

**2.2.3a**

The complete RHIS curriculum is available here:

[https://www.measureevaluation.org/our-work/](https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum)

[routine-health-information-systems/rhis-curriculum](https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum)

**Sample of Data Aggregation and Reporting Tools and Instructions**

1. **Data Aggregation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID** | **Data element** | **Months data** | **Annual Total** |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Comprehensive HMIS Health Facility Monthly Report**

|  |  |  |  |
| --- | --- | --- | --- |
| County | \_\_\_\_\_\_\_\_\_\_\_\_\_ | Health Facility: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code\_\_\_\_ |
| Clinic HC Hospital<100 beds Hospital >100 beds*(circle one as appropriate as appropriate)* |
| Year \_\_\_\_\_\_\_  | Month\_\_\_\_\_\_\_\_ | Total head count |  |

**A) Family planning**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Total Counseled for FP*** |  |  |  |  |
| Methods Used | No. of New Acceptors | No. of Continued Users | **Unit of distribution** | Number distributed | CYP factor | Total CYP |
|  |  |  |  |  |  |  |
| Condom (male) |  |  | number of condoms distributed |  | ÷ 120 |  |
| Condom (female) |  |  | number of condoms distributed |  | ÷ 120 |  |
| Oral Contraceptives |  |  | number of monthly cycles distributed |  | ÷ 15 |  |
| Depo-provera |  |  | number of injections |  | ÷ 4 |  |
| IUCD |  |  | number of IUCDs inserted |  | X 3.5 |  |
| Norplant |  |  | number of Norplant insertions |  | X 3.5 |  |
| Vasectomy |  |  |  |  | X 8 |  |
| BTL |  |  |  |  | X 8 |  |
| Total |  |  |  |  |  |  |
| Total condoms distributed for **non-family planning** purposes | *31* |

**B) Tetanus toxoid vaccination**

|  |  |  |  |
| --- | --- | --- | --- |
| TT dosage | Non-pregnant | Pregnant | Total |
| TT1 |  |  |  |
| TT2 |  |  |  |
| TT3 |  |  |  |
| TT4 |  |  |  |
| TT5 |  |  |  |

**C) Antenatal**

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Number | Services | Number |
| 1st ANC visit |  | Mebendazole given at ANC |  |
| 2nd ANC visit |  | 1st IPT dose (2nd trimester) |  |
| 3rd ANC visit |  | 2nd IPT dose (3rd trimester) |  |
| 4th+ ANC visit |  | Total LLITN given at ANC during this month |  |
| ANC clients Pre-test counsel for HIV |  | ANC clients posttest counsel for HIV |  |
| ANC clients tested for HIV |  | ANC clients on ARV prophylaxis (PMTCT) |  |
| ANC clients tested positive for HIV |  | Pregnant women initiated on ART  |  |

**D) Delivery and outcome**

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery Methods | Number | Adverse Outcome | Number |
| No. of pregnant women received adequate Iron Folate (180) during ANC |  | Low birth weight < 2.5 kg |  |
| No. of pregnant women received adequate TT dosage  |  | Maternal death |  |
| Normal deliveries conducted at health facilities by **skilled** health personnel |  | Neonatal death |  |
| Normal deliveries conducted at health facilities by **unskilled** health personnel |  | Still birth |  |
| Caesarean section |  | Live birth to HIV positive women |  |
| Forceps, episiotomy and other procedures |  | HIV positive women received ARVs during delivery |  |
| Deliveries outside health facility  |  | Neonate received single dose NVP at birth and AZT |  |

**E) Postnatal**

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Number | Services | Number |
| Postpartum women attended postnatal clinic within 6 weeks of delivery |  | Women who received vitamin A capsule within 8 weeks of delivery |  |

**F) Immunization of children under 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Number received** | **Vaccine** | **Number received** |
|  BCG |  | Pentavalent 1 |  |
| OPV 0 |  | Pentavalent 2 |  |
| OPV 1 |  | Pentavalent 3 |  |
| OPV 2 |  | Measles |  |
| OPV 3 |  | Fully immunized |  |
|  |  | Yellow Fever |  |

**G) Vaccine accountability**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vaccine | BCG | OPV | Pentavalent | Measles | Yellow fever | TT |
| Received |  |  |  |  |  |  |
| Used |  |  |  |  |  |  |
| Balance |  |  |  |  |  |  |

**H) Children under 5 (well-baby)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Growth Monitoring** | Number | **Supplementation** | Number |
| Children under 5 yr who received growth monitoring |  | Number of infant exclusively breast fed at six month of age |  |
| MUAC < 11.5 cm (<115mm) |  | Vit A 6-11 months (100,000 i.u)  |  |
| Weight for height < -3 z-Score  |  | Vit A 12-59 months (200,000 i.u) – 6 monthly |  |
| Weight for height < -2 z-Score to ≥ -3 z-score |  | Number of LLITN distributed for <5 children |  |
| Edema |  | Deworming - 6 monthly (12-59 months) |  |

**I) Integrated management of neonatal & childhood illnesses (IMNCI)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pneumonia** | Number | **Diarrhea** | Number |
| Children under 5 with pneumonia |  | Children under 5 with diarrhea  |  |
| Children under 5 with pneumonia treated with antibiotics |  | Children <5 yr with dehydration treated with ORS and Zinc |  |
| **Malaria** |
| Children under 5 treated with ACT within 24 hours after onset of **fever** |  | Children under 5 treated with ACT after 24 hours with Fever |  |

**J) Nutrition rehabilitation**

|  |  |  |  |
| --- | --- | --- | --- |
| Nutrition and rehabilitation status | Male | Female | Total |
| Children 6–59 months with severe acute malnutrition who are **treated**  |  |  |  |
| Children 6–59 months with moderate acute malnutrition who are **treated**   |  |  |  |
| Children 6–59 months with severe acute malnutrition who are treated and **cured**  |  |  |  |
| Children 6–59 months with moderate acute malnutrition who are treated and **cured**  |  |  |  |

**K) Malaria**

|  |  |  |
| --- | --- | --- |
| Age group | Malaria cases diagnosed by | Malaria cases treated with |
| Clinically | RDT | MicroscopeTest | ACT | Quinine Tab | Quinine IV | Artemether |
| Under 5Children |  |  |  |  |  |  |  |
| 5 and above  |  |  |  |  |  |  |  |

**L) Leprosy cases and treatment results**

|  |  |  |  |
| --- | --- | --- | --- |
| **New Cases** | **Number** | **Treatment Completed** | **Number** |
| Leprosy new cases (MB+PB) |  | Treatment completed leprosy: MB |  |
| Grade II disability (new cases) (MB+PB) |  | Treatment completed leprosy: PB |  |
| New leprosy cases under 15 |  |  |  |

**M) TB cases detection, treatment and results**

|  |  |  |
| --- | --- | --- |
|  | Data elements | Total |
| 1 | New smear positive pulmonary TB cases detected | *153* |
|  | Sex | ≥ 14 years | < 14 years | Total |  |
|  | Male |  |  |  |  |
|  | Female |  |  |  |  |
| 2 | Pulmonary smear positive relapse |  |
| 3 | Pulmonary smear positive failure |  |
| 4 | Pulmonary smear positive treatment after interruption |  |
| 5 | Smear negative |  |
| 6 | Smear not done |  |
| 7 | Extra-pulmonary |  |
| 8 | Laboratory activities–sputum smear microscopy |  |
| 8.1 | Number of suspects examine for diagnosis by sputum smear microscopy |  |
| 2.2 | Number of suspects examined positive sputum smear microscopy result |  |
| 3.3 | Number of TB patients examine for follow-up by sputum smear microscopy |  |
| 8.4 | Number of TB patients examine positive for follow-up by sputum smear microscopy  |  |
| 9 | TB/HIV co-infection  |  |
| 9.1 | New smear positive TB patients tested for HIV before or during treatment |  |
| 9.2 | New smear positive TB patients (registered over a given period of time) who are HIV positive |  |
| 9.3 | Number of co-infected patients on CPT |  |
| 9.4 | Number of co-infected patients on ART |  |
| 10 | Smear conversion 2-3 months ( new smear p+ cases registered last quarter) |  |
| 10.1 | New smear positive turn smear negative at 2-3 months after previous quarter |  |
| 10.2 | Smear conversion smear not done |  |
| 10.3 | Smear conversion died |  |
| 10.4 | Smear conversion defaulted |  |
| 10.5 | Smear positive remained smear positive at 2-3 months |  |
| 11 | Cohort treatment outcome of registered TB patients three to four quarter age |  |
| 11.1 | TB patient sputum smear negative last month of treatment and on at least one previous occasion (CURE) |  |
| 11.2 | TB patients who completed treatment but does not meet the criteria to be classified as cure or failure (TREATMENT COMPLETED) |  |
| 11.3 | TB patients who is sputum smear-positive at 5 months or later during treatment (TREATMENT FAILURE)  |  |
| 11.4 | TB patients who dies for any reason during the course of treatment (DIED) |  |
| 11.5 | TB patients whose treatment was interrupted for 2 consecutive months or more (DEFAULTED) |  |
| 11.6 | Patients who has been transfer to another recording and reporting unit and for whom treatment outcome is unknown (TRANSFER OUT)  |  |
| 11.7 | The sum of patients cured and those who have completed treatment (TREATMENT SUCCESS)  |  |
| 12 | Retreatment cases |  |
| 12.1 | Retreatment TB cases registered three to four quarter that completed treatment |  |
| 12.2 | Case resistant to isoniazid and rifampicin |  |

Note: Reporting on TB is done quarterly: Jan, Feb, Mar in **April**; Apr, May, Jun in **July**; Jul, Aug, Sep in **October**; Oct, Nov, Dec in **January**

**N) HCT**

|  |  |  |  |
| --- | --- | --- | --- |
| HCT test and results | < 15 years | 15-24 years | >=25 years |
| male | Female | Male | Female | male | female |
| Clients receiving pretest counseling |  |  |  |  |  |  |
| Clients receiving HIV test |  |  |  |  |  |  |
| Client tested positive for HIV |  |  |  |  |  |  |
| Clients receiving posttest counseling |  |  |  |  |  |  |

**O) ART**

|  |  |  |
| --- | --- | --- |
| **PLWHA category** | Number of Patients enrolled in HIV care (do not include death, lost to follow, and transfer out) | Number of Patients on ART (do not include death, lost to follow-up, transfer out, and stop) |
| Children < 12 months  |  |  |
| Children 12-59 months  |  |  |
| Children 5-14 years  |  |  |
| Nonpregnant females > 14 years |  |  |
| Pregnant females |  |  |
| Males > 14 years |  |  |
| Total |  |  |

**P) Number of PLWHA currently receiving ART**

|  |  |  |
| --- | --- | --- |
| **Adult by regimen line** |  | **Number receiving treatment by regimen category** |
| AZT3TCNVP | D4T (30)3TC NVP | AZT 3TC EFV | D4T(30) 3TC EFV | TDF 3TC NVP | TDF 3TC EFV | AZT 3TC LPVr | TDF 3TC LPVr | ddI ABC LPVr | Others  |
| Adult: First line regimen |  |  |  |  |  |  |  |  |  |  |
| Adult: Second line regimen |  |  |  |  |  |  |  |  |  |  |
| **Child by regimen line** |  | **Number receiving treatment by regimen**  |
| AZT 3TC NVP | D4T 3TC NVP | AZT 3TC ABC | D4T 3TC EFV | AZT 3TC EFV | D4T3TCABC | ABC ddI LPVr | ABC DDI NFV | Others  |
| Child: First line regimen |  |  |  |  |  |  |  |  |  |
| Child: Second line regimen |  |  |  |  |  |  |  |  |  |

**Q) Number of patients who did not pick up their ARV regimens because**

|  |
| --- |
|  |
| Reason for leaving the program | Among the Patients not eligible for ART | Among the Patients on ART |
|
| Lost to follow-up (not seen in clinic for last 3 months) |  |  |
| Death |  |  |
| Transferred out to another site |  |  |
| Stopped |  |  |
| Total |  |  |

**R) Total number of patients by HIV infection type**

|  |  |  |  |
| --- | --- | --- | --- |
| **only** HIV-1  | **only** HIV-2  | HIV-1 **and** HIV-2  | HIV+ patients newly Diagnosed with TB |
|  |  |  |  |

**S) Outpatient (new cases treated at OPD)**

| Code | Disease/Condition | Under 5 | Above 5 | Total |
| --- | --- | --- | --- | --- |
| *a* | *b* |  |  |  |
| 1 | Malaria  |  |  |  |
| 1a | Malaria in pregnancy |  |  |  |
| 2 | Bloody diarrhea  |  |  |  |
| 3 | Watery diarrhea |  |  |  |
| 4 | Cholera |  |  |  |
| 5 | Anemia |  |  |  |
| 5a | Anemia in pregnancy  |  |  |  |
| 6 | ARI |  |  |  |
| 7 | Skin infection |  |  |  |
| 8 | Worms |  |  |  |
| 9 | STI |  |  |  |
| 10 | U.T.I |  |  |  |
| 11 | P.I.D |  |  |  |
| 12a | Road traffic accidents (car/bike) |  |  |  |
| 12b | Domestic violence injuries  |  |  |  |
| 12c | Other injuries |  |  |  |
| 13 | Typhoid |  |  |  |
| 14 | Meningitis |  |  |  |
| 15 | Measles |  |  |  |
| 16 | Neonatal tetanus  |  |  |  |
| 17 | A.F.P |  |  |  |
| 18 | Whooping cough |  |  |  |
| 19 | Lassa fever |  |  |  |
| 20 | Yellow fever |  |  |  |
| 21 | Schistosomiasis |  |  |  |
| 22 | Onchocerciasis |  |  |  |
| 23 | Hepatitis/jaundice |  |  |  |
| 24 | Rheumatic fever |  |  |  |
| 25 | Hydrocele |  |  |  |
| 26 | Lymphedema |  |  |  |
| 27 | Diabetes |  |  |  |
| 28 | Heart diseases |  |  |  |
| 29 | Hypertension |  |  |  |
| 30 | Eye condition |  |  |  |
| 31 | Malnutrition |  |  |  |
| 32 | Mental condition |  |  |  |
| 33 | Oral condition |  |  |  |
| 34 | Sexual assault  |  |  |  |
| 35 | ENT condition |  |  |  |
| 36 | All other causes |  |  |  |
|  | **Total (new cases)** |  |  |  |
|  | **Total revisits for all causes** |  |  |  |
|  | **Total visits (new+revisits)** |  |  |  |
| Pregnancy-related conditions |
| 37 | Abortion |  |  |  |
| 38 | Pre-eclampsia |  |  |  |
| 39 | Eclampsia |  |  |  |
| 40 | UTI |  |  |  |
| 41 | Antepartum hemorrhage |  |  |  |
| 42 | Obstructed labor |  |  |  |
| 43 | Postpartum sepsis |  |  |  |
| 44 | Postpartum hemorrhage |  |  |  |
| 45 | Other maternal complication |  |  |  |

**T) Inpatient**

| Dis Code | Disease/Condition | Cases (discharged) | Death |
| --- | --- | --- | --- |
| Under 5 | Above 5 | Total | Under 5 | Above 5 | Total |
| ***a*** | ***b*** | *1* | *2* | *3* | *4* | *5* | *6* |
| 1 | Malaria  |  |  |  |  |  |  |
| 1a | Malaria in pregnancy |  |  |  |  |  |  |
| 2 | Bloody diarrhea  |  |  |  |  |  |  |
| 3 | Watery diarrhea |  |  |  |  |  |  |
| 4 | Cholera |  |  |  |  |  |  |
| 5 | Anemia |  |  |  |  |  |  |
| 5a | Anemia in pregnancy |  |  |  |  |  |  |
| 6 | ARI |  |  |  |  |  |  |
| 7 | Skin infection |  |  |  |  |  |  |
| 8 | Worms |  |  |  |  |  |  |
| 9 | STI |  |  |  |  |  |  |
| 10 | U.T.I |  |  |  |  |  |  |
| 11 | P.I.D |  |  |  |  |  |  |
| 12a | Road traffic accidents (car/bike) |  |  |  |  |  |  |
| 12b | Domestic violence injuries  |  |  |  |  |  |  |
| 12c | Other injuries |  |  |  |  |  |  |
| 13 | Typhoid |  |  |  |  |  |  |
| 14 | Meningitis |  |  |  |  |  |  |
| 15 | Measles |  |  |  |  |  |  |
| 16 | Neonatal tetanus  |  |  |  |  |  |  |
| 17 | A.F.P |  |  |  |  |  |  |
| 18 | Whooping cough |  |  |  |  |  |  |
| 19 | Lassa fever |  |  |  |  |  |  |
| 20 | Yellow fever |  |  |  |  |  |  |
| 21 | Schistosomiasis |  |  |  |  |  |  |
| 22 | Onchocerciasis |  |  |  |  |  |  |
| 23 | Hepatitis/jaundice |  |  |  |  |  |  |
| 24 | Rheumatic fever |  |  |  |  |  |  |
| 25 | Hydrocele |  |  |  |  |  |  |
| 26 | Lymphedema |  |  |  |  |  |  |
| 27 | Diabetes |  |  |  |  |  |  |
| 28 | Heart diseases |  |  |  |  |  |  |
| 29 | Hypertension |  |  |  |  |  |  |
| 30 | Eye condition |  |  |  |  |  |  |
| 31 | Malnutrition |  |  |  |  |  |  |
| 32 | Mental condition |  |  |  |  |  |  |
| 33 | Oral condition |  |  |  |  |  |  |
| 34 | Sexual assault  |  |  |  |  |  |  |
| 35 | ENT condition |  |  |  |  |  |  |
| 36 | Surgical conditions |  |  |  |  |  |  |
| 1. Herniarraphy
 |  |  |  |  |  |  |
|  | 1. Appendectomy
 |  |  |  |  |  |  |
| 1. Myomectomy
 |  |  |  |  |  |  |
| 1. Splenectomy
 |  |  |  |  |  |  |
| 1. Salpingectomy
 |  |  |  |  |  |  |
| 1. Hysterectomy
 |  |  |  |  |  |  |
| 1. Thyroidectomy
 |  |  |  |  |  |  |
| 1. Mastectomy
 |  |  |  |  |  |  |
| 1. Other surgeries
 |  |  |  |  |  |  |
| 36 | All other causes |  |  |  |  |  |  |
| *Pregnancy related conditions* |
| 37 | Abortion |  |  |  |  |  |  |
| 38 | Pre-eclampsia |  |  |  |  |  |  |
| 39 | Eclampsia |  |  |  |  |  |  |
| 40 | UTI |  |  |  |  |  |  |
| 41 | Antepartum hemorrhage |  |  |  |  |  |  |
| 42 | Obstructed labor |  |  |  |  |  |  |
| 43 | Postpartum sepsis |  |  |  |  |  |  |
| 44 | Postpartum hemorrhage |  |  |  |  |  |  |
| 45 | Other maternal complication |  |  |  |  |  |  |

**U) Hospital utilization**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total no. of beds | Total bed days | Total no. of admissions | Total no. of discharged cases | Total no. of inpatient days | Average length of stay | Bed occupancy rate |
|  |  |  |  |  |  |  |

**V) Surveillance and response**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of outbreaks |  | Outbreak responded within 48 hours of the first case reported  |  |

**W) Tracer items**

|  |  |  |
| --- | --- | --- |
| **ID** | **Tracer drugs** | Stock out for > 1 week |
| 1 | Cotrimoxazole |  |
| 2 | Amoxicillin  |  |
| 3 | Oral rehydration salt |  |
| 4 | Arthemisin /amodiaquine |  |
| 5 | Mebendazole tablets |  |
| 6 | Tetracycline eye ointment |  |
| 7 | Paracetamol |  |
| 8 | Refampicine /isoniazide /pyrazinamide /ethambutol |  |
| 9 | Depot-medroxyprogesterone acetate injection |  |
| 10 | Ergometrine maleate tablets |  |
| 11 | Ferrous sulphate plus folic acid |  |
| 12 | Pentavalent DPT-Hep-Hib vaccine |  |
|  |  |  |  |  |
| Were drugs and supplies received based on the request? | **Y** | **N** |

**X) Health Financing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | Amount (USD) |  | **Expenditure** | Amount (USD) |
| Government source |  | Remuneration/salaries |  |
| Revenue from services  |  | Drugs |  |
| Other sources (donor, NGO, donation) |  | Incentives |  |
| Fuel |  |
| Total income |  | Utilities /maintenance  |  |
|  |  | Total Expenditure |  |

**Y) Management**

Was health facility coordination/management meeting held during this month?

 No Yes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Facility Registrar OIC

 (Signature/date) (Signature/date)

|  |
| --- |
| **Health facilities do not use the space below. This is for use of CHT.** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date report received at CHT Name receiving the report

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date data entered /updated in computer Person entering the data in computer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of data validation Data validated by

1. **Guidelines on How to Complete the HMIS Monthly Report**
2. Each health facility of any level or any ownership must submit its monthly report (henceforth referred to as “Report”) to the respective county health office before the deadline. Deadline for submission of the monthly report is the 7th of the following month. A health facility must deliver its monthly report to the County Health Office by this date.
3. Monthly Data Compilation and Monitoring Charts (henceforth referred to as “Chart”) are the only data sources for the monthly report. Registrar or the person designated by OIC transcribes data from the relevant Charts onto the Report. The data value both in the chart and report must be the same.
4. Preparing the monthly report is a shared responsibility in which definite steps have to be followed. This diagram shows data transcription squeal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual service registers |  | Data compilation and monitoring CHART |  | Monthly REPORT |

Each service unit or department is responsible for maintaining the individual service register. The same service unit or department is also responsible for compiling data from various service registers onto the designated Charts.

During the early days of the first week of the following month, OIC and or Registrar transcribes data from various “Charts” onto “monthly report form”

1. Unique data identification numbers have been printed in both the chart and report form. Data must be carefully transcribed from the same code box in the chart to the same code box in report form. A mistake made on this process is inexcusable.
2. Data in compilation and monitoring charts are organized by month top down (vertical) order. While transcribing data from the chart to report, mostly the same order is followed. The exceptions are indicated by a right arrow. This indicates that the vertically organized data on the chart will have to be transcribed on the report horizontally. Paying extra attention on the number in the corresponding box would avoid a mistake in transcription.
3. After completion of transcribing data on the monthly report, one person should read the data from the chart and another person follow the numbers in the report to ensure that data transcribe in the report are 100% correct.
4. The person who has transcribed data onto the report and the person who has verified the figures must sign and print the date before submitting it to the county health office by the 7th of the following month.

