2011

Federal Ministry of Health,
Ethiopia

Training of Health Extension Workers (HEW) On Family Folder and HMIS Procedures

Facilitators' Guide

Table of Contents

Foreword

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

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

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

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

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

Mrs. Roman Tesfaye,

Director General, Policy, Planning & Finance (PPF) Directorate, Federal Ministry of Health, Ethiopia.

Session 1: Welcome and introduction to the training

Time: 45 minutes

Materials required:

- LCD and computer loaded with PowerPoint slides
- Flip charts and colored markers
- Facilitator's & participant's manuals
- Folders, pen, pencil and note book paper
- 1 blank piece of paper per participant and trainer
- Pretest
- Name tags

Preparation

- Test LCD and computer
- Flip chart stand in place
- Tables and chairs set in "U" shape
- Set of stationery for each participant

Session objectives

By the end of this session, participants will have:

- Introduced themselves to one another
- Received an orientation to the training, including objectives and agenda of the training

Plan of activities

1.1 *Opening*

Greet the participants setting a less formal tone for the training. State that one of the important aspects of this training is the network and friendship people form during the period of the training that helps them later in supporting each other in their work.

1.2 *Conduct introduction exercise*

Go round the room and ask each person to introduce him/herself. Everyone should share the following:

- Name
- The zone, woreda and health institute where they work in
- Their work experience
- Expectations from the course

Write down the expectations on a flipchart as they are stated.

When everyone is finished, summarize the range of experience represented in the room, and the most commonly mentioned expectations. Explain that in the subsequent part of the session we will talk about which expectations will be met.

1.3 *Review Training Objectives*

HMIS Training Objectives for Health Post Staff:

By the end of the training, the participants will be able to:

- explain what is Family Folder, its purpose and use
- describe how to operationalize Family Folders
- describe the HMIS reporting formats and how to properly fill them
- explain HMIS data quality assurance techniques
- calculate, analyze, and interpret HMIS indicators
- use HMIS information for improving health services performance

1.4 *Review expectations*

Refer to the participants' expectations listed on the flipchart earlier in the session. Explain how their expectations will be met during the course and which expectations that might not be met; try to be accommodative as far as possible.

1.5 *Briefly explain the training agenda*

Refer to the training agenda provided in the participant's folder and explain how the sessions have been organized.

HMIS Training Agenda for Health Post Staff:

1. Brief overview of Health Extension Program and roles & responsibilities of Health Extension Workers (HEW)
2. Family Folders: What is Family Folder, it's purpose and use; what it contains
3. Operationalization of Family Folder
4. HMIS reporting
5. Data Quality Assurance and Use of Information

Session 2: Brief overview of Health Extension Program and role & responsibilities of HEW

Time: 45 min.

Materials required:

- Flip charts & Markers
- Slides
- Facilitator's & participant manual

Session objectives

By the end of this session, participants **will have described**:

- the major objectives of the Health Extension Program
- their roles and responsibilities in implementing HEP packages
- how they organize their work: mapping/listing of the catchment area/households; services delivery at Health Posts; house to house visits; managing outreach services; distributing work between the two HEWs at a Health Post; working with VCHWs and relationship with Kebele Administration.

Plan of activities

2.1 *Health Extension Program – an overview*

Greet the participants and ask what services they provide in the community as Health Extension Workers. Note the services on a flip chart. Encourage the participants to group the services into categories. Compare the categories and services within each category with the components of Health Extension Package. (See Table. 1)

Table 1: Components of Health Extension Package

1. **Disease Prevention and Control**
   - HIV/AIDS, other STIs
   - TB
   - Malaria
   - First aid
2. **Family Health**
   - Maternal and child health
   - Family planning
   - Immunization
   - Nutrition
   - Adolescent reproductive health
3. **Hygiene and Environmental Sanitation**
   - Excreta disposal
   - Solid and liquid waste disposal
   - Water supply and safety measures
   - Food hygiene and safety measures
   - Healthy home environment
   - Control of insects and rodents
   - Personal Hygiene
4. **Health Education and Communication**

Appreciate their work and explain that the main emphasis of their work in the community is preventive health care.

Ask the participants how they organize their work to provide these services. Encourage the participants to elaborate on the three approaches of the Health Extension Program for service delivery to the community – Service delivery at Health Posts, through house-to-house visit and at outreach.

Note their responses on a flip chart and help them construct a flow chart of their routine activities in the community.

Invite one volunteer from the participants and ask her to draw a rough map of her catchment area and put as much details as possible. Invite other participants to comment and add any information that usually they have in their maps of the catchment area.

Tell the participants that in the subsequent sessions where mostly the record keeping and reporting procedures will be discussed, we will be building upon some of the procedures that they follow while standardizing others.

Session 3: Family Folder - it's purpose, use and how to operationalize

Time: 120 min.

Materials required:

- Family Folders and Health cards
- Flip charts & Markers
- Slides
- Facilitator's & participant manual

Session objectives

By the end of this session, participants will be able to:

- Explain the purpose of Family Folder as an information tool for family-oriented Health Extension Package service delivery
- Describe the data elements to be recorded on the Family Folder pouch and their relationship with HEP package
- Compile household data from Family Folder pouches to prepare kebele profile
- Elaborate the procedure of how to issue household numbers to each household and on respective Family Folders
- Describe the Master Family Index, how to compile it and its use
- Explain how to file and retrieve Family Folders
- Describe the procedure of updating the data on Family Folders and/or health cards during service delivery at Health Posts, Household and Outreach

Plan of activities

3.1 *What is Family Folder?*

Distribute the Family Folder and the Health cards within it to the participants. Allow them 5 minutes to review the Family Folder and health cards.

Inform the participants that every family in their kebele will be issued one Family Folder and the services provided to each individual within that family will be recorded on the health cards.

Ask them, in their opinion, what they think are the benefits of the Family Folder and the health cards. Write their responses on a flip chart. Compare their answers with the following:

Benefits of Family Folder

- It contains information about the household that will help the HEW to identify the health (preventive, promotive & environmental health)service needs of the family or household and give them the service or counsel them accordingly
  a. The front and back sides of the Family Folder provide information on
     - Household characteristics – latrine, hand-washing, waste disposal & drinking water facilities, and LLITN availability
     - Household HEP package training & implementation status
  b. The health card, integrated maternal and child care card are for recording disease information, preventive and promotive services to individual members of the household

Inform the participants that we will look into each side of the Family Folder and the cards within one by one.

Tell the participants that the Family Folder pouch has five basic parts:

1. Identification
2. Household description,
3. Household characteristics,
4. HEP package training status and
5. Household implementation status parts

3.2 *Household identification*

Invite one participant to read out the data items to be filled that relate to the identification of the household. Ask another participant in her case what she will write in places for Region, Woreda, Kebele, and Gote. Appreciate her answer and clarify any misconception.

Important: Inform the participants that the term gote may be used differently in some regions. Clarify that the term gote is used in this guide to denote sub-kebele level unit and the facilitators/participants should use the local term for the gote accordingly.

Ask the participants what they will write in places for:

- Name of head of the family
- Father
- Grandfather

Clarify that the names of the father and grandfather of the household head will be written in the places for “Father” and “Grandfather” names respectively.

Ask the participants do they currently practice any numbering of the families or households in their catchment area. Ask them how they have numbered the families or households. Note down the responses on the flip chart.

Tell the participants that in order to systematically issue Family Folders to all the families/households, all the households in the kebele/gote will be serially numbered. This numbering will be done with the assistance of

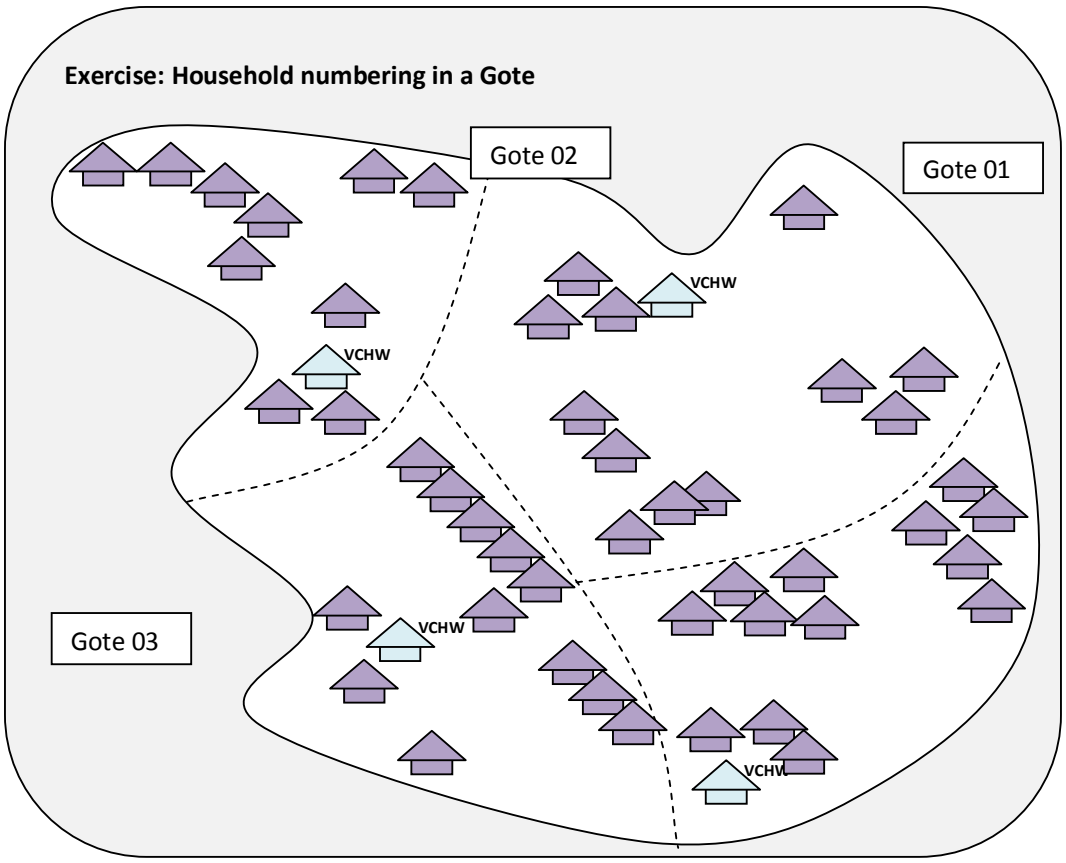
kebele administration. The HEW supervisors and HEP Coordinators at Woreda Health Offices will facilitate the collaboration with kebele administration.

Tell the participants that for the sake of doing the job easily and systematically the following procedure for household numbering will be followed.

Household numbering in a Gote

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

Tell the participants that we will do an exercise to clearly understand the household numbering procedure. Distribute copies of the map of a Gote and explain them which are the houses of the VCHW/CHP. Ask them to serially number the households as explained before.



Review the numbering done by each participant, appreciate their work, clarify misconceptions and respond to their queries, if any.

Inform the participants that the teams doing the household numbering will use permanent marker pen to boldly write the household number on a visible place in front of the house.

Also tell them that the "Date of first registration" is the date when the household is first issued a Family Folder.

3.3 *Household description*

Ask the participants to review the Household member's description section. Invite participants, one by one, to tell what they would write under each column.

Appreciate their responses and explain that:

- In this section they will serially list the names of each individual member of the household/family
- The listing should preferably start from the household head's name on the top and then proceed according to age
- The Individual ID is 5 digit of HH ID and a 2-digit serial number assigned to each individual serially according to the listing of household members' names.
- , if any member dies, his/her date of death and cause of death will be recorded accordingly whenever the HEW comes to know about the death.
- The cause of death can be ascertained by any document available with the family or by simple verbal description of the cause.

3.4 *Household characteristics*

Ask the participants to review the front side of the Family Folder. Tell them that there are 5 boxes to record the characteristics of the household. Invite one participant to read out loudly the headings of the boxes.

Ask the participants if they can name the different types of latrines, waste disposal systems and drinking water sources that are promoted by the Health Extension Program. Appreciate their responses.

Provide them with the following scenario and ask them to fill the 5 boxes related top Latrine, Hand washing facility, Waste disposal system, Drinking water source and LLITN on the front-side of Family Folder.

Household characteristics: Scenario

HEW Wossen visited Ato Gebre house today. He is the head of the family in household 01-023. He established a pit latrine 2 months ago but has no waste disposal system. The family collects water from a well, but it is not protected. For hand washing they store water in a plastic bucket and use ash. Six months ago the family received one bed net from the HEW, but due to misuse it has torn and they are not using it anymore. The HEW gave the family some advice and told them that she will visit them again.

Three months later, HEW Wossen came back to Ato Gebre's house. She found that the family has dug a pit for waste disposal and are using soap for hand washing. HEW Wondessan also gave them a new LLITN and asked them to use it carefully.

Appreciate their work and clarify any misconceptions.

3.5 *HEP Package training status & Household implementation status*

Ask the participants to review the back side of the Family Folder.

Inform them that the "HEP Package training status" section is designed to write the HEP package training status based on the model household training schedule, training start & completion dates. The "Household implementation status on the HEW packages" section is to record the HEP Package registration, training, graduation and advance training dates.

3.6 *Kebele profiling*

Inform the participants that the initial registration and issuing the Family Folders to all the families/households in the gote/kebele will be carried out through a campaign involving kebele administration, VCHW and other volunteers. The kebele administration will arrange gote-wise teams who will be responsible for household numbering and collecting household data using the Family Folders. Each of these will comprise of one VCHW and a literate volunteer from the kebele/gote. They will visit the household in the respective VCHW's neighborhood/catchment area and collect household information using the front page of the Family Folder.

The data on the Family Folders will be compiled to make kebele/gote profile using the following formats:

Kebele Demographic Profile

	Demographic Profile	Number
1.	Total population	
2.	Female population	
3.	Male population	
4.	Total number households	
5.	Total number of infants under 6 months of age	
6.	Total number infants under 1 year of age	
7.	Total number of under 3 years of age children	
8.	Total number under 5 years of age children	
9.	Total number of reproductive age (15-49 yrs) women	
10.	Total number of live births in the previous year	

Kebele Environmental Sanitation Profile

	Environmental sanitation information	Number
1.	Total number of households with Pit latrines	
2.	Total number of households with VIP latrines	
3.	Total number of households using solid waste disposal system	
4.	Total number of households using liquid waste disposal system	
5.	Total number of households with unprotected well as drinking water source	
6.	Total number of households with protected wells as drinking water source	
7.	Total number of households with piped water as drinking water source	
8.	Total number of households with hand washing facilities using soap	
9.	Total number of households with hand washing facility using ash/sand	
10.	Total number of households with LLITNs issued	
11.	Total number of with LLITNs available	

Invite the participants to prepare a kebele profile using the following scenario:

Kebele Profile: Scenario

	Household 01-058	Household 02-044	Household 04-093
Household head	Kebru Gezachew (48yrs)	Tilahun Feleke (50 yrs)	Gebru Ababu (53 yrs)
Family members	Alemitu (30 yrs)	Fantu (22 yrs)	Selamawit (39 yrs)
	Kebedech (6 yrs)	Enanu (6 months)	Girma (12 yrs)
	Yelma (1 yr)	Kebru (died 2 yrs ago at 1 ½ yrs age)	Anteneh (10 yrs)
	(no name) baby died 1 week ago soon after birth		Aberash (4 yrs)
Latrine	none	Pit	Pit
Waste disposal liquid	None	None	None
Waste disposal solid	Refuse pit	None	None
Drinking water	Well, unprotected	Well, unprotected	River
Hand washing	Soap	Ash	Ash
LLITN	Not issued	Not available	Available (1)

Inform them that the kebele profile charts should be posted on the walls of the Health Post and updated every six-month using updated data from the Family Folders.

3.7 *Filing Family Folder at Health Post*

Tell the participants that once the Family Folders are issued and the information on the front page of the Family Folders has been duly filled, the Family Folders will be neatly filed in the Health Posts.

Ask the participants if they have any facility to file the Family Folders in their Health Post. Usually a shelf will be used to file the folders.

Ask, in their view what would be the best way to file the folders. List down the responses on flip chart and compare with the following:

Filing Family Folder at Health Post

- Filed serially according to household number
  - Family Folders from same Gote filed together, separately from those of other Gotes on separate compartment of shelve

3.8 *Retrieving Family Folder from the filing system – use of Master Family Index*

Tell the participants that when a client comes to the Health Post for service, HEW will have to pull out her/his Family Folder from the filing system. Ask them how they would know where the Family Folder of that particular client lies in the shelf.

Inform them that in order to facilitate the retrieval of the Family Folder, they will prepare a Master Family Index (MFI) that will contain the name of the household head and the household number. Thus, whenever any client comes for service, the HEW can trace the household number using the name of the household head of that client. Once the household number is know, it would be easy to identify the Family Folder.

(The MFI can be prepared using the names of household heads in a Gote arranged in alphabetic order, -with the corresponding household numbers recorded in the next column. Show the participants the format of MFI)

3.9 *Updating information on Family Folder and Cards*

I. Ask the participants that when a client comes to the Health Post for service, how she will update the information of that client/household in the Family Folder.

Appreciate their answer that they will retrieve the Family Folder from the filing system and update the information. They will return the Family Folder in its place after the client has left the Health Post.

II. Ask the participants, what they will do when they go out for house-to-house visit: how they will update the family folders.

Appreciate their answers and reiterate that before going to the house-to-house visit she will review her visit plan and identify the households she plans to visit. Accordingly, she will pick the Family Folders of those households and carry them with her. During her interaction with the family, she will update the information on the Family Folder. On her return she will re-file the Family Folders.

Participants may ask what if during the house-to-house visit they meet a client for whom they did not carry the Family Folder – how can they update her/his information.

Tell them that for such cases she can carry a Field Book with simple format to record the following:

- *Date of service/visit*
- *Household number of the client*
- *Name of the client*
- *Service provided*

On her return, the HEW will pull out the respective Family Folders and update the information about the client for whom she did not carry the Family Folder.

III. Ask the participants, what will they do when they go out to outreach for service delivery

Appreciate their answers; note them on a flip chart. Discuss various option mentioned by the participants. Possible answers can be:

- *Carry all Family Folders of the households in the neighborhood of the outreach*
- *Carry Family Folder of households with under 1 children who are expected to come for immunization*

- *Use the Field Book to note who came for services and update the Family Folders using the household numbers*

Brain-storm on the options and advice the participants that the preferred way of keeping record at outreach level is to use Field Book and update the corresponding Family Folders on return to the Health Post.

Session 4: Health Card & Integrated Antenatal, Delivery, Postnatal & Newborn Care Card in Family Folder

Time: 90 min.

Materials required

- Health cards, Integrated Antenatal, Delivery, Postnatal & Newborn Card
- Flip charts & Markers
- Handouts
- Facilitator's & participant manual

Session objectives

By the end of this session, participants will be able to:

- Explain the purpose of the various cards to be inserted in the Family Folder
- Describe the data elements to be recorded on the cards
- Fill the cards
- Explain the use of the cards

Plan of activities

4.1 *Health Cards*

Provide the participants samples of the two types of Health Cards – the Blue and Yellow cards. Allow them 5 minutes to review both the cards.

Ask them what the differences between the two Health Cards are. Appreciate their answer and reiterate that content-wise the two Health Cards are similar, only the color is different.

Ask them, what do they think why the colors of the two cards are different. Acknowledge their responses and clarify that:

- Each family member above 5 years of age will be issued one Health Card
- Blue card is for male members, including male children above 5 years of age of the family
- Yellow card is for female members including female children above 5 years of age.

Inform the participants that for <5 children, they will be listed with their mother in the yellow card. However, if the <5 child is an orphan then the respective Health Card according to the gender of the child can be used.

Pick any one of the health cards and ask one of the participants to read out loudly the headings of the various sections of the Health Card.

Health Card has ten sections:

1. Identification
2. Earlier health history
3. Disease information
4. Referral information
5. HIV/AIDS
   a. ART follow up
   b. Home based care and support for PLWHA
6. Tuberculosis
7. Family planning
8. History of Immunization
9. Height and weight status
10. Orphan support

Ask the participants from where they will know the **Individual ID number**.

Appreciate their answer and reiterate that the Individual ID number for each member is taken from the "Household members' description" section on the front side of the Family Folder pouch.

Provide the participants with the following case scenario and ask them to choose the appropriate Health Cards and fill the appropriate sections accordingly.

Scenario 1:

Ato Gebre is a 40 year old head of the family; his wife Zinash is 32 years old and has three children – Gemeda (male child, aged 6 years), Beletu (female child, aged 3 years) and Sisay (male, aged 9 months).

Today Zinash visited the Health Post with her daughter Beletu and son Sisay. Beletu has diarrhea and vomiting; she also has some high tempertaure. The HEW examined her, gave ORS packet to Zinash and referred Beletu to the health center. During the discussion the HEW found that Zinash used oral pills after Gemeda was born, but currently she is not using any FP method. On counseling, Zinash agreed to use oral pills. At this time, her BP was measured to be 110/70 mm Hg, weight 50 kg and she had no medical problem. The HEW gave her 3 cycles of pills and a packet of condoms, and advised her to start using the pills from the first day of her next menstruation.

The HEW also found that Sisay has never been vaccinated. She gave Sisay pentavalent and polio vaccination. She also weighed Sisay; he was 10 kg.

Review the work done by the participants, appreciate them and clarify any misconceptions.

Ask the participants that in the above scenario, is it a new or repeat visit for Beletu Clarify that:

Type of visit for any disease episode

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

Repeat visit: when the client visits HP for the same disease or HEW visits the individual for the same disease.

Ask the participants how they will classify Zinash as a FP client: New or Repeat. Clarify that:

Type of visit for family planning service

New acceptor: someone who has not received a contraceptive method from a recognized program before registration.

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

4.2 *Integrated antenatal, Delivery, Postnatal & Newborn Care Card*

Provide the participants sample of the Integrated Antenatal, Delivery, Postnatal & Newborn Care Card. Allow them to review the card for 5 minutes.

Ask the participants what are the purposes of this card. Compare with the following:

Purpose of Integrated Antenatal, Delivery, Postnatal & Newborn Care Card

- is to keep a longitudinal record of pre-pregnancy status, pregnancy follow-up, delivery, post delivery care of the mother, and immunization & growth monitoring of the child that will help to:
    - identify high-risk pregnancies
    - danger signs during pregnancy and post-delivery
    - promote breast feeding
    - promote timely immunization of the newborn
    - early detection of growth faltering of the child
    - take appropriate actions for pregnancy, delivery, post-delivery and newborn/infant care

Provide the participants with the following case scenario and ask them to fill the appropriate sections of the card.

Case scenario 2:

Lemlem is Ato Berber's wife. She is 24 years old and pregnant since last 4 months. This is her 3rd pregnancy. Previously she had an abortion and the newborn baby died soon after birth in her 2nd pregnancy. Today she has come to the Health Post for her first antenatal check-up. The HEW examined her and found her BP 110/70 mmHg; she weighed 61 kg.

After 2 months the HEW went to Lemlem's house to see her. Lemlem complained of swelling of her feet and tiredness. On examination her BP was 115/80 mmHg, the fetal heart beat is 145/min. the HEW reassures her and reviews Lemlem's birth planning and preparedness. She also gives Lemlem her second TT shot.

Another 3 months later, Lemlem starts to have labor pain. Her husband calls for the HEW at their house. On examination her BP is 130/80 mmHg and fetal heart beat is 140/min. HEW reassures Lemlem and the labor progresses well. Lemlem spontaneously delivers at health baby boy. HEW immediately dries & covers the baby and gives the baby to Lemlem.

Review the work done by the participants, appreciate them and clarify any misconceptions.

Refer the participants to the Growth monitoring charts and explain that there are separate charts for boys and girls for recording weight-for-age and length/height-for-age respectively.

Ask that:

- if a 1 ½ year old girl child weighs 10 kg, how they will infer about her nutritional status
- If a 10 months old boy child weighs 9 kg, how will they infer about his nutritional status

Ask the participants which card they will use to record the vaccinations given to Lemlem's baby – the yellow Health Card or the yellow Integrated Antenatal, Delivery, Postnatal & Newborn card?

Appreciate their answers and thank them for their active participation.

Session 5: HMIS record keeping and reporting procedures

Time: 90 min.

Materials required:

- HMIS Record keeping Instrument
- HMIS Report
- Flip charts & Markers
- Slides
- Facilitator's & participant manual

Session objectives

By the end of this session, participants will be able to:

- Describe the HMIS instruments for record keeping and reporting
- Explain how and when to fill HMIS record keeping instruments
- Explain how to transfer data from record keeping instruments to HMIS report
- Describe the HMIS reporting procedure

Plan of activities

5.1 *Recording and quarterly reporting HMIS Data*

Ask the participants whether they have monthly or annual performance targets *(Usually they should)*.

Ask them for what services usually they set performance targets.

Examples include:

- *Pregnancy care*
- *Family planning*
- *Immunization – TT vaccination of mothers, child immunization*
- *Growth monitoring*

Ask them to give examples of targets they have set for this year. List them on a flip chart.

Examples include:

- *Antenatal coverage*
- *Contraceptive acceptance rate*
- *Skilled delivery coverage*
- *Immunization coverage*

Ask the participants how they know whether they are achieving the targets or not.

Possible answer: by comparing their performance with the targets.

Appreciate their answer and inform them that in order to easily compile data on their performance, they will be using a Tally Sheet to record services they have provided.

Show them the Tally Sheet and allow them a few minutes to review the Tally Sheet. Ask them how this instrument can help them to record and report their performance.

Appreciate their responses and inform them that during every episode of client-provider interaction/encounter they will write the household number in the corresponding row against the service they have provided during that episode.

Ask the participants to fill the Tally Sheet using the following scenario.

HMIS Record-keeping – Scenario 1

Ato Gebre is a 40 year old head of the family. His household number is 01-023. His wife Zinash is 32 years old and has three children – Gemeda (male child, aged 6 years), Beletu (female child, aged 3 years) and Sisay (male, aged 9 months).

Today Zinash visited the Health Post with her daughter Beletu and son Sisay. Beletu has diarrhea and vomiting; she also has some high tempertaure. The HEW examined her, gave ORS packet to Zinash and referred Beletu to the health center. During the discussion the HEW found that Zinash used oral pills after Gemeda was born, but currently she is not using any FP method. On counseling, Zinash agreed to use oral pills. At this time, her BP was measured to be 110/70 mm Hg, weight 50 kg and she had no medical problem. The HEW gave her 3 cycles of pills and a packet of condoms, and advised her to start using the pills from the first day of her next menstruation.

The HEW also found that Sisay has never been vaccinated. She gave Sisay pentavalent and polio vaccination. She also weighed Sisay; he was 10 kg.

Ask the participants that in the above scenario, we have provided them the household number of client. However, during their work at Health Post or household visit or at outreach centers, how they will know the household number of the client.

List their answers of flip chart. Clarify that they will need to keep and carry the Master Family Index (MFI) with them to find out the household number of the client using the name of the household head.

5.2 *HMIS Reporting formats*

Ask participants: What are the reporting formats currently used at your facility?

Show the standard reporting formats in the Reformed HMIS.

HMIS Reports:

1. **Diseases reporting format**
    a. OPD (out-patient department) disease report form
2. **Epidemic (IDSR) reporting format**
    a. Weekly epidemic summary form
3. **Service delivery reporting format**
    a. Quarterly service delivery report form
    b. Annual service delivery report form

Ask the participants to review the format given

Ask them at what frequency each report should be filled and then reported.

Emphasize that at facility level reports are compiled on monthly basis but reports are sent to the next level quarterly.

Ask the participants to fill the Tally Sheet -) using the following scenario and transfer the data on to the appropriate section of the Quarterly reports:

1. Quarterly Service Delivery Report
2. Quarterly Disease Report

HMIS Record-keeping – Scenario 2

Aregash Hailu is a 25 year old woman from household - 02-093with fever. RDT results confirmed the diagnosis of falciparum malaria. She was given medicines for malaria and sent home. Her son, 7 months old, who came with her, was given second dose of pentavalent and oral polio vaccines.

Lemlem Gobena, household 01-165 is a 40 year-old mother who is married and has 7 children. Her husband is 47 years old. She and her husband do not want to have more children. They use condoms occasionally. After careful examination she is advised on permanent contraceptive method and asked to return in 2 week after discussing with her husband. She is provided with condoms.

A 29 year old woman named Alemitu Adera (household 03-056-) is pregnant for the second time and came to the Health Post for check-up. This was her first visit. She was examined; her weight is 54 kg; height is 168 cm, BP 110/60. At this visit she is given first dose of TT, IFA tablets and advised to return in one month

Aberash (household # 0478 (or 02-178)) delivered in her home today at 10:00 in the afternoon. The delivery was spontaneous; the HEW attended the delivery. The newborn weighed 2600 g. She was given BCG vaccine and oral polio vaccine.

Review their work and clarify queries, if any.

Ask the participants to review the Quarterly Service Delivery Report form **Section C** on Logistics. Inform them that the data for this section will come from the Tracer Drug Availability Tally for Health Post.

Show them the tally sheet and respond to queries, if any.

5.3 *Annual HMIS report*

Distribute copies of the Health Post Annual Report form. Ask the participants to identify the sources of data for each section. Appreciate their answers and clarify any misconceptions.

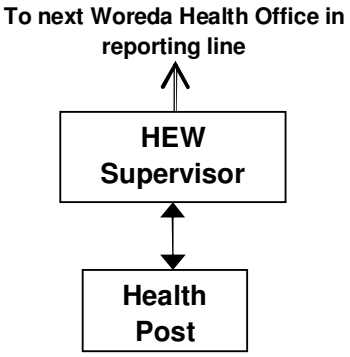
5.4 *HMIS managment within health institution*

1. Data compilation with in health facility

Ask participants how they are reporting currently and make them understand the flow of data

The health post coordinator will facilitate compilation of the respective data from the other HEW and will send to HMIS focal person in the next level.

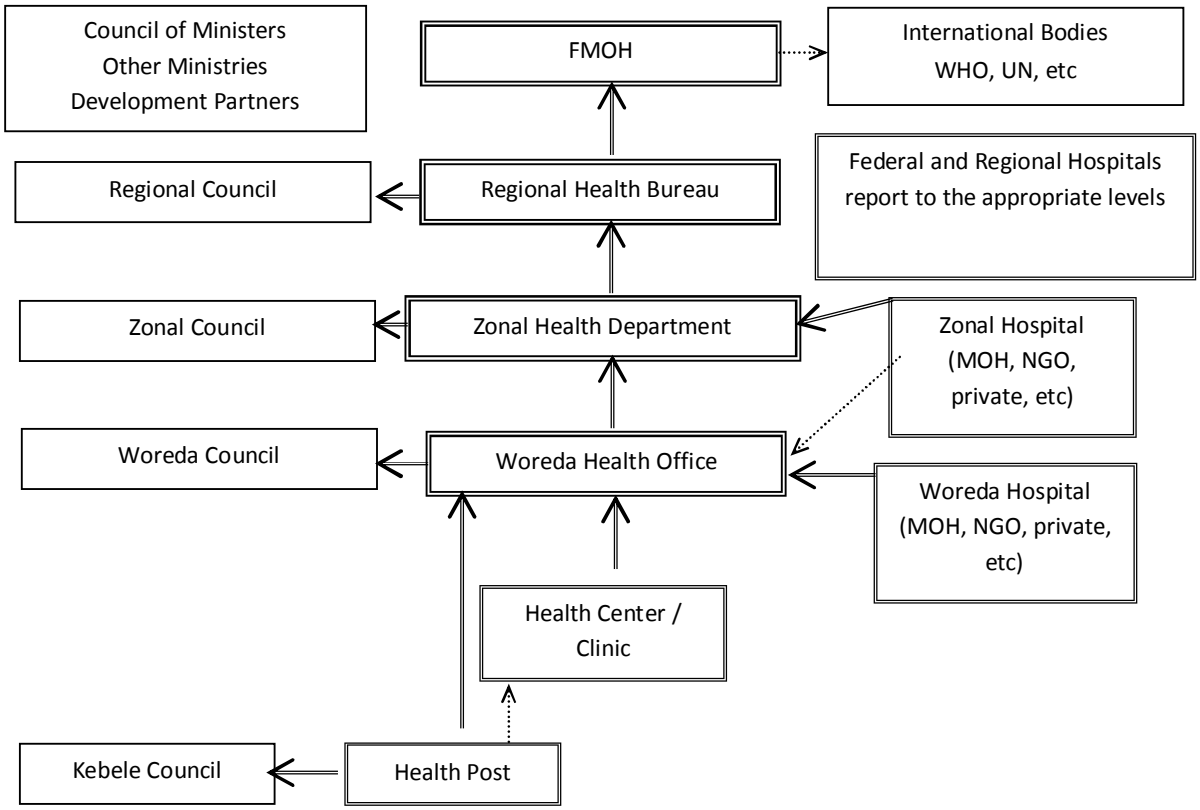
2. HMIS data flow



3. Integrated reporting channel

Ask what the possible reporting flow from health post onwards is.

Show, the chart below and explain that reporting to respective area council (kebele, woreda, zonal council etc.) is on regular basis at a frequency determined by the respective council.



5.5 *HMIS Reporting Schedule*

Show the following table and facilitate participants to understand how to maintain this schedule.

Reporting schedule

From	To	Report arrival date at reporting destination	Frequency of reporting	Frequency of aggregation / assessment	Comment
Health post	WorHO with copy to HC	8th of month	Quarterly and annual	Monthly	HC won't include HP info in its report to WorHO
Health center	WorHO	8th of month	Quarterly and annual	Monthly	
District hospital	WorHO / ZHD	8th of month	Quarterly and annual	Monthly	
Regional / referral hospital	RHB / FMOH	8th of month	Quarterly and annual	Quarterly	
WorHO	ZHD / RHB	15th of month	Quarterly and annual	Quarterly	
ZHD	RHB	21st of month	Quarterly and annual	Quarterly	
RHB	FMOH	28th of month	Quarterly and annual	Quarterly	Selected few activities may require quarterly reporting

Note:

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

This schedule presumes a manual system. Introduction of electronic transmission from the woreda onwards should reduce the transmission type for reports.

5.6 *Reporting period*

Show the reporting period as following:

- **Quarters:**
  - Quarter 1 = Hamle 1 – Meskerem 30
  - Quarter 2 = Tikimt 1 – Tahsas 30
  - Quarter 3 = Tir 1 – Megabit 30
  - Quarter 4 = Miazia 1 – Sene 30

- **Report submission for both diseases and service quarter reports**
  - Quarter 1 → **Tikimt 8,** Quarter 2 → **Tir 8**
  - Quarter 3 → **Miazia 8,** Quarter 4 → **Hamle 8**

- **Late report to be received at federal ministry of health:**
  - **Quarter report** should never be later than 45th days of next quarter
  - **Annual report** should never be later than 45th days (Nehassie 15th)

Session 6: Data Quality Assurance

Time: 90 min.

Materials required:

- Family Folders and Health cards
- HMIS Instruments
- Flip charts & Markers
- Slides
- Facilitator's & participant manual

Session objectives

By the end of this session, participants will be able to:

- Explain importance of assuring data quality
- Describe HEWs/Supervisor's role in assuring data quality
- Explain Data Quality Assurance procedures at Health Post level
- Match the data elements on Health cards and Family Folder pouch with data elements in HMIS report

Plan of activities

6.1 *Data Quality Assurance – Introduction*

Initiate the discussion by asking what will happen if data quality is not good. Appreciate their answers and reiterate that if data in the facility report are not accurate, then decisions made based on those data may not produce effects that are intended.

Ask participants, in order to ensure quality data who are the most important persons.

Appreciate their answers and reiterate that data quality assurance starts at the level of data recording by Health Extension Workers (HEW). If the HEW forgets to record clients' data or records wrong data in the Family Folder, Tally sheet or Field Book, then it may cause low or incorrect performance to be reported which can misguide decision making.

Ask how we can ensure that the HEWs are recording appropriate data.

Note the answers on flip chart. Appreciate their answers and emphasize that for assuring data quality,

- ► the HEWs need to be motivated and encouraged by their supervisors to carryout proper data recording
- ► HEWs need to understand the value of proper data recording and reporting: how quality data that they record and compile is useful to them in improving their performance and, at the same time, helps the health managers to take important management decisions like resource allocation

Ask how can we motivate the care providers to ensure data quality.

Note the answers on flip chart and appreciate their answers. Emphasize on:

- ► supportive supervision of the HEWs by their supervisors, which includes data quality checks:
  - Are the HEWs able to record data appropriately on the Family Folder, Health Cards and tally sheets/Field Book? Do they know what to record on each column or row of the Family Folder, Health cards and tally sheets/Field Book?
  - Are they recording data of every patient/client that come to them for service?
  - Do the recorded data match with the reported data?
- ► training, developing skills of the HEWs to appropriately fill patients records and reports
- ► developing their skills in simple calculations for assessing their performance using the data that they record
- ► providing regular feed-back to them on data quality as well as their performance based on the data that they report
- ► appreciating the HEWs verbally and/or through written communication or during meetings for their good work and for maintaining quality data

6.2 *Comparing data from records and reports*

Ask the participants, how will you know that the data in a particular monthly or quarterly report is accurate?

Two possible answers are:

- *The reported data matches with the data recorded in the respective Family Folder, Health Cards and tallies*
- *The reported data represents the actual number of cases served*

Encourage discussion on the above answers. Tell the participants that to match reported data with recorded data it is impractical to look at every client's record every month. To simplify the data quality assessment, the HMIS Data Quality Assurance (DQA) methodology compares a sample of data recorded on the Family Folders/Health Cards with those recorded in the Tally Sheet and in the report.

Reiterate that the first step to ensuring accuracy of the reported data is to ensure that the reported data matches with the data in the Tally sheets.

Ask the participants, how will you know that the data in the reports and that in the Tally sheets match together?

Appreciate their answer that, for any particular month/quarter, if we recount a sample of data elements from the Tally sheet and compare the figures with what has been reported in the monthly/quarterly report we can check the accuracy of the reported data.

Ask, how will you know that the data recorded in the Tally Sheet are accurate?

Appreciate their answer that we can use the household numbers recorded on the Tally Sheet to retrace the Family Folders and cross-check between the Health Cards and the Tally sheet records.

Inform that for the purpose of data cross-matching, we can use a sample of 12 data elements to get a fairly good assessment of the quality of data in Tally sheet and the monthly/quarterly reports.

Show the participants the LQAS Table of Decision Rules and tell them that for deciding whether the desired level of data quality has been achieved or not, we take help of this table.

Decision Rules for sample Sizes of 12 and Coverage Targets /Average of 20-95%																
	Average Coverage (baselines)/Annual Coverage Targets (monitoring and Evaluations)															
Sample size	Less than 20%	20%	25%	30%	35%	40%	45%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	1	1	2	2	3	4	5	6	7	7	8	8	9	10	11

According to this table if 9 out of 12 data elements match, then we can say that about 85% or above of data accuracy has been achieved.

Ask the participants that if our desired level of data quality is 70%, at least how many data elements from a random sample of 12 should match. Appreciate the answer that at least 7 data elements should match. In other words, if more than 5 randomly selected data elements from a report do not match, we can say that we have not achieved the desired 70% level of data quality.

Provide the participants copies of Data Accuracy Check Sheet. Inform them the following steps for Data Accuracy Check at Health Posts.

Steps for Data Accuracy check

1. Randomly select 12 data elements, one data element from each section of the previous Monthly/Quarterly Service Delivery and Disease Information Report forms. Write the selected data elements in the first column of the **data accuracy check sheet**.
2. Copy the aggregated figures of the selected data elements for a given month as recorded on the Tally sheet in second column of **data quality check sheet**, under the heading of "Aggregated figures from Tally sheet".
3. Using the corresponding household numbers on the Tally sheet recorded against each of the selected data elements, pick the relevant Family Folders.
4. Count the actual entries in the family folder related to a specific selected data element. Sum up the entries documented in each family folder and write the figure you counted in third column of check sheet, under the heading "Figures counted from Family Folders".
5. Repeat this procedure for all data elements.
6. If the figures in column 2 and 3 are same, tick under YES in column four. If they are not the same (do not match), write a tick under NO in column four. Repeat this procedure for all data elements.
7. Count the total ticks under "YES" and write in row of total for "YES". Repeat the procedure for "NO" column. The sum of YES and NO totals should be equal to the sample size of 12.
8. The total in number in the "Yes" column corresponds to the percentage of data accuracy in the following LQAS table. For example, if total "yes" number is 2, the accuracy level is between 30-35%; if total number in the "yes" column is 7, the accuracy level is between 65-70%.

Data Accuracy check sheet

Month for which data accuracy is checked_____				
Randomly Selected Data Elements from the monthly reporting form (Col. 1)	**Aggregated figures from Tally sheet (Col. 2)**	**Figures counted from Family Folders (Col. 3)**	**Do figures from columns 2 & 3 Match?**	
			YES	NO
1. Family planning acceptors				
2. Antenatal care				
3. Deliveries & outcome				
4. Postnatal care				
5. Child health				
6. Growth monitoring				
7. EPI				
8. Vaccines – doses opened				
9. Vaccines – doses given				
10. Health services				
11. Disease information – priority infectious diseases				
12. Disease information – immediately reportable diseases				
Total				

Ask the participants to recapitulate the steps for data accuracy check. Appreciate correct answers and clarify any confusion.

6.3 *Data Quality Assessment – Supervisor's role*

Inform the participants that the above method can be used by HEWs for self-assessment. Tell them that a HEW Supervisor can use the same methodology for conducting the data accuracy assessment.

Summarize the session and conclude by stressing that one of the major determinants of HMIS data quality is the use of information by the HEWs and their supervisors. If the HEWs know that the data they generate is used at higher level and they get regular feedback based on those data, the HEWs will be motivated to capture and report quality data.

Session 7: Using Data for Improving Performance

Time: 90 min.

Materials required:

- Flip charts & Markers
- Slides
- Facilitator's & participant manual

Session objectives

By the end of this session, participants will be able to:

- Describe how to calculate important indicators using data from HMIS report and the kebele profile (compiled from Family Folders)
- Explain the use of these indicators for performance improvement
- Explain how to prepare weekly plan and use information in Family Folders for targeting clients for follow-up

Plan of activities

7.1 *Health Post Performance Monitoring Indicators*

Inform the participants that in this session we will be discussing how the data that they collect and compile can be used for improving their work at community level.

Ask, in their Health Posts do HEWs put wall charts indicating the targets they have to achieve? What are those targets for? Appreciate their answers and compare with the following:

Target is the desired level of performance of a specific activity.

Ask the participants, how we measure performance. Appreciate their answers and compare with the following:

Performance is measured based on set indicators

Ask them what performance indicators they use to set their targets. List down their responses on a flip chart and reiterate that the most common performance indicators that are used by HEWs are:

Performance indicators at Health Post level

- Antenatal care coverage
- Deliveries attended by HEW
- Child immunization coverage, e.g. pentavalent 3rd dose coverage, full immunization coverage
- PAB coverage
- Households with LLITN
- Households with latrine facility

Ask the participants how they will calculate each of these indicators. Note their responses on flip chart. Appreciate their responses and clarify misconceptions.

Performance indicators at Health Post level - Examples

- Antenatal care coverage:
  - ► [number of 1st antenatal care visits x 100] ÷ [total number of expected pregnancies]
  - ► Total number of expected pregnancies is calculated as 3.7% of the total population
- Deliveries attended by HEW
  - ► [number of deliveries attended by HEW x 100] ÷ [total number of expected deliveries]
  - ► Total number of expected deliveries is calculated as 3.6% of the total population
- Child immunization coverage, e.g. pentavalent 3rd dose coverage
  - ► [number of children received 3d dose of pentavalent vaccine befoe 1st birthday x 100] ÷ [total number of surviving infants]
  - ► Total number of surviving infants is calculated as 3.1% of total population
- Households with LLITN
  - ► [households in the kebele with LLITN available x 100] ÷ [total number of households in the kebele]
- Households with latrine facility
  - ► [households in the kebele with latrine available x 100] ÷ [total number of households in the kebele]

Ask the participants what can be desired level to be achieved for each indicator. Appreciate their response and tell them that to achieve the desired performance it is useful to identify the target households and the target individuals within the households so that HEW can plan and follow-up the target clients accordingly.

Explain that one important source of information about individual household and the members within is the Family Folder. Provide copies of the following scenario and Family Folder to the participants and ask them what advice they will give to the family:

Scenario: HEW visits Ato Tilahun's house

The HEW visits Ato Tilahun's house. Ato Tilahun has a 9 months old daughter and the HEW planned to monitor her growth on her visit to Tilahun's family. She took the Tilahun's Family Folder with her. On reviewing the Family Folder the HEW found that Tilahun has 5 children. One of them is 1 ½ years old. The remaining of the Family Folder or the Health cards within have no other record.

- What are the possible reasons of no records in the Family Folder?
- What advice the HEW can give to Tilahun's family?

Note the responses on the flip chart and facilitate discussion. Emphasize that during any interaction with the household members, the HEW should review the information recorded on the Family Folder or the Health Car ds in it, identify the service needs of the family and provide the relevant service or counsel accordingly.

Provide the participants the following scenario.

Scenario: Planning follow-up

In you kebele/gote:

- In households #01-012, #02-024, #03-89 and #04-70 there are pregnant women
- In households #01-006, #02-100, #03-075 and #04-22 there are children <2 years age
- In households #01-080 and #02- 100 there are TB patients on DOTS

What can you do to remember these household for regular follow-up?

Ask them what can a HEW do to remember these household for regular follow-up?

Appreciate their answers. You can suggest that to ensure that the target clients are duly followed-up HEW can keep a record of these households in her note book and when preparing her weekly plan highlight the household numbers and note the specific reason for follow-up. She can also use colored tags put on the Family Folders to help her identify which households have target clients who need special attention.

7.2 *Concluding*

Summarize the sessions and ask the participants what were the important lessons they leaned from the training. Appreciate their responses and reiterate the importance of proper recording and reporting, data accuracy and use of information that HEWs collect in family Folders and other HMIS instruments.

Annex1: Service Delivery Tally

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

S.N.	Activity	Tally	Number
A.	Family Health		
A.1	Reproductive Health		
A.1.2	Family Planning Acceptors		
1.2	Total new and repeat acceptors		
1.2.1	New acceptors		
1.2.2	Repeat acceptors		
A.1.3	Antenatal Care		
1.3	First antenatal attendances		
A.1.5	Deliveries and Outcomes		
1.5.2	attended by HEW		
1.5.2.1	Live births		
1.5.2.2	Still births		
1.5.3	attended by tTBA		
	Total Birth		
	Child death		
1.9	Early neonatal deaths		
A.1.10	Postnatal Care		
1.10	First post natal attendances Maternal death		
	Total Death		
A.2	Child Health		
2.1	Child Health		
2.1.1	Number of newborns weighed		

2.1.2	Low birth weight		
	Vit A supplementation for 6-59 months of age		
	2-5yrs age group who de-wormed		
2.2	Growth Monitoring		
2.2.1	Number of weights measured for children < 3 years		
2.2.2	Number of weights recorded with moderate malnutrition (WFA ≥ 60% and <80%)		
2.2.3	Number of weights recorded with severe malnutrition (WFA < 60%)		
A.3	Expanded Program on Immunization (EPI)		
	BCG for < 1yrs		
	BCG >=1yrs		
3.1	Penta 1 for < 1yrs		
	Penta 1 >=1yrs		
3.2	Penta 2 for < 1yrs		
	Penta 2 >=1yrs		
3.3	Penta 3 for < 1yrs		
	Penta 3 >=1yrs		
3.4	OPV for < 1yrs		
	OPV >=1yrs		
	Measles for < 1yrs		
	Measles >=1yrs Fully immunized for < 1yrs		
	Fully immunized >=1yrs		
3.5	Births protected against NNT (PAB)		
3.6	Vaccine		
3.6.1	BCG doses given (all ages)		
	BCG doses opened		
3.6.2	Pentavalent (DPT- Hep B -Hib) doses given (all ages)		

	Penta doses opened		
3.6.3	Polio doses given (all ages)		
3.6.4	Polio doses opened Measles doses given (all ages)		
	Measles doses opened		
3.6.5	TT doses given (all ages)		
	TT doses opened		
D	Health Service **OVC who received**		
	Education support		
	Food support		
	Shelter support		
	IGA support		
	PLWHA received		
	Education support		
	Food support		
	Shelter support		
	IGA support		
	Communicable disease prevention and control		
	Number of HHs with ITN		
	Number of HHs covered with IRS		
	Model Households		
	Number of graduated households		
D.2	Management		
2.1.1	Supportive supervisions received from WorHO		
2.2.1	Self-assessment meetings held		
2.2.2	Participatory review meetings held		

Annex 2: Disease Information Tally

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

Code	Diagnosis	Male												Female											
		<5yrs				5-14 yrs				>=15 yrs				<5yrs				5-14 yrs				>=15 yrs			
		New		Repeat		New		Repeat		New		Repeat		New		Repeat		New		Repeat		New		Repeat	
		Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#	Tally	#
0100	Priority infectious diseases																								
	Epidemic Prone diseases																								
0101	Malaria (clinical without laboratory confirmation)																								
0102	Malaria (confirmed with P. falciparum																								
0103	Malaria (confirmed with species other than P. falciparum																								
0104	Diarrhea (non-bloody)																								
0105	Diarrhea with dehydration																								
0106	Diarrhea with blood																								
0107	Meningitis (suspected)																								
0111	Acute febrile illness (AFI)																								
	Immediately reportable diseases																								
0112	Acute poliomyelitis/ Acute flaccid paralysis (suspected)																								
0113	Measles (suspected)																								
0115	Cholera (suspected)																								
0117	Drancunculiasis (suspected)																								
0118	Neonatal tetanus (Suspected)																								

0120	Avian human influenza (AHI)																								
0121	Rift Valley Fever (RVF)																								
	Other infectious diseases																								
0125	Pneumonia																								
0134	Trachoma																								
0137	Helminthiasis																								
9000	Other unclassified diseases (referred)																								
9001	District/ region specific diseases																								
9002	District/ region specific diseases																								
9999	Other or unspecified diseases (referred)																								

Total

Annex 3: Tracer Drug Availability Tally for Health Post

Woreda/sub-city: _____ Kebele: _____

Year: _____ Month: _____

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

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

Annex 4: Family Planning Methods Dispensed Count

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

Month	Condoms (# issued)		Oral Contraceptives (# of monthly cycles distributed)		Injectable (Depo-Provera) Number of injection given		Implanon (# of procedures done)	
	Tally	#	Tally	#	Tally	#	Tally	#
Hamle								
Nehase								
Mesekerm								
Tikimt								
Hidar								
Tehsas								
……								
…….								
Sene								
Total								

Annex 5: Health Post Quarterly Service Delivery Report Form

Woreda/Sub-city _____ Kebele/ HP _____

Year _____ Quarter _____

S.N.	Activity	Month	Month	Month	Quarter
A	**Family Health**				
A.1	**Reproductive Health**				
A.1.2	***Family Planning Acceptors***				
1.2	Total new and repeat acceptors				
1.2.1	New acceptors				
1.2.2	Repeat acceptors				
A.1.3	***Antenatal Care***				
1.3	First antenatal attendances				
A.1.5	***Deliveries and Outcomes***				
1.5.2	attended by HEW				
1.5.2.1	Live births				
1.5.2.2	Still births				
1.5.3	attended by tTBA				
	Total Birth				
	Child death				
1.9	Early neonatal deaths				
A1.10	***Postnatal Care***				
1.10	First post natal attendances				
	Maternal death				
	Total Death				
A2	**Child Health**				
2.1	***Child Health***				
2.1.1	Number of newborns weighed				
2.1.2	Low birth weight				
	Vit A supplementation for 6-59 months of age				
	2-5 yrs age group who de-wormed				
2.2	***Growth Monitoring***				
2.2.1	Number of weights measured for children < 3 years				
2.2.2	Number of weights recorded with moderate malnutrition (Z-score b/n 2 and 3)				
2.2.3	Number of weights recorded with severe malnutrition (Z-score below 3)				
A.3	**Expanded Program on Immunization (EPI)**				
3.1	Pentavalent DPT1-HepB1-Hib1 immunizations for infants < 1 year of				

S.N.	Activity	Month	Month	Month	Quarter
	age				
3.2	Pentavalent DPT3-HepB3-Hib3 immunizations for infants < 1 year of age				
3.3	Measles immunizations for infants < 1 year of age				
3.4	Fully immunized infants < 1 year of age				
3.5	Births protected against NNT (PAB)				
	Vaccine				
3.6.1	BCG doses given (all ages) / doses opened	/	/	/	/
3.6.2	Pentavalent (DPT-HepB-Hib) doses given (all ages) / doses opened	/	/	/	/
3.6.3	Polio doses given (all ages) / doses opened	/	/	/	/
3.6.4	Measles doses given (all ages) / doses opened	/	/	/	/
3.6.5	TT doses given (all ages) / doses opened	/	/	/	/
C.	**Resource: Logistics**				
C.4.	**Logistics:** ***Tracer drug availability (enter 1 if drug whenever needed in month, 0 if ever unavailable when needed).***				
4.1.1	Amoxicillin				
4.1.2	Oral Rehydration Salt				
4.1.3	Arthemisin / Lumphantrine				
4.1.4	Mebendazol Tablets				
4.1.5	Tetracycline Eye Ointment				
4.1.6	Parcetamol				
4.1.7	Refampicine / Isoniazide / Pyrazinamide / Ethambutol				
4.1.8	Medroxyprogesterone (depo) Injection				
4.1.9	Ergometrine Maleate Tablet				
4.1.10	Ferrous Salt plus Folic Acid				
4.1.11	Pentavalent DPT-Hep-Hib Vaccine				
D	**Health Systems**				
D.1	***Health service coverage and utilization***				
1.2.1	Visits < 5: new – Male				
1.2.2	HP visits < 5: new – Female				
1.2.3	HP visits < 5: repeat – Male				
1.2.4	HP visits < 5: repeat – Female				
1.2.5	HP visits 5-14: new – Male				
1.2.6	HP visits 5-14: new – Female				
1.2.7	HP visits 5-14: repeat- Male				
1.2.8	HP visits 5-14: repeat – Female				
1.2.9	HP visits > = 15: new – Male				
1.2.10	HP visits > = 15: new – Female				

S.N.	Activity	Month	Month	Month	Quarter
1.2.11	HP visits >= 15: repeat- Male				
1.2.12	HP visits >= 15: repeat – Female				
1.3	Practitioners (HEW)				
	OVC Who received				
	Education Support				
	Food support				
	Shelter Support				
	IGA support				
	PLWHA received				
	Education Support				
	Food support				
	Shelter Support				
	IGA support				
	Communicable disease prevention and control				
	Number of HHs with ITN				
	Number of HHs covered with IRS				
	Model Households				
	Number of graduated households				
D.2	***Management***				
2.1.1	Supportive supervisions received from WorHO				
2.2.1	Self-assessment meetings held				
2.2.2	Participatory review meetings held				
D.3	**HMIS and M&E**				
3.2	Data quality LQAS score				

Name _____ **Title** _____

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

Annex 6: Health Post Quarterly Disease Report Form

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

Year _____ **Quarter** _____

		Disease Cases					
		Male			Female		
	Disease	**0-4 years**	**5-14 years**	**>=15 years**	**0-4 years**	**5-14 years**	**>=15 years**
0100	**Priority infectious diseases**						
	Epidemic prone diseases						
0101	Malaria (clinical without laboratory confirmation) q'ly total						
	month_____						
	month_____						
	month_____						
0102	Malaria (confirmed with *P. falciparum*) q'ly total						
	month_____						
	month_____						
	month_____						
0103	Malaria (confirmed with species other than P. falciparum) q'ly total						
	month_____						
	month_____						
	month_____						
0104	Diarrhea (non-bloody) q'ly total						
	month_____						
	month_____						
	month_____						
0105	Diarrhea with dehydration q'ly total						
	month_____						
	month_____						
	month_____						
0106	Diarrhea with blood (dysentery) q'ly total						
	month_____						
	month_____						

		Disease Cases					
		Male			Female		
	Disease	**0-4 years**	**5-14 years**	**>=15 years**	**0-4 years**	**5-14 years**	**>=15 years**
	month_____						
0107	Meningitis *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						
0111	Acute febrile illness (AFI) q'ly total						
	month_____						
	month_____						
	month_____						
	Immediately reportable diseases						
0112	Acute poliomyelitis / Acute flaccid paralysis *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						
0113	Measles *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						
0115	Cholera *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						
0117	Drancunculiasis *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						

		Disease Cases					
		Male			Female		
	Disease	**0-4 years**	**5-14 years**	**>=15 years**	**0-4 years**	**5-14 years**	**>=15 years**
0118	Neonatal tetanus *(suspected)* q'ly total						
	month_____						
	month_____						
	month_____						
0120	Avian human influenza (AHI) q'ly total						
	month_____						
	month_____						
	month_____						
0121	Rift Valley Fever (RVF) q'ly total						
	month_____						
	month_____						
	month_____						
	Other infectious diseases						
0125	Pneumonia q'ly total						
	month_____						
	month_____						
	month_____						
0134	Trachoma q'ly total						
	month_____						
	month_____						
	month_____						
0137	Helminthiasis q'ly total						
	month_____						
	month_____						
	month_____						
9000	**Other unclassified diseases (referred)**						
9001	District /region specific diseases - 1 q'ly total						
	month_____						
	month_____						

		Disease Cases					
		Male			Female		
	Disease	**0-4 years**	**5-14 years**	**>=15 years**	**0-4 years**	**5-14 years**	**>=15 years**
	month_____						
9002	District /region specific diseases - 2 q'ly total						
	month_____						
	month_____						
	month_____						
9999	Other or unspecified diseases (referred) q'ly total						
	month_____						
	month_____						
	month_____						

Name _____ **Title** _____

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

Annex 7: Health Post Annual Report Form

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

S. No	Activity	Amount
A.1	**Reproductive health**	
A.1.1	**Family planning methods issued**	
1.1.1	Condom (number of condoms distributed)	
1.1.2	Oral contraceptives (number of monthly cycles distributed)	
1.1.3	Injectable (Depo-Provera) (number of injections)	
	Implanon (number of procedures done)	
B.4	**Disease prevention and control – Environmental Sanitation**	
4.1	Number of households using latrine	
4.2	Number of households using safe drinking water	
4.3	Number of households whose utilization of latrine and safe drinking water assessed in year	
4.4	Total households in catchment area	
C	**Resources**	
C.1	**Assets**	
1.3	Health Post has telephone or radio. (Enter 1 if *yes*; enter 0 if *no*)	
1.3.1	Health Post has telephone. (Enter 1 if *yes*; enter 0 if *no*)	
1.3.2	Health Post has radio. (Enter 1 if *yes*; enter 0 if *no*)	
1.4	Health Post has electricity. (Enter 1 if *yes*; enter 0 if *no*)	
1.5	Health Post has water supply. (Enter 1 if *yes*; enter 0 if *no*)	
1.6	Health Post has latrine with functioning water supply. (Enter 1 if *yes*; enter 0 if *no*)	
C.3	**Human resources**	
3.1.1	HEWs in-service at beginning of year	
3.1.2	HEWs in-service end of year	
3.3	HEWs left facility	
3.4	HEWs received in-service training (IRT)	
C.5	**Blood bank and Laboratory**	
5.4	Health Post has capacity for malaria parasite diagnosis and has performed diagnosis in past 3 months. (Enter 1 if *yes*; enter 0 if *no*)	
D.1	**Health Systems**	
1.1	**Health service coverage and utilization**	
1.1.1	Population within 10 km (2 hrs walking distance) from health post	
1.1.2	Total population in HP catchment area in year just completed	

Name _____ **Title** _____

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

Annex 8: Master Family Index

Master Family Index (MFI)

Name of Gote _____ Alphabet _____

Household Head			Household number
Name	Father	Grand Father	

Annex 9: Field Book

Field Book

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

This manual was made possible with support from the United States Agency for International Development (USAID) through the MEASURE Evaluation HMIS Scale-up Project. Views expressed do not necessarily reflect the views of USAID or the United States government.