchment area, the district and region.

***Use of the Indicators at Different Levels***

Because the purpose of collecting data is to use that information for monitoring, management and planning, it is useful to distinguish which types of indicators can be useful at each level. The following list is not meant to be comprehensive, but is for illustration only.

**Health Facilities:**

- Births by sex:
  - Total deliveries and live births and % attended by skilled personnel
  - Stillbirths and fresh stillbirths as % of total deliveries
  - Five most common obstetric problems seen at delivery in the facility
- Deaths by sex:
  - Number for < 5 and >5 age groups and the five most common causes
  - Number of pregnancy-related deaths and the most common causes
- Inpatient: Number, by sex, age group and conditions
- Referrals by sex: Five most common reasons for each age group and for obstetric cases
- Clinic attendance: OPD and IWC by sex and age , ANC,
- Number of cases seen per year for the monitored diseases, <5 and >5 years and sex
- Services:
  - % clinics cancelled and reasons
  - Major drug inventory
  - Any drug, equipment, staff or transport problems that affected service delivery
- Reportable Disease cases seen

**Village Health Service**

- Patients seen and treated for listed conditions, referencing VHW drug requisition requests to patient demand
- Ante- and postnatal activity by the TBA
- Births and stillbirths in the villages
- Deaths in the villages and the five major causes for neonates, infants, <5 and >5 age groups
  - Maternal deaths and details
- Family planning acceptors and defaulters

**Regional Health Teams**

For each facility under its supervision, and for the region as a whole:

- Births per 1,000 women of childbearing age
  - Births per skilled delivery
  - Births per TBA

- Attended births (facility and village) per IWC first attendees <1 % total births attended by trained personnel
- Deaths and major causes for <5, >5 and obstetric patients
- Admissions per nursing officer
- Clinic patients per nursing officer
- Disease cases per 1,000 population
- Vaccine coverage: penta3 vaccinations per IWC first attendees <1, etc.
- Drug, staff, supply shortages related to cancellation of services or increased referrals
- CHN/VHS supervisory visits per village per month, clinics attended and "At Risk" visits per month
- VHW coartem requisitions compared to number of malaria patients seen

Three possible formats for Facility, Public Health Officer and Circuit Annual Assessments are appended.

***Annex 2. Annual Assessment for Health Facility***

**Name of Health Facility:**
**.....**

**District:**
**……**

**Region:**
**……**

**Year:**
**……**

**Name of OIC:**

**…….....**

| Births : | Male | Female |
|---|---|---|
| Deliveries | | |
| % < 2.5 Kg. | | |
| % Attended by skilled personnel | | |
| Deliveries per skilled personnel | | |
| Stillbirths | | |
| % Fresh stillbirths | | |
| Deaths: | | |
| < 5 years of age | | |
| > 5 years of age | | |
| Maternal deaths | | |
| Neonatal deaths | | |
| Infant deaths | | |
| Inpatients: | | |
| Total | | |
| Malaria | | |
| Referrals: | | |
| Medical | | |
| Obstetric | | |
| Surgical | | |
| Clinic Attendance: | | |
| Outpatient Clinic | | |
| Antenatal Clinic | | |
| Antenatal Clinic New Attendance | | |
| Infant Welfare Clinic | | |
| Infant Welfare Clinic New Attendance | | |
| Family Planning: | | |
| New Acceptors | | |
| Disease Incidence (cases/1,000): | Male | Female |
| Malaria < 5 Years | | |
| Malaria > 5 Years | | |
| ARI < 5 Years | | |

| | | |
|---|---|---|
| ARI > 5 Years | | |
| Diarrhoea < 5 Years | | |
| Diarrhoea > 5 Years | | |
| Human resources | | |
| Medical equipment | | |
| | | |
| | | |
| | | |

***Annex 3 Annual Assessment for Primary Health Care Circuit***

**Name of Circuit:**
**.....**

**District:**
**……**

**Region:**
**……**

**Year:**
**……**

**Name of CHN/VHS:**
**……...**

| Births: | Male | Female |
|---|---|---|
| Deliveries | | |
| Deliveries per TBA | | |
| Stillbirths | | |
| Deaths: | | |
| < 5 years of age | | |
| > 5 years of age | | |
| Maternal deaths | | |
| Neonatal deaths | | |

| | | |
|---|---|---|
| Infant Deaths | | |
| VHW Activities: | | |
| Total patients seen | | |
| Malaria patients treated | | |
| Tins of coartem requisited | | |
| Referrals: | | |
| By VHW | | |
| By TBA | | |
| Nutritional Surveillance: | | |
| % children <5 years in Red and Dark Red categories | | |
| Family Planning: | | |
| New Acceptors | | |
| Total Family Planning Acceptors | | |
| | | |

***Annex 4. Public Health Assessment for Health Facility***

**Name of Health Facility:**

**.....**

**District:**

**……**

**….**

**Region:**

**……**

**…..**

**Year:**

**……**

**…….**

**Name of OIC:**

**…….....**

| Selected: Case base priority diseases | Male | Female |
|---|---|---|
| Anthrax | | |
| Schistosomiasis | | |

| | | |
|---|---|---|
| Cholera | | |
| Guinea Worm | | |
| Hepatitis | | |
| Leprosy | | |
| Measles | | |
| Meningitis | | |
| Neonatal Tetanus | | |
| Polio | | |
| Trachoma | | |
| Tuberculosis | | |
| Yellow Fever | | |
| Sexually Transmitted Infections: | | |
| STI with discharge | | |
| STI with ulcer | | |
| HIV/AIDS | | |
| Immunizations (Coverage Estimates): | Male | Female |
| (DPT3/BCG)x100 | | |
| (Measles/BCG)x100 | | |
| Immunizations (By antigen): | | |
| BCG | | |
| Polio | | |
| Penta | | |
| Pneumococcal | | |

| | | |
|---|---|---|
| Measles | | |
| Yellow fever | | |
| Tetanus toxoid | | |

## Annex 5. Epidemiological definition of Terms

- **Case fatality rate**: the proportion of cases of a specific condition that are fatal within a specified time. This is usually expressed as a percentage.
- **Epidemic**: a sudden increase in a disease in a given population, which clearly surpasses the usual levels; the appearance of an infection in an area where it was not found before.
- **Incidence**: the number of instances of illness commencing, or of persons falling ill, during a given period in a specified population.
- **Incidence rate**: the rate at which new events occur in a population; the numerator is the number of new events during a specified time period; the denominator is the population at risk of experiencing the event during this period. The rate may be expressed per 100 or per 1000 population.
- **Morbidity**: the incidence or prevalence of a given disease or condition, or the burden of the disease in a population.
- **Mortality rate**: the incidence of death in a specified population and/or from a specified cause.
- **Notifiable Disease**: a disease that, by legal requirements, must be reported to the Regional public health officer and the disease control officer at the EDC.
- **Notification**: the reporting of cases of a specified disease or condition from a peripheral health facility, PHC circuit, laboratory or RHT to a central unit, in the case of The Gambia, the Epidemiology and Disease Control (EDC).
- **Prevalence**: the proportion of a population that is affected by a disease at a given point in time, or during a given period of time, without any distinction between new and old cases.
- **Proportional mortality rate**: the number of deaths from a given cause in a specified time period, per 100 or 1000 total deaths in the same time period.
- **Zero reporting**: the reporting of "zero case" when the reporting unit has detected no cases.

***Deaths***

- **Cause of death:** the causes of death to be entered into facility records are all those diseases, morbid conditions or injuries which either resulted in, or contributed to, death and the circumstances of the accident or violence which produced any such injuries.
- **Maternal death:** a maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.
- **Foetal death (deadborn foetus, stillborn foetus):** death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the foetus does not breath or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
- **Neonatal death:** death of a newborn occurring at any time between birth and 28 days after birth.
- **Infant death:** death of a child that occurs under one year of age.

***Death rates:***

- Foetal death rate = (foetal deaths/live births)*1000
- Neonatal death rate = (neonatal deaths/live births)*1000
- Perinatal mortality rate = ((foetal deaths weighing 1000 g and over + deaths of infants up to 7 days of age)/live births)*1000
- Infant mortality rate = (deaths under 1 year of age/live births)*1000
- Maternal mortality rate = (maternal deaths/live births)*100000

## Annex 6. Reference

***Sources***


- Workbook on Detection and Control of Cholera, WHO Regional Office for Africa, Brazzaville, 1996.
- A Manual for the Treatment of Diarrhoea, WHO/CDD/SER/80.2 Rev. 2 1990
- WHO-recommended standards for surveillance of selected vaccine-preventable diseases, WHO/EPI/GEN/98.01, World Health Organization, Geneva, 1998.
- WHO Recommended Surveillance Standards, Second edition, WHO/CDS/CSR/ISR/99.2, World Health Organization, October 1999.

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), World Health Organisation, Geneva, 1992.
- The Gambia Standard Drug Treatment Guidelines, Department of State for Health, Social Welfare and Women's Affairs, 1998.