SERVICE PROVIDERS' MANUAL

Understanding Health Management Information Systems

सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

Volume - I

SERVICE PROVIDERS' MANUAL

Understanding Health Management Information Systems

Volume I

National Rural Health Mission
Ministry of Health & Family Welfare
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Foreword

One of the major contributions of NRHM has been to put in place a nationwide HMIS. Currently, on a monthly basis we are gathering reports from over 643 districts. The quality of data reported has also been increasing over the last two years. The challenge now is to make the information available to Programme Managers, and help them to use it for improving service delivery and health outcomes.

This training programme integrates theory with practice. The first of these manuals is meant for use by every service provider who is gathering and reporting data. Similarly all other Programme Managers and HMIS Managers would also need to be familiar with basic definitions of the data elements. The second manual is for the Health Programme Managers to use this information more effectively in managing the programmes.

Further manuals are available as soft copies for use of web portal and under development for HMIS resource persons. We hope that these manuals are used extensively to train our Service Providers and Programme Managers so that data quality and reliability of data improve significantly.

I thank the entire HMIS team of M&E Division of MOHFW and the team of NHSRC for their efforts in bringing out these manuals. We look forward to suggestions and corrections, if any, so that successive editions of these manuals can be improved.

Mrs. Madhubala
Additional Director General
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Preface

These training manuals are essential to take HMIS in our country to next higher level of quality and effectiveness. The training programme that is being implemented is competency based. For an effective HMIS, the system as a whole requires to have proficiency in eight broad competency areas. These eight areas could be listed as follows:

1. Understanding of data elements.
2. Understanding of indicators and the interpretation of data.
3. Understanding of data quality and its determinants
4. Use of information for health planning and monitoring.
5. Understanding National data requirements and functioning and use of National Web Portal.
6. Use of other applications deployed at District and State level that could also feed in National Portal.
7. Design issues that underlie choice of indicators, architecture of the system, and methods of HMIS evaluation.
8. Abilities to customize applications to suit local needs, to define programming requirements and programming skills.

This set of 4 manuals covers all the above competencies except the last one.

Volume 1 – Service Providers' Manual: This deals with the first competency alone, and is meant for use by everyone in the system. This module is taught to all those gathering and reporting data, the training load is highest for this manual.

Volume 2 – Health Programme Managers' Manual: This deals with the use of indicators, and with the understanding and troubleshooting of data quality issues. This manual is essential for all Block, District and State level Programme Managers who are associated with RCH and NRHM programme management in anyway.

Volume 3 – HMIS Managers' Manual: This is essential for only those who enter data and those who seek to access the databases to download data and do their own analysis. It is essential reading for HMIS Managers. This would cover competencies 5 and 6 listed above.

Volume 4 – HMIS Resource Person Manual: This is more conceptual and deals with larger design issues and theoretical frameworks of understanding. It would be an essential reading for those involved in HMIS design, software development or for those writing a tender document, or for those who are constructing a State level training programme or evaluating HMIS systems.

Though these manuals are best understood when transacted in a workshop, it could also be used as a ready reference material for Programme Managers at all levels.

Underlying these four manuals is one fundamental understanding which is crucial to the success of HMIS, viz. HMIS works best when used as a tool of decentralized participatory health planning and management. Currently we have published only the first two volumes .The other two, under development are currently available as soft copies for those who need it.

Acknowledgements

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NHSRC Consultants & Fellows

Many other public health professionals have time and again shared their knowledge and expertise to strengthen HMIS in the country and we greatly acknowledge their contribution and regret our inability to name all of them.

Users of this manual are not perceived as mere recipient of information; we encourage them to contribute to the development of knowledge and science of HMIS. We request all readers who notice any discrepancies to provide us suggestions for improvement. Vision of HMIS goes far beyond mere collection and analysis of data…we envision data to guide our programmes and policies for the promotion of health for all.

Dr. T. Sundararaman
Executive Director
National Health Systems Resource Centre
January 2011

Abbreviations

AEFI	Adverse Event Following Immunisation
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerine
BP	Blood Pressure
BPL	Below Poverty Line
CHC	Community Health Centre
C-section	Caesarean Section
DH	District Hospital
DHIS	District Health Information System
DHQ	District Headquarter
DLHS	District Level Household Survey
DPM	District Programme Manager
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DT	Diphtheria Tetanus
EAG	Empowered Action Group
FMR	Financial Management Report
FP	Family Planning
GO	Government Order
HISP	Society for Health Information Systems Programmes
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HPS	High Performing State

HSC	Health sub-Centre
ICT	Information Communication and Technology
IDSP	Integrated Disease Surveillance Project
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
IOL	Intra Ocular Lens
IPD	In-patients Department
IUD	Intrauterine Device
IV	Intra-Venous
JE	Japanese Encephalitis
JICA	Japanese International Cooperation Agency
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LCD	Liquid Crystal Display
LPS	Low Performing State
M&E Officer	Monitoring and Evaluation Officer
MDG	Millennium Development Goal
MIES	Management Information and Evaluation System
MMR	Maternal Mortality Ratio
MMR	Measles Mumps and Rubella
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MPW	Multi Purpose Worker
MTP	Medical Termination of Pregnancy
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
NHSRC	National Health Systems Resource Centre
NMR	Neonatal Mortality Rate
NPSP	National Polio Surveillance Project
NRHM	National Rural Health Mission
NSV	Non Scalpel Vasectomy
OCP	Oral Contraceptive Pills
OPD	Out-Patient Department

OPV	Oral Polio Vaccine
OT	Operation Theatre
PHC	Primary Health Centre
PNC	Post Natal Care
PNMR	Peri-Natal Mortality Rate
RDK	Rapid Diagnostic Kit
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SC/ST	Schedule Caste/ Schedule Tribe
SD	Standard Deviation
SDH	Sub-District Hospital
SRS	Sample Registration System
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UIP	Universal Immunisation Programme
UT	Union Territories
VDRL	Venereal Disease Research Laboratory
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee
WHO	World Health Organization

CONTENTS

1 Introduction to HMIS

AFTER THIS SESSION PARTICIPANTS WILL UNDERSTAND

- NRHM and HMIS
- Reporting Guidelines
- Basic concepts of HMIS
- Difference between data element and indicator
- Use of information in public health planning
- Advantages of HMIS

I. CONTEXT

A. NRHM AND HMIS

Ministry of Health and Family Welfare launched the National Rural Health Mission (NRHM) to ensure necessary architectural corrections in the basic health care delivery system. The plan of action includes: increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and District management of health programmes, community participation and ownership of assets, induction of management and financial personnel into District health systems, and operationalizing Community Health Centers into functional hospitals in each Block across the country that meet Indian Public Health Standards.

HMIS is not a new concept but an improved and user-friendly programme geared towards use of information for planning and action.

These interventions have increased the demand for data on population and health for use in both micro-level planning and programme implementation. At the same time, understanding the synergy between availability of services, cost involved in provision of public health care

services, expenditure and pattern of utilization among various sections of population, including vulnerable sections of the society, are important aspects that influence decision making. A continuous flow of good quality information on inputs, outputs and outcome indicators facilitates monitoring of the objectives of NRHM.

For reasons such as these efficient health management information systems are required. HMIS is an information system that has been specially designed to assist health departments, at all levels, in managing and planning health programmes. HMIS is defined as:

"*A tool which helps in gathering, aggregating, analyzing and then using the information generated for taking actions to improve performance of health systems.*"

II. HMIS REPORTING GUIDELINES

A. DATA FORMS

MoHFW has revised the forms and reporting procedures for HMIS.

S. NO.	FORM NO.	PERIODICITY	SUBMISSION DATE	SUBMISSION CHANNEL	REMARKS
A	**Reporting forms from State & UTs to GOI** {These forms are to be sent to GOI}				
1	NRHM/GOI/1/A	Annual Consolidated	30th April		
2	NRHM/GOI/2/Q	Quarterly Consolidated	20th of Month following respective quarter	State Govt. to GOI	
3	NRHM/GOI/3/M	Monthly Consolidated	20th of following month		
B	**Reporting forms within State Govt.** {These forms are NOT to be sent to GOI}				
4	NRHM/SG/1/A	Annual	15th April	Internal for State Govt.	
5	NRHM/SG/2/Q	Quarterly	20th of Month following respective quarter		
C	**Reporting forms within Districts** {These forms are to be sent to State Govt.}				
6	NRHM/DHQ/1/A	Annual	5th April	District to State Govt.	
7	NRHM/DHQ/2/Q	Quarterly	10th of Month following respective quarter		
8	NRHM/DHQ/3/M	Monthly	10th of following month		
D	**Facility reporting forms within Districts** {These forms are to be sent to District HQ}				
9	NRHM/DH-SDH-CHC/3/M	Monthly	5th of following month	District Hospital to District HQ	The forms are the same for DH, SDH, CHC and can be used inter-changeably
10	NRHM/PHC/3/M	Monthly	5th of following month	PHC to District HQ	
11	NRHM/HSC/3/M	Monthly	5th of following month	Health Sub-Center to District HQ	

Table above shows names of reporting forms and dates by which the filled forms are to be submitted by SC, PHC, CHC, District and State. These guidelines are important to follow so that good quality data are available timely for efficient planning and decision making.

B. DATA FLOW

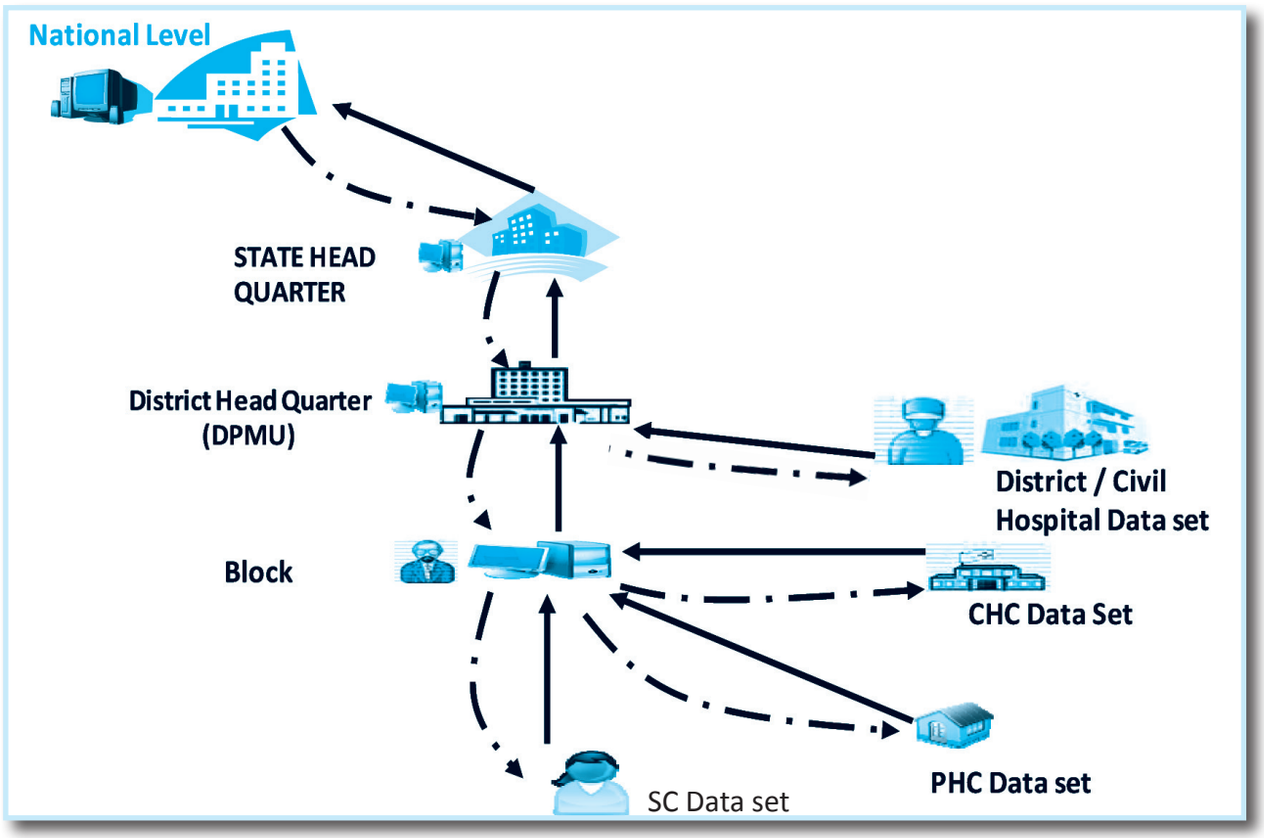


FIGURE 1 Information flow from sub-Centre to National Level

In the figure above, straight lines represents upward flow of information and the dotted lines represents downward flow of information (feedback report). Private facilities report either at Block level or directly to the District Headquarter.

- The levels of reporting in computerized HMIS can be Districts, Blocks, and Facilities. Each level of reporting has its own benefits but it is always better to have facility-wise data entry and reporting. Facility-wise data entry helps in:
- Assessing performance of each facility with respect to other facilities in a District.
- Identifying which facility has low or high coverage and this is very useful to identify underserved population in a community.
- Assessing how many facilities are reporting data on time (not possible in consolidated reporting such as Block or District).
- Probing further question related to data quality and services coverage e.g., if a District has reported 'full immunisation=106%', facility-wise data helps in identification of those facilities which have reported very high coverage and this can be due to duplication or over reporting. Also, if the District has reported 'home deliveries=50%' facility-wise data will help find facilities that have highest burden of home delivery, so that decisions can be made accordingly.
- To ensure continuous and seamless data flow and reporting, these guidelines on data reporting, entry and aggregation should be followed.

C. DATA REPORTING & DATA ENTRY

Monthly

All facilities including health sub-Centre, PHC & CHC, will report their data to Block in the format prescribed for their facility. At the Block level, Block will consolidate these data to prepare the 'Block Consolidated Report'. Block Consolidated Report will be sent to the District Programme Management Unit (DPMU). Here, DPMU will consolidate all Block data and include stock details of Districts to make the 'District Monthly Consolidated Report', which will be then uploaded on Web Portal.

If the State has functional State specific HMIS application, facility-wise data will be entered at Block and at the District level. District stock details will be entered in HMIS application at District level. Once data entry is complete, Districts can generate 'District Monthly Consolidated Report' to upload on Web Portal. Formats required to generate a 'District Monthly Consolidated Report' are as below.

Monthly Formats for each facility

a. Monthly data sets*
b. 'Line-listing format for births' or 'Aggregated Line-listing for births' in case the State does not want to use the line-listing for birth format**
c. Line-listing for deaths

NOTE

* Data sets: (sub-Centre dataset=sub-Centre reporting format, PHC data set=PHC reporting form, CHC dataset=CHC reporting form)

** Since the District Hospital will be reporting a high number of births; it is recommended that they report births in the Aggregated Format rather than line-listing.

Monthly Formats for District

District monthly stocks (drugs and other consumables)

Monthly Formats for other government institutions (like dispensaries, urban centers) and for all private facilities: Formats will be provided to the facilities after assessing their similarities/equivalence with SHC, PHC, CHC, DH/SDH etc., and based on the services being provided.

Other monthly formats for District/ State

a. District Financial Management Report (FMR) dataset
b. State FMR dataset

FMR reports are uploaded in Web Portal every quarter.

Quarterly

a. For District: District quarterly data set.

b. For State: State quarterly data set.

Annual

a. District annual data set.

b. State annual data set.

D. DATA AGGREGATION

First level aggregation: First level of data aggregation will be at the Block, where data from all the facilities will be consolidated to prepare the 'Block Monthly Consolidated Report'.

Second level aggregation: Second level of aggregation will be at the DPMU, where data for whole Block and the District stock details will be consolidated to prepare the 'District Monthly Consolidated Report'. This report will be electronically uploaded on the central Web Portal. Where ever State HMIS application is functional one copy of the entire database will be stored in the State HMIS application.

Third level aggregation: Third point of aggregation is the State, where all the State monthly, quarterly and annual reports will be generated. Aggregation will be carried out by accessing all District consolidated reports and all State specific data entry that was done at the State level (quarterly, FMR, annually). 'State Aggregated Report' will be uploaded on the Web Portal, and a copy of the same will be available in the State specific HMIS application running on the State server.

E. DATA AUTHORIZATION

Details of data entry & software etc. are discussed in Volume-III. However, process of data authorization in brief is as below:

1. All facility datasets should be checked and verified before transmission to Block/District. Two copies of the dataset are prepared, and after being signed (with stamp and date) by the approving authority (to be designated by the CMO), one copy may be transmitted and one will be filed in the facility records.

2. At the Block or District level where the facility datasets are received, it may be ensured that these are duly signed and verified before data entry for these is undertaken.

3. At the Block, required aggregated reports are generated after data entry is complete. These reports should be scrutinized and verified for correctness and quality and uploaded on HMIS portal wherever such facility for uploading is there. Following this, one paper report must be duly signed (with stamp and date) by the designated authority and retained by the office and other copy may be sent to the next level. The electronic copy of the data (as an exported file) is also sent to the District Office. If the State specific HMIS application is not running at the Block level, then the process of verification and signing must be carried out only on paper formats. Manual system of verification will back-up the electronic verification system.

4. At the District, reports should be generated based on the verified data received from the Blocks, monthly stocks, and District facilities (District Hospital/SDH, etc.). A paper copy of the generated report must be verified (signed and stamped) and maintained at the District Office and other copy may be sent to the State Office. After verification, the report can electronically be forwarded to the State through Web Portal.

5. State will confirm the reports and forward to the National level through Web Portal after due verification. A manual copy of the verified and forwarded reports must be filed in the State records.

F. FEEDBACK

If the major purpose of information/data collection is to have informed planning and decision making, then a system of provision of feedback is a crucial mechanism to achieve this purpose. Feedback is an important part of reporting which ensures that reports received at higher level are not only verified but are also being used for programmes and policies. In absence of any feedback, health workers doubt the utility of engaging in such rigorous exercise and consequently their compliance and commitment to reporting evades. Feedback can be provided in various ways but it is best done in writing and discussions.

Written feedback

1. 1. Simple tables of monthly data where comparisons between various facilities of a Block/District with or without analysis/comments is an effective way of providing feedback. Similar comparisons can be made by Districts at State level. Feedback becomes more comprehensive if it is accompanied by interpretation and action points.
2. Districts can prepare short programme reports each month that have selected indicators and raw data on different programmes such as maternal health, child health, communicable diseases, and management issues. These reports can facilitate intra or inter-Blocks comparison in the District.
3. Computer generated graphs that compare facilities, illustrate District trends, or pinpoint facilities that achieved targets or had problems, are also a good form of feedback reports.

Verbal feedback

Verbal feedback can be provided during monthly meetings through discussions where health workers share their successes and failures, find solutions to the problems, trouble shooting, identifying management issues and actions for future.

III. BASIC CONCEPTS IN HMIS

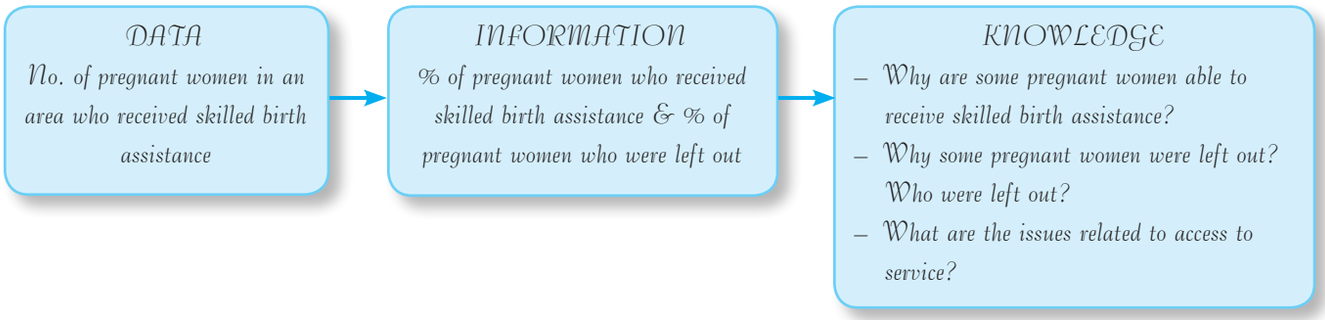
The concepts of data, information, and knowledge are often used interchangeably though they are not synonymous. Often collecting more data is regarded as creating more knowledge, which is a wrong assumption.

Data: It is the raw material in the form of numbers or characters and it is without context.

Information: It is a meaningful collection of facts/data with reference to a context.

Knowledge: When information is analyzed, communicated, and acted-upon it becomes knowledge.

Figure below illustrates these concepts with example.



A. DATA ELEMENT

"A data element refers to the name of a particular event or factor that must be counted or measured."

In context of HMIS, a data element is a record of health event or health related event.

Example During a particular month:

1. Number of pregnant women who received an antenatal check-up.
2. Number of children below five years who were affected with measles.
3. Number of female children born

The first example is a record of a service delivered, second is a health event, and third is health related event. All these three are data elements that are recorded in a register by the service provider. Later, similar events for the month are aggregated and reported in specified reporting formats.

B. INDICATOR

"An indicator converts raw data into information that can be interpreted and used for decision-making."

Raw data generally does not make much sense unless one data element is seen in relation to other data element. *In simple words, a*n indicator is derived from data elements so that it becomes information that can be used for programme monitoring, management, and action.

INDICATORS FACILITATE...
– *Comparison of performance among areas/groups.*
– *Track progress made towards a target.*

Converting data elements into indicators

To derive an indicator, identify a data element as the numerator, divide it by another data element which represents the context and multiply it by a factor (which is usually but not always 100). Thus, an indicator is also a relationship between two data elements.

Example

Data element: Total number of children in 12-23 month age group who have been given Measles vaccine=360

Numerator: Total number of children given measles=360

Denominator: Total number of children in the age group 12 to 23 months=450

Multiplying factor: 100

Indicator: Percentage of children in 12-23 month age group given Measles vaccine=80%.

GROUP ACTIVITY

CONVERTING DATA ELEMENTS INTO INDICATORS

Instructions:

- Provide each trainee with a calculator and paper
  (Participants can use their mobile phones, if calculators are not available)
- 2-3 participants can work as a group
- Demonstrate steps for calculation for first example
- Show results to the group
- Present the example on slide and ask participants to calculate.
- Show results to the group after everyone has finished
- Assist participants with calculations, if needed

Calculation: (360/450)x100=80%

Group activity: Convert data elements given below into indicator 'Percentage coverage of BCG immunisation for children under 1 year' for each of the years 2005, 06, 07, 08 & 09.

DATA ELEMENT	YEAR 2005	2006	2007	2008	2009
Number of children given BCG immunisation	200	250	275	300	400
Number of Children under 1 year	250	300	350	400	450

Answer:

Formula: % of BCG coverage = $\frac{\text{Number of children given BCG immunisation} \times 100}{\text{Number of Children under 1 yr}}$

DATA ELEMENT	2005	2006	2007	2008	2009
Number of children given BCG immunisation	200	250	275	300	400
Number of Children under 1 year	250	300	350	400	450
% of BCG Coverage=(a/b x 100)	80.0	83.3	78.6	75.0	88.9

Indicators for Programme Monitoring

Indicators help assess our performance/progress across time and across places. Such translation of information gives meaning to dreary numbers. Indicators also serve as a yardstick for comparison with external sources. Consider following examples:

Example

Indicator: Percentage of registered pregnant women who had an institutional delivery=50%

Data elements: Number of institutional deliveries conducted last year in the PHC=234 and total number of registered pregnant women=468

Meaningful information for Medical Officer or Supervisor at the PHC is available that reflects progress made towards achievement of 'Institutional deliveries' target.

- Did all deliveries happen in the institution?
- Is delivery services in the PHC utilized well?

Scenario: Facility A had 10 people default on their treatment last month. Facility B had 5 people default. Which facility has bigger problem with defaulters?

We cannot tell unless we assess the data in relation to the number of patients on treatment in each facility i.e., we need to provide a context in order to make sense of these data.

Group activity: Community A has 50 malaria cases in a population of 2500 and Community B has 100 malaria cases in a population of 10,000. Which community has a bigger problem of malaria?

It might look that Community B has more number of malaria cases than Community A. However, in reality Community A has a bigger problem of malaria. How?

Let us calculate:

GROUP ACTIVITY

INDICATORS FOR PROGRAMME MONITORING

Instructions:

- Provide each trainee with a calculator and paper
- 2-3 participants can work as a group
- Demonstrate steps for calculation for first example
- Show results to the group
- Present the example on slides and ask participants to calculate
- Show results to the group after everyone has finished
- Assist participants with calculations, if needed.

	CASES	POPULATION	INDICATOR	MALARIA CASES PER 1000
Community A	50	2500	(50/2500)x 1000	20
Community B	100	10000	(100/10000)x 1000	10

C. TRANSLATING KNOWLEDGE INTO ACTION

The choice of indicator depends upon what aspects of the programme we are monitoring and what actions need to be taken in a given context. An indicator provides information on how well a particular parameter of the programme is progressing but this information has to be interpreted in a context to facilitate meaningful action. Understanding information in context is termed as "knowledge". This step is best done by Programme Managers or Service Providers. We track below transformation from data element to indicators to knowledge.

Example: Table 3a provides communicable disease data for July for PHC 'A' and also data related to disease prevention and control.

TABLE 3A

PHC 'A'	
Communicable disease data	
Number of villages reported fever cases	12
Number of villages surveyed this month for fever cases	8
Number of fever cases this month for whom blood smear examination done	100
Blood smear malaria positive cases	74
Number of positive cases seen and given Chloroquine tablets	42
Number of vector breeding sites	102
Number of vector breeding sites destroyed	78

Let's convert these data into information. Table 3b shows how to calculate indicators from available data.

TABLE 3B

INDICATOR	NUMERATOR	DENOMINATOR	MULTIPLYING FACTOR	VALUE
Percentage of villages reporting fever cases surveyed this month	Number of villages surveyed this month for fever cases=8	Number of villages having reported fever cases=12	X 100	66.67%
Percentage of fever cases positive for malaria	Blood smear malaria positive cases=74	Number of fever cases this month for which blood smear tested=100	X 100	74.00%
Percentage of malaria positive cases given Chloroquine	Number of positive cases seen and given Chloroquine tablets=42	Blood smear malaria positive cases=74	X 100	56.75 %
Percentage of vector breeding sites destroyed	Number of vector breeding sites destroyed=78	Number of vector breeding sites=102	X 100	76.00%

Let us discuss how indicators are useful for making action plans at the facility level.

Table 3b illustrates useful information related to Malaria prevention and control in PHC 'A'. At the same time, it prompts us to ask the following questions:

- Out of total 12 villages which have reported fever cases, only 8 (66%) were surveyed last month. Was it due to the lack of availability of health personnel or health personnel were overburdened with other work or were these areas difficult to reach due to the rainy season?
- Was every malaria case treated with Chloroquine?
- Have we provided treatment to all cases?
- Do we have adequate medicine in the stock (only 56% malaria positive received Chloroquine tablets)?
- How many vector breeding sites were destroyed?
- Was that enough to stop further spread of vectors in the population?

GROUP ACTIVITY

TRANSLATING KNOWLEDGE INTO ACTION

Instructions:

- Provide each trainee with a calculator and paper
- 4 participants work in 1 group
- Demonstrate steps for calculation for first example
- Show results to the group
- Present the example on slides and ask groups to do similar exercise
- Groups will do 5 minutes presentation of their work
- Share results given below at the end

Group activity: To reduce maternal and child deaths, a range of services are provided by the RCH Programme during ANC, delivery and PNC. Table 4a provides ANC data for FY 2008-09 for Sector A.

TABLE 4A

SECTOR A (AREA COVERED BY PHC A)	
ANC Data	
Estimated number of pregnant women in the area	1000
Number of ANC cases registered	800
Number of ANC cases registered under JSY	450
Number of ANC cases received 100 IFA tablets	300
Number of ANC cases received TT 2 or booster dose	530

Let's convert these data into information. Table 4b shows how to calculate indicators from available data.

TABLE 4B

INDICATORS	NUMERATORS	DENOMINATORS	MULTIPLYING FACTORS	VALUES
ANC registration rate	Number of ANC cases registered=800	Estimated number of pregnant women in the area=1000	X 100	80.00%
Percentage ANC registered under JSY	Number of ANC cases registered under JSY=450	Number of ANC cases registered=800	X 100	56.25%
ANC 100 IFA distribution rate	Number of ANC cases received 100 IFA tablets=300	Number of ANC cases Registered=800	X 100	37.50%
ANC TT 2/Booster coverage rate	Number of ANC cases received TT 2 or booster dose=530	Number of ANC cases registered=800	X 100	66.25%

Let us discuss how indicators are useful for making action plans at the facility level.

Table 4b illustrates useful information related to ANC in PHC 'A'. At the same time, it prompts us to ask the following questions:

- 100 IFA distribution is less than 40%, is it due to non-availability of IFA tablets in the PHC or is it underreporting?
- TT2/ booster coverage is not adequate? Do we have continuous supply of vaccines? Do we need to strengthen outreach services and work of ASHA to increase the coverage?
- JSY registration is much less than ANC registration. Why is this so? Why are all ANC registrations not being treated as JSY registration? Discuss.

IV. ADVANTAGES OF HMIS

All levels in a health department, be it a Primary Health Centre or a District Hospital or the State or National Office, need information on regular basis not only to monitor the health status of the population they serve but also to track progress towards achievement of targets under different health programmes. Information needs, purpose, and use of information differs at each level in the hierarchy. Therefore, a robust information system which can provide *accurate, up-to-date, and timely information* to the health department is needed at every level.

Following are the uses of HMIS at different levels of health department:

- At the National and State level, HMIS is primarily a tool of policy and strategy making. It is useful for assessing the progress of national health programmes. For example, by analyzing full immunisation coverage in different states, the officer responsible for child health can evaluate performance of immunisation coverage in various States, so that they can allocate resources more effectively and strengthen support for these States.

- At the State and District level, HMIS is a tool of programme monitoring and management. A robust HMIS can help Programme Managers to track the progress of implementation of various programmes. It enables them to distinguish well performing areas from those that require more support and resources. Thus, HMIS helps in planning and designing specific interventions that can strengthen a programme.

- At the sub-District level such as Block, PHC, sub-Center, and other facilities, HMIS facilitates: efficient and effective registering and collation of data; improvements in data quality; systems for complete reporting; timeliness and accuracy; provision of data analysis tools; interpretation and translation of data to guide action and intervention at local level. HMIS's Name-based tracking system for pregnancy and child-care can help ANM to use their primary name-based register to plan their visit and service delivery schedules for women and children.

- 2-way feedback mechanism: Many a times no feedback is provided on information collected from facilities and service providers after processing of data. Data/information/reports are always sent up in the hierarchy. Feedback ensures data quality and reliability; it also builds up the sense of responsibility among service providers. HMIS portal under NRHM generates 'Feedback reports'. The 'Feedback reports' provide status of achievement against a target, comparisons with facilities and time periods can also be made. Provision for reminders about service delivery due dates can also be made to the Service Providers on their mobile phones to assist them with their work.

At every level, an effective HMIS should help us answer six classical epidemiological questions: Who, What, When, Where, Why, and How about the health status of the people.

Service Providers such as ANMs or Medical Officers will probably be interested in fewer data elements that they can use as indicators. Some may find indicators confusing. However, it is empowering for the Service Providers to understand the utility of HMIS in programme planning and resource allocation. This higher level of understanding improves competency and ability of Service Providers in programme planning and management at all levels.

2 Data Definitions

IN THIS SESSION WE WILL LEARN...

- Data elements in 3 formats
- Definitions of data elements
- Guidelines for data collection
- Importance of having standardized definitions and guidelines

I. INTRODUCTION

The major shift in the present HMIS is towards Facility-based reporting, so that the health services/activities that take place **at the facility** are captured/reported for that particular month. Thus activities like home deliveries, would not get reported in the DH-SDH-CHC or PHC formats; these would get reported by the corresponding sub-Centre format in the catchment area.

In case of sub-Centres, the services provided at the sub-Centre or in the out-reach/catchment area are to be included in the sub-Centre report. Care is to be taken not to include the services provided at PHC or higher level facilities into sub-Centre report.

a. In case of vital events of births and deaths, following is to be followed.
b. Events occurring at particular facility e.g., at PHC/CHC are to be reported by the respective facility
c. Events occurring at sub-Centre and in the outreach area are to be reported by the sub-Centre.
d. Events occurring during transit e.g., a delivery occurring on way to the health facility and not attended at the health facility may be reported as home delivery.

The private healthcare institutions (<30 beds) will be required to use PHC formats while the private healthcare institutions (>30 beds) would have to fill CHC formats. The private institutions are to fill up a separate format for each institution and upload on the portal. This assumes importance especially when the State has

initiated facility-based reporting. Accredited private institutes are required to provide information about the services provided at their facility.

A. ADVANTAGES OF STANDARDIZED DEFINITIONS

It is essential that health workers who are collecting as well as those who are interpreting data should have a common understanding of the meanings of data elements. If understanding of data definitions are inconsistent, then uniformity and standardization of data will be compromised, which may adversely affect the use of data for decision making and planning. Therefore, all data elements must have standardized definitions. Standard definitions facilitate data comparison across facilities, geographical areas, and time periods. Not only the data elements but indicators should also have standardized calculation guidelines and interpretation rules. It should be clearly stated which data elements are used to calculate the indicators and in what context the indicator can be interpreted.

GROUP ACTIVITY

ADVANTAGES OF STANDARDIZED DEFINITIONS

Instructions:

- Divide participants in 3 groups
- Present following questions on the slide & give 10 minutes for discussion. Afterwards, each group will present their answers.

Questions

1. Which vaccine is not taken into account while calculating fully immunized children?
2. If a woman is given 200 IFA tablets, will that be reported as 2 or 1 beneficiary?
3. How to report data elements under 'Health facility services'?
4. Are booster doses included while calculating fully immunized children (12-23 months old)?
5. In data element, 'JSY incentive paid to mothers' do we enter number of JSY beneficiaries or amount paid?
6. Are following two data elements same?
   a. Number of oral pills cycle distributed
   b. Number of centchroman (weekly) pills distributed

II. DEFINITIONS AND GUIDELINES IN DATA FORMATS

This session is divided into three sections according to the formats of facilities.

Section 1: Sub-Centre format and data elements
Section 2: Primary Health Centre format and data elements
Section 3: CHC/SDH/DH format and data elements

We will first understand the data formats and then proceed with definitions. Data formats primarily have 2 sections: data reporting form and line-listing form. Table below shows the number of data elements in each type of reporting format.

NUMBER OF DATA ELEMENTS IN FACILITY LEVEL FORMATS			
Section	**SC**	**PHC**	**CHC/SDH/DH**
Antenatal care	8	9	10
Deliveries	9	5	5
Caesarean Section	-	1	1
Pregnancy Outcome	7	7	7
Complicated Pregnancies	-	4	5
MTP	-	3	2
RTI/STI	-	3	3
Post Natal Care	2	3	3
Family Planning:	12	17	17
Child Immunisation	28	27	28
Vitamin A doses	3	3	3
Childhood Diseases	3	9	9
Other Programmes(blindness control Programmes)	-	4	6
Patient Services	2	17	20
Lab Test	2	15	15
Total	76	127	134

Note that HMIS formats are designed to capture 'Facility-based reporting'. Health services/activities that take place at the facility such as 'Eclampsia cases managed during deliveries' is a part of PHC and CHC form and not sub-Centre form because ANM at sub-Centre detects hypertension cases but treatment and management takes place at PHC/CHC/DH, which are equipped to handle such cases.

Clear definition for each data element is provided. Detailed guidelines on data collection for each data element are provided against the data element itself. Pay attention to the Ref. No. in the 1st column, this number corresponds to the numbers in the format. Ask participants to refer to the relevant page during the training. Definitions and guidelines will be explained and discussion will be encouraged to resolve any confusions. Definitions and guidelines will be explained and discussion will be encouraged to resolve any confusions.

A. SUB-CENTRE FORMAT GUIDELINES

Following are instructions for filling information in the format. For detailed information on any term or terminology, the user may please refer to the corresponding technical or programme guidelines/manuals. All information will relate to the activities/events during the reporting month.

PART A: REPRODUCTIVE AND CHILD HEALTH

Ref. No.	Sub-Centre Format Guidelines Data Item
M1	**Ante Natal Care Services (ANC)** Antenatal care is the healthcare received by a woman during pregnancy. Antenatal care starts with 'history-taking' and is followed by examination of the woman, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination, etc., as per the ANM guidelines. The woman is advised for diet, regular antenatal check-ups, and counselled for family planning. She is also provided with immunisation for TT and IFA tablets along with proper treatment required in case of any complication. Ideally, as per the RCH schedule, 1st ANC check-up is to be done within 12 weeks, preferably as soon as the pregnancy is suspected, 2nd ANC check-up: between 14-26 weeks, 3rd ANC check-up: between 28-34 weeks, 4th ANC check-up: between 36-40 weeks, but due to unawareness, mobility, distance, etc., the timing for the check-ups may vary.
1	***Data Element : Total number of pregnant women Registered for ANC*** **Definition:** Total number of NEW pregnant women registered for antenatal care during the reporting month. **Guideline**: The visit should include relevant checkups required for antenatal care. Registration should include ANC check-up. ANC first check-up is same as ANC registration. A pregnant woman is generally registered during the very first contact with the health facility/worker, irrespective of her stage of pregnancy. **Data Source – Antenatal Register / Pregnancy Register**
1.1	***Data Element : Of which Number registered within first trimester*** **Definition:** Out of the total number reported in data element-1 above, the number registered within 12 weeks of pregnancy during the reporting month. **Guideline:** First trimester refers to the first three months (12 weeks) of a woman's pregnancy. It should not be confused with the first quarter of the calendar year. **Data Source – Antenatal Register / Pregnancy Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
2	*Data Element : New women registered under JSY* **Definition:** Total number of NEW pregnant women registered under the JSY scheme during the reporting month. **Guideline:** Only BPL, SC and ST pregnant women would be registered in High Performing States (HPS). In low performing States (LPS), all pregnant women who come for ANC would be registered. A woman should be simultaneously registered under JSY scheme on her first contact with the health facility/worker at the time of ANC registration. **Data Source – JSY Register**
3	*Data Element : Number of pregnant women received 3 ANC check ups* **Definition:** Number of pregnant women who received the 3rd check-up during the reporting month. **Guideline:** The 3 check-ups should be adequately spaced as per the schedule given in M 1 above. **Exception:** If a woman comes for the ANC check-up for the first time, in the late weeks of pregnancy it should NOT be counted as 3rd ANC check-up, it will still be the 1st ANC check-up. Only those pregnant women are to be reported who received their 3rd ANC check-up during the reporting month. **Data Source – Antenatal Register / Pregnancy Register**
4 4.1	*Number of pregnant women given* *Data Element : TT1* **Definition:** Two doses of TT are administered to the pregnant women during pregnancy. Total number of pregnant women who received the first dose of TT Immunisation is to be reported here. **Guideline:** The first dose of TT should be given just after the first trimester of pregnancy. **Data Source – Antenatal Register / Pregnancy Register**
4.2	*Data Element : TT-2 or Booster* **Definition:** Total number of pregnant women who have received the second dose of TT immunisation (TT-2) or Booster dose of TT during the reporting month. **Guideline:** This indicates number of pregnant women who have completed TT immunisation for the current pregnancy. The second dose of TT is to be given one month after the first dose (TT1) but, preferably, at least one month before the expected date of delivery. If the woman has received two injections during previous pregnancy (in last 3 years), a single dose of TT is given and it would be counted as TT Booster. *While reporting this element, please follow this:* *TT-2 or Booster = Total number of pregnant women who have received the second dose of TT immunisation (TT-2) + Total number of pregnant women who have received the Booster dose of TT.* **Data Source – Antenatal Register / Pregnancy Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
5	***Data Element : Total number of pregnant women given 100 IFA tablets*** **Definition:** Total number of pregnant women who have received at least 100 IFA tablets (large) (equivalent to 100 mg of elemental iron and 0.5 mg of folic acid per tablet daily) during the reporting month. **Guideline:** The number of pregnant women are to be reported and NOT the number of IFA tablets. If the number of IFA tablets given to a woman is less than 100, then she should not be reported till she is given 100 tablets. If more than 100 IFA tablets are given to any pregnant woman, she should be counted when she receives 100 IFA tablets and should not be reported for rest of the extra tablets. Any person other than PREGNANT woman getting IFA tablets should not be reported here. **Data Source – Antenatal Register / Pregnancy Register**
6 6.1	***Pregnant women with Hypertension (BP>140/90)*** ***Data Element : New cases detected at institution*** **Definition:** Number of antenatal women who have been detected with hypertension (*BP more than 140/90*) for the FIRST TIME in their pregnancy during the reporting month. **Guideline:** If a pregnant woman is detected with hypertension in her earlier antenatal check-up and is detected with high BP in the current month as well, then she will not be reported again. **Data Source – Antenatal Register / Pregnancy Register**
7 7.1	***Pregnant women with Anaemia*** ***Data Element : Number having Hb level<11 g/dl (tested cases)*** **Definition:** Number of pregnant women tested and found with Haemoglobin (Hb.) less than 11 g/dl during the reporting month. **Guideline:** Only those cases are to be reported where the Hb. was measured by a Hemoglobinometer or any other acceptable laboratory method. Examination of eye/nails is not to be reported. **Data Source – Antenatal Register / Pregnancy Register / Laboratory Register**
M2	**Deliveries**
8	***Deliveries conducted at Home***
8.1	***Number of Home Deliveries attended by:***
(a)	***Data Element : SBA Trained (Doctor/Nurse/ANM)***
	Definition: Number of home deliveries attended by a Doctor, Nurse or an ANM during the reporting month. **Data Source – Delivery Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
(b)	***Data Element: Non SBA (TBA/Relatives/etc.)*** **Definition:** Total number of home deliveries attended by anyone OTHER (TBA/Relatives/ etc.) then a Skilled Birth Attendant during the reporting month (i.e., excluding those cases reported in 8.1 (a)). Trained 'dais' will also come under this data element. **Guideline:** The information on non-SBA home deliveries can come from AWW or ASHA but has to be recorded in the register and reported by the ANM. **Data Source – Delivery Register**
8.2	***Data Element : Number of newborns visited within 24 hours of home delivery*** **Definition:** Total number of newborns visited by health worker (ANM/ASHA/ Doctor/ Staff Nurse) within 24 hours of home delivery, during the reporting month. **Guideline:** Essential newborn care, including weighing, is provided. In few States, visits made by trained AWWs are also included. Reports, however, are taken from ANM's register that include the details of visit. **Data Source – Delivery Register**
8.3	***Data Element : Number of mothers paid JSY incentive for home deliveries*** **Definition:** Number of mothers who have been paid Janani Suraksha Yojana (JSY) incentives for home deliveries during the reporting month. **Guideline:** The number of mothers is to be reported and NOT the amount paid. *The ANM should have a system of maintaining and reporting this information.* **Data Source – Delivery Register /JSY register**
9	***Data Element : Deliveries conducted at facility*** **Definition:** Total number of deliveries conducted at the sub-Centre during the reporting month. **Guideline:** Home deliveries are not to be reported here. Also the deliveries conducted in private nursing homes and the referred cases to any higher facility are not to be reported here. If a delivery is conducted in nearby PHC/CHC or any other facility, ANM will not include these deliveries in the sub-Centre report. **Data Source – Labour Room Register/Delivery Register**
9.1	***Data Element : Of which Number discharged under 48 hours of delivery*** **Definition:** Out of the total deliveries conducted (*as reported in data element 9 above*) in the sub-Centre, the number of women discharged within 48 hours of delivery, during the reporting month. **Guideline:** It is important that a woman should stay in the facility for at least 48 hours after delivery. **Data Source – Labour Room Register/Delivery Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
9.2	***Number of cases where JSY incentive paid to***
(a)	***Data Element : Mothers*** **Definition:** Number of mothers who have delivered (*as reported in data element 9 above*) in the sub-Centre and have been paid JSY incentive money during the reporting month. **Guideline:** Institutional deliveries are encouraged by paying JSY incentives to mothers. Count only those who were paid JSY incentive during the month, not those who are eligible and due for payment. Report only when full payment is made. Care may be taken that the number of mothers who received JSY full payment are to be reported and not the amount paid. **Data Source – Pregnancy Register & JSY Register**
(b)	***Data Element : ASHAs*** **Definition:** Number of ASHAs paid incentive money for facilitating institutional delivery at the sub-Centre during the reporting month under the JSY Scheme. **Guideline:** Count only those who have received payment – do not include those who are eligible. Report only when full payment is made. **Data Source – Pregnancy Register & JSY Register**
(c)	***Data Element : ANM or AWW (only for HPS States)*** **Definition:** Number of ANM/AWW paid incentive for facilitating institutional delivery at the sub-Centre during the reporting month under the JSY Scheme (To be reported only for High Performing States). **Guideline:** In High Performing States (HPS), this incentive is paid to ANM/AWW for facilitating institutional delivery at the sub-Centre. Report only when full payment is made. **Data Source – Pregnancy Register & JSY Register**
M3	***Pregnancy Outcome & details of new-born*** **Definition:** Pregnancy outcome, here (in the sub-Centre format), is the sum of live births, still-births, and spontaneous abortions. **Live birth:** Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, such as movement, breathing, heartbeat, or pulsation of the umbilical cord, crying, even for a short period (few seconds). **Still Birth:** Complete expulsion or extraction of baby from its mother where the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs. In case the foetus dies in the uterus after 20 week or during labour/delivery, it will be reported under still birth. **Abortion**: Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation. An abortion can occur spontaneously due to complications during pregnancy or can be induced. Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost due to natural causes/ accidents before the 20th week of gestation.

Ref. No.	Sub-Centre Format Guidelines Data Item
10	***Pregnancy Outcomes (in number)*** **Definition:** Pregnancy outcomes, here, is the sum of live births+still births+ spontaneous abortion. **Guideline:** Live births, still births, and spontaneous abortions conducted at sub-Centre/home are to be reported here. If any delivery or an abortion (spontaneous and induced) is conducted in nearby PHC/CHC or any other facility in the ANM's catchment area, then the ANM will not report the live births, still births, abortion or MTP, though may be recorded in register for information.
10.1	***Live Birth*** Total number of live births during the reporting month. In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. This is a calculated field hence the entry is not to be made in this field.
(a)	***Data Element : Male*** **Definition:** Number of male live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
(b)	***Data Element : Female*** **Definition:** Number of female live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
10.2	***Data Element : Still Birth*** **Definition:** Number of still births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
10.3	***Data Element : Abortion (spontaneous/induced)*** **Definition:** The number of SPONTANEOUS abortions occurring at home (in the sub-Centre area) or at the sub-Centre during the reporting month. **Guideline:** Here only the spontaneous abortions that are attended/reported are to be included. MTPs/induced abortions are not to be reported by the sub-Centre but are to be reported by the facility performing these. **Data Source – Pregnancy Register/Labour Room Register**
11	***Details of Newborn children weighed*** Total number of newborns (live births) weighed during the reporting month at the sub-Centre and at home. **Guideline:** This will include neonates weighed at the sub-Centre and at home. Newborns weighed at home by health worker need to be recorded and reported by the ANM.

Ref. No.	Sub-Centre Format Guidelines Data Item
11.1	***Data Element : Number of Newborns weighed at birth*** **Definition:** Number of newborns (live births) weighed within 24 hours of birth during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**
11.2	***Data Element : Number of Newborns having weight less than 2.5 kg*** **Definition :** Total Number of newborns (live births) who were weighed (*out of data element 11.1*) and found to be less than 2500 grams during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**
12	***Data Element : Number of newborns breast fed within 1 hour*** **Definition:** Out of newborns reported (*in data element 10.1),* those breastfed within one hour of delivery during the reporting month**.** **Guideline:** This will include newborns delivered at sub-Centre and home deliveries. In sub-Centre deliveries, this is easily noted. In home deliveries, it is noted from the report of the health workers, usually ASHA or AWW who makes the immediate post delivery visit. **Data Source – Pregnancy Register/ Child Care Register**
M4	**Post Natal care** First six-weeks period (42 days) after delivery is called post-partum/postnatal period. However, information as required, against the respective data element is only to be reported.
13	***Data Element : Women receiving post partum check-up within 48 hours after delivery*** **Definition:** Total number of women who received first post partum check-up within 48 hours of delivery (0-48 hours) during the reporting month. **Guideline:** This would include the post partum check–up given by ANM or any other SBA or trained ASHA at home or at the sub-Centre within 48 hours of delivery. The deliveries may be conducted at: • home or sub-Centre. • any nearby facility (i.e., PHC/CHC/private nursing home) and the mother is discharged within few hours of delivery. The visit can also be used to establish positive relation between the mother/baby and the local Sub-Centre. **Data Source – Inpatient Register/Pregnancy Register**
14	***Data Element : Women getting a post partum check-up between 48 hours and 14 days*** **Definition:** Total number of women who have received post partum check-up between 48 hours and 14 days after delivery during the reporting month. **Guideline:** This will be same as data element 13 but the time period will be from 48 hours to 14 days. This would not include the post partum checkups given before 48 hours. **Data Source – Inpatient Register/Pregnancy Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
M5	**Family Planning** Family planning methods regulate the number and spacing of children in a family through use of contraceptives or other methods of birth control.
15	***Data Element : Number of new IUD Insertions***
15.1	***Data Element: At facility*** **Definition:** Total number of cases of IUD insertions done at the sub-Centre during the reporting month. **Data Source – Family Planning Register**
16	***Data Element : Number of IUD removals*** **Definition:** Total number of cases of IUD removals during the reporting month. **Guideline:** Sum of IUDs removed at the sub-Centre and the IUDs removed/ expelled by the women themselves are to be reported here. Cases referred to PHC or other facilities should not be reported here by the ANM. **Data Source – Family Planning Register**
17	***Data Element : Number of oral pills cycles distributed*** **Definition:** Total number of oral pill cycles (packets) distributed during the reporting month. **Guideline:** Number of OP cycles distributed is to be reported and not the number of pills distributed. This would include the total number of oral pill cycles (packets) distributed at the sub-Centre, and also those distributed through depot holder/ASHA/ANM (distribution means, distribution to actual beneficiaries and NOT inventory transfer from sub-Centre to the depot-holders/ASHA etc.). The strips are stocked with a drug depot or ASHA, the ANM would have to ascertain from them and report it. **Data Source – Family Planning Register/ Inventory Register**
18	***Data Element : Number of condom pieces distributed*** **Definition:** Total number of condom pieces distributed during the reporting month. **Guideline:** This would include the total number of condom pieces distributed at sub-Centre and also those distributed through depot holder/ASHA/ANM (Distribution means, distribution to actual beneficiaries and NOT inventory transfer from sub-Centre to the depot-holders/ASHA etc.). This would also include condoms taken by beneficiaries from distribution points in sub-Centre or elsewhere (including campaigns in streets, factories, free distribution etc.) which were supplied directly from this sub-Centre. **Data Source – Family Planning Register/ Inventory Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
19	*Data Element : Number of centchroman (weekly) pills given* **Definition:** Total number of centchroman (weekly) pills distributed during the reporting month. **Guideline:** This would include the total number of centchroman pills distributed at the sub-Centre and those distributed through depot holder/ASHA/ANM. Centchroman pills are not to be confused with Oral Contraceptive Pills (*data Element 17*) and they have to be reported separately. **Data Source – Family Planning Register/Inventory Register**
20	*Data Element :Number of emergency contraceptive pills distributed* **Definition:** Total number of emergency contraceptive pills distributed during the reporting month. **Guideline:** This would include the total number of emergency contraceptive pills (pill to be taken within 72 hrs of unprotected sexual act) distributed at the sub-Centre, and those distributed through depot holder/ASHA/ANM. One client can receive more than one emergency contraceptive pill per month. In such cases, report each pill distributed. **Data Source – Family Planning Register/Inventory Register**
21	*Quality in sterilisation services*
21.1	*Number of complications following sterilisation* **Guideline:** Total number of cases of complications following NSV/conventional vasectomy and female sterilisation reported during the reporting month. Any male/female having undergone sterilisation and who reports or comes with a complaint or is diagnosed as having a complaint related to the sterilisation procedure is to be reported here. Information through word of mouth can be cross checked by ANM and then be reported. Patients tend to over-report and health care providers tend to under diagnose complications. **Data Source – Family Planning Register / OPD Register**
(a)	*Data Element: Male* **Definition:** All male sterilisation acceptors who report with, or are diagnosed as having a complaint related to the sterilisation procedure during the reporting month. **Guideline:** Problems that might occur after male sterilisation include: bleeding, infections, mild inflammatory reaction, etc. Report all cases seen by sub-Centre/ANM even if later referred to other facility. DO NOT report cases that ANM has only heard of. **Data Source – Family Planning Register/OPD Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
(b)	*Data Element :Female* **Definition:** All the cases of complications following female Sterilisation (Minilap/ Laparoscopic/Post Partum) are to be reported here. **Guideline**: Serious complications from female surgical sterilisation are rare and are most likely to occur with abdominal procedures. They include bleeding, infection, reaction to the anaesthetics, injury to the bowels or blood vessels rarely and require major surgical repair. Report all cases seen by sub-Centre/ANM even if later referred to other facility. Do not report cases that ANM has only heard of. **Data Source – Family Planning Register/OPD Register**
21.2	*Number of failures following sterilisation* **Definition:** Total number of cases of failures following male or female sterilisation reported in the facility during the reporting month. **Guidelines**: If the woman gets pregnant despite the spouse/self having had a sterilisation surgery, provided either of the two or both claims this to be due to sterilisation failure. This will come to notice only if the man or the woman complains or if there is record. Data needs to be attended with great tact and confidentially. **Data Source – Family Planning Register/OPD Register**
(a)	*Data Element : Male* **Definition:** Total number of cases of failures following male sterilisation reported in the sub-Centre or during field visit during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element : Female* **Definition:** Total number of cases of failures following female sterilisation reported in the sub-Centre or during field visit during the reporting month. **Data Source – Family Planning Register/OPD Register**
21.3	*Number of deaths following sterilisation* **Definition:** Total number of cases of deaths reported following male or female sterilisation during the reporting month. **Guidelines**: A death due to sterilisation is very rare and needs to be investigated. A death may occur at home or at the facility. If it occurs at the facility, then the facility will report it. If it occurs at home (even if the sterilisation was done at the facility), then it will be reported by the sub-Centre based on the ANM's report. However, the medical officer should oversee and ensure the record and investigation of the case. **Data Source – Family Planning Register/OPD Register/Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
(a)	*Data Element : Male* **Definition:** Total number of cases of deaths following male sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element: Female* **Definition:** Total number of cases of deaths following female sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**
M6	**Child Immunisation**
22	***Number of Infants 0 to 11 months old who received the following:*** **Definition:** Total number of infants (0 to 11 months) who were immunized during the reporting month. Those who were immunized at the sub-Centre or in outreach Centres should be reported by the sub-Centre. Eleven Months, here, means time up to the first birthday. This would also include infants that got immunisation later than usual due to, for instance, temporary shortages of vaccine. **Data Source – Immunisation Register**
22.1	*Data Element: BCG* **Definition:** Total number of infants (0-11 months), given BCG immunisation during the reporting month. **Guidelines**: BCG (tuberculosis) vaccine given to infants, preferably right after birth. **Data Source – Immunisation Register**
22.2	*Data Element: DPT1* **Definition:** Total number of infants (0-11 months), given DPT 1 immunisation during the reporting month. **Guidelines**: DPT (Diphtheria, Pertussis, and Tetanus combined vaccine) 1st Dose is given to infants, preferably at six weeks. **Data Source – Immunisation Register**
22.3	*Data Element: DPT2* **Definition:** Total number of infants (0-11 months), given DPT2 immunisation during the reporting month. **Guidelines**: DPT (Diphtheria, Pertussis and Tetanus combined vaccine) 2nd dose is given to a child under one year-preferably at around 10 weeks after birth. **Data Source – Immunisation Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
22.4	***Data Element: DPT3*** **Definition:** Total number of infants 0-11 months, given DPT 3 immunisation during the reporting month. **Guidelines**: (Diphtheria, Pertussis and Tetanus combined vaccine) 3rd dose is given to a child under one year-preferably at around 14 weeks after birth. **Data Source – Immunisation Register**
22.5	***Data Element: OPV 0 (Birth Dose)*** **Definition:** Total number of newborns who have been given OPV birth dose during the reporting month. **Guidelines:** The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
22.6	***Data Element : OPV1*** **Definition:** Total number of infants (0-11 months), who have been given OPV first dose during the reporting month. **Guidelines**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
22.7	***Data Element : OPV2*** **Definition:** Total number of infants (0-11 months), who have been given OPV second dose during the reporting month. **Guidelines**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
22.8	***Data Element : OPV3*** **Definition:** Total number of infants (0-11 months) who have been given OPV third dose during the reporting month. **Guidelines**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
22.9	***Data Element*** : ***Hepatitis-B1*** **Definition:** Total number of infants 0-11 months of age, given Hepatitis B1 immunisation during the reporting month. **Guidelines**: Hepatitis B vaccine 1st dose is given to infants preferably at around six weeks after birth. This is applicable only in those States which have taken up this activity. **Data Source – Immunisation Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
22.10	***Data Element: Hepatitis – B2*** **Definition:** Total number of infants (0-11 months) given Hepatitis B2 immunisation during the reporting month. **Guidelines**: Hepatitis B vaccine 2nd dose is given to children under one year, preferably at around 10 weeks after birth. This is applicable only in those States which have taken up this activity. **Data Source – Immunisation Register**
22.11	***Data Element*** : ***Hepatitis -B3*** **Definition:** Total number of infants (0-11 months) given Hepatitis B3 immunisation during the reporting month. **Guidelines**: Hepatitis B vaccine 3rd dose given to a child under one year - preferably at around 14 weeks after birth. Note this is applicable only in those States which have taken up this activity **Data Source – Immunisation Register**
22.12	***Data Element : Measles*** **Definition:** Total number of infants (0-11 months) given Measles immunisation during the reporting month. **Guidelines:** Measles vaccine is given to a child under one year of age (preferably at 9 months after birth). Measles vaccine given to YOUNGER children during an outbreak should NOT be counted here. **Data Source – Immunisation Register**
22.13	***Data Element*** : ***Total number of children aged between 9 and 11 months who have been fully immunized (Child given one dose of BCG, three dosages of DPT i.e., DPT 1,2,3; three dosages of polio i.e,. OPV 1,2,3 and a dosage of Measles)*** **Definition:** Total number of infants 9-11 months old that have completed routine immunisation during the reporting month i.e., who have received BCG, all three doses of DPT, three doses of OPV and measles. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break-up for males and females has to be given. **Guideline**: Full immunisation has to be reported from a specific column in the immunisation recording register, when all the doses for a given child are completed. It should not be calculated simply by adding 22.01 to 22.12 (BCG, three doses of DPT, three doses of OPV and measles). The child should only be counted ONCE as fully immunized when receiving the last vaccine-usually measles at 9th month-AND there is evidence of receiving all the previous vaccines. **Data Source – Immunisation Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
(a)	*Data Element : Male* **Definition:** Total number of male infants 9-11 months old that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
(b)	*Data Element : Female* **Definition:** Total number of female infants 9-11 months old that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
23	*Data Element : Number of children more than 16 months who received the following* **Definition:** Total number of children more than 16 months of age who have received the following doses during the reporting month. **Data Source – Immunisation Register**
23.1	*Data Element : DPT Booster* **Definition:** Total number of children given DPT Booster dose during the reporting month. **Data Source – Immunisation Register**
23.2	*Data Element : OPV Booster* **Definition:** Total number of children given OPV Booster dose during the reporting month. **Guideline**: The OPV doses given during pulse polio rounds are NOT to be counted. **Data Source – Immunisation Register**
23.3	*Data Element : Measles, Mumps, Rubella (MMR) Vaccine* **Definition:** Measles, Mumps, Rubella vaccine given to child more than 16 months. **Guideline***:* For children who have NOT received measles immunisation before attaining the age of 1 year, MMR given after 1 year of age will also be counted here. This data element should not be confused with data element 22.12 (Measles) **Data Source – Immunisation Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
24	***Immunisation Status***
24.1	Total number of children aged between 12 and 23 months who have been fully immunised *(Child given one dose of BCG, three dosages of DPT i.e,. DPT 1,2,3; three dosages of polio i.e., OPV 1,2,3 and a dosage of Measles)* during the month. **Guideline**: All those children who could not complete their immunisation in first 11 months of age due to any reasons but have completed their immunisation between 12 and 23 months of age are to be reported here. The OPV doses given during Pulse Polio rounds are NOT to be counted. It may be noted that the children previously reported in 22.13 should not be reported here. Children receiving measles through MMR only will also be counted provided that they have received other prescribed vaccines also. OPV Booster and DPT Booster should not be included here. **Data Source – Immunisation Register**
(a)	***Data Element : Male*** **Definition:** Total number of male children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
(b)	***Data Element : Female*** **Definition:** Total number of female children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
24.2	***Data Element : Children more than 5 years given DT5*** **Definition:** Total number of children of more than 5 years of age who have been given DT booster during the reporting month. **Data Source – Immunisation Register**
24.3	***Data Element: Children more than 10 years given TT10*** **Definition:** Total number of children of more than 10 years of age who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
24.4	***Data Element*** : ***Children more than 16 years given TT16*** **Definition:** Total number of children of more than 16 years of age who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
24.5	***Data Element*** : ***Adverse Event Following Immunisation (AEFI)*** **Definition:** An adverse event following immunisation (AEFI) is defined as a medical incident that takes place after immunisation, and is believed to be caused by immunisation. **Data Source –Immunisation Register/OPD Register/IPD Register/DHQ records(FIR sent)**

Ref. No.	Sub-Centre Format Guidelines Data Item
(a)	*Data Element* : *Abscess* **Definition:** Total number of cases of abscess reported following routine immunisation during the reporting month. **Guidelines**: An abscess is a collection of pus that has accumulated in a cavity formed by the tissue on the basis of an infectious process. This calls for investigation on quality of syringe supply and use. Since the reporting person is the most likely person at fault, this could get under-reported unless the facilities where children are coming for treatment, report this well. **Data Source – Immunisation Register/OPD Register/IPD Register**
(b)	*Data Element : Death* **Definition:** Total number of cases of deaths reported following routine immunisation during the reporting month. **Guidelines**: This needs to be investigated. Total number of children who were reported to have died following routine immunisation in this month. If the death occurs at home- it is reported here, though medical officer has to confirm it. A death within 6 days of any immunisation may be reported without confirmation, if doctor was not able to make visit. If the immunisation is at home, but death occurs at PHC or CHC facility, it is reported where the death took place. **Data Source – Immunisation Register/OPD Register/IPD Register**
(c)	*Data Element : Others* **Definition:** Total number of cases of other complications reported following routine immunisation during the reporting month. **Guidelines**: Any of the following symptoms should be reported: 1.Rash, 2. Fever, 3. Fainting, 4. Anaphylactic shock, 5. Paralysis, 6. Weakness developing in any part of limbs etc. Even if it does not conform to this pattern but occurs within a week, it should be noted and action to be taken after investigation. **Data Source – Immunisation Register/OPD Register/IPD Register**
25	*Number of immunisation sessions during the month:*
25.1	*Data Element : Planned* **Definition:** Number of immunisation sessions planned to be held by ANM at the sub-Centre or in the outreach area during the reporting month. **Data Source – Immunisation Planning Register**
25.2	*Data Element : Held* **Definition:** Total number of immunisation sessions held at the sub-Centre or in the outreach area during the reporting month. **Data Source – Immunisation Planning Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
25.3	*Data Element : Number of sessions where ASHAs were present* **Definition:** Total number of immunisation sessions held at the sub-Centre or in outreach area in which ASHA was present during the reporting month. **Guidelines**: It measures the involvement of ASHAs in the community immunisation activities. If more than one ASHA is present at any one immunisation session, it will still be counted as one session. **Data Source – Immunisation Planning Register**
26	*Data Element: Others* **[Japanese Encephalitis (JE) etc. Please Specify]** **Definition:** Total number of cases of immunisation carried out with vaccine other than those included in routine immunisation such as Japanese Encephalitis, chicken pox, typhoid etc., during the reporting month. **Guidelines**: This is State specific. **Data Source – Immunisation Planning Register**
M7	**Number of Vitamin A doses**
27	***Administered between 9 months and 5 years***
	Total number of children between 9 months and 5 years of age who were given Vitamin A dose during the reporting month.
27.1	*Data Element : Dose-1* **Definition:** Total number of children over 6 months but under 1 year given vitamin A 1st dose in this sub-Centre or in the outreach area during the reporting month. **Data Source – Immunisation Register**
27.2	*Data Element : Dose-5* **Definition:** Total number of children under 3 years given vitamin A 5th dose in this sub-Centre or in the outreach area during the reporting month. **Guidelines**: The facility maintains a register that tracks each child where each dose of vitamin A is given. When the 5th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**
27.3	*Data Element : Dose-9* **Definition:** Total number of children under 5 years given vitamin A, 9th dose (booster) in this sub-Centre or in the outreach area during the reporting month. **Guidelines**: The facility maintains a register that tracks each child where each dose of vitamin A is given. When the 9th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
M8	**Number of cases of childhood diseases reported during the month (0-5 years)**
	Guideline: Sub- Centres will only report those cases that report to SC or are treated at home. This data element will include both the inpatients as well as outpatients cases. Diagnosis is best made by medical facility but based on conformation to the case definition, a health worker/ANM can also report it, if doctor from any health facility visits and attends to patient or it is seen at the sub centre, ANM would report it.
28	*Data Element : Measles* **Definition**: Total number of cases of measles reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
29	*Data Element : Diarrhoea and dehydration* **Definition**: Total number of cases of diarrhoea and dehydration reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
30	*Data Element : Malaria* **Definition**: Total number of cases of malaria (Smear positive) reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register/Lab Register**

PART B: HEALTH FACILITY SERVICES

M9	**Patient services**
31	*Data Element: Number of Aanganwadi centers reported to have conducted VHNDs during the month* **Definition**: Total number of Aanganwadi centers reported to have conducted VHNDs during the reporting month. VHNDs are organized every month at the Aanganwadi in the village in which immunisation, ante-natal, post-natal check-ups and services related to MCH including nutrition are provided at least once a month. **Guideline**: Here the number of Aanganwadi Centres who have conducted VHNDs has to be reported and not the number of sessions itself. **Data Source –VHND Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
32	**Outpatient**
32.1	***Data Element : OPD Attendance (All)*** **Definition:** Total number of out-patients (all types) attended at the sub-Centre during the reporting month. OPD should include immunisation and routine ANC cases. **Data Source – OPD Register**
M10	**Laboratory Testing**
33	**Lab Tests**
33.1	***Data Element: Number of Hb tests conducted*** **Definition**: Number of Haemoglobin (Hb) tests done during the reporting month. **Guideline**: Total number of people who were tested for Hb. during the month. **Data Source – Lab Register**
33.2	***Data Element: Of which number having Hb < 7 gm*** ***Definition:*** *Out of the total number of haemoglobin (Hb.) test done during the reporting month, number having Hb. less than 7 gm/dl.* **Data Source – Lab Register**

PART C: MORTALITY DETAILS

	This section deals with compiling data on deaths by major causes. The probable cause of death is to be reported against ONE and ONLY ONE major cause. In certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. Deaths occurring at home are to be reported in the Health sub-Centre Form.
M 11	***Number of deaths reported at sub-Centre or at home during the month***
34	***Data Element: Infant deaths within 24 hrs of birth*** ***Definition:*** Total number of infant deaths within 24 hrs of birth in the sub-Centre during the reporting month. Sub-Centre format will also include infant deaths occurring at home. **Guidelines:** At times, it is difficult to determine the cause of death when newborn/neonate dies within the first 24 hours of birth. In such situation mention 'death within 24hrs of birth', however, refer to the definition of still birth to distinguish still birth from newborn/neonatal death. Any cry & breathe or movement occurring in first few seconds of birth and stopping subsequently should be considered newborn death & not still birth. Even if the cause is known as sepsis, pneumonia, asphyxia, LBW but the death was with 24hrs it should be reported here. **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
35	*Infants deaths up to 4 weeks by cause* **Up to 1 week of Birth** Total infant deaths up to 1 week of birth during the reporting month. **Between 1week & 4 weeks of birth** Total infant deaths between 1 week & 4 weeks of birth during the reporting month.
35.1	*Data Element: Sepsis* **Definition:** Total infant deaths due to sepsis during the reporting month. **Guideline:** Sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection. Death due to sepsis refers to death of newborn/neonate after 24hrs but within first 28 days of life due to any infection. Newborn may have one or more signs and symptoms such as fever, refusal to take feeds, weak cry, diarrhea, pneumonia, measles etc. When it is difficult to differentiate above mentioned infections indicate cause of death as 'sepsis'. It is difficult to differentiate infections in first 28 days of life, therefore, death due to any infection will be attributed to 'death due to sepsis'. Those counted in first 24hrs should not be counted again here. **Data Source – Death Register**
35.2	*Data Element: Asphyxia* **Definition:** Total infant deaths due to asphyxia during the reporting month. **Guideline:** If the baby died within first 24hrs it should be counted in deaths of infant within 24hrs of birth. If baby had signs of Asphyxia (meconiun stained fluids, delay or failure in cry/ weak breathing & movements, requirement of artificial breathing support, etc.) & then died after 24 hours but before 28th day it should be reported as death due to asphyxia. **Data Source – Death Register**
35.3	*Data Element: Low Birth Weight (LBW) for children up to 4 weeks of age only* **Definition:** Total infant deaths due to Low Birth Weight (LBW) during the reporting month. **Guideline:** Indicate 'LBW' as a cause of death for the neonates/newborns that died after 24 hrs but before 28 days in the neonatal period and were less than 2.5kgs on the first day of birth. Note that those who have clear signs of sepsis or asphyxia or who died within first 24hrs of birth should be counted in the earlier data elements and not here. **Data Source – Death Register**
35.4	*Data Element: Others* **Definition:** Infant deaths due to reasons other than those cited above, during the reporting month. **Guidelines:** Any baby who died after first 24 hrs and on/before 28th day and the cause did not confirm with any of the above 3 causes (sepsis, asphyxia, LBW) should be indicated as death due to other causes. Failure to attribute cause may be due to lack of skilled attendant or may be because it was some cause other than these 3 or because the SBA was not sure. In case of co-morbidities, the SBA should indicate the cause for which SBA feels is the most important contributing cause. **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
36	***Infant / child deaths up to 5 years by cause*** **Between 1 month & 11 months** Total infant/child deaths Between 1 and 11 months of birth during the reporting month. **Between 1 year & 5 years** Total child deaths between 1 and 5 years of birth during the reporting month.
36.1	***Data Element: Pneumonia*** **Definition:** Total infant/child deaths due to pneumonia, during the reporting month. **Guideline:** 'Pneumonia' is the cause of death for infants (over 28 days and 12 months old) who died due to infection in the respiratory tract/lungs any clinical signs of pneumonia are also to be reported as such-even without laboratory or radiological confirmation. If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
36.2	***Data Element: Diarrhoea*** **Definition:** Total infant/child deaths due to diarrhoea, during the reporting month. **Guideline:** Any death in a child less than one year, but more than 28 days old, associated with passing loose stools more than thrice a day. Usually dehydration would be prominent. **Data Source – Death Register**
36.3	***Data Element: Fever related*** **Definition:** Total infant/child deaths due to fever related reasons, during the reporting month. **Guideline:** 'Fever' is the cause of death for infants (over 28 days and 12 months old) who died due to fever and NOT due to Pneumonia (C05), Diarrhea (C06), and Measles (C08). If the child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
36.4	***Data Element: Measles*** **Definition:** Total infant/child deaths due to measles, during the reporting month. **Guideline:** 'Measles' is the cause of death for infants (over 28 days and <12months old) who died due to high fever with a typical rash. Other signs that indicate measles are: running nose, cough, red & watery eyes, loss of appetite & loose stools. Another marker of measles is **Koplik's spots (**small red spots with blue-white centres that appear inside the mouth). If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
36.5	***Data Element: Others*** **Definition:** Total infant/child deaths due to reasons other than those cited above, during the reporting month. **Guideline:** Indicate 'Other' as a cause of death for infants (over 28 days and <12months old) who died due to any other cause of death or whose cause is unknown. If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
37	***Adolescents & adults deaths by cause*** ***6-14 Yrs:*** Total adolescent deaths between 6 and 14 years of age during the reporting month. ***15-55 Yrs:*** Total adolescent/adult deaths between 15-55 years of age during the reporting month. ***Above 55 yrs:*** Total adult deaths above 55 years of age during the reporting month.
37.01	***Data Element: Diarrhoeal diseases*** **Definition:** Total adolescent & adult deaths due to diarrhoeal diseases, during the reporting month. **Guideline:** Death associated with loose stools more than thrice per day. **Data Source – Death Register**
37.02	***Data Element: Tuberculosis*** **Definition:** Total adolescent & adult deaths due tuberculosis, during the reporting month. **Guideline:** Death in a person who was confirmed as suffering from tuberculosis along with necessary diagnosis or seen by a medical doctor and clinically diagnosed to be a case of tuberculosis. **Data Source – Death Register**
37.03	***Data Element: Respiratory diseases including infections (other than TB)*** **Definition:** Total adolescent & adult deaths due to respiratory diseases including infections (other than TB), during the reporting month. **Guideline:** Death in a person diagnosed clinically to be primarily due to respiratory infection, including pneumonia, asthma etc. **Data Source – Death Register**
37.04	***Data Element: Malaria*** **Definition:** Total adolescent & adult deaths due to malaria, during the reporting month. **Guideline:** Death - in a plasmodium or antigen positive case. **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
37.05	*Data Element: Other fever related* **Definition:** Total adolescent & adult deaths due to 'other fever related' causes, during the reporting month. **Guideline:** Any death other than the three above and that was related to fever. **Data Source – Death Register**
37.06	*Data Element: HIV/AIDS* **Definition:** Total adolescent & adult deaths due to HIV/AIDS, during the reporting month. **Guideline:** Any death with laboratory supported diagnosis of HIV/AIDS. **Data Source – Death Register**
37.07	*Data Element: Heart disease/hypertension related* **Definition:** Total adolescent & adult deaths due to heart disease/hypertension related, during the reporting month. **Guideline:** Any death due to any cardio vascular disease – known cause. **Data Source – Death Register**
37.08	*Data Element: Neurological disease including strokes* **Definition:** Total adolescent & adult deaths due to neurological disease including strokes, during the reporting month. **Guideline:** Any death due to any neurological disease including cerebro-vascular disease / strokes or fits or paralysis of any sort etc. **Data Source – Death Register**
37.09	**Maternal** Death of a pregnant woman from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes, during antenatal period, labour or up to 6 weeks after pregnancy. **Data Source – Death Register**
a)	*Data Element: Abortion* **Definition:** Total maternal deaths due to abortions, during the reporting month. **Guideline:** Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation due to any reason. **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
b)	*Data Element: Obstructed/prolonged labour* **Definition:** Total maternal deaths due to obstructed/prolonged labour, during the reporting month. **Guideline:** Indicate 'obstructed/prolonged labor' as a cause of death if a woman dies during labor which lasted more than 12 hours or which required operative intervention to facilitate delivery. **Data Source – Death Register**
c)	*Data Element: Severe hypertension/fits* **Definition:** Total maternal deaths due to severe hypertension/fits, during the reporting month. **Guideline:** Indicate 'severe hypertension/fits' as a cause of death if a woman dies due to high blood pressure (BP>140/90) or fits during pregnancy, labor, or immediate postpartum. **Data Source – Death Register**
d)	*Data Element: Bleeding* **Definition:** Total maternal deaths due to bleeding, during the reporting month. **Guideline:** Indicate 'bleeding' as a cause of death if a woman dies due to severe bleeding (over 500 ml) before, during or 42 days postpartum. **Data Source – Death Register**
e)	*Data Element: High fever* **Definition:** Total maternal deaths due to high fever, during the reporting month. **Guideline:** Indicate 'high fever' as a cause of death if a woman dies due to high fever during pregnancy or 42 days postpartum. **Data Source – Death Register**
f)	*Data Element: Other causes (including causes not known)* **Definition:** Total maternal deaths due to other causes (including cause not known), during the reporting month. **Guideline:** All 'Other Causes' are to be aggregated here. **Data Source – Death Register**
37.10	*Data Element: Trauma/accidents/burn cases* **Definition:** Any death due to reasons such as trauma/accidents/burns during the reporting month. **Guideline:** Any death arising out of trauma or burns – accidental or inflicted other than those which are self inflicted. **Data Source – Death Register**

Ref. No.	Sub-Centre Format Guidelines Data Item
37.11	*Data Element: Suicide* **Definition:** Any death due to suicide during the reporting month. **Guideline:** Death which is self inflicted- whatever the cause. **Data Source – Death Register**
37.12	*Data Element: Animal bites and stings* **Definition:** Any death due to animal bites and stings during the reporting month. **Guideline:** Death which is a result of any animal bites or stings- common ones being of snakes and scorpions – but also dog bites, bear bites, crocodile bites and tigers in select areas. **Data Source – Death Register**
37.13	**Other Diseases**
a)	*Data Element: Known acute disease* **Definition:** Any death due to known acute disease. **Guideline:** Here only those deaths where there is a reasonable presumptive diagnosis made and where the disease lasted less than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
b)	*Data Element: Known chronic disease* **Definition:** Any death due to known chronic disease. **Guideline:** Here, only those deaths where there is a reasonable presumptive diagnosis made and where the disease lasted more than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
c)	*Data Element: Causes not known* **Definition:** Any death that does not fit into any category above. **Guideline:** Any death where the information known is too little to fit into any of the above categories. **Data Source – Death Register**

B. PHC FORMAT GUIDELINES

Following are instructions for filling up information in the format. For detailed information on any term or terminology, the user may please refer to the corresponding technical or programme guidelines/manuals. All information will relate to the activities/events during the reporting month.

PART A: REPRODUCTIVE AND CHILD HEALTH

Ref. No.	PHC Format Guidelines Data Item
M1	**Ante Natal Care Services (ANC)** Antenatal care is the healthcare received by a woman during pregnancy. Antenatal care starts with 'history-taking' and is followed by examination of the woman, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination etc. as per the guidelines. The woman is advised for diet, regular antenatal check-ups, and counselled for family planning. She is also provided with immunisation for TT and IFA tablets along with proper treatment required in case of any complication. Ideally, as per the RCH schedule, 1st ANC check-up is to be done within 12 weeks, preferably as soon as the pregnancy is suspected, 2nd ANC check-up: between 14-26 weeks, 3rd ANC check-up: between 28-34 weeks, 4th ANC check-up: between 36-40 weeks, but due to unawareness, mobility, distance etc. the timing for the check-ups may vary.
1	***Data Element : Total number of pregnant women Registered for ANC*** **Definition:** Total number of NEW pregnant women registered for ante natal care during the reporting month. **Guideline**: Registration should include ANC check-up. First ANC check-up is same as ANC registration. **Data Source – Antenatal Register / Pregnancy Register**
1.1	***Data Element : Of which Number registered within first trimester*** **Definition:** Out of the total number reported in data element-1 above, the number registered within first 12 weeks of pregnancy during the reporting month. **Guideline:** First trimester refers to the first three months (12 weeks) of woman's pregnancy. It should not be confused with the first quarter of the calendar year. **Data Source – Antenatal Register / Pregnancy Register**

Ref. No.	Data Item — PHC Format Guidelines
2	*Data Element : New women registered under JSY* **Definition:** Total number of NEW pregnant women registered under the JSY scheme during the reporting month. **Guideline:** Only BPL, SC and ST pregnant women would be registered in High Performing States (HPS). In low performing States (LPS), all pregnant women (BPL, SC, ST and APL) who come for ANC would be registered. Women should get registered for JSY scheme as soon as they are registered for pregnancy and ANC. **Data Source – JSY Register**
3	*Data Element : Number of pregnant women received 3 check ups* **Definition:** Number of pregnant women who received the 3rd check-up during the reporting month. **Guideline:** The 3 check-ups should be adequately spaced as per the schedule given in M1 above. If a woman comes for the ANC check-up for the first time, in the late weeks of pregnancy it should NOT be counted as 3rd ANC check-up, it will still be the 1st ANC check-up. Only those pregnant women are to be reported who received their 3rd ANC check-up during the reporting month. **Data Source – Antenatal Register / Pregnancy Register**
4 4.1	*Number of pregnant women given* *Data Element : TT1* **Definition:** Two doses of TT are administered to the pregnant woman during pregnancy. Total number of pregnant women who received the first dose of TT Immunisation is to be reported here. **Guideline:** The first dose of TT should be given just after the first trimester of pregnancy. **Data Source – Antenatal Register / Pregnancy Register**
4.2	*Data Element : TT-2 or Booster* **Definition:** Total number of pregnant women who have received the second dose of TT immunisation (TT-2) or Booster dose of TT during the reporting month. **Guideline:** This indicates the number of pregnant women who have completed TT immunisation for the current pregnancy. The second dose is to be given one month after the first dose (TT-1) but, preferably, at least one month before the expected date of delivery. If the woman has received two injections during previous pregnancy (in last 3 years), a single dose of TT is given. *(While reporting this element please follow this:* *TT-2 or Booster = Total number of pregnant women who have received the second dose of TT immunisation (TT-2)* **+** *Total number of pregnant women who have received the Booster dose of TT)* **Data Source – Antenatal Register / Pregnancy Register**

Ref. No.	PHC Format Guidelines Data Item
5	*Data Element : Total number of pregnant women given 100 IFA tablets* **Definition:** Total number of pregnant women who have received at least 100 IFA tablet (large) (equivalent to 100 mg of elemental iron and 0.5 mg of folic acid per tablet daily) during the reporting month. **Guideline:** The number of pregnant women are to be reported and NOT the number of IFA tablets. If the number of IFA tablets given to a woman is less than 100, then she should not be reported till she is given 100 tablets. If more than 100 IFA tablets are given to any pregnant woman, then she should be counted when she receives 100 IFA tablets and should not be reported for rest of the tablets. Any person other than PREGNANT woman getting IFA tablets should not be reported here. **Data Source – Antenatal Register / Pregnancy Register**
6 6.1	*Pregnant women with Hypertension (BP>140/90)* *Data Element : New cases detected at institution* **Definition:** Number of ante-natal cases who have been detected with hypertension (*BP more than 140/90*) for the FIRST TIME in their pregnancy during the reporting month. **Guideline:** If a pregnant woman is detected with hypertension in her earlier ante-natal check-up and is also detected to have the high BP in the current month, then she will not be reported again. **Data Source – Antenatal Register / Pregnancy Register**
6.2	*Data Element : Number of Eclampsia cases managed during delivery* **Definition:** Number of Eclampsia cases managed during delivery in the reporting month at the PHC. **Guideline:** This diagnosis is made by the medical officer attending to patient at the PHC. These clients may be referred from sub-Centres or from home but treated at this PHC. **Data Source – Antenatal Register (Pregnancy Register) and Hospital Admissions/In-patient Register**
7 7.1	*Pregnant women with Anaemia* *Data Element : Number having Hb level<11 g/dl (tested cases)* **Definition:** Number of pregnant women tested and found with Haemoglobin (Hb.) less than 11 g/dl during the reporting month. **Guideline:** Only those cases are to be reported where the Hb. was measured by a Haemoglobinometer or any other acceptable laboratory method. Examination of eye/nails is not to be reported. **Data Source – Antenatal Register / Pregnancy Register / Laboratory Register**

Ref. No.	Data Item — PHC Format Guidelines
M2	**Deliveries**
8	***Data Element : Deliveries conducted at Facility*** **Definition:** Total number of deliveries conducted at the PHC during the reporting month. **Guideline:** The deliveries conducted in private nursing homes and the referred cases to any higher facility are not to be reported by PHC. The number of C-section deliveries if performed at the PHC will also be included here. Home deliveries if any in the area are to be reported by the ANM in the Sub Centre Format and not in this form. *(While reporting, please follow this:* *Deliveries conducted at Facility (Data element 8) = Total number of Normal Deliveries conducted at Facility + Total number of C-section deliveries performed at facility* **Data Source – Labour Room Register**
8.1	***Data Element : Of which Number discharged under 48 hours of delivery*** **Definition:** Out of the total deliveries conducted (*as reported in data element 8 above*) in the PHC, the number of women discharged within 48 hours of delivery, during the reporting month. **Guideline:** It is important that a woman should stay in the facility for at least 48 hours after delivery. **Data Source – Labour Room/Delivery Register**
8.2	***Number of cases where JSY incentive paid to***
(a)	***Data Element : Mothers*** **Definition:** Number of mothers who have delivered (*as reported in data element 8 above*) in the PHC and have been paid JSY incentive money during the reporting month. **Guideline**: Institutional deliveries are encouraged by paying JSY incentives to mothers. Count only those who were paid JSY incentive during the month, not those who are eligible and due for payment. Report only when full payment is made. Care may be taken that the number of mothers who were paid full JSY amount are reported and not the amount paid. **Data Source – Pregnancy Register & JSY Register**
(b)	***Data Element : ASHAs*** **Definition:** Number of ASHAs paid incentive money for facilitating institutional delivery at the PHC during the reporting month under the JSY Scheme. **Guideline**: Count only those who have received payment – do not include those who are eligible. Report only when full payment is made. **Data Source – Pregnancy Register & JSY Register**

Ref. No.	PHC Format Guidelines Data Item
(c)	*Data Element : ANM or AWW (only for HPS States)* **Definition:** Number of ANM/AWW (anganwadi workers) paid incentive for facilitating institutional delivery at the PHC during the reporting month under the JSY Scheme (To be reported only for High Performing States). **Guideline:** In High Performing States (HPS), this incentive is paid to ANM or AWW for facilitating institutional delivery. **Data Source – Pregnancy Register & JSY Register**
M3	*Number of Caesarean (C-section)deliveries performed at*
9	*Data Element :C-section deliveries performed at facility* **Definition:** Total number of caesarean section deliveries conducted by PHC during the reporting month. **Data Source – Pregnancy register, Labour Room Register & OT Register**
M4	*Pregnancy Outcome & details of new-born* Pregnancy outcome is the sum of live births, stillbirths, and abortions (spontaneous and induced). **Live birth:** Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, such as movement, breathing, heartbeat, or pulsation of the umbilical cord, crying, even for a short period (few seconds). **Still Birth:** Complete expulsion or extraction of baby from its mother where the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs. In case the foetus dies in the uterus after 20 weeks or during labour/delivery, it will be reported under still birth. **Abortion**: Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation. An abortion can occur spontaneously due to complications during pregnancy or can be induced. Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost due to natural causes/ accidents before the 20th week of gestation.
10	*Data Element :Pregnancy Outcome (In number)* **Definition:** Pregnancy outcomes is the sum of live births+ still births + abortion (spontaneous and induced). **Guideline:** The pregnancy outcome would be the sum of Live births, Still births , Abortions (Spontaneous and Induced) at the PHC. The live births, still births, Abortion (Spontaneous and induced) conducted in private nursing homes, referred out cases to any other facility are not to be reported here, though may be recorded in register for information.

Ref. No.	PHC Format Guidelines Data Item
10.1	***Data Element :Live Birth*** Total number of live births at PHC during the reporting month. In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. This is a calculated field hence the entry is not to be made in this field.
(a)	***Data Element : Male*** **Definition:** Number of male live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
(b)	***Data Element : Female*** **Definition:** Number of female live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
10.2	***Data Element : Still Birth*** **Definition:** Number of still births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
10.3	***Data Element : Abortion (spontaneous/induced)*** **Definition:** Total number of abortions (both spontaneous and induced) at this PHC during the reporting month. **Guideline**: The spontaneous Abortions that are attended at PHC are to be reported, even if attended after some delay. MTPs (induced abortion) are also to be reported. *While reporting, please follow this:* *Abortion = Total number of spontaneous abortions + Total number of MTPs conducted in the reporting PHC (Data element 18.1+18.2)* **Data Source – Pregnancy Register/Labour Room Register**
11	***Details of newborns children weighed*** **Definition:** Total number of newborns (live births) weighed at this PHC during the reporting month.
11.1	***Data Element : Number of newborns weighed at birth*** **Definition:** Number of newborns (live births) weighed within 24 hours of birth during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**
11.2	***Data Element : Number of newborns having weight less than 2.5 kg*** **Definition :** Total Number of newborns (live births) who were weighed (*out of data element 11.1*) and found to be less than 2500 grams during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**

Ref. No.	PHC Format Guidelines Data Item
12	*Data Element : Number of newborns breastfed within 1 hour* **Definition:** Out of newborns reported (*in data element 10),* those breastfed within 1st hour of delivery, during the reporting month. **Data Source – Pregnancy Register/ Child care Register**
M5	**Complicated pregnancies**
13	*Data Element: Number of cases of pregnant women with Obstetric Complications and attended at Public facilities* **Definition:** Total number of cases of pregnant women with obstetric complications who have been attended to at the facility during the reporting month. **Guideline:** An obstetric complication would include obstructed labour, post partum haemorrhage, ante partum haemorrhage, eclampsia, puerperal sepsis etc. **Data Source – Labour Room Register/ IPD Register**
14	*Number of Complicated pregnancies treated with* **Definition:** Total number of complicated pregnancy cases treated with the following at the reporting facility during the reporting month.
14.1	*Data Element: IV Antibiotics* **Definition:** Total number of complicated pregnancies/deliveries where a woman is given Intravenous (IV) antibiotics for treatment of sepsis in this facility this month is to be reported. **Guideline:** The number of women with obstetric complications and given *IV Antibiotics* are to be reported and NOT the quantity of *IV Antibiotics*. Also the IV antibiotics given to non-pregnant women are not to be reported. **Data Source – Obstetric IPD Register/ Obstetric OPD Register**
14.2	*Data Element: IV Antihypertensive/Magsulph injection* **Definition:** Total number complicated pregnancies/deliveries in which the woman is given Intravenous (IV) anti-hypertensive/Magsulph injection to treat high blood pressure or Eclampsia at this facility in this month. **Guideline:** Anti hypertensive such as Nifedipin (sub lingual) is also fine. The number of women with obstetric complications and given *IV Antihypertensive/ Magsulph injection* are to be reported and NOT the quantity of *IV Antihypertensive/ Magsulph injection.* **Data Source – Obstetric IPD Register/ Obstetric OPD Register**

Ref. No.	PHC Format Guidelines Data Item
14.3	*Data Element: IV Oxytocis* **Definition:** Total number of complicated pregnancies/deliveries in which the woman is given injectable *Oxytocin* at this facility during this month. **Guideline:** Use of *Oxytocis* is to prevent or manage bleeding. The number of women given *IV Oxytocis* are to be reported and NOT the quantity of *Oxytocis*. **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
M6	**Post Natal care** First six-weeks period (42 days) after delivery is called post-partum period. However, information as required, against the respective data element is only to be reported.
15	***Data Element : Women receiving post partum check-up within 48 hours after delivery*** **Definition:** Total number of women who have received first post partum check-up within 48 hours of delivery (0-48 hours) during the reporting month. **Guideline**: This would only include the post partum check–ups given at the reporting PHC within 48 hours of delivery. **Data Source – Inpatient Register/Pregnancy Register**
16	***Data Element : Women getting a post partum check up between 48 hours and 14 days*** **Definition:** Total number of women who have received post partum check-up between 48 hours and 14 days after delivery during the reporting month at PHC or by PHC doctor at home. **Guideline:** This would not include the post partum checkups given before 48 hours. **Data Source – Inpatient Register/Pregnancy Register**
17	***Data Element : PNC maternal complications attended*** **Definition:** Total number of women attended to and treated as a PNC complication at the PHC in this month are to be reported. **Guideline**: The case can either be a direct or referral received at the facility or having developed the complication as an inpatient in the facility. **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
M7	***Data Element :*** **Medical Termination of Pregnancy (MTP)** Medical Termination of Pregnancy (MTP), also called as induced abortion, is the removal or expulsion of an embryo or foetus from the uterus, done medically. Count each case ONLY in the facility where the MTP is actually performed.
18	***Number of MTP Conducted at facility*** **Definition:** Total number of MTPs conducted at the reporting facility during the reporting month. **Data Source – OT Register/IPD Register**

Ref. No.	PHC Format Guidelines Data Item
18.1	*Data Element : Up to 12 weeks of pregnancy* **Definition:** Total number of MTPs conducted at the reporting facility up to 12 weeks of pregnancy during the reporting month. **Guideline**: This data element does NOT include Spontaneous Abortions **Data Source – OT Register/IPD Register**
18.2	*Data Element : More than 12 weeks of pregnancy* **Definition:** Total number of MTPs conducted at the reporting facility after 12 weeks of pregnancy during the reporting month. **Guideline**: This data element does NOT include Spontaneous Abortions. Abortions conducted up to 12 weeks are not to be included here. **Data Source – OT Register/IPD Register**
19	*Data Element : Number of MTPs conducted at Private Facilities* **Definition:** Total number of MTPs conducted during the reporting month at the private facilities. **Data Source – OT Register/IPD Register**
M8	**RTI/ STI Cases** The number of cases diagnosed with specific reproductive tract infection (RTI) or sexually transmitted infection (STI) during the reporting month. RTI/STI includes– Gonorrhoea, Chlamydia, Candidiasis, Chancroid, Genital herpes, Genital warts etc. Patients suspected of having RTI/STI usually present with one of the following complaints – Vaginal or urethral discharge, genital ulcers, inguinal bubo, lower abdominal and/or scrotal pain etc. Those given treatment that conform to 'Syndromic management of RTI/STI' or disease specific treatment are to be counted.
20	*Number of new RTI/STI for which treatment initiated* **Definition:** Total number of new RTI/ STI cases for which treatment was initiated during the reporting month. Separate figures for males and females needs to be reported. Count ONLY the first visit for each episode (Only New Cases). **Data Source – OPD Register/IPD Register/STI Client Register**
(a)	*Data Element : Male*
(b)	*Data Element : Female*

Ref. No.	Data Item — PHC Format Guidelines
21	*Data Element : Number of wet mount tests conducted*
	Definition: Total number of suspected RTI / STI Cases for whom wet mount tests were conducted during the reporting month. Wet mount tests are conducted for the suspected case of RTI/STI. Count only the ones for which the test has been conducted in the laboratory that serves this facility. **Data Source – Laboratory Register**
M9	**Family Planning** Family planning methods regulate the number and spacing of children in a family through use of contraceptives or other methods of birth control.
22	*Data Element : Number of NSV/Conventional Vasectomy conducted at facility* **Definition:** Total number of NSV (No Scalpel Vasectomy)/Conventional Vasectomy conducted during the reporting month. Cases by both the procedures should be added together. Only cases done at this facility should be reported. Do not differentiate in reporting between camps held at the facility and regular services. Camps held in this facility's area are to be reported here and not reported by other facilities. Ensure the same camp is not double counted. **Guideline**: The difference between the NSV procedure and the conventional procedure is in the surgical approach to the vas deferens, which is through a small puncture in the scrotum rather than by a cut with a scalpel. The surgical procedure of vas ligation is the same as in the conventional method. Long term clinical reports have shown that NSV is less invasive than the conventional technique, cause fewer complications, and takes much less time. **Data Source – Family Planning Register/OT Register**
23	*Data Element : Number of Laparoscopic sterilisations/ conducted at facility* **Definition:** Total number of female laparoscopic sterilisations conducted during the reporting month at the PHC. **Data Source – Family Planning Register/OT Register**
24	*Data Element : Number of Mini-lap sterilisations conducted* **Definition:** Total number of Mini-lap sterilisations conducted during the reporting month at the PHC. **Guideline:** Mini-Lap sterilisation is a way of performing operation through a small abdominal incision—about 2–3 inches. **Data Source – Family Planning Register/OT Register**
25	*Data Element : Number of Post-Partum sterilisations conducted* **Definition:** Total number of females who have undergone post partum sterilisation during the reporting month at the PHC. **Guideline:** Post partum sterilisation refers to any female sterilisation done between 48 hours and 7 days of delivery. **Data Source – Family Planning Register/OT Register**

Ref. No.	PHC Format Guidelines Data Item
26	*Data Element: Number of new IUD insertions at facility* **Definition:** Total number of cases of IUD Insertions done at the PHC during the reporting month. **Data Source – Family Planning Register**
27	*Data Element : Number of IUD removals* **Definition:** Total number of cases of IUD removals during the reporting month. **Guideline:** Sum of IUDs removed at the PHC and the IUDs removed/ expelled by the women themselves attended at the PHC are to be reported here. **Data Source – Family Planning Register**
28	*Data Element : Number of oral pills cycles distributed* **Definition:** Total number of oral pill cycles (packets) distributed during the reporting month. **Guideline:** Number of Oral pills cycles distributed is to be reported and not the no. of pills distributed This would include the total number of oral pill cycles (packets) distributed at the PHC (Distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). **Data Source – Family Planning Register/ Inventory Register**
29	*Data Element : Number of condom pieces distributed* **Definition:** Total number of condom pieces distributed during the reporting month. **Guideline:** This would include the total number of condom pieces distributed at the PHC (Distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). This would also include condoms taken by beneficiaries from distribution points in PHC or elsewhere (including campaigns in streets, factories, free distribution etc.) which were supplied directly from this PHC. **Data Source – Family Planning Register/ Inventory Register**
30	*Data Element : Number of centchroman (weekly) pills given* **Definition:** Total number of Centchroman (weekly) pills distributed during the reporting month. **Guideline:** This would include the total number of Centchroman pills distributed at the PHC (Distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). Centchroman pills are not to be confused with Oral Contraceptive Pills (*data Element 28*) and they have to be reported separately. **Data Source – Family Planning Register/Inventory Register**

Ref. No.	PHC Format Guidelines Data Item
31	*Data Element :Number of emergency contraceptive Pills distributed* **Definition:** Total number of emergency contraceptive pills distributed during the reporting month. **Guideline:** This would include the total number of emergency contraceptive pills (pill to be taken within 72 hrs. of unprotected sexual act) distributed at the PHC, (distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). One client can receive more than one emergency contraceptive pill per month. In such cases, report each pill distributed. **Data Source – Family Planning Register/Inventory Register**
32	*Quality in Sterilisation services*
32.1	*Number of Complications following sterilisation* **Definition:** Total number of cases of complications following NSV/ conventional vasectomy and female sterilisation reported during the reporting month. **Guideline**: Any male/female having undergone sterilisation and who reports or comes with a complaint or is diagnosed as having a complaint related to the sterilisation procedure is to be reported here. Patients tend to over-report and health care providers tend to under diagnose complications. **Data Source – Family Planning Register / OPD Register**
(a)	*Data Element: Male* **Definition:** All male sterilisation acceptors who report with, or are diagnosed as having a complaint related to the sterilisation procedure during the reporting month. **Guideline**: Problems that might occur after male sterilisation include: bleeding, infection, mild inflammatory reaction and others. Report all cases attended at the PHC, even if later referred to other facility. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element :Female* **Definition:** All the cases of complications following female Sterilisation (Minilap/ Laparoscopic/ Post Partum) are to be reported here. **Guideline**: Serious complications from female surgical sterilisation are rare and are most likely to occur with abdominal procedures. These include bleeding, infection, reaction to the anaesthetics, injury to the bowels or blood vessels rarely etc. and require major surgical repair. Report all cases attended at the PHC, even if later referred to other facility. **Data Source – Family Planning Register/OPD Register**

Ref. No.	Data Item — PHC Format Guidelines
32.2	*Number of failures following sterilisation* **Definition:** Total number of cases of failures following male sterilisation or female sterilisation reported in the facility during the reporting month. **Guideline**: If the woman becomes pregnant despite the spouse/self having had a sterilisation surgery, provided either of the two or both claims this to be due to sterilisation failure. This will come to notice only if the man or the woman complains or if there is a record. Data needs to be attended with great tact and confidentially. **Data Source – Family Planning Register/OPD Register**
(a)	*Data Element :Male* **Definition:** Total number of cases of failures following male sterilisation reported in the PHC during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element :Female* **Definition:** Total number of cases of failures following female sterilisation reported in the PHC during the reporting month. **Data Source – Family Planning Register/OPD Register**
32.3	*Number of deaths following sterilisation* **Definition:** Total number of cases of deaths reported following male or female sterilisation during the reporting month. **Guideline**: A death due to sterilisation is very rare and needs to be investigated. A death may occur at home or at the facility. If it occurs at the facility, then the facility will report it. If it occurs at home (even if the sterilisation was done at the facility), then it will be reported by the sub centre and not by the PHC. However, the medical officer should oversee and ensure the record and investigation of the case. **Data Source – Family Planning Register/OPD Register/Death Register**
(a)	*Data Element :Male* **Definition:** Total number of cases of deaths at the PHC following male sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element: Female* **Definition:** Total number of cases of deaths at the PHC following female sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**

Ref. No.	Data Item — PHC Format Guidelines
32.4	***Data Element : Does the institution have NSV trained doctors (Yes/No)*** **Definition:** If a NSV trained doctor is posted at the PHC then report "Yes" else "No". **Guideline**: This is irrespective of the number of doctors posted.
M10	**Child Immunisation**
33	*Number of Infants* ***0 to 11 months old*** *who received the following:* **Definition:** Total number of infants (0-11 months) who were immunized during the reporting month. Those who were immunized at the PHC should be reported here. **Guideline**: This would also include infants that got immunisation later than usual due to, for instance, temporary shortages of vaccine. 11 MONTHS MEANS TIME UP TO THE FIRST BIRTH-DAY. **Data Source – Immunisation Register**
33.1	***Data Element: BCG*** **Definition:** Total number of infants (0-11 months), given BCG immunisation during the reporting month. **Guideline**: BCG (tuberculosis) vaccine given to infants, preferably right after birth. **Data Source – Immunisation Register**
33.2	***Data Element: DPT1*** **Definition:** Total number of infants (0-11 months), given DPT1 immunisation during the report-ing month. **Guideline**: DPT (Diphtheria, Pertussis and Tetanus combined vaccine) 1st Dose given to infants, preferably at six weeks. **Data Source – Immunisation Register**
33.3	***Data Element: DPT2*** **Definition:** Total number of infants (0-11 months), given DPT2 immunisation during the report-ing month. **Guideline**: DPT (Diphtheria, Pertussis and Tetanus combined vaccine) 2nd dose given to a child under one year - preferably at around 10 weeks after birth. **Data Source – Immunisation Register**
33.4	***Data Element: DPT3*** **Definition:** Total number of infants (0-11 months), given DPT3 immunisation during this month. **Guideline**: (Diphtheria, Pertussis and Tetanus combined vaccine) 3rd dose given to a child under one year - preferably at around 14 weeks after birth. **Data Source – Immunisation Register**

Ref. No.	PHC Format Guidelines Data Item
33.5	***Data Element: OPV 0 (Birth Dose)*** **Definition:** Total number of newborns who have been given OPV birth dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
33.6	***Data Element : OPV1*** **Definition:** Total number of infants (0-11 months) who has been given OPV first dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
33.7	***Data Element : OPV2*** **Definition:** Total number of infants (0-11 months) who has been given OPV second dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
33.8	***Data Element : OPV3*** **Definition:** Total number of infants (0-11 months) who have been given OPV third dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
33.9	***Data Element :Hepatitis-B1*** **Definition:** Total number of infants (0-11 months) given Hepatitis B1 immunisation during the reporting month. **Guideline**: Hepatitis B vaccine 1st dose is given to infants, preferably at around six weeks after birth. This is applicable only in those States which have taken up this activity. **Data Source – Immunisation Register**
33.10	***Data Element: Hepatitis - B2*** **Definition:** Total number of infants (0-11 months) given Hepatitis B2 immunisation during the reporting month. **Guideline**: Hepatitis B vaccine 2nd dose is given to infants of under one year, preferably at around 10 weeks after birth. This is applicable only in those States which have taken up this activity. **Data Source – Immunisation Register**

Ref. No.	PHC Format Guidelines Data Item
33.11	*Data Element* :***Hepatitis -B3*** **Definition:** Total number of infants (0-11 months), given Hepatitis B3 immunisation during the reporting month. **Guideline**: Hepatitis B vaccine 3rd dose is given to a child under one year - preferably at around 14 weeks after birth. Note this is applicable only in those States which have taken up this activity. **Data Source – Immunisation Register**
33.12	***Data Element :Measles*** **Definition:** Total number of infants (0-11 months) given Measles immunisation during the reporting month. **Guideline**: Measles vaccine is given to a child under one year of age (preferably at 9 months after birth). Measles vaccine given to YOUNGER children during an outbreak should NOT be counted here. **Data Source – Immunisation Register**
33.13	***Data Element*** :***Total Number of children aged between 9 and 11 months who have been fully immunized*** *(Child given one dose of BCG, three dosages of DPT i.e. DPT 1,2,3; three dosages of polio i.e. OPV 1,2,3 and a dosage of Measles)* **Definition:** Total number of infants 9-11 months old that have completed routine immunisation during the reporting month i.e. who have received BCG, three doses of DPT, three doses of OPV and measles. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break-up for male and female children has to be given. **Guideline**: Full immunisation has to be reported from a specific column in the immunisation recording register, when all the doses for a given child are completed. It should not be calculated simply by adding 33.01 to 33.12 (BCG, three doses of DPT, three doses of OPV and measles). The child should only be counted ONCE as fully immunized when receiving the last vaccine - usually measles at 9th month - and there is evidence of receiving all the previous vaccines. **Data Source – Immunisation Register**
(a)	***Data Element : Male*** **Definition:** Total number of male infants (9-11 months) that have completed routine immunisation during the reporting month **Data Source – Immunisation Register**
(b)	***Data Element : Female*** **Definition:** Total number of female infants (9-11 months) that have completed routine immunisation during the reporting month **Data Source – Immunisation Register**

Ref. No.	Data Item — PHC Format Guidelines
34	***Data Element :*** *Number of children* ***more than 16 months*** *who received the following* **Definition:** Total number of children more than 16 months of age who have received the following doses during the reporting month
34.1	***Data Element : DPT Booster*** **Definition:** Total number. of children given DPT Booster Dose during the reporting month. **Data Source – Immunisation Register**
34.2	***Data Element : OPV Booster*** **Definition:** Total number. of children given OPV Booster Dose during the reporting month. **Guideline**: The OPV doses given during pulse polio rounds are NOT to be counted. **Data Source – Immunisation Register**
34.3	***Data Element : Measles, Mumps, Rubella (MMR) Vaccine*** **Definition:** Measles, Mumps, Rubella vaccine given to child more than 16 months. **Guideline***: For children who have NOT received measles immunisation before attaining the age of 1 year, MMR given after 1 year of age will also be counted here. This data element should not be confused with Data element 33.12 (Measles)* **Data Source – Immunisation Register**
35	***Immunisation Status***
35.1	Total number of children aged between 12 and 23 months who have been fully immunised *(Child given one dose of BCG, three dosages of DPT i.e. DPT 1, 2, 3; three dosages of polio i.e. OPV 1, 2, 3 and a dosage of Measles)* during the month. **Guidelines**: All those children who could not complete their immunisation in first 11 months of age due to any reasons but have completed their immunisation between 12 and 23 months of age are to be reported here. The OPV doses given during Pulse Polio rounds are NOT to be counted. It may be noted that the children previously reported in 33.13 should not be reported here. Children receiving measles through MMR only will also be counted provided that they have received other prescribed vaccines also. OPV Booster and DPT Booster should not be included here. **Data Source – Immunisation Register**
(a)	***Data Element : Male*** **Definition:** Total number of male children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**

Ref. No.	PHC Format Guidelines Data Item
(b)	*Data Element : Female* **Definition:** Total number of female children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
35.2	*Data Element : Children more than 5 years given DT5* **Definition:** Total number of children of more than 5 years of age who have been given DT booster during the reporting month. **Data Source – Immunisation Register**
35.3	*Data Element: Children more than 10 years given TT10* **Definition:** Total number of children of more than 10 years of age who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
35.4	*Data Element: Children more than 10 years given TT16* **Definition:** Total number of children of more than 16 years of age and up to 18 years who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
35.5	*Data Element :Adverse Event Following Immunisation (AEFI)* **Definition:** An adverse event following immunisation (AEFI) is defined as a medical incident that takes place after an immunisation causes concern and is believed to be caused by immunisation. **Data Source – Immunisation Register/OPD Register/IPD Register/DHQ records(FIR sent)**
(a)	*Data Element :Abscess* **Definition:** Total number of cases of abscess reported following routine immunisation during the reporting month. **Guideline**: An abscess is a collection of pus that has accumulated in a cavity formed by the tissue on the basis of an infectious process. This calls for investigation on quality of syringe supply and use. Since the reporting person is the most likely person at fault, this could get under-reported unless the facilities where children are coming for treatment, report this well. **Data Source – Immunisation Register/OPD Register/IPD Register**

Ref. No.	PHC Format Guidelines Data Item
(b)	*Data Element :Death* **Definition:** Total number of cases of deaths reported following routine immunisation during the reporting month. **Guideline**: This needs to be investigated. Total number of children who were reported to have died following routine immunisation in the reporting month. If the immunisation is at home, but death occurs at PHC or CHC facility it is reported where the death took place. **Data Source – Immunisation Register/OPD Register/IPD Register** It is presumptive report and need not wait confirmation by the medical officer.
(c)	*Data Element :Others* **Definition:** Total number of cases of other complications attended at PHC following routine immunisation during the reporting month. **Guideline**: Any of the following symptoms should be reported: 1.Rash, 2. Fever, 3. Fainting, 4. Anaphylactic shock, 5. Paralysis, 6. Weakness developing in any part of limbs etc. Even if it does not conform to this pattern but occurs within a week, it should be noted and action to be taken after investigation **Data Source – Immunisation Register/OPD Register/IPD Register**
36	***Number of Immunisation sessions during the month:***
36.1	*Data Element :Planned* **Definition:** Number of immunisation sessions planned to be held at the PHC during the reporting month. **Data Source – Immunisation Planning Register**
36.2	*Data Element :Held* **Definition:** Total number of immunisation sessions held at the PHC during the reporting month. **Data Source – Immunisation Planning Register**
36.3	*Data Element :Number of sessions where ASHAs were present* **Definition:** Total number of immunisation sessions held at the PHC in which ASHA was present during the reporting month. **Guideline**: It measures the involvement of ASHAs in the community Immunisation activities. **Exception**: If more than one ASHA is present at any one Immunisation Session, it will still be counted as one session. **Data Source – Immunisation Planning Register**

Ref. No.	Data Item — PHC Format Guidelines
37	*Data Element: Others* **[Japanese Encephalitis (JE) etc. please specify]** **Definition:** Total number of cases of immunisation carried out with vaccine other than those included in routine immunisation such as Japanese encephalitis, chicken pox, typhoid etc. during the reporting month. **Guideline***:* This is State specific. **Data Source – Immunisation Planning Register**
M11	**Number of Vitamin A doses**
38	***Administered between 9 months and 5 years*** Total number of children between 9 months and 5 years of age who were given Vitamin A dose during the reporting month.
38.1	***Data Element :Dose-1*** **Definition:** Total number of children over 6 months but under 1 year given vitamin A 1st dose in this PHC during the reporting month. **Data Source – Immunisation Register**
38.2	***Data Element :Dose-5*** **Definition:** Total number of children under 3 years given vitamin A 5th dose in this PHC during the reporting month. **Guideline***:* The facility maintains a register that tracks each child where every dose of vitamin A is given. When the 5th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**
38.3	***Data Element :Dose-9*** **Definition:** Total number of children under 5 years given vitamin A 9th dose (booster) in this PHC during the reporting month. **Guideline***:* The facility maintains a register that tracks each child where every dose of vitamin A is given. When the 9th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**

Ref. No.	PHC Format Guidelines Data Item
M12	**Number of cases of childhood diseases reported during the month (0-5 years)** **Guidelines**: This data element will include both the inpatients as well as outpatients cases.
39	*Data Element :Diphtheria* **Definition**: Total Number of cases of diphtheria reported in children below five years during the reporting month. **Guideline**: Diphtheria is a bacterial infection that spreads easily and mainly affects the nose and throat. Children under 5 years are particularly at risk for contracting the infection. Total cases of diphtheria in a child under 5 years seen at this facility during the reporting month are to be reported. If a doctor from the facility has gone and seen the case in the house, then it may be recorded as seen at the facility. Note that all cases of diphtheria need admission. **Data Source – OPD Register/IPD Register**
40	*Data Element :Pertussis* **Definition**: Total Number of cases of Pertussis reported in children under five years seen at this facility during the reporting month. **Guideline**: Whooping cough or Pertussis is an infection of the respiratory system caused by the bacterium *Bordetella Pertussis*. Medical sources describe the whoop as "high-pitched"; this is generally the case with infected babies and children. Children tend to catch it more than adults. **Data Source – OPD Register/IPD Register**
41	*Data Element :Tetanus neonatarum* **Definition**: Total Number of cases of Tetanus neonatorum reported during the reporting month. **Guideline:** Neonatal Tetanus occurs in newborns who are delivered in unsanitary conditions, especially if the umbilical cord stump becomes contaminated. Total cases of tetanus neonatorum in newborns seen at this facility in this month are to be reported. **Data Source – OPD Register/IPD Register**
42	*Data Element :Tetanus others* **Definition**: Total Number of Tetanus cases others than neonatorum reported in children below five years during the reporting month. **Guideline:** Tetanus, also known as lockjaw, is a serious but preventable disease that affects the body's muscles and nerves. It typically arises from a skin wound that becomes contaminated by a bacterium called Clostridium tetni, which is often found in soil. Total cases of *Tetanus Others* in children less than 5 years seen at this facility in the reporting month are to be reported. **Data Source – OPD Register/IPD Register**

Ref. No.	Data Item — PHC Format Guidelines
43	*Data Element :Polio* **Definition**: Total number of cases of polio reported in children below five years, diagnosed according to WHO clinical criteria, reported at this facility. **Guideline:** *Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. Initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs. In a small proportion of cases, the disease causes paralysis, which is often permanent.* *Acute Flaccid Paralysis cases are not to be reported here. Only confirmed Polio Cases are to be reported here.* **Data Source – OPD Register/IPD Register**
44	*Data Element :Measles* **Definition**: Total Number of Measles cases reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
45	*Data Element : Diarrhoea and dehydration* **Definition**: Total number of cases of Diarrhoea and dehydration reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
46	*Data Element :Malaria* **Definition**: Total number of cases of malaria (Smear positive) reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register/Lab Register**
47	*Data Element :Number admitted with respiratory infections* **Definition**: Total number of children below 5 years ADMITTED with respiratory infections during the reporting month. **Data Source – OPD Register/IPD Register**

PART B: OTHER PROGRAMME

Ref. No.	Data Item — PHC Format Guidelines
M13	**Blindness Control Programme**
48	*Data Element :Number of patients operated for cataract* **Definition**: Total number of cases of cataract operated during the reporting month, at the PHC (which is equipped to do eye surgeries). Camps done at PHC or in PHC area are to be reported here. **Data Source – OT Register/ IPD register/Ophthalmology Register**
49	*Data Element :Number of intraocular lens (IOL) implantations* **Definition**: Total number of cases of cataract where IOL implanted, during the reporting month, at the PHC (which is equipped to do eye surgeries). **Data Source – OT Register/ IPD Register/Ophthalmology Register**
50	*Data Element :Number of school children detected with refractive errors* **Definition**: Total number of school children detected with refractive errors, during the reporting month. This is usually done in schools by qualified doctors – where doctors have gone from this facility, it needs to be included here. If the school visit was made by doctors from more than one facility- include it at the facility under which the school falls. Care is to be taken that it is reported only once in the reporting system. **Data Source– OPD Register/Ophthalmology Register/School Health doctor records**
51	*Data Element :Number of children provided free glasses* **Definition**: Total number of children provided with free glasses during the reporting month. *Include it along with the facility from which the glasses were sent- which would be the same as above.* **Data Source – OPD Register/Ophthalmology Register/ School Health doctor records**

PART C: HEALTH FACILITY SERVICES

M14	**Patient services**
52	*Data Element Is the facility functioning* **24X7 (2 Staff Nurses)** **Definition**: Is the PHC functioning 24x7 i.e. it has at least 2 staff nurses posted for 24x7 deliveries. (Answer to be given in Yes/ No) 24X 7 PHCs: All health services like curative, emergency care etc. are available 24 hours. NRHM envisages that all the Primary Health Centres (20,000-30,000 population) should function as a 24x7 centre in a phased manner to improve the availability of health care services and also promotes the conduct of institutional deliveries at these Centres.

Ref. No.	PHC Format Guidelines Data Item
53	*Data Element*: **If RKS exists at facility, n***umber of RKS meetings held during the month* **Definition**: Total number of meetings of RKS held during the reporting month. **Guideline**: A meeting is presumed to be held if it is minuted and documented. The RKS meetings should be held at least once in a quarter. It is to be reported only in the month in which it was held. **Data Source – RKS Register/Proceedings of Meeting Register**
54	*Does the facility have Ambulance services(assured referral services) available Yes/ No* **Definition**: It captures whether the facility has Ambulance service for transporting emergency patients. The answer should be Yes/ No. **Guideline**: Assured Referral Service would mean that the ambulance is available on 24X7 basis from that health facility. The ambulance need not be owned or run by the PHC. Even if it is out-sourced or available on call at a regular basis, it would be counted. Each trip (to and fro) to be counted as one, even if more than one patient is transported. **Data Source – Ambulance Register/ Log Book of Ambulance**
55	*Data Element : If so, number of times it was used for transporting patients during the month* **Definition**: Total number of times the ambulance was used for transporting the patients during the reporting month. **Guideline**: Each trip (to and fro) is to be counted as one, even if more than one patient is transported. **Data Source – Ambulance Register/ Log Book of Ambulance**
56	**Inpatient**
56.1	*Data Element :* **Admissions** **Definition**: Total number of patients admitted during the reporting month. **Guideline**: An admission must include at least a planned 24 hour or overnight stay. **Data Source – IPD Register** Separate figures for male and female are to be reported. **Children < 19 Yrs** Total number of children below 19 years of age admitted during the reporting month. Separate figures for males and females to be reported. **Adults** Total number of adults of age 19 years and above admitted during the reporting month. Separate figures for males and females are to be reported.
(a)	*Data Element : Male*
(b)	*Data Element : Female*

Ref. No.	PHC Format Guidelines Data Item
56.2	*Deaths* Total number of deaths in the facility due to any cause, during the reporting month. Separate figures for males and females are to be reported. **Data Source – IPD Register**
(a)	*Data Element : Male*
(b)	*Data Element : Female*
56.3	*Data Element : In-patient Head count at midnight* **Definition**: Total number of in-patients admitted in the facility, who are present at midnight (or at 6.00 am). Total would be calculated by adding daily count, at mid-night, for the month. **Guideline**: This ensures that day care admissions are not counted. **Data Source – IPD Register**
57	*Outpatient*
57.1	*Data Element : OPD attendance (All)* **Definition:** Total no. of out-patients (all types) attended at the PHC during the reporting month. **Data Source – OPD Register** OPD should include immunisation and routine ANC cases seen from this facility. .
	Operation Theatre
58.1	*Data Element : Operation major* **(general and spinal anaesthesia)** **Definition:** Total number of operations carried out using general or spinal anaesthesia, during the reporting month. **Guideline:** Major surgeries/operations are a defined as surgeries requiring spinal or general anaesthesia. (Alternative definition –surgeries that take more than 30 minutes to complete). **Data Source – OT Register**
58.2	*Data Element : Operation minor* **(no or local anaesthesia)** **Definition:** Total number of operations carried out without anaesthesia or local anaesthesia, during the reporting month. **Guideline:** This is a measure of minor surgical care and should be available even where there is no surgeon. Draining abscesses, stitching injuries, haemorrhoids management etc would be counted here. Please do not include dental procedures as they would be counted separately. (alternative definition –surgeries that take less than 30 minutes to complete). **Data Source – OT Register**

Ref. No.	Data Item — PHC Format Guidelines
59	***Others (include other services like dental, ophthalmic, AYUSH etc.)***
(a)	***Data Element : AYUSH*** **Definition:** Number of patients attended by AYUSH practitioners and were given AYUSH treatment in the facility, during the reporting month. **Data Source – OPD (AYUSH) Register**
(b)	***Data Element : Dental Procedures*** **Definition:** Total number of dental procedures during the reporting month. **Data Source – OT (Dental) Register**
(c)	***Data Element : Adolescent counselling services*** **Definition:** Total number of adolescents counselled during the reporting month. **Data Source – Adolescent counselling Register/ School Health doctor records/**
(d)	***Data Element:*** **Others** **Definition:** Other OPD/ procedures not covered may be reported here with name of the procedure and corresponding number.
M15	**Laboratory Testing**
60	**Lab Tests** **Guideline**: This is applicable to those PHCs which have a functional laboratory. The tests conducted at the laboratory of this PHC only are to be reported.
60.1	***Data Element: Number of Hb tests conducted*** **Definition**: Number of Haemoglobin (Hb) tests done conducted at the PHC, during the reporting month. **Guideline**: Total number of people whose blood test for Hb has been done during the month. Lab tests should include Hb tests done for routine ANC cases. **Data Source – Lab Register**
60.2	***Data Element: Of which number having Hb < 7 gm*** ***Definition:*** *Out of the total number of haemoglobin (Hb) test done during the reporting month, number having Hb. less than 7 gm/dl.* **Data Source – Lab Register**
61	***Data Element: HIV tests conducted*** ***Guideline:*** *Only the number of tests conducted is to be reported irrespective of the result.*
(a)	***Male***

Ref. No.	PHC Format Guidelines Data Item
(b)	*Female-Non ANC*
(c)	*Female with ANC*
62	*Data Element: Widal tests conducted* *Definition:* Number of WIDAL tests carried out during the reporting month. **Data Source –Laboratory Register**
63	*Data Element: VDRL test conducted* *Definition:* Number of VDRL tests carried out during the reporting month. **Guideline**: Separate figures for male, females, and females with ANC have to be reported.
(a)	*Data Element: Male*
(b)	*Data Element: Female-non ANC*
(c)	*Data Element: Female with ANC*
64	*Malaria test conducted*
64.1	*Data Element:* **Blood smears examined** *Definition:* Total number of blood smears tested for malaria during the reporting month. **Data Source –Laboratory Register**
64.2	*Data Element:* **Plasmodium Vivax test positive** *Definition:* Out of blood smears tested (reported in 64.1), number positive for Plasmodium Vivax during the reporting month.
64.3	*Data Element:* **Plasmodium Falciparum test positive** *Definition:* Out of Blood smears tested (reported in 64.1), number positive for Plasmodium Falciparum during the reporting month.

PART D: MORTALITY DETAILS

	This section deals with compiling data on deaths by major causes. The probable cause of death is to be reported against ONE and ONLY ONE major cause. In certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. Deaths occurring at home are to be reported in the Health Sub Centre Form.

Ref. No.	Data Item — PHC Format Guidelines
M 16	*Number of deaths reported during the month with probable causes:*
65	*Data Element: Infant deaths within 24 hrs of birth* ***Definition:*** Total number of newborn deaths within 24 hrs of birth in the facility during the reporting month. For sub-Centres, deaths after home delivery will also be included. **Guidelines**: At times it is difficult to determine the cause of death when newborn/neonate dies within the first 24 hours of birth. In such situation mention 'death within 24hrs of birth', however, refer to the definition of still birth to distinguish still birth from newborn/neonatal death. Any cry & breathe or movement occurring in first few seconds even if subsequently baby stops should be considered newborn death & not still birth. Even if the cause is known as sepsis, pneumonia, asphyxia, LBW but the death was with 24hrs it should be reported here. **Data Source – Death Register**
66	*Infants deaths up to 4 weeks by cause* **Up to 1 week of Birth** Total infant deaths up to 1 week of birth during the reporting month. **Between 1week & 4 weeks of birth** Total infant deaths between 1 week & 4 weeks of birth during the reporting month.
66.1	*Data Element:* **Sepsis** **Definition:** Total Infant Deaths due to sepsis during the reporting month. **Guideline:** Sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection. Death due to sepsis refers to death of newborn/neonate after 24hrs but within first 28 days of life due to any infection. Newborn may have one or more signs and symptoms such as fever, refusal to take feeds, weak cry, diarrhea, pneumonia, measles etc. When it is difficult to differentiate above mentioned infections indicate cause of death as 'sepsis'. It is difficult to differentiate infections in first 28 days of life therefore death due to any infection will be attributed to 'death due to sepsis'. Those counted in first 24hrs should not be counted again here. **Data Source – Death Register**
66.2	*Data Element:* **Asphyxia** **Definition:** Total Infant Deaths due to asphyxia during the reporting month. **Guideline:** If the baby died within first 24hrs it should be counted in deaths of infant within 24hrs of birth. If baby had signs of Asphyxia (meconiun stained fluids, delay or failure in cry/weak breathing & movements, requirement of artificial breathing support, etc.) & then died after 24 hours but before 28th day it should be reported as death due to asphyxia. **Data Source – Death Register**

Ref. No.	PHC Format Guidelines Data Item
66.3	*Data Element:* **Low birth weight (LBW) for children up to 4 weeks of age only** **Definition:** Total Infant Deaths due to Low Birth Weight (LBW) during the reporting month. **Guideline:** Indicate 'LBW' as a cause of death for the neonates/newborns that died after 24 hrs but before 28 days in the neonatal period and were less than 2.5kgs on the first day of birth. Note that those who have clear signs of sepsis or asphyxia or who died within first 24hrs of birth should be counted in the earlier data elements and not here. **Data Source – Death Register**
66.4	*Data Element:* **Others** **Definition:** Infant Deaths due to reasons other than those cited above, during the reporting month. Guidelines: Any baby who died after first 24 hrs and on/before 28th day and the cause did not confirm with any of the above 3 causes (sepsis, asphyxia, LBW) should be indicated as death due to other causes. Failure to attribute cause may be due to lack of skilled attendant or may be because it was some cause other then these 3 or because the SBA was not sure. In case of co-morbidities, the SBA should indicate the cause for which SBA feels is the most important contributing cause. **Data Source – Death Register**
67	***Infant/child deaths up to 5 years by cause*** **Between 1 month & 11 months** Total infant/ Child deaths between 1 and 11 months of birth during the reporting month. **Between 1 year & 5 years** Total Child deaths between 1 and 5 years of birth during the reporting month
67.1	*Data Element:* **Pneumonia** **Definition:** Total Infant/Child Deaths due to Pneumonia, during the reporting month. **Guideline:** 'Pneumonia' is the cause of death for infants (over 28 days and 12 months old) who died due to infection in the respiratory tract/lungs any clinical signs of pneumonia are also to be reported as such- even without laboratory or radiological confirmation. If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
67.2	*Data Element:* **Diarrhoea** **Definition:** Total Infant/Child Deaths due to Diarrhoea, during the reporting month. **Guideline:** Any death in a child less than one year, but more than 28 days old, associated with passing loose stools more than thrice a day. Usually dehydration would be prominent. **Data Source – Death Register**

Ref. No.	Data Item — PHC Format Guidelines
67.3	*Data Element:* **Fever related** **Definition:** Total infant/child deaths due to fever related reasons, during the reporting month. **Guideline:** 'Fever' is the cause of death for infants (over 28 days and 12months old) who died due to fever and NOT due to Pneumonia (C05), Diarrhea (C06), and Measles (C08). If the child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
67.4	*Data Element:* **Measles** **Definition:** Total Infant/Child Deaths due to Measles, during the reporting month. **Guideline:** 'Measles' is the cause of death for infants (over 28 days and <12months old) who died due to high fever with a typical rash. Other signs that indicate measles are: running nose, cough, red & watery eyes, loss of appetite & loose stools. Another marker of measles is **Koplik's spots**, small red spots with blue-white Centres that appear inside the mouth. If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
67.5	*Data Element:* **Others** **Definition:** Total Infant/Child Deaths due to reasons other than those cited above, during the reporting month. **Guideline:** Indicate 'Other' as a cause of death for infants (over 28 days and <12months old) who died due to any other cause of death or whose cause is unknown. If child is more than 12 months old but 5yrs or less, then this is entered in the next column (same row). **Data Source – Death Register**
68	***Adolescents & adults deaths by cause*** ***6-14 Yrs*** Total Adolescent deaths Between 6 and 14 years of age during the reporting month. ***15-55 Yrs*** Total Adolescent/ adult deaths Between 15 and 55 years of age during the reporting month. ***Above 55 yrs*** Total Adult deaths above 55 years of age during the reporting month.
68.01	*Data Element:* **Diarrhoeal diseases** **Definition:** Total Adolescent & Adult Deaths due to Diarrhoeal diseases, during the reporting month. **Guideline:** Death associated with loose stools more than thrice per day. **Data Source – Death Register**
68.02	*Data Element:* **Tuberculosis** **Definition:** Total Adolescent & Adult Deaths due Tuberculosis during the reporting month. **Guideline:** Death in a person who was confirmed as tuberculosis along with necessary diagnosis or seen by a medical doctor and clinically diagnosed to be a case of tuberculosis. **Data Source – Death Register**

Ref. No.	PHC Format Guidelines Data Item
68.03	*Data Element:* **Respiratory diseases including infections (other than TB)** **Definition:** Total Adolescent & Adult Deaths due to Respiratory diseases including infections (other than TB) Tuberculosis, during the reporting month. **Guideline:** Death in a person diagnosed clinically to be primarily due to respiratory infection, including pneumonia, asthma etc. **Data Source – Death Register**
68.04	*Data Element:* **Malaria** **Definition:** Total Adolescent & Adult Deaths due to Malaria during the reporting month. **Guideline:** Death - in a plasmodium or antigen positive case. **Data Source – Death Register**
68.05	*Data Element:* **Other fever related** **Definition:** Total Adolescent & Adult Deaths due to Other Fever Related causes during the reporting month. **Guideline:** Any death other than the three above that was related to fever. **Data Source – Death Register**
68.06	*Data Element:* **HIV/AIDS** **Definition:** Total Adolescent & Adult Deaths due to HIV/AIDS during the reporting month. **Guideline:** Any death with laboratory supported diagnosis of HIV/AIDS. **Data Source – Death Register**
68.07	*Data Element:* **Heart disease/hypertension related** **Definition:** Total Adolescent & Adult Deaths due to Heart disease/Hypertension related during the reporting month. **Guideline:** Any death due to any cardio vascular disease – known cause. **Data Source – Death Register**
68.08	*Data Element:* **Neurological disease including strokes** **Definition:** Total Adolescent & Adult Deaths due to Neurological disease including strokes, during the reporting month. **Guideline:** Any death due to any neurological disease including cerebro- vascular disease / strokes or fits or paralysis of any sort etc. **Data Source – Death Register**
68.09	**Maternal** Death of a pregnant woman from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes, during antenatal period, labour or up to 6 weeks after pregnancy. **Data Source – Death Register**

Ref. No.	PHC Format Guidelines Data Item
a)	*Data Element:* **Abortion** **Definition:** Total Maternal deaths due to Abortions, during the reporting month. **Guideline:** Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation due to any reason. **Data Source – Death Register**
b)	*Data Element:* **Obstructed/prolonged labour** **Definition:** Total Maternal deaths due to obstructed/prolonged labour, during the reporting month. **Guideline:** Indicate 'obstructed/prolonged labor' as a cause of death if a woman dies during labor which lasted more than 12 hours or which required operative intervention to facilitate delivery. **Data Source – Death Register**
c)	*Data Element:* **Severe hypertension/fits** **Definition:** Total maternal deaths due to Severe hypertension/fits during the reporting month. **Guideline:** Indicate 'severe hypertension/fits' as a cause of death if a woman dies due to high blood pressure (BP>140/90) or fits during pregnancy, labor, or immediate postpartum. **Data Source – Death Register**
d)	*Data Element:* **Bleeding** **Definition:** Total Maternal deaths due to Bleeding during the reporting month. **Guideline:** Indicate 'bleeding' as a cause of death if a woman dies due to severe bleeding (over 500 ml) before, during or 42 days postpartum. **Data Source – Death Register**
e)	*Data Element:* **High fever** **Definition:** Total Maternal deaths due to High fever during the reporting month. **Guideline:** Indicate 'high fever' as a cause of death if a woman dies due to high fever during pregnancy or 42 days postpartum. **Data Source – Death Register**
f)	*Data Element:* **Other causes (including causes not known)** **Definition:** Total Maternal deaths due to Other Causes (including cause not known), during the reporting month. **Guideline:** All other causes are to be aggregated here. **Data Source – Death Register**

Ref. No.	PHC Format Guidelines Data Item
68.10	*Data Element:* **Trauma/accidents/burn cases** **Definition:** Any death due to reasons such as Trauma/Accidents/Burn during the reporting month. **Guideline:** Any death arising out of trauma or burns – accidental or inflicted other than those which are self inflicted. **Data Source – Death Register**
68.11	*Data Element:* **Suicide** **Definition:** Any death due to suicide during the reporting month. **Guideline:** Death which is self inflicted- whatever the cause. **Data Source – Death Register**
68.12	*Data Element:* Animal bites and stings **Definition:** Any death due to animal bites and stings during the reporting month. **Guideline:** Death which is a result of any animal bites or stings- common ones being of snakes and scorpions – but also dog bites, bear bites, crocodile bites and tigers in select areas. **Data Source – Death Register**
68.13	**Other Diseases**
a)	*Data Element:* **Known acute disease** **Definition:** Any death due to known acute disease. **Guideline:** Here only those deaths where there is a reasonable presumptive diagnosis made and where the disease lasted for less than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
b)	*Data Element:* **Known chronic disease** **Definition:** Any death due to known chronic disease. **Guideline:** Here only those deaths where these is a reasonable presumptive diagnosis made and where the disease lasted for more than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
c)	*Data Element:* **Causes not known** **Definition:** Any death that does not fit into any category above. **Guideline:** Any death where the information known is too little to fit into any of the above categories. **Data Source – Death Register**

C. CHC/SDH/DH FORMAT GUIDELINES

Following are instructions for filling information in the format. For detailed information on any term or terminology, the user may please refer to the corresponding technical or Programme guidelines/manuals. All information will relate to the activities/events during the reporting month.

PART A: REPRODUCTIVE AND CHILD HEALTH

Ref. No.	CHC/SDH/DH FORMAT Data Item
M1	**Ante Natal Care Services (ANC)** Antenatal care is the healthcare received by a woman during pregnancy. Antenatal care starts with 'history-taking' and is followed by examination of the woman, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination etc. as per the guidelines. The woman is advised for diet, regular antenatal check-ups, and counselled for family planning. She is also provided with immunization for TT and IFA tablets along with proper treatment required in case of any complication. Ideally, as per the RCH schedule, 1st ANC check-up is to be done within 12 weeks, preferably as soon as the pregnancy is suspected, 2nd ANC check-up: between 14-26 weeks, 3rd ANC check-up: between 28-34 weeks, 4th ANC check-up: between 36-40 weeks, but due to unawareness, mobility, distance etc. the timing for the check-ups may vary.
1	***Data Element : Total number of pregnant women Registered for ANC*** **Definition:** Total number of NEW pregnant women registered for ante natal care during the reporting month. **Guideline**: The visit should include relevant checkups required for antenatal care. Registration should include ANC check-up. First ANC check-up is same as ANC registration. **Data Source – Antenatal Register / Pregnancy Register**
1.1	***Data Element : Of which Number registered within first trimester*** **Definition:** Out of the total number reported in data element-1 above, the number registered within 12 weeks of pregnancy during the reporting month. **Guideline:** First trimester refers to the first three months (12 weeks) of a woman's pregnancy. It should not be confused with the first quarter of the calendar year. **Data Source – Antenatal Register / Pregnancy Register**
2	***Data Element : New women registered under JSY*** **Definition:** Total number of NEW pregnant women registered under the JSY scheme during the reporting month. **Guideline:** Only BPL, SC, ST pregnant women would be registered in High Performing States (HPS). In Low Performing States (LPS), all pregnant women (BPL, SC, ST and APL) who come for ANC would be registered. **Data Source – JSY Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
3	***Data Element : Number of pregnant women received 3 check ups*** **Definition:** Number of pregnant women who received the 3rd check-up during the reporting month. **Guideline:** The 3 check-ups should be adequately spaced as per the schedule given in M1 above. If a woman comes for the ANC check-up for the first time, in the late weeks of pregnancy, it should NOT be counted as 3rd ANC check-up, it will still be the 1st ANC check-up. Only those pregnant women are to be reported who received their 3rd ANC check-up during the reporting month. **Data Source – Antenatal Register / Pregnancy Register**
4 4.1	***Number of pregnant women given*** ***Data Element : TT1*** **Definition:** Two doses of TT are administered to the pregnant woman during pregnancy. Total number of pregnant women who received the first dose of TT Immunisation is to be reported here. **Guideline:** The first dose of TT should be given just after the first trimester. **Data Source – Antenatal Register / Pregnancy Register**
4.2	***Data Element : TT-2 or Booster*** **Definition:** Total number of pregnant women who have received the second dose of TT immunisation (TT-2) or Booster dose of TT during the reporting month. **Guideline:** This indicates number of pregnant women who have completed TT immunization for the current pregnancy. The second dose is to be given one month after the first dose but, preferably, at least one month before the expected date of delivery. If the woman has received two injections during previous pregnancy (in last 3 years), a single dose of TT is given and it would be counted as TT Booster. *(While reporting this element please follow this:* *TT-2 or Booster = Total number of pregnant women who have received the second dose of TT immunisation (TT-2)* **+** *Total number of pregnant women who have received the Booster dose of TT)* **Data Source – Antenatal Register / Pregnancy Register**
5	***Data Element : Total number of pregnant women given 100 IFA tablets*** **Definition:** Total number of pregnant women who have received at least 100 IFA tablets (large) (equivalent to 100 mg of elemental iron and 0.5 mg of folic acid per tablet daily) during the reporting month. **Guideline:** The number of pregnant women are to be reported and NOT the number of IFA tablets. If the number of IFA tablets given to a woman is less than 100, then she should not be reported till she is given 100 tablets. If more than 100 IFA tablets are given to any pregnant woman, then she should be counted only once when she receives 100 IFA tablets and should not be reported for rest of the tablets. Any person other than PREGNANT woman getting IFA tablets should not be reported here. **Data Source – Antenatal Register / Pregnancy Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
6 6.1	***Pregnant women with Hypertension (BP>140/90)*** ***Data Element : New cases detected at institution*** **Definition:** Number of ante-natal women who have been detected with hypertension (*BP more than 140/90*) for the FIRST TIME in their pregnancy during the reporting month. **Guideline:** If a pregnant woman is detected with hypertension in her earlier ante-natal check-up and is detected with high BP in the current month as well, then she will not be reported again. **Data Source – Antenatal Register / Pregnancy Register**
6.2	***Data Element : Number of Eclampsia cases managed during delivery*** **Definition:** Number of Eclampsia cases managed during delivery in the reporting month at the DH-SDH-CHC. **Guideline:** This diagnosis is made by the medical officer attending to patient at the DH-SDH-CHC. These clients may be referred from sub-centres/ PHCs or from home but treated at this DH-SDH-CHC. **Data Source – Antenatal Register (Pregnancy Register) and Hospital Admissions/In-patient register**
7 7.1	***Pregnant women with Anaemia*** ***Data Element : Number having Hb level<11 g/dl (tested cases)*** **Definition:** Number of pregnant women tested and found with Haemoglobin (Hb.) less than 11 g/dl during the reporting month. **Guideline:** Only those cases are to be reported where the Hb. was measured by a Haemoglobinometer or any other acceptable laboratory method. Examination of eye/nails is not to reported. **Data Source – Antenatal Register / Pregnancy Register / Laboratory Register**
7.2	***Data Element: Number having severe anaemia (Hb<7g/dl) treated at institution*** **Definition:** Number of women having severe Anaemia i.e. Hb. less than 7 grams/dl and treated at the DH-SDH-CHC during the reporting month. **Guideline:** The ANC clients who have haemoglobin under 7 grams/dl (severe anaemia) and detected at sub-centres/PHC or from home, are to be referred to a higher facility for treatment. The higher facility would report the treatment. **Data Source– Antenatal Register(Pregnancy Register), Laboratory Register**
M2	**Deliveries**
8	***Data Element : Deliveries conducted at facility*** **Definition:** Total number of deliveries conducted at the DH-SDH-CHC during the reporting month. **Guideline:** The deliveries conducted in private nursing homes and the referred cases to any higher facility are not to be reported here. The number of C-section deliveries if performed at the DH-SDH-CHC will also be included here. Home deliveries if any in the area are to be reported by the ANM in the Sub Centre Format. *(While reporting please follow this:* *Deliveries conducted at Facility (Data element 8) = Total number of Normal Deliveries conducted at Facility + Total number of C-section deliveries performed at facility.* **Data Source – Labour Room Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
8.1	***Data Element : Of which Number discharged under 48 hours of delivery*** **Definition:** Out of the total deliveries conducted (*as reported in data element 8 above*) in the DH-SDH-CHC, the number of women discharged within 48 hours of delivery, during the reporting month. **Guideline:** It is important that a woman should stay in the facility for at least 48 hours after delivery. **Data Source – Labour Room/Delivery Register**
8.2	***Number of cases where JSY incentive paid to***
(a)	***Data Element : Mothers*** **Definition:** Number of mothers who have delivered (*as reported in data element 8 above*) in the DH-SDH-CHC and have been paid JSY incentive money during the reporting month. **Guideline**: Institutional deliveries are encouraged by paying JSY incentives to mothers. Count only those who were paid JSY incentive during the month, not those who are eligible and due for payment. Report only when full payment is made. Care may be taken that the number of mothers who were paid full JSY amount are reported and not the amount paid. **Data Source – Pregnancy Register & JSY Register**
(b)	***Data Element : ASHAs*** **Definition:** Number of ASHAs paid incentive money for facilitating institutional delivery at the DH-SDH-CHC during the reporting month under the JSY Scheme. **Guideline**: Count only those who have received payment – do not include those who are eligible. Report only when full payment is made. **Data Source – Pregnancy Register & JSY Register**
(c)	***Data Element : ANM or AWW (only for HPS States)*** **Definition:** Number of ANM/AWW paid incentive for facilitating institutional delivery at the DH-SDH-CHC during the reporting month under the JSY Scheme (To be reported only for High Performing States). **Guideline:** In High Performing States (HPS), this incentive is paid to ANM or AWW for facilitating institutional delivery. Count only those who have received payment – do not include those who are eligible. **Data Source – Pregnancy Register & JSY Register**
M3	***Number of Caesarean (C-section)deliveries performed at***
9	***Data Element :C-section deliveries performed at facility*** **Definition:** Total number of caesarean section deliveries conducted by DH-SDH-CHC during the reporting month. **Data Source – Pregnancy register, Labour Room Register & OT Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
M4	***Pregnancy Outcome & details of new-born*** Pregnancy outcome is the sum of live births, stillbirths, and abortions (spontaneous or induced). **Live birth:** Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, such as movement, breathing, heartbeat, or pulsation of the umbilical cord, crying, even for a short period (few seconds). **Still Birth:** Complete expulsion or extraction of baby from its mother where the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs. In case the foetus dies in the uterus after 20 weeks or during labour/delivery, it will be reported under still birth. **Abortion**: Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation. An abortion can occur spontaneously due to complications during pregnancy or can be induced. Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost due to natural causes/ accidents before the 20th week of gestation.
10	***Data Element :Pregnancy Outcome (in number)*** **Definition:** Pregnancy outcomes here, is the sum of live births+ still births + abortion (spontaneous and induced). **Guideline:** The pregnancy outcome would be the sum of Live births, Still births, Spontaneous (Abortions and Induced) at the DH-SDH-CHC. Live births, still births, abortion (spontaneous and induced) conducted in private nursing homes and referred cases to any other facility are not to be reported here, though may be recorded in register for information.
10.1	***Data Element :Live Birth*** Total number of live births at the facility during the reporting month. In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. This is a calculated field hence the entry is not to be made in this field.
(a)	***Data Element : Male*** **Definition:** Number of male live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
(b)	***Data Element : Female*** **Definition:** Number of female live births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**
10.2	***Data Element : Still Birth*** **Definition:** Number of still births during the reporting month. **Data Source – Pregnancy Register / Labour Room Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
10.3	***Data Element : Abortion (spontaneous/induced)*** **Definition:** Total number of abortions (both spontaneous and induced) at this DH-SDH-CHC during the reporting month. **Guideline**: The spontaneous Abortions that are attended at the facility are to be reported, even if attended after some delay. MTPs / induced abortion are also to be reported. *(While reporting please follow this:* *Abortion = Total number of spontaneous abortion + Total number of MTP conducted in the reporting DH-SDH-CHC (Data element 18.1+18.2)* **Data Source – Pregnancy Register/Labour Room Register**
11	***Details of newborn children weighed*** **Definition:** Total number of newborns (live births) weighed at this DH-SDH-CHC during the reporting month.
11.1	***Data Element : Number of newborns weighed at birth*** **Definition:** Number of newborns (live births) weighed within 24 hours of birth during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**
11.2	***Data Element : Number of newborns having weight less than 2.5 kg*** **Definition :** Total Number of newborns (live births) who were weighed (*out of data element 11.1*) and found to be less than 2500g during the reporting month. **Data Source – Pregnancy Register/ Labour Room Register**
12	***Data Element : Number of newborns breast fed within 1 hour*** **Definition:** Out of newborns reported (*in data element 10),* those breast fed within 1st hour of delivery, during the reporting month. **Data Source – Pregnancy Register/ Child Care Register**
M5	**Complicated pregnancies**
13	***Data Element: Number of cases of pregnant women with Obstetric Complications and attended at Public facilities.*** **Definition:** Total number of cases of pregnant women with obstetric complications who have been attended to at the facility during the reporting month. **Guideline:** An obstetric complication would include obstructed labour, post partum haemorrhage, ante partum haemorrhage, eclampsia, puerperal sepsis etc. **Data Source – Labour Room Register/ IP**D **Register**
14	***Number of Complicated pregnancies treated with*** **Definition:** Total number of complicated pregnancy cases treated with the following at the reporting facility during the reporting month.

Ref. No.	CHC/SDH/DH FORMAT Data Item
14.1	***Data Element: IV Antibiotics*** **Definition:** Total number of complicated pregnancies/deliveries where a woman is given Intravenous (IV) antibiotics for treatment of sepsis in this facility this month is to be reported. **Guideline:** The number of women with obstetric complications and given *IV Antibiotics* are to be reported and NOT the quantity of *IV Antibiotics*. Also the IV antibiotics given to non-pregnant women are not to be reported. **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
14.2	***Data Element: IV Antihypertensive/Magsulph injection*** **Definition:** Total number complicated pregnancies/deliveries in which the woman is given Intravenous (IV) anti-hypertensive/Magsulph injection to treat high blood pressure or Eclampsia at this facility in this month. **Guideline:** Anti hypertensive such as Nifedipin (sub lingual) is also fine. The number of women with obstetric complications and given *IV Antihypertensive/ Magsulph injection* are to be reported and NOT the quantity of *IV Antihypertensive/ Magsulph injection.* **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
14.3	***Data Element: IV Oxytocis*** **Definition:** Total number of complicated pregnancies/deliveries in which the woman is given injectable *Oxytocin* at this facility during this month. **Guideline:** Use of *Oxytocis* is to prevent or manage bleeding. The number of women with obstetric complications and given *IV Oxytocis* are to be reported and NOT the quantity of *Oxytocis.* **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
14.4	***Data Element: Blood Transfusion*** **Definition:** Total number of complicated pregnancies in which the woman is given Blood Transfusion. **Guideline:** Include both blood transfusion for severe anaemia and for complications in delivery (normal/C section) or postpartum period. **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
M6	**Post Natal care** First six-weeks period (42 days) after delivery is called post-partum/postnatal period. However, information as required, against the respective data element is only to be reported.
15	***Data Element : Women receiving post partum check-up within 48 hours after delivery*** **Definition:** Total number of women who have received first post partum check-up within 48 hours of delivery (0-48 hours) during the reporting month. **Guideline**: This would include the post partum check–ups given at the reporting DH-SDH-CHC within 48 hours of delivery. **Data Source – Inpatient Register/Pregnancy Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
16	***Data Element : Women getting a post partum check up between 48 hours and 14 days*** **Definition:** Total number of women who have received post partum check-up between 48 hours and 14 days after delivery during the reporting month. **Guideline:** This would not include the post partum checkups given before 48hrs. **Data Source – Inpatient Register/Pregnancy Register**
17	***Data Element : PNC maternal complications attended*** **Definition:** Total number of women attended to and treated as a PNC complication at the DH-SDH-CHC in this month are to be reported. **Guideline**: The case can either be a direct or referral received at the facility or having developed the complication as an inpatient in the facility. **Data Source – Obstetric IP**D **Register/ Obstetri**c **OP**D **Register**
M7	***Data Element :*** Medical Termination of Pregnancy (MTP) Medical Termination of Pregnancy (MTP), also called as induced abortion, is the removal or expulsion of an embryo or foetus from the uterus done medically. Count each case ONLY in the facility where the MTP is actually performed.
18	***Number of MTP Conducted at facility*** **Definition:** Total number of MTPs conducted at the reporting facility during the reporting month.
18.1	***Data Element : Up to 12 weeks of pregnancy*** **Definition:** Total number of MTPs conducted at the reporting facility up to 12 weeks of pregnancy during the reporting month. **Guideline**: This data element does NOT include Spontaneous Abortions. **Data Source – OT Register/IPD Register**
18.2	***Data Element : More than 12 weeks of pregnancy*** **Definition:** Total number of MTPs conducted at the reporting facility after 12 weeks of pregnancy during the reporting month. **Guideline**: This data element does NOT include Spontaneous Abortions. Abortions conducted up to 12 weeks are not to be included here. **Data Source – OT Register/IPD Register**
M8	**RTI/ STI Cases** The number of cases diagnosed with specific reproductive tract infection (RTI) or sexually transmitted infection (STI) during the reporting month. RTI/STI includes– Gonorrhoea, Chlamydia, Candidiasis, Chancroid, Genital herpes, Genital warts etc. Patients suspected of having RTI/STI usually present with one of the following complaints – Vaginal or urethral discharge, genital ulcers, inguinal bubo, lower abdominal and/or scrotal pain, genital skin conditions etc. Those given treatment that conform to 'Syndromic management of RTI/STI' or disease specific treatment is to be counted.

Ref. No.	CHC/SDH/DH FORMAT Data Item
19	***Number of new RTI/STI for which treatment initiated*** **Definition:** Total number of new RTI/ STI cases for which treatment was initiated during the reporting month. Separate figures for males and females needs to be reported. Count ONLY the first visit for each episode (Only New Cases). **Data Source – OPD Register/IP Register/STI Client Register**
(a)	***Data Element : Male***
(b)	***Data Element*** *: Female*
20	***Data Element : Number of wet mount tests conducted***
	Definition: Total number of suspected RTI / STI Cases for whom wet mount tests was conducted during the reporting month. Wet mount tests are conducted for the suspected case of RTI/STI. Count only the ones for which the test has been conducted in the laboratory that serves this facility. **Data Source – Laboratory Register**
M9	**Family Planning** Family planning methods regulate the number and spacing of children in a family through use of contraceptives or other methods of birth control.
21	***Data Element : Number of NSV/conventional vasectomy conducted at facility*** **Definition:** Total number of NSV (No Scalpel Vasectomy)/Conventional Vasectomy conducted during the reporting month. Cases by both the procedures should be added together. Only cases done at this facility should be reported. Do not differentiate in reporting between camps held at the facility and regular services. Camps held in this facility's area are to be reported here and not reported by other facilities. Ensure the same camp is not double counted. **Guideline**: *The difference between the NSV procedure and the conventional procedure is in the surgical approach to the vas deferens, which is through a small puncture in the scrotum rather than by a cut with a scalpel. The surgical procedure of vas ligation is the same as in the conventional method. Long term clinical reports have shown that NSV is less invasive than the conventional technique, cause fewer complications, and takes much less time.* **Data Source – Family Planning Register/OT Register**
22	***Data Element : Number of laparoscopic sterilizations/ conducted at facility*** **Definition:** Total number of female laparoscopic sterilizations conducted during the reporting month at the facility. **Data Source – Family Planning Register/OT Register**
23	***Data Element : Number of mini-lap sterilizations conducted at facility*** **Definition:** Total number of Mini-lap sterilizations conducted during the reporting month at the facility. **Guideline:** Mini-Lap sterilisation is a way of performing operation through a small abdominal incision—about 2–3 inches. **Data Source – Family Planning Register/OT Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
24	*Data Element : Number of post-partum sterilizations conducted at facility* **Definition:** Total number of females who have undergone post partum (PP) sterilization during the reporting month at the DH-SDH-CHC. **Guideline:** *Post partum sterilization refers to* any female sterilization done within 48 hours and 7 days of delivery. **Data Source – Family Planning Register/OT Register**
25	*Data Element: Number of new IUD insertions at facility* **Definition:** Total number of cases of new IUD Insertions done at the DH-SDH-CHC during the reporting month. **Data Source – Family Planning Register**
26	*Data Element : Number of IUD removals* **Definition:** Total number of cases of IUD removals during the reporting month. **Guideline:** Sum of IUDs removed at the DH-SDH-CHC and the IUDs removed/ expelled by the women themselves attended at the facility are to be reported here. **Data Source – Family Planning Register**
27	*Data Element : Number of oral pills cycles distributed* **Definition:** Total number of oral pill cycles (packets) distributed during the reporting month. **Guideline:** Number of OP cycles distributed is to be reported and not the number of pills distributed This would include the total number of oral pill cycles (packets) distributed at the DH-SDH-CHC (distribution would mean, distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). **Data Source – Family Planning Register/ Inventory Register**
28	*Data Element : Number of condom pieces distributed* **Definition:** Total number of condom pieces distributed during the reporting month. **Guideline:** This would include the total number of condom pieces distributed at the DH-SDH-CHC (distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). This would also include condoms taken by beneficiaries from distribution points in DH-SDH-CHC or elsewhere (including campaigns in streets, factories, free distribution etc.) which were supplied directly from this DH-SDH-CHC. **Data Source – Family Planning Register/ Inventory Register**
29	*Data Element : Number of centchroman (weekly) pills given* **Definition:** Total number of centchroman (weekly) pills distributed during the reporting month. **Guideline:** This would include the total number of centchroman pills distributed at the DH-SDH-CHC (Distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-centre/depot-holders/ASHA etc.). Centchroman pills are not to be confused with Oral Contraceptive Pills (*data Element 28*) and they have to be reported separately. **Data Source – Family Planning Register/Inventory Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
30	***Data Element :Number of emergency contraceptive pills distributed*** **Definition:** Total number of emergency contraceptive pills distributed during the reporting month. **Guideline:** This would include the total number of emergency contraceptive pills (pill to be taken within 72 hrs. of unprotected sexual act) distributed at the DH-SDH-CHC, (distribution would mean distribution to actual beneficiaries and NOT inventory transfer to sub-Centre/depot-holders/ASHA etc.). One client can receive more than one emergency contraceptive pill per month. In such cases, report each pill distributed. **Data Source – Family Planning Register/Inventory Register**
31	***Quality in sterilization services***
31.1	***Number of complications following sterilization*** **Definition:** Total number of cases of complications following NSV/ conventional vasectomy and female sterilization reported during the reporting month. **Guideline**: Any male / female having undergone sterilisation and who reports or comes with a complaint or is diagnosed as having a complaint related to the sterilisation procedure is to be reported here. Patients tend to over report and health care providers tend to under diagnose complications. **Data Source – Family Planning Register / OPD Register**
(a)	***Data Element: Male*** **Definition:** All male sterilisation acceptors who report with, or are diagnosed as having a complaint related to the sterilization procedure during the reporting month **Guideline**: Problems that might occur after male sterilisation include: bleeding, infection, mild inflammatory reaction and others. Report all cases attended at the DH-SDH-CHC, even if later referred to other facility. **Data Source – Family Planning Register/OPD Register**
(b)	***Data Element :Female*** **Definition:** All the cases of complications following female Sterilisation (Minilap/ Laparoscopic/ Post Partum) are to be reported here. **Guideline**: Serious complications from female surgical sterilization are rare and are most likely to occur with abdominal procedures. These include bleeding, infection, reaction to the anaesthetics, injury to the bowels or blood vessels rarely etc. and require major surgical repair. Report all cases attended at the DH-SDH-CHC, even if later referred to other facility. **Data Source – Family Planning Register/OPD Register**
31.2	***Number of Failures following sterilization*** **Definition:** Total number of cases of failures following male sterilisation or female sterilization reported in the facility during the reporting month. **Guideline**: If the woman becomes pregnant despite the spouse/self having had a sterilisation surgery, provided either of the two or both claims this to be due to sterilisation failure. This will come to notice only if the man or the woman complains or if there is a record. Data needs to be attended with great tact and confidentially. **Data Source – Family Planning Register/OPD Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
(a)	*Data Element :Male* **Definition:** Total number of cases of failures following male sterilisation reported in the DH-SDH-CHC during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element :Female* **Definition:** Total number of cases of failures following female sterilisation reported in the DH-SDH-CHC during the reporting month. **Data Source – Family Planning Register/OPD Register**
31.3	*Number of Deaths following sterilization* **Definition:** Total number of cases of deaths reported following male or female sterilization during the reporting month. **Guideline**: A death due to sterilization is very rare and needs to be investigated. A death may occur at home or at the facility. If it occurs at the facility, then the facility will report it. If it occurs at home (even if the sterilization was done at the facility), then it will be reported by the sub centre and not by the DH-SDH-CHC. However, the medical officer should oversee and ensure the record and investigation of the case. **Data Source – Family Planning Register/OPD Register/Death Register**
(a)	*Data Element :Male* **Definition:** Total number of cases of deaths at the DH-SDH-CHC following male sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**
(b)	*Data Element: Female* **Definition:** Total number of cases of deaths at the reporting facility following female sterilisation during the reporting month. **Data Source – Family Planning Register/OPD Register**
31.4	***Data Element : Does the institution have NSV trained doctors (Yes/No)*** **Definition:** If a NSV trained doctor is posted at the DH-SDH-CHC then report "Yes" else "No". **Guideline:** This is irrespective of the number of doctors posted.
M10	**Child Immunisation**
32	*Number of Infants* ***0 to 11 months old*** *who received the following:* **Definition:** Total number of Infants (0 to 11 months) who were immunized during the reporting month. Those who were immunized at the DH-SDH-CHC should be reported here. 11 months means time up to the first birthday. **Guideline:** This would also include infants that got immunization later than usual due to, for instance, temporary shortages of vaccine. **Data Source – Immunisation Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
32.01	***Data Element: BCG*** **Definition:** Total number of infants (0 to 11 months) given BCG immunization during the reporting month. **Guideline**: BCG (tuberculosis) vaccine given to infants, preferably right after birth. **Data Source – Immunisation Register**
32.02	***Data Element: DPT1*** **Definition:** Total number of infants (0 to 11 months) given DPT1 immunization during the reporting month. **Guideline**: DPT (Diphtheria, Pertussis and Tetanus combined vaccine) 1st Dose given to infants, preferably at six weeks. **Data Source – Immunisation Register**
32.03	***Data Element: DPT2*** **Definition:** Total number of infants (0 to 11 months) given DPT2 immunization during the reporting month. **Guideline**: DPT (Diphtheria, Pertussis and Tetanus combined vaccine) 2nd dose given to a child under one year - preferably at around 10 weeks after birth. **Data Source – Immunisation Register**
32.04	***Data Element: DPT3*** **Definition:** Total number of infants (0 to 11 months) given DPT3 immunization during the reporting month.. **Guideline**: (Diphtheria, Pertussis and Tetanus combined vaccine) 3rd dose given to a child under one year - preferably at around 14 weeks after birth. **Data Source – Immunisation Register**
32.05	***Data Element: OPV 0 (Birth Dose)*** **Definition:** Total number of newborns who have been given OPV birth dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
32.06	***Data Element : OPV1*** **Definition:** Total number of infants (0 to 11 months) who have been given OPV first dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
32.07	***Data Element : OPV2*** **Definition:** Total number of infants (0 to 11 months) who have been given OPV second dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
32.08	***Data Element : OPV3*** **Definition:** Total number of infants (0 to 11 months) who have been given OPV third dose during the reporting month. **Guideline**: The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**
32.09	***Data Element :Hepatitis-B1*** **Definition:** Total number of infants (0 to 11 months), given Hepatitis B1 immunization during the reporting month.. **Guideline**: Hepatitis B vaccine 1st dose given to infants, preferably at around six weeks after birth. This is applicable only in those states which have taken up this activity. **Data Source – Immunisation Register**
32.10	***Data Element: Hepatitis - B2*** **Definition:** Total number of infants (0 to 11 months) given Hepatitis B2 immunization during the reporting month. **Guideline**: Hepatitis B vaccine 2nd dose given to children under one year, preferably at around 10 weeks after birth. This is applicable only in those states which have taken up this activity. **Data Source – Immunisation Register**
32.11	***Data Element :Hepatitis -B3*** **Definition:** Total number of infants (0 to 11 months) given Hepatitis B3 immunization during the reporting month.. **Guideline**: Hepatitis B vaccine 3rd dose given to a child under one year - preferably at around 14 weeks after birth. Note this is applicable only in those states which have taken up this activity. **Data Source – Immunisation Register**
32.12	***Data Element :Measles*** **Definition:** Total number of infants (0 to 11 months), who were given Measles immunization during the reporting month. **Guideline**: Measles vaccine given to a child under one year of age (preferably at 9 months after birth). Measles vaccine given to YOUNGER children during an outbreak should NOT be counted here. **Data Source – Immunisation Register**
32.13	***Data Element :Total Number of children aged between 9 and 11 months who have been fully immunized*** *(Child given one dose of BCG, three dosages of DPT i.e. DPT 1,2,3; three dosages of polio i.e. OPV 1,2,3 and a dosage of Measles)* **Definition:** Total number of infants 9-11 months old that have completed routine immunisation during the reporting month i.e. who have received BCG, three doses of DPT, three doses of OPV and measles. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break up for male and female has to be given. **Guideline**: Full immunization has to be reported from a specific column in the immunization recording register, when all the doses for a given child are completed. It should not be calculated simply by adding 33.01 to 33.12 (BCG, three doses of DPT, three doses of OPV and measles). The child should only be counted ONCE as fully immunized when receiving the last vaccine - usually measles at 9th month - AND there is evidence of receiving all the previous vaccines. **Data Source – Immunisation Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
(a)	***Data Element : Male*** **Definition:** Total number of male infants 9-11 months old that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
(b)	***Data Element : Female*** **Definition:** Total number of female infants 9-11 months old that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
33	***Data Element :*** *Number of children* ***more than 16 months*** *who received the following* **Definition:** Total number of children more than 16 months of age who have received the following doses during the reporting month.
33.1	***Data Element : DPT Booster*** **Definition:** Total number of children given DPT Booster Dose during the reporting month. **Data Source – Immunisation Register**
33.2	***Data Element : OPV Booster*** **Definition:** Total number of children given OPV Booster Dose during the reporting month. **Guideline**: The OPV doses given during pulse polio rounds are NOT to be counted. **Data Source – Immunisation Register**
33.3	***Data Element : Measles, Mumps, Rubella (MMR) Vaccine*** **Definition:** Measles, Mumps, Rubella vaccine given to child more than 16 months. **Guideline***: For children who have NOT received measles immunisation before attaining the age of 1 year, MMR given after 1 year of age will also be counted here. This data element should not be confused with data element 33.12 (Measles)* **Data Source – Immunisation Register**
34	***Immunization Status***
34.1	Total number of Children aged between 12 and 23 months who have been fully immunised *(Child given one dose of BCG, three dosages of DPT i.e. DPT 1,2,3; three dosages of polio i.e. OPV 1,2,3 and a dosage of Measles)* during the month. **Guidelines**: All those children who could not complete their immunisation in first 11 months of age due to any reasons but have completed their immunisation between 12 and 23 months of age are to be reported here. The OPV doses given during Pulse Polio rounds are NOT to be counted. It may be noted that the children previously reported in 33.13 should not be reported here Children receiving measles through MMR only will also be counted provided that they have received other prescribed vaccines also. OPV Booster and DPT Booster should not be included here. **Data Source – Immunisation Register**
(a)	***Data Element : Male*** **Definition:** Total number of male children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
(b)	***Data Element : Female*** **Definition:** Total number of female children (12-23 months) that have completed routine immunisation during the reporting month. **Data Source – Immunisation Register**
34.2	***Data Element** : Children more than 5 years given DT5* **Definition:** Total number of children of more than 5 years of age who have been given DT booster during the reporting month. **Data Source – Immunisation Register**
34.3	***Data Element: Children more than 10 years given TT10*** **Definition:** Total number of children of more than 10 years of age who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
34.4	***Data Element: Children more than 10 years given TT16*** **Definition:** Total number of children of more than 16 years of age who have been given TT booster during the reporting month. **Data Source – Immunisation Register**
34.5	***Data Element** :Adverse Event Following Immunisation (AEFI)* **Definition:** An adverse event following immunization (AEFI) is defined as a medical incident that takes place after immunization, and is believed to be caused by immunization. **Data Source – Immunisation Register/OPD Register/IPD Register/DHQ records(FIR sent)**
(a)	***Data Element** :Abscess* **Definition:** Total number of cases of abscess reported following routine immunisation during the reporting month. **Guideline**: An abscess is a collection of pus that has accumulated in a cavity formed by the tissue on the basis of an infectious process. This calls for investigation on quality of syringe supply and use. Since the reporting person is the most likely person at fault, this could get under-reported unless the facilities where children are coming for treatment, report this well. **Data Source – Immunisation Register/OPD Register/IPD Register**
(b)	***Data Element :Death*** **Definition:** Total number of cases of deaths reported following routine immunisation during the reporting month. **Guideline**: This needs to be investigated. Total number of children who were reported to have died following routine immunization in the reporting month. If the immunization is at home, but death occurs at DH-SDH-CHC facility, it is reported where the death took place. **Data Source – Immunisation Register/OPD Register/IPD Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
(c)	*Data Element :Others* **Definition:** Total number of cases of other complications attended at the facility following routine immunisation during the reporting month. **Guideline**: Any of the following symptoms should be reported: 1.Rash, 2. Fever, 3. Fainting, 4. Anaphylactic shock, 5. Paralysis, 6. Weakness developing in any part of limbs etc. Even if it does not conform to this pattern but occurs within a week, it should be noted and action to be taken after investigation. **Data Source – Immunisation Register/OPD Register/IPD Register**
35	***Number of Immunization sessions during the month:***
(a)	*Data Element :Planned* **Definition:** Number of immunization sessions planned to be held at the DH-SDH-CHC during the reporting month. **Data Source – Immunisation Planning Register**
(b)	*Data Element :Held* **Definition:** Total number of immunisation sessions held at the DH-SDH-CHC during the reporting month. **Data Source – Immunisation Planning Register**
(c)	*Data Element :Number of sessions where ASHAs were present* **Definition:** Total number of immunisation sessions held at the DH-SDH-CHC in which ASHA was present during the reporting month. **Guideline**: It measures the involvement of ASHAs in the community Immunisation activities. **Exception**: If more than one ASHA is present at any one Immunisation Session, it will still be counted as one session. **Data Source – Immunisation Planning Register**
36	*Data Element: Others* **[Japanese Encephalitis (JE) etc. Please Specify]** **Definition:** Total number of cases of immunisation carried out with vaccine other than those included in routine immunisation such as Japanese Encephalitis, chicken pox, typhoid etc. during the reporting month. **Guideline**: This is state specific. **Data Source – Immunisation Planning Register**
M11	**Number of Vitamin A doses**
37	***Administered between 9 months and 5 years*** Total number of children between 9 months and 5 years of age who were given Vitamin A dose during the reporting month.
37.1	*Data Element :Dose-1* **Definition:** Total number of children over 6 months but under 1 year given vitamin A 1st dose in this DH-SDH-CHC during the reporting month. **Data Source – Immunisation Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
37.2	*Data Element :Dose-5* **Definition:** Total number of children under 3 years given vitamin A 5th dose in this DH-SDH-CHC during the reporting month. **Guideline***:* The facility maintains a register that tracks each child where every dose of vitamin A is given. When the 5th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**
37.3	*Data Element :Dose-9* **Definition:** Total number of children under 5 years given vitamin A, 9th dose (booster) in this DH-SDH-CHC during the reporting month **Guideline***:* The facility maintains a register that tracks each child where every dose of vitamin A is given. When the 9th dose is given, only then it needs to be reported and this could be used to estimate achievements in in-between dosages. **Data Source – Immunisation Register**
M12	**Number of cases of childhood diseases reported during the month (0-5 years)** **Guideline**: This data element will include both the inpatients as well as outpatients cases.
38	*Data Element :Diphtheria* **Definition**: Total Number of cases of Diphtheria reported in children below five years during the reporting month **Guideline**: Diphtheria is a bacterial infection that spreads easily and mainly affects the nose and throat. Children under 5 years are particularly at risk for contracting the infection. Total cases of Diphtheria in a child under 5 years seen at this facility during the reporting month are to be reported. If a doctor from the facility has gone and seen the case in the house, then it may be recorded as seen at the facility. Note that all cases of diphtheria need admission. **Data Source – OPD Register/IPD Register**
39	*Data Element :Pertussis* **Definition**: Total Number of cases of Pertussis reported in children under five years seen at this facility during the reporting month. **Guideline**: Whooping cough or Pertussis is an infection of the respiratory system caused by the bacterium *Bordetella Pertussis*. Medical sources describe the whoop as "high-pitched"; this is generally the case with infected babies and children. Children tend to catch it more than adults. **Data Source – OPD Register/IPD Register**
40	*Data Element :Tetanus Neonatarum* **Definition**: Total Number of cases of Tetanus neonatorum reported during the reporting month. **Guideline:** Neonatal Tetanus occurs in newborns who are delivered in unsanitary conditions, especially if the umbilical cord stump becomes contaminated. Total cases of tetanus neonatorum in newborns seen at this facility in this month. **Data Source – OPD Register/IPD Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
41	*Data Element :Tetanus others* **Definition**: Total Number of Tetanus cases others than neonatorum reported in children below five years during the reporting month. **Guideline:** Tetanus, also known as lockjaw, is a serious but preventable disease that affects the body's muscles and nerves. It typically arises from a skin wound that becomes contaminated by a bacterium called Clostridium tetni, which is often found in soil. Total cases of *Tetanus Others* in children less than 5 years seen at this facility in this month are to be reported. **Data Source – OPD Register/IPD Register**
42	*Data Element :Polio* **Definition**: Total Number of cases of polio reported in children below five years, diagnosed according to WHO clinical criteria, reported at this facility. **Guideline:** *Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. Initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs. In a small proportion of cases, the disease causes paralysis, which is often permanent.* *AFP cases are not to be reported here. Only confirmed Polio Cases are to be reported here.* **Data Source – OPD Register/IPD Register**
43	*Data Element :Measles* **Definition**: Total number of cases of Measles cases reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
44	*Data Element : Diarrhoea and dehydration* **Definition**: Total number of cases of Diarrhoea and dehydration cases reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register**
45	*Data Element :Malaria* **Definition**: Total number of cases of Malaria (smear positive) reported in children below five years during the reporting month. **Data Source – OPD Register/IPD Register/Lab Register**
46	*Data Element :Number admitted with respiratory infections* **Definition**: Total number of children below 5 years ADMITTED with respiratory infections during the reporting month. **Data Source – OPD Register/IPD Register**

PART B: OTHER PROGRAMMES

M13	**Blindness Control Programme**
47	*Data Element :Number of patients operated for cataract* **Definition**: Total number of cases of cataract operated during the reporting month, at the DH-SDH-CHC (which is equipped to do eye surgeries). Camps done at DH-SDH-CHC or in DH-SDH-CHC area are to be reported here. **Data Source – OT Register/ IPD Register/Ophthalmology Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
48	*Data Element :Number of intraocular lens (IOL) implantations* **Definition**: Total number of cases of cataract where IOL implanted, during the reporting month, at the DH-SDH-CHC (which is equipped to do eye surgeries). **Data Source – OT Register/ IPD Register/Ophthalmology Register**
49	*Data Element :Number of school children detected with refractive errors* **Definition**: Total number of school children detected with refractive errors, during the reporting month. This is usually done in schools by qualified doctors – where doctors have gone from this facility, it needs to be included here. If the school visit was made by doctors from more than one facility- include it at the facility under which the school falls. Care is to be taken that it is reported only once in the reporting system. **Data Source– OPD Register/Ophthalmology Register/School Health doctor records**
50	*Data Element :Number of children provided free glasses* **Definition**: Total number of children provided with free glasses during the reporting month. *Include it along with the facility from which the glasses were sent- which would be the same as above.* **Data Source – OPD Register/Ophthalmology Register/ School Health doctor records**
51	*Data Element :Number of eyes collected* **Definition**: Total number of eyes collected through eye donation during the reporting month. **Data Source –Ophthalmology Register of Collecting Centres**
52	*Data Element :Number of eyes utilised* **Definition**: Total number of donated eyes used for corneal transplant during the reporting month. **Data Source –Ophthalmology Register of Collecting Centres**

PART C: HEALTH FACILITY SERVICES

M14	Patient services
53	*Data Element: Is* **the facility functioning as FRU?** **Definition:** Is the CHC/SDH/ DH functioning as FRU. (Answer to be given in Yes/ No) (At a minimum, FRU should have facilities for caesarean section and blood transfusion on 24X7 basis). **Guidelines:** All the DH-SDH-CHCs, declared as 24x7, may be upgraded to First Referral Units (FRUs). The minimum requirement of FRUs including manpower, i.e. gynaecologist, anaesthetist, paediatrician, and round the clock services of nurses and general duty officers should be ensured. Blood storage facility and other supportive services such as laboratory, X-ray, OT, labour room, laundry, diet, waste management system, referral transport etc. must be ensured. DH-SDH-CH-Cs, as FRU, will provide the 24 hours delivery services including normal and assisted deliveries, emergency obstetric care including surgical intervention like caesarean section and other medical intervention, newborn care, emergency care of sick children, full range of family planning services including laparoscopic services, safe abortion services, treatment of STI/RTI, availability of blood storage unit or effective linkage facilities with blood banks, and referral transport services. **Data source : IPD Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
54	*Data Element*: **Does the facility have a Rogi Kalyan Samiti** The purpose is to provide sustainable quality care with accountability and people's participation along with total transparency. This requires the development of a proper management structure which may be called as Rogi Kalyan Samiti (RKS) (Patient Welfare Committee). **Data Source – RKS Register**
54.1	*Data Element*: **If so,** ***number of RKS meetings held during the month*** **Definition**: Total number of meetings of RKS held during the reporting month. **Guideline**: A meeting is presumed to be held if it is minuted and documented. The RKS meetings should be held at least once in a quarter. It is to be reported only in the month in which it was held. **Data Source – RKS Register/Proceedings of Meeting Register**
55	***Does the facility have Ambulance services(assured referral services) available Yes/ No*** **Definition**: It captures whether the facility has Ambulance service for transporting emergency patients. The answer should be Yes/ No. **Guideline**: Assured Referral Service would mean that the ambulance is available on 24X7 basis from that health facility. The ambulance need not be owned or run by the DH-SDH-CHC. Even if it is outsourced or available on call at a regular basis it would be counted. Each trip (to and fro) to be counted as one, even if more than one patient is transported.
55.1	***Data Element : If so, number of times it was used for transporting patients during the month*** **Definition**: Total Number of times the ambulance was used for transporting the patients during the reporting month. **Guideline**: Each trip (to and fro) is to be counted as one, even if more than one patient is transported.
56	***Data Element: Whether the facility has an operational sick new born and child care units?*** **Definition**: Is the Facility having operational Sick New Born and Child Care Unit (SNCU)? **Guideline**: (Answer to be given in Yes/ No)
57	***Data Element : Number of functional laparoscopes in CHC/SDH/DH*** **Definition**: The total number of functional laparoscopes available in the reporting facility during the reporting month (Status on the last day of reporting month). **Guideline**: It will not include the ones which are not operational (faulty). **Data Source – Equipment Maintenance Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
58	**Inpatient**
58.1	*Data Element :* **Admissions** **Definition**: Total number of patients admitted during the reporting month. **Guideline**: An admission must include at least a planned 24 hour or overnight stay. **Data Source – IPD Register** Separate figures for male and female to be reported. **Children < 19 Yrs** Total number of children below 19 years of age admitted during the reporting month. Separate figures for males and females to be reported. **Adults** Total number of adults of age 19 years and above admitted during the reporting month. Separate figures for males and females to be reported.
(a)	*Data Element : Male*
(b)	*Data Element : Female*
58.2	*Deaths* **Data Source – IPD Register** Total number of deaths in the facility due to any cause, during the reporting month. Separate figures for males and females to be reported.
(a)	*Data Element : Male*
(b)	*Data Element : Female*
58.3	*Data Element : In-Patient Head count at midnight* **Definition**: Total number of in-patients admitted in the facility, who are present at midnight (or at 6.00 am). Total would be calculated by adding daily count, at mid-night, for the month. **Guideline**: This ensures that day care admissions are not counted **Data Source – IPD Register**
59	*Outpatient*
59.1	*Data Element : OPD attendance (All)* **Definition:** Total Number of out-patients (all types) attended at the DH-SDH-CHC during the reporting month. OPD should include immunisation and routine ANC cases from this facility **Data Source – OPD Register**
60	*Operation Theatre* **Guideline:** If C-sections are being done, they would also be reported.
60.1	*Data Element : Operation major* **(general and spinal anaesthesia)** **Definition:** Total number of operations carried out using general or spinal anaesthesia, during the reporting month. **Guideline:** Major surgeries/operations are a defined as surgeries requiring spinal or general anaesthesia. (Alternative definition –surgeries that take more than 30 minutes to complete). **Data Source – OT Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
60.2	***Data Element : Operation minor*** **(no or local anaesthesia)** **Definition:** Total number of operations carried out without anaesthesia or local anaesthesia, during the reporting month. **Guideline:** This is a measure of minor surgical care and should be available even where there is no surgeon. Draining abscesses, stitching injuries, haemorrhoids management etc would be counted here. Please do not include dental procedures as they would be counted separately. **Data Source – OT Register**
61	***Others (include other services like dental, optho, AYUSH etc.)***
(a)	***Data Element : AYUSH*** **Definition:** Number of patients attended by AYUSH practitioners and were given AYUSH treatment in the facility, during the reporting month. **Data Source – OPD (AYUSH) Register**
(b)	***Data Element : Dental procedures*** **Definition:** Total number of dental procedures attended, during the reporting month **Data Source – OT (Dental) Register**
(c)	***Data Element : Adolescent counselling services*** **Definition:** Total number of adolescents counselled during the reporting month. **Data Source – Adolescent counselling Register/ School Health doctor records/**
(d)	***Data Element:*** Others **Definition:** Other procedures not covered may be reported here with name of the procedure and corresponding number.
M15	**Laboratory Testing**
62	**Lab Tests** **Guideline**: This is applicable to those DH-SDH-CHCs which have a functional Laboratory. The tests conducted at the Laboratory of this DH-SDH-CHC only are to be reported.
62.1	***Data Element: Number of Hb tests conducted*** **Definition**: Number of Haemoglobin (Hb) tests done conducted at the DH-SDH-CHC, during the reporting month. **Guideline**: Total number of people whose blood test for Hb has been done during the month. Lab tests should include Hb tests done for routine ANC cases. **Data Source – Lab Register**
62.2	***Data Element: Of which number having Hb < 7 gm*** **Definition:** Out of the total number of haemoglobin (Hb.) test done during the reporting month, number having Hb less than 7 gm/dl. **Data Source – Lab Register**
63	***Data Element: HIV tests conducted*** **Guidelines:** Only the number of tests conducted is to be reported irrespective of the result.
(a)	*Male*

Ref. No.	CHC/SDH/DH FORMAT Data Item
(b)	*Female-Non ANC*
(c)	*Female with ANC*
64	***Data Element: Widal tests conducted*** ***Definition:*** Number of WIDAL tests carried out during the reporting month. **Data Source –Laboratory Register**
65	***VDRL test conducted*** ***Definition:*** Number of VDRL tests carried out during the reporting month. **Guideline**: Separate figures for male, females, and females with ANC have to be reported.
(a)	***Data Element: Male***
(b)	***Data Element: Female-Non ANC***
(c)	***Data Element: Female with ANC***
66	***Malaria test conducted***
66.1	***Data Element:*** **Blood smears examined** ***Definition:*** Total number of blood smears tested for malaria during the reporting month. **Data Source –Laboratory Register**
66.2	***Data Element:*** **Plasmodium Vivax test positive** ***Definition:*** Out of Blood smears tested (reported in 66.1), number positive for Plasmodium Vivax during the reporting month.
66.3	***Data Element:*** **Plasmodium Falciparum test positive** ***Definition:*** Out of Blood smears tested (reported in 66.1), number positive for Plasmodium Falciparum during the reporting month.

PART D: MORTALITY DETAILS

	This section deals with compiling data on Deaths by major causes. The probable cause of death is to be reported against ONE and ONLY ONE major cause. In certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. Deaths occurring at home are to be reported in the Health Sub Centre Form.
M 16	***Number of Deaths reported during the month with probable causes:***
67	***Data Element: Infant deaths within 24 hrs of birth*** ***Definition:*** Total number of newborn deaths within 24 hrs of birth in the facility during the reporting month. **Data Source – Death Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
68	*Infants Deaths up to 4 weeks by cause* **Up to 1 week of Birth** Total infant deaths up to 1 week of birth during the reporting month. **Between 1week & 4 weeks of birth** Total infant deaths between 1 week & 4 weeks of birth during the reporting month.
68.1	*Data Element:* **Sepsis** **Definition:** Total Infant Deaths due to sepsis during the reporting month. **Guideline:** Sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection. **Data Source – Death Register**
68.2	*Data Element:* **Asphyxia** **Definition:** Total Infant Deaths due to asphyxia during the reporting month. **Guideline:** Asphyxia is a condition of severely deficient supply of oxygen to the body that arises from being unable to breathe normally. Asphyxia causes generalized hypoxia, which primarily affects the tissues and organs most. In newborn it causes the most harm. Usually infants present with respiratory distress, fever and jaundice. Predisposing causes include -Prolonged/obstructed labour, severe birth asphyxia, maternal pre-partum/peripartum pyrexia and home/traditional birth attendant deliveries. **Data Source – Death Register**
68.3	*Data Element:* **Low Birth Weight (LBW) for children up to 4 weeks of age only Definition:** Total Infant Deaths due to Low Birth Weight (LBW) during the reporting month. **Guideline:** *Low Birth weight i.e. birth weight less than 2500 gms.* **Data Source – Death Register**
68.4	*Data Element:* **Others** **Definition:** Infant Deaths due to reasons other than those cited above, during the reporting month. **Data Source – Death Register**
69	*Infant / child deaths up to 5 years by cause* **Between 1 month & 11 months** Total infant/ Child deaths Between 1 and 11 months of birth during the reporting month. **Between 1 year & 5 years** Total Child deaths Between 1 and 5 years of birth during the reporting month
69.1	*Data Element:* **Pneumonia** **Definition:** Total Infant/Child Deaths due to Pneumonia, during the reporting month. **Guideline:** Any death in a child less than one year , but more than 28 days old, related to lower respiratory infection- presumptively – any clinical signs of pneumonia are also to be reported as such- even without laboratory or radiological confirmation. **Data Source – Death Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
69.2	*Data Element:* **Diarrhoea** **Definition:** Total Infant/Child Deaths due to Diarrhoea, during the reporting month. **Guideline:** Any death in a child less than one year, but more than 28 days old, associated with passing loose stools more than thrice a day. Usually dehydration would be prominent. **Data Source – Death Register**
69.3	*Data Element:* **Fever related** **Definition:** Total Infant/Child Deaths due to Fever related reasons, during the reporting month. **Guideline:** Any death related to fever in a child less than one year old but more than 28 days old that did not fit into **ANY OF THE ABOVE.** **Data Source – Death Register**
69.4	*Data Element:* **Measles** **Definition:** Total Infant/Child Deaths due to Measles, during the reporting month. **Guideline:** Measles, also called rubella, is a respiratory infection that is caused by a virus. It causes a total-body skin rash and flu-like symptoms, including a fever, cough, and running nose. The first symptoms of the infection are usually a hacking cough, running nose, high fever, and watery red eyes. Another marker of measles is **Koplik's spots**, small red spots with blue-white centres that appear inside the mouth. **Data Source – Death Register**
69.5	*Data Element:* **Others** **Definition:** Total Infant/Child Deaths due to reasons other than those cited above, during the reporting month. **Guideline:** Any other cause of death in a child less than one year old but more than 24 hours old. **Data Source – Death Register**
70	***Adolescents & adults deaths by cause*** ***6-14 Yrs*** Total Adolescent deaths Between 6 and 14 years of age during the reporting month. ***15-55 Yrs*** Total Adolescent/ adult deaths between 15 and 55 years of age during the reporting month. ***Above 55 yrs*** Total Adult deaths above 55 years of age during the reporting month.
70.01	*Data Element:* **Diarrhoeal diseases** **Definition:** Total Adolescent & Adult Deaths due to Diarrhoeal diseases, during the reporting month. **Guideline:** Death associated with loose stools more than thrice per day. **Data Source – Death Register**
70.02	*Data Element:* **Tuberculosis** **Definition:** Total Adolescent & Adult Deaths due Tuberculosis, during the reporting month. **Guideline:** Death in a person who was confirmed as tuberculosis along with necessary diagnosis or seen by a medical doctor and clinically diagnosed to be a case of tuberculosis. **Data Source – Death Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
70.03	*Data Element:* **Respiratory diseases including infections (other than TB)** **Definition:** Total Adolescent & Adult Deaths due to Respiratory diseases including infections (other than TB) Tuberculosis, during the reporting month. **Guideline:** Death in a person diagnosed clinically to be primarily due to respiratory infection, including pneumonia, asthma etc. **Data Source – Death Register**
70.04	*Data Element:* **Malaria** **Definition:** Total Adolescent & Adult Deaths due to Malaria, during the reporting month. **Guideline:** Death - in a plasmodium or antigen positive case. **Data Source – Death Register**
70.05	*Data Element:* **Other fever related** **Definition:** Total Adolescent & Adult Deaths due to Other Fever Related, during the reporting month. **Guideline:** Any death other than the three above that was related to fever. **Data Source – Death Register**
70.06	*Data Element:* **HIV/AIDS** **Definition:** Total Adolescent & Adult Deaths due to HIV/AIDS during the reporting month. **Guideline:** Any death with laboratory supported diagnosis of HIV/AIDS. **Data Source – Death Register**
70.07	*Data Element:* **Heart disease/hypertension related** **Definition:** Total Adolescent & Adult Deaths due to Heart disease/Hypertension related, during the reporting month. **Guideline:** Any death due to any cardio vascular disease – known cause. **Data Source – Death Register**
70.08	*Data Element:* **Neurological disease including strokes** **Definition:** Total Adolescent & Adult Deaths due to Neurological disease including strokes, during the reporting month. **Guideline:** Any death due to any neurological disease including cerebro- vascular disease / strokes or fits or paralysis of any sort etc. **Data Source – Death Register**
70.09	**Maternal** Death of a pregnant woman from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes, during antenatal period, labour or up to 6 weeks after pregnancy. **Data Source – Death Register**
a)	*Data Element:* **Abortion** **Definition:** Total Maternal deaths due to Abortions, during the reporting month. **Guideline:** Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation due to any reason. **Data Source – Death Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
b)	*Data Element:* **Obstructed/prolonged labour** **Definition:** Total Maternal deaths due to Obstructed/prolonged labour during the reporting month. **Guideline:** Any labour that went for over 24 hours in a first pregnancy or over 12 hours in any subsequent pregnancy or over 6 hours without progression by a partogram. **Data Source – Death Register**
c)	*Data Element:* **Severe hypertension/fits** **Definition:** Total Maternal deaths due to Severe hypertension/fits during the reporting month. **Guideline:** Mother with fits or hypertension. **Data Source – Death Register**
d)	*Data Element:* **Bleeding** **Definition:** Total Maternal deaths due to Bleeding during the reporting month. **Guideline:** Mother with severe bleeding – over 500 ml – before, during or after delivery. **Data Source – Death Register**
e)	*Data Element:* **High fever** **Definition:** Total Maternal deaths due to High fever, during the reporting month. **Guideline:** Mother had high fever as the main cause– this could be in antenatal period or in post natal period. **Data Source – Death Register**
f)	*Data Element:* **Other causes (including causes not known)** **Definition:** Total Maternal deaths due to Other Causes (including cause not known), during the reporting month. **Guideline:** All other causes are to be aggregated here. **Data Source – Death Register**
70.10	*Data Element:* **Trauma/accidents/burn cases** **Definition:** Any death due to reasons such as Trauma/Accidents/Burn during the reporting month. **Guideline:** Any death arising out of trauma or burns – accidental or inflicted other than those which are self inflicted. **Data Source – Death Register**
70.11	*Data Element:* **Suicide** **Definition:** Any death due to suicide during the reporting month. **Guideline:** Death which is self inflicted- whatever the cause. **Data Source – Death Register**
70.12	*Data Element:* **Animal bites and stings** **Definition:** Any death due to animal bites and stings during the reporting month. **Guideline:** Death which is a result of any animal bites or stings- common ones being of snakes and scorpions – but also dog bites, bear bites, crocodile bites and tigers in select areas. **Data Source – Death Register**

Ref. No.	CHC/SDH/DH FORMAT Data Item
70.13	**Other Diseases**
a)	*Data Element:* **Known acute aisease** **Definition:** Any death due to known acute disease. **Guideline:** Here only those deaths where there is a reasonable presumptive diagnosis made and where the disease lasted less than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
b)	*Data Element:* **Known chronic disease** **Definition:** Any death due to known chronic disease. **Guideline:** Here only those deaths where these is a reasonable presumptive diagnosis made and where the disease is lasted for more than 3 weeks as reported by patient or his attendees. **Data Source – Death Register**
c)	*Data Element:* **Causes not known** **Definition:** Any death that does not fit into any category above. **Guideline:** Any death where the information known is too little to fit into any of the above categories. **Data Source – Death Register**

III. EVALUATION TESTS

COMPETENCY 1: DATA DEFINITIONS, COLLECTION RULES, & FORMATS

Instructions to the facilitator

Competency 1: Data definition, collection rules, and formats are designed to assess participants' understanding of definitions of data elements and clarity about data collection guidelines.

Five sets of question papers are available. Each set has 30 questions. Distribute 1 question paper per participant before the training and after the training. Along with the question papers provide each participant with instruction sheets on which they can also mention their names. At the end, answer sheets are enclosed. These answer sheets will be used by you to score the test papers and will be given to participants at the end of the training

Let participants know that it is an open book test but they shouldn't be consulting each other while taking the test. Participants have to circle the response which in their opinion is the most appropriate answer. Each question carries one mark and they have to complete the test in 40 minutes.

TEST PAPER

COMPETENCY 1: DATA DEFINITIONS, COLLECTION RULES, & FORMATS

Instructions to the participants:

Please circle the correct response. Chose the most appropriate response where more than one response seems applicable. This is an open book test, you can make use of various training material that has been provided to you. Each question carries 1 point.

Total questions: 30 Maximum Score: 30 Time allotted: 40 min.

Name: .....

Designation: .....

Office Address: .....

Phone no.: .....

Date: .....

Pre-training ☐

Post-training ☐

COMPETENCY 1

SET 1A

Section I: ANC

Q.No.	Question	Response Options	Answer
1.	Number of pregnant women received 3 ANC checkups indicate	a. Number of pregnant women who received ANC in 3rd trimester b. Number of pregnant women who received all three ANC check ups c. Number of pregnant women who are about to receive 3 ANC check up d. None of the above	
2.	If 100 IFA tablets are given to a pregnant woman in instalments to a pregnant women (1st visit: 30, 2nd visit: 30, 3rd visit: 40) then in which month she will be included in 'Total number of pregnant women given 100 IFA tablets' will be reported?	a. Month in which the first 30 IFA tablets were given during first visit b. Month in which 30 IFA tablets were given during second visit c. Month in which last instalment of IFA tablets completing 100 tablets were given d. All of the above	
3.	For recording and reporting number of women with Hb<11gm the ANM would rely on	a. Clinical examination b. Clinical examination only if Sahli's apparatus is not available c. Cases tested by Sahli's apparatus or any other acceptable lab. method d. Record number of cases tested – not which are below 11gm%	
4.	The data element TT16 is to be reported if	a. A TT dose given to any adolescent over 16 years of age b. Any TT dose given to a pregnant woman who is 16 to 19 years old c. Any TT dose given in the age group of 16 to 19 years old d. A special vaccine called TT16 is given.	

Section II: DELIVERIES

Q.No.	Question	Response Options	
5.	A delivery that happened on the way from home to facility in a referral vehicle accompanied with SBA would be counted as	a. Home delivery non - SBA b. Home delivery SBA c. Institutional delivery d. None of the above	
6.	While reporting C-section deliveries...	a. C-sections are included in total deliveries and not reported separately b. Total deliveries are exclusive of c-sections c. C-sections are not recorded d. C-sections are reported separately and are also included in total deliveries conducted at facilities against the respective items in the format	

Section III: PREGNANCY OUTCOMES, NEWBORN CARE, & POSTNATAL CARE

Q.No.	Question	Response Options	Answers
7.	A baby born but lives for less than 30 seconds (breathes no more after one gasp) this is counted as	a. Live birth b. Still birth c. Abortion d. None of the above	
8.	The purpose of postnatal visit between 48 hours and 14 days of delivery is	a. To screen mother and newborn for health problems b. To establish positive relationship between Sub-Centre and mother/baby c. To counsel on breastfeeding and newborn care d. All of the above	
9.	Postnatal complications include all, except	a. Bleeding b. High fever c. Foul smelling discharge d. Proteinuria	
10.	An ANM should report 'Newborn weighed'	a. Only if it is weighted by herself or AWW or ASHA or other health staff with weighing machine and it is reliably conveyed to her. b. Only if it is an institutional delivery c. Only if delivery is attended by an SBA d. Only if it is weighted by herself	

Section IV: CHILDHOOD DISEASES

Q.No.	Question	Response Options	
11.	Diphtheria is suspected when	a. There is mild fever ,sore throat and membrane that forms over the throat and tonsils can make it hard to swallow, swelling of glands around neck in a child below 5 years b. There is high fever and severe cough coming in bursts c. There is paralysis of a limb d. There is fever with rash	
12.	Tetanus is suspected when a child under 5 yrs has	a. Convulsions/seizures b. Muscular spasms with writhing of the body c. High fever and severe cough coming in bursts d. Paralysis of a limb	

Section V: FAMILY PLANNING

Q.No.	Question	Response Options	
13.	Male sterilisations are to be reported from	a. Both conventional and non-scalpel vasectomies taken together from the facility where they are done. b. Only non-scalpel vasectomies are to be counted. c. Both conventional and non-scalpel vasectomies taken together from the sub-center area to which the patient belongs. d. Only conventional vasectomies are to be reported.	
14.	For 'IUD removals', count	a. Only those women for whom IUD was removed in this facility b. Count all IUDs removed this year c. All those women who had IUD inserted and who removed it (themselves or by provider) this month d. None of the above	
15.	For 'Condoms distributed' all Statements are wrong, except	a. Count every packet of condoms distributed, not the number of pieces b. Count every condom piece distributed, not the number of packets c. Count every condom piece reported as used (mere issuing is not enough) d. Count the number of beneficiaries to whom the condom strip was given, not the number of condom pieces or packets distributed	

Section VI: HEALTH FACILITY SERVICES AND OTHER PROGRAMME

Q.No.	Question	Response Options	Answers
16.	Following are true about a VHND, except	a. This is conducted in a village/hamlet in an Anganwadi Center at least one session in a month b. Each Anganwadi Center would have maximum of 1 session per month c. Immunisation and Antenatal Care are provided in this session d. A public meeting and a function are organized in every VHND	
17.	When taking OPD attendance all cases coming for Antenatal care and immunisation are excluded. Such a Statement is	a. True b. False	
18.	Regarding data element, 'Plasmodium Vivax positive', which statement is correct?	a. This indicates the presence of malarial parasite in the blood stream b. Only those reported by the laboratory as positive are to be reported c. This can be positive by RDK or by blood smear examination d. All are true	
19.	What is a minor surgery?	a. Any surgery that takes over one hour to perform b. Any surgery for a life threatening disease c. Any surgery done under local anaesthesia d. Any surgery done under spinal, general or local anaesthesia	
20.	Haemoglobin less than 7gm% is	a. Mild anaemia b. Moderate or severe anaemia c. Mild or moderate anaemia d. Severe anaemia	
21.	If the school was examined by an ophthalmic assistant from your facility, then it should be reported by your facility.	a. True b. False	

Section VII: IMMUNISATION

Q.No.	Question	Response Options	Answers
22.	A child of one and half years did not get any immunisation. Child is now given BCG	a. This should be recorded but not reported in HMIS form because it is only for children below one year b. This should be recorded and reported c. Both a) & b) are correct d. Neither is correct	
23.	Data element 'Children between 9 and 11 months who have been fully immunized' is to be calculated	a. Full immunisation has to be reported from a specific column in the immunisation recording register, when all doses for a given child who is between 9 and 11 months of age, are completed. (BCG, 3 doses of OPV, 3 doses of DPT and measles). b. By counting all those children who have received measles dose and vitamin A c. None of the above d. By adding up the number of children who have got any of the 8 vaccines.	
24.	When reporting 'Vitamin A dose 9', we report	a. Any vitamin A dose given in during 54th to 60th month b. 9th dose of vitamin A given at any age at any facility c. 9th dose of vitamin A given to children below 5 years of age a. A special dose of vitamin A	
25.	Data element 'TT16' is to be reported if	a. A TT dose is given to any adolescent over 16 years of age b. Any TT dose given to a pregnant woman who is 16 to 19 years old c. A special vaccine called TT16 is given. d. None of the above	
26.	When reporting vitamin A dose 5, we report	a. Any vitamin A dose given in 30th to 36th month b. Fifth dose of vitamin A given, irrespective of age and place, and irrespective of when earlier doses were given c. Fifth dose of vitamin A given to a child below 3 years of age, d. It is a special dose of vitamin A	

Section VIII: LINE LISTS AND MORTALITY

Q.No.	Question	Response Options	Answers
27.	All of the following are 5 major causes of maternal death except	a. Abortion b. Severe hypertension/fits c. Pneumonia d. Prolonged/obstructed labour e. Bleeding f. High fever	
28.	When reporting deaths in first 24 hours after birth	a. The causes of deaths are not differentiated b. The causes of deaths to be reported are sepsis, asphyxia, LBW and 'others' c. The causes of deaths are 'not known' d. The causes of deaths are only LBW or sepsis	
29.	Sepsis is reported as a cause of death in a child between 1 day and 28 days of age	a. If death is due to umbilical sepsis. b. If death is due to meningitis c. If death is due to respiratory infection d. All of the above	
30.	ANM should report maternal death irrespective of maternal death audit	a. True b. False	

SET: 1B

Section I: ANC

Q.No.	Question	Response Options	Answers
1.	Pregnancy registration occurs when an ANM records the name of pregnant woman in her register. ANM should do this when	a. She hears from someone reliable, that the woman is pregnant b. When a woman comes for a pregnancy test and is found to be positive c. When a woman undergoes first ANC d. Whenever maternity card was issued to her	
2.	At Sub-Centre A, ANM does not have stock of IFA tablets and a pregnant woman buys it from private medical shop, it will be recorded as	a. IFA tablets distributed b. IFA tablets not distributed c. Both are correct d. It depends on State's policy	
3.	A pregnant woman is detected with hypertension during her 1st ANC visit and it is recorded. During her 2nd ANC visit she is again detected with hypertension.	a. This will not be recorded again as pregnancy with hypertension b. This will be recorded again as pregnancy with hypertension c. Both are correct d. It depends on State's policy	
4.	In a High Performing state, JSY registration would mean	a. All pregnant women, as for registration, unless clearly Stated that her delivery would be in a private clinic b. BPL, SC, ST pregnant women as per state guidelines. c. Would be done after delivery, where delivery took place in public hospital or accredited private sector d. None of the above	

Section II: DELIVERIES

Q.No.	Question	Response Options	Answers
5.	An obstetric complication is:	a. Reported only from a facility where it was managed b. Includes those who required C-Section c. Includes those treated with IV antibiotics or anti hypertensive d. All of the above	
6.	While reporting C-section deliveries	a. C-sections are included in total deliveries and not reported separately b. C-sections are reported separately and are also included in total deliveries conducted at facilities against respective data elements. c. Total deliveries are exclusive of c-sections d. C-sections are not recorded	

Section III: PREGNANCY OUTCOMES, NEWBORN CARE, & POSTNATAL CARE

Q.No.	Question	Response Options	Answers
7.	A baby born dead following more than 30 weeks gestation is	a. Live birth b. Abortion c. Still birth d. None of the above	
8.	A newborn is weighed by an ASHA and reported to ANM (not weighed by ANM) should be	a. Recorded but not reported by ANM b. Recorded and reported by ANM c. Re-weighed by ANM and then reported d. None of the above	
9.	A live birth happens in a private facility and you come to hear about it through father. Would you… *(Note: More than 1 answer could be correct)*	a. Record it but not report it as a live birth and ask the private facility to report it b. Record it and report it as a live birth in your area c. Neither record it nor report it d. None of the above	
10.	Post partum care is counted as care received by a pregnant woman within 48 hours after delivery if	a. Any ANM attends on her at home or in facility b. Any ANM trained on SBA attend on her at home or in facility c. Any ANM, doctor or ASHA trained on (book 6 or equivalent) attends her at facility or home d. If it is done in an institution	

Section IV: CHILDHOOD DISEASES

Q.No.	Question	Response Options	
11.	Tetanus neonatorum is diagnosed when	a. Child (below 5 yrs) has fever and muscular spasms b. Newborn has failure to feed and fever c. Newborn has convulsions d. Newborn has failure to feed and spasms	
12.	A case of Diarrhea and dehydration in a child under 5 years is to be reported when :	a. The child passes loose stools b. The child passes 3 or more loose watery stools in the last 24 hours with dehydration c. Loose stools with thirst d. Loose stools with fever	

Section V: FAMILY PLANNING

Q.No.	Question	Response Options	Answers
13.	For 'Oral pills distributed' all Statements are wrong, except	a. Count every tablet strip issued to an eligible couple b. Count every tablet issued (not the number of strips) c. Count every tablet strip that is reported as consumed (mere issuing is not enough) in previous month d. Count number of people to whom the tablet strips were given, not the number of tablet strips	
14.	For 'New IUDs inserted at facility' one of the following Statements is correct.	a. Count only those inserted this year b. Count all those inserted from this whole area, and not only this facility. c. Count only those inserted this month d. Count all IUD inserted and not yet removed	
15.	Emergency contraception distributed refers to	a. A packet of one pill, which is to be given to a woman who has had sexual intercourse without contraception and does not want to get pregnant b. A strip of oral pills given to a woman who is returning to her husband's house after delivery in her mother's home c. Any contraceptive measure that is done at short notice d. All of the above	

Section VI: HEALTH FACILITY SERVICES AND OTHER PROGRAMME

Q.No.	Question	Response Options	Answers
16.	Which of these data elements is not asked for in the PHC data form?	a. Did the RKS meet this month b. How many trips did ambulance make c. How many laparoscopes are functional d. How many sick children were admitted in sick child unit	
17.	An FRU	a. Manages obstetric complications including C-sections and blood transfusions b. Manages obstetric complications excluding C- sections and blood transfusions c. Manages any patient referred by an ANM d. Has an anaesthetist and blood storage facility	
18.	On reporting on RKS meetings which of the following Statements are correct? Report the RKS meetings	a. Only if it was held in the last three months b. Only if it was held in the reporting month c. If it was held anytime in the last year d. Only if the GB met, not if it was an EC meeting	
19.	For reporting data element 'No. of times transporting patients', all are true except	a. Ambulance log book is the source b. Ambulance use for transporting patients is to be reported and not for shifting personnel or goods c. Even if it is a PPP arrangement for the ambulance and not owned by the facility it is to be reported d. If the same patient has used the ambulance more than once it is to be counted only as one	
20.	While reporting 'Number of in-patients' following details have to be provided	a. Males & Females aged 19 and above, Males & Females below 19 years of age b. Males & Females above 5, Males & Females below 5 years of age c. Males and Females- no age groups. d. Neither gender nor age only total number of patients	
21.	Regarding, 'Malaria tests conducted', which Statement is false?	a. This is test for malaria done either by blood smear examination or using a rapid diagnostic kit (RDK) b. This is a test done with patient's blood c. The number of tests done by either method are reported d. Only tests done by blood smear examination are to be reported	

Section VII: IMMUNISATION

Q.No.	Question	Response Options	Answers
22.	DPT2 is	a. Dose of DPT vaccine given at 10 weeks b. Second dose of DPT given at under 1 year c. Any vaccine given at 10 weeks d. A specific variety of DPT vaccine	
23.	OPV3 is	a. Dose of OPV given at 14 weeks b. Third dose of OPV given under 1 year including pulse polio campaign doses c. Third dose of OPV given at under 1 year excluding pulse polio campaign doses, unless pulse polio dose came at the same time d. A specific variety of OPV dose	
24.	Data element 'Children aged 9 and 11 months who have been fully immunized' is to be reported	a. By adding up the number of children who have got any of the 8 vaccines b. From a separate column in 'Child immunisation tracking' page where children who achieve full immunisation status is recorded next to the 'last mandatory 8 vaccine (BCG,3 DPT, 3 OPV, measeles) doses' record c. By counting all children who have received measles dose and vitamin A d. None of the above	
25.	Abscesses following immunisation are reported by	a. Facility or service provider where the abscess is seen b. Facility or service provider where injection was given c. Both d. Neither	
26.	When reporting 'Vitamin A dose 9', we report	a. Any vitamin A dose given in during 54th to 60th month b. 9th dose of vitamin A given at any age at any facility c. 9th dose of vitamin A given at any age at any facility to children below 5 years of age d. A special dose of vitamin A	
27.	Data element 'TT16' is to be reported if	a. A TT booster dose is given to any adolescent over 16 years of age b. Any TT dose given in the age group of 16 to 18 c. A special vaccine called TT16 is given d. Any TT dose given to a pregnant woman who is 16 to 19 years old	

Section VIII: LINE LISTS AND MORTALITY

Q.No.	Question	Response Options	Answers
28.	Asphyxia is to be reported as cause of death only if the death is	a. Within 24 hours b. After 24 hours and before 28 days and there were signs of asphyxia at birth c. Within 24 hours and cause of death is not known d. Within 24 hours and there are signs of asphyxia at birth	
29.	LBW is to be reported as the cause of death only if the death is	a. After 24 hours and the baby weighted <1.8 kgs, even if there were signs of other illnesses like diarrhoea or respiratory infection b. After 24 hours and before 28 days and baby weighed <1.8 kgs and there were no other signs of illnesses c. After 24 hours and before 28 days and baby weighed <2.5 kgs at birth and there were no other signs of illnesses d. Within 24 hours and cause of death was not known	
30.	Infant death under 24 hours due to animal bite should be reported as	a. Death due to animal bite b. Infant death under 24 hours c. None of the above d. Cant say	

SET: 1C

Section I: ANC

Q.No.	Question	Response Options	
1.	A woman received only one dose of TT in her previous pregnancy. In this pregnancy she receives first dose of TT. This will be counted as	a. TT1 b. TT2 or booster c. Either d. Neither	
2.	'Number of cases where JSY incentive is paid to mothers' includes women who	a. Eligible for the incentives b. Received the incentives c. Registered for JSY d. Received the JSY incentive in full	
3.	Number of pregnant women received 3 ANC checkups indicate	a. Number of pregnant women who received ANC in 3rd trimester b. Number of pregnant women who received all three ANC check ups c. Number of pregnant women who are about to receive 3 ANC check up d. All of the above	
4.	A pregnant woman is detected with hypertension during her 1st ANC visit and it is recorded. During her 2nd ANC visit she is again detected with hypertension.	a. This will be recorded again as pregnancy with hypertension b. This will not be recorded again as pregnancy with hypertension c. Both are correct d. It depends on State's policy	

Section II: DELIVERIES

Q.No.	Question	Response Options	
5.	Delivery conducted at home by a Trained Birth Attendant is considered as:	a. Home - SBA Delivery b. Home - Non SBA Delivery c. Institution delivery d. C- Section delivery	
6.	Number of C- sections conducted gets included in the Number of Major Operation conducted	a. True b. False	

Section III: PREGNANCY OUTCOMES, NEWBORN CARE, & POSTNATAL CARE

Q.No.	Question	Response Options	Answers
7.	A pregnancy that ends within 20th week of gestation with a baby born dead is known as	a. Live birth b. Abortion c. Still birth d. None of the above	
8.	A newborn is counted as having been breastfed on the basis of	a. Direct observation of the ANM b. Direct observation by the ANM or by ASHA or ANM and then report to ANM c. All of the above plus report of mother to ASHA d. By doctors examination of the newborn	
9.	An obstetric complication is	a. Reported only from a facility where it was managed b. Includes those who required C-Section c. Includes those treated with IV antibiotics or anti hypertensive d. All of the above	
10.	RTI/STI case is to be counted	a. If laboratory tests has proved it b. Only if treatment was initiated or advised (excluding HIV/AIDS) c. All of the above d. None of the above	

Section IV: CHILDHOOD DISEASES

Q.No.	Question	Response Options	Answers
11.	Polio is diagnosed when there is	a. Paralysis of one or more limbs with the limb going limp b. Fever and convulsions c. Fever with rash d. Paralysis of one or more limbs and stool test is positive for polio virus	
12.	Which one of the following is true?	a. All cases of children below 5 with high fever are to be reported as malaria b. All cases of children below 5 with fever and RDK or blood smear examination confirming malaria are to be reported c. All cases of children below 5 with fever who were presumptively treated for malaria have to be reported d. All cases of malaria in any age group are to be reported in the HMIS form	

Section V: FAMILY PLANNING

Q.No.	Question	Response Options	Answers
13.	For 'Oral pills distributed' all Statements are wrong, except	a. Count every tablet strip issued to an eligible couple b. Count every tablet issued (not the number of strips) c. Count every tablet strip that is reported as consumed (mere issuing is not enough) in previous month d. Count number of people to whom the tablet strips were given, not the number of tablet strips	
14.	Laparoscopic sterilisation refers to	a. Any female sterilisation b. Any male or female sterilisation c. Only those female sterilisations done by a specialist using a laparoscope d. Only those female sterilisations done in a facility which has a laparoscope	
15.	For 'New IUDs inserted at facility' one of the following Statements is correct.	a. Count only those inserted this month b. Count only those inserted this year c. Count all those inserted from this whole area, and not only this facility. d. Count all IUD inserted and not yet removed	

Section VI: HEALTH FACILITY SERVICES AND OTHER PROGRAMME

Q.No.	Question	Response Options	Answers
16.	Data element 'In-patient head count at midnight' is to be taken from the in-patient register counting	a. Sum of 'Number of in-patients who were admitted each day and who stayed for 24 hours' b. Sum of 'Number of in-patients who were there at midnight (or at 6.00 am), counted each morning, irrespective of when they were admitted c. Number of patients who are there at midnight on the last day of the month d. Sum of 'Number of beds occupied per day for each day of the month'	
17.	When reporting data element 'OPD attendance', report	a. Both old patients coming for a follow-up and new patients b. Only new patients c. Old patients if they come with a new disease and new patients d. Only new patients over 5 years of age	

18.	What is a major surgery?	a. Any surgery that takes over one hour to perform b. Any surgery for a life threatening disease c. Any surgery done under anaesthesia (spinal or general but not local) d. Any surgery done under spinal, general or local anaesthesia	
19.	When reporting 'Haemoglobin tests done' those done for Antenatal care are excluded.	a. True b. False	
20.	When reporting 'AYUSH' you would count	a. Any patient who went to an AYUSH doctor in AYUSH division and was provided with AYUSH treatment b. Any patient who went to an AYUSH doctor in an AYUSH division irrespective of what treatment was provided c. Any treatment provided by an AYUSH doctor who is Medical Officer in-charge of the facility d. Only those patients who went to AYUSH division who were not seen in the general division	
21.	Dental procedures mean	a. All patients visiting the dentist in the facility b. All patients on whom a tooth extraction or scaling or some other dental procedure was done, not just those who had a check up or follow up visit c. All patients who had dental procedure including the times when they come for a follow-up d. None of the above	

Section VII: IMMUNISATION

Q.No.	Question	Response Options	
22.	OPV0 is	a. Dose of OPV given at birth b. First dose of OPV given under 1 year c. Dose of OPV given as part of pulse polio campaign d. Missed dose of OPV	
23.	Data element 'Children aged between 12 and 23 months who have been fully immunized' is to be reported for all the following reasons, except	a. It is easier to compare with survey data which uses the same group b. It would include many children where the last of the 8 doses are completed only after 12 months c. It is derived from a separate column in the child immunisation tracking register where each child is marked d. It would include the 8 doses of the first year plus the booster dose	

24.	Measles dose is to be reported only when given at nine months, excluding doses given for an outbreak.	a. True b. False	
25.	Abscesses following immunisation are reported if a child gets an abscess	a. Within a week anywhere on the body b. At the site on the body where the immunisation was given c. Exacerbation of previously existing abscess d. All of the above	
26.	Booster DPT is counted whenever	a. DPT is given to a child above 16 months of age who has already received three doses b. DPT is given to a child above 16 months of age irrespective of how many doses were given earlier c. None of the above	
27.	A child gets BCG at 11 months because this was missed earlier	a. This should be recorded but not reported in HMIS form which is only for children below one year b. This should be recorded and reported c. Both of above are correct d. Neither is correct	

Section VIII: LINE LISTS AND MORTALITY

Q.No.	Question	Response Options	
28.	When reporting 'High fever' as cause of death we must include those cases where death is also due to	a. Malaria b. Respiratory infection or pneumonia c. Typhoid d. Tuberculosis	
29.	Diarrhoea among children is reported in age group	a. Within 28 days b. 1month to 5 yr c. Up to 24hrs d. Above 55 years	
30.	Of the following Statements which one is correct?	a. Data element 'Other Causes' of neonatal deaths relates to 'causes not known' and 'other causes' of neonatal death after 24 hours or before 28 days b. Data element 'Other Causes' of infant deaths relates to 'causes not known' and 'other causes' of infant death 28days to 1year. c. Data element 'Other causes' of Maternal deaths related to 'causes not known' and 'other causes' of maternal mortality d. All of the above	

SET: 1D

Section I: ANC

Q.No.	Question	Response Options	Answers
1.	Which of the following BP values are reported as hypertension in a pregnant woman	a. >100/160 b. >140/90 c. >90/140 d. >120/80	
2.	Number of pregnant women received 3 ANC checkups indicate	a. Number of pregnant women who received ANC in 3rd trimester b. Number of pregnant women who received all three ANC check ups c. Number of pregnant women who are about to receive 3 ANC check up d. None of the above	
3.	A woman had received only one dose of TT in her last pregnancy. In this pregnancy she receives first dose of TT. This will be counted as	a. TT1 b. TT2 or booster c. Either d. Neither	
4.	A pregnant woman is detected with hypertension during her 1st ANC visit and it is recorded. During her 2nd ANC visit she is again detected with hypertension.	a. This will be recorded again as pregnancy with hypertension b. This will not be recorded again as pregnancy with hypertension c. Both are correct d. It depends on State's policy	

Section II: DELIVERIES

Q. No.	Question	Response Options	Answers
5.	Data element 'Deliveries conducted at facility' accounts for which of the following?	a. Total institutional deliveries & home deliveries & C-sections b. Institutional & C-sections c. Institutional & home deliveries d. Home & c-sections	
6.	A pregnant woman was discharged within 3 hours of delivery from PHC. Later she was visited by the ANM from nearest sub centre for Postpartum care. This visit will be part of sub centre report *as first PNC if*	a. ANM visit this pregnant woman *under* 48 hours of delivery. b. Pregnant woman develops a PNC complication which is managed by PHC. c. Pregnant woman receives JSY benefits from PHC. d. None of the above.	

Section III: PREGNANCY OUTCOMES, NEWBORN CARE, & POSTNATAL CARE

Q.No.	Question	Response Options	Answers
7.	A pregnancy ends in birth of a dead fetus weighing 700gms, month of gestation is not known, this will be reported as	a. Live birth b. Still birth c. Spontaneous Abortion d. None of the above	
8.	RTI/STI case is to be counted	a. If laboratory tests has proved it b. Only if treatment was initiated or advised (excluding HIV/AIDS) c. All of the above d. None of the above	
9.	While tracking a pregnancy you know it came to an end as an abortion; they claim it is spontaneous, but you think it is induced, you would	a. Report it as 'abortion- spontaneous/induced' b. Report it only if it is a legal MTP c. Report it only if it is spontaneous abortion d. None of the above	
10.	A low birth weight is a baby weighting less than	a. 1.5 kg b. 2.5 kg c. 2.0 kg d. 3.0 kg	

Section IV: CHILDHOOD DISEASES

Q.No.	Question	Response Options	Answers
11.	Which one of the following is true?	a. All cases of children below 5 with respiratory infection are to be reported b. All cases of children below 5 with suspected pneumonia are to be reported c. All cases of children below 5 with suspected pneumonia or respiratory infection who were admitted in this facility are to be reported d. All cases of pneumonia in any age group are to be reported	
12.	Pertussis is diagnosed when	a. There is high fever and swelling of glands around neck in a child below 5 years b. There is high fever and severe cough coming in bursts c. There is paralysis of a limb d. There is fever with rash	

Section V: FAMILY PLANNING

Q.No.	Question	Response Options	
13.	All of the following are to be reported as a case of complication following sterilisation, except	a. Bleeding b. Infection c. Pain at the suture site d. Abdominal pain, tenderness and fever	
14.	Following are true about reporting 'Failure of sterilisation', except	a. Any sterilized woman who becomes pregnant is to be immediately assumed as failure b. Any sterilized man whose wife becomes pregnant where both or even woman alone claims that it must be a failure of sterilisation c. A failure needs to be reported whether or not the sterilisation was done in this facility or on a person from this area d. Any male sterilisation where the man reports a normal ejaculation and semen after the surgery is done is to be immediately assumed as failure	
15.	Oral pills are given to a number of depot holders or ASHAs who distribute varied sums from their stocks to beneficiaries. When the sub-center reports the number of oral pills distributed they should report	a. Only those which was issued to beneficiaries only by them (not what was distributed through the depot holders) b. Only those which was given by depot holders to beneficiaries plus given directly by SC. c. The amount given to top up the amount of condoms or oral pills kept by each depot holder to a pre-fixed stock level for each beneficiary d. Only the number of beneficiaries that each depot holder gave to, not the number of strips	

Section VI: HEALTH FACILITY SERVICES AND OTHER PROGRAMME

Q.No.	Question	Response Options	Answers
16.	Data element, 'Eyes collected and utilised', refers to	a. The harvesting of an eye for donation from a dead person and the transplantation of the cornea into a living patient with corneal blindness. b. The harvesting of an eye for donation from a dead person and the *successful* transplantation of the cornea into a living patient with corneal blindness. c. The harvesting of an eye for donation and its being successfully stored in an eye bank. The harvesting of an eye for donation from a dead person, whether or not it is subsequently used.	

17.	Regarding, 'Widal tests conducted' all of the following are true, except	a. It is done to detect typhoid in patients with fever b. It is a blood test c. The number of tests done is reported, not only positive results d. It is a blood test done to detect tuberculosis	
18.	Regarding, 'VDRL tests conducted', all of the following are true, except	a. It is done to detect syphilis among patients with suspected STI b. It is a blood test c. The number of tests done is reported, not only positive results d. It is a blood test done to detect typhoid	
19.	While reporting 'Number of out-patients' following details have to be provided	a. Males & Females aged 19 and above, Males & Females below 19 years of age b. Males & Females above 5, Males & Females below 5 years of age c. Males and Females- no age groups. d. Neither gender nor age only total number of patients	
20.	Regarding data element, 'Plasmodium falciparum positive', all except one Statement are correct. Which is the wrong Statement?	a. This indicates presence of a malarial parasites in blood b. Only those reported by the laboratory as positive are to be reported c. If the patient is from another area, and only his blood came for testing, it should not be reported from the lab test d. This can be positive by RDK or by blood smear examination	
21.	Regarding, 'School children detected with refractive errors', which one of the following Statements is wrong?	a. Number of school children examined should be reported b. Number of school children examined and found to have refractive errors should be reported c. Only if the school is within the area serviced by your facility should it be reported d. All of the above	

Section VII: IMMUNISATION

Q.No.	Question	Response Options	Answers
22.	A child gets BCG at 11 months because this was missed earlier	a. This should be recorded but not reported in HMIS form which is only for children below one year b. This should be recorded and reported c. Both of above are correct d. Neither is correct	
23.	DPT3 is	a. Any dose of DPT vaccine given at 14 weeks b. Third dose of DPT given under one year c. Any vaccine given at 14 weeks d. A specific variety of DPT vaccine	
24.	Data elements 'Children aged between 12 and 23 months who have been fully immunized' and 'Children aged 9 to 11 months who have been fully immunized' are to be reported by gender (male-female). But no other vaccine dose is reported by gender, because	a. In the recording register, we calculate these four data elements from the full immunisation columns which are segregated by gender b. In the recording register the gender of every child is given. c. Unless we report it by gender we cannot have full immunisation coverage by gender	
25.	'Other adverse effects of immunisation' include all of the following, except	a. Rash occurring b. Mild bronchitis that settles down within a few days c. Fainting or loss of consciousness d. Paralysis or weakness of a limb	
26.	Following are true about 'Number of immunisation sessions planned', except	a. Number of immunisation sessions needed to cover the entire area b. Would usually be the same for every month c. The same sessions reported by the sub-Center would not be reported by the PHC d. Would equal the number of sub-Centers	
27.	Data element 'TT16' is to be reported if	a. A TT booster dose is given to any adolescent over 16 years of age b. Any TT dose given to a pregnant woman who is 16 to 18 years old c. Any TT dose given in the age group of 16 to 18 d. A special vaccine called TT16 is given	

Section VIII: LINE LISTS AND MORTALITY

Q.No.	Question	Response Options	Answers
28.	In the 'Causes of maternal death', which of this is not given a specific code?	a. High fever in maternal deaths b. Hypertension or fits c. Abortion d. Severe Anemia	
29.	'Severe bleeding' would be reported as cause of maternal death where	a. There was bleeding of more than 500 ml in any period of pregnancy and upto 42days postpartum b. There was bleeding of more than 1500 ml in any period of pregnancy c. There was bleeding of more than 500 ml in the post partum period d. There was bleeding of more than 500 ml in the antenatal period	
30.	'Prolonged labour' is to be reported as a cause of death if	a. The labour lasted over 24 hours in a primi pregnant woman (who had not delivered a full term baby earlier) b. The labour lasted over 12 hours in a pregnant woman who had delivered earlier c. The labour did not show progression as charted on a partogram. d. All of the above	

SET: 1E

Section I: ANC

Q.No.	Question	Response Options	Answers
1.	A woman received two doses of TT during her last pregnancy last year; in this pregnancy she receives one dose of TT. This will be counted as	a. TT1 b. TT2 Booster c. Either d. Neither	
2.	'Number of cases where JSY incentive is paid to mothers' includes women who	a. Eligible for the incentives b. Received the partial incentive c. Registered for JSY d. Received the JSY incentive in full	
3.	Number of pregnant women received 3 ANC checkups indicate	a. Number of pregnant women who received ANC in 3rd trimester b. Number of pregnant women who received all three ANC check ups c. Number of pregnant women who are about to receive 3 ANC check up d. None of the above	
4.	If 100 IFA tablets are given to a pregnant woman in instalments (1st visit: 30, 2nd visit: 30, 3rd visit: 40) then in which month 'Total number of pregnant women given 100 IFA tablets' will be reported?	a. Month in which the first 30 IFA tablets were given during first visit b. Month in which 30 IFA tablets were given during second visit c. Month in which last instalment of IFA tablets completing 100 tablets were given d. All of the above	

Section II: DELIVERIES

Q.No.	Question	Response Options	Answers
5.	C-section is included in complicated deliveries	a. True b. False	
6.	Number of complicated pregnancies treated with the following are recorded except	a. IV Anti hypertensive/magsulph injection b. Antiseptic c. IV Oxcytocis d. IV antibiotics	

Section III: PREGNANCY OUTCOMES, NEWBORN CARE, & POSTNATAL CARE

Q.No.	Question	Response Options	Answers
7.	A pregnancy that ends between 20-37 weeks of gestation, if it results in a live born infant then it is reported as	a. Live birth b. Still birth c. Abortion d. None of the above	
8.	Any PNC complication is reported	a. Only for facility where it was reported b. Only if complication happens between time of delivery and 42 days after c. Includes those treated with IV antibiotics or IV oxytocis d. All of the above	
9.	When recording 'Number of newborn weighed at birth' you include all newborns weighed in	a. First hour b. First 24 hours c. First 48 hours d. First one week	
10.	MTP is sought by a pregnant woman in CHC who is from your area; an ANM would	a. Report it as 'abortion-spontaneous/induced' in Sub-Centre form b. Record it but let the CHC report it c. Report it as an MTP from your Sub-Centre d. All of the above	

Section IV: CHILDHOOD DISEASES

Q.No.	Question	Response Options	Answers
11.	Pertussis is diagnosed when	a. There is high fever and swelling of glands around neck in a child below 5 years b. There is high fever and severe cough coming in bursts c. There is paralysis of a limb d. There is fever with rash	
12.	Measles is reported when a child shows following symptoms	a. High fever and swelling of glands around neck in a child below 5 years b. High fever and severe cough coming in bursts c. High fever with running nose followed rash d. Mild or moderate fever for over one week	

Section V: FAMILY PLANNING

Q.No.	Question	Response Options	Answers
13.	Emergency contraception report counts	a. The number of beneficiaries who received this pill within this month counting each one only once, even if they take the pill twice b. The number of emergency pill packets that were distributed c. The number of emergency pills that were distributed, counting each pill given d. None of the above	
14.	Centchroman is a	a. Emergency contraceptive b. IUD c. Brand name of a condom d. Contraceptive oral pill that has to be taken weekly	
15.	For data element 'Mini-Lap Sterilisations' count	a. Any female sterilisation done except those using a laparoscope b. Both conventional and mini-lap tubectomies *after* 42 days of delivery c. c. Only those female sterilisations done in this facilityd. None of of the above	

Section VI: HEALTH FACILITY SERVICES AND OTHER PROGRAMME

Q.No.	Question	Response Options	Answers
16.	Regarding, 'School children with refractive errors provided free glasses', which one of the following Statements is wrong?	a. The number of school children examined and found to have refractive errors should be reported b. The number of school children found to have refractive errors who were given glasses c. Only if the school is within the area serviced by your facility should it be reported d. If the school was examined by an ophthalmic assistant from your facility, and no other facility is reporting, then it should be reported by you	
17.	IOL implantations refers to	a. Cataract surgeries where an intraocular lens was implanted. b. Reported only by the facility where it was done whether it is a govt surgeon from outside or even a private provider. c. Refers to any operation on the interior of the eye. d. None of the above.	

18.	Data element, 'Eyes collected and utilised', refers to	a. The harvesting of an eye for donation from a dead person and the transplantation of the cornea into a living patient with corneal blindness. b. The harvesting of an eye for donation from a dead person and the *successful* transplantation of the cornea into a living patient with corneal blindness. c. The harvesting of an eye for donation and its being successfully stored in an eye bank. d. The harvesting of an eye for donation from a dead person, whether or not it is subsequently used.	
19.	When reporting 'Ambulances and assured referral services', report	a. Number of ambulances owned by the facility b. Number of ambulances owned by the facility as well as the number of ambulances available on a 24*7 basis as part of PPP arrangements. c. Number of facilities which have ambulances (including PPP arrangements) not the number of ambulances. d. Number of ambulances available on a 24*7 basis and owned by the facility.	
20.	Following Statements about 'In-patient midnight head count' are true, except	a. A woman who came for delivery at 2pm and left by 8pm same day would be included in that days midnight head count b. A patient with a fracture who was staying on for 40 days would be included c. It is the sum of the daily midnight head count of patients for all the days of that month. d. Patients who stayed overnight even without beds would be included, while those who were admitted on beds only during the day for a few hours would not be included	
21.	OPD attendance from a Sub-center includes all cases provided care (at VHND or at home) including ANC or immunisation. Such a Statement is	a. True b. False7	

Section VII: IMMUNISATION

Q.No.	Question	Response Options	Answers
22.	OPV1 is	a. Dose of OPV given at birth b. First dose of OPV other than at birth given under 1 year c. Dose of OPV given as part of pulse polio campaign d. Any dose of OPV that was missed	
23.	Measles dose is to be reported only when given to a child below one year of age.	a. True b. False	
24.	Data element 'TT16' is to be reported if	a. A TT dose is given to any adolescent girl over 16 years of age b. Any TT dose given to a pregnant woman who is 16 to 18 years old c. Any TT dose given in the age group of 16 to 18 A special vaccine called TT16 is given	
25.	Data element 'Children aged 9 and 11 months who have been fully immunized' is to be reported when	a. BCG, and three doses of DPT and three doses of OPV and measles dose are given b. BCG and three doses of DPT and a measles doses are given c. BCG and three doses of DPT and three doses of OPV and measles and Vitamin A are given d. BCG and three doses of DPT and three doses of OPV and measles and Vitamin A and booster dose are given	
26.	'Other adverse effects of immunisation' include all of the following, except	a. Rash occurring b. Mild bronchitis that settles down within a few days c. Fainting or loss of consciousness d. Paralysis or weakness of a limb	
27.	When reporting 'Vitamin A dose 1', we report	a. Any dose of vitamin A given during 9^{th} to 12^{th} month b. First dose of vitamin A given irrespective of the age of the child (even above one year of age up to five years) c. Any dose of vitamin A given to a child with night blindness d. Number of children who are eligible for vitamin A	

Section VIII: LINE LISTS AND MORTALITY

Q.No.	Question	Response Options	Answers
28.	Pneumonia is recorded as a cause of death only if	a. It is supported by X-ray report b. If the provisional diagnosis is made by a doctor c. If the diagnosis is suspected by any trained health worker or professional d. None of the above	
29.	All the following data elements are the part of death reporting, except	a. Trauma, accidents, burns b. Animal bites an stings c. Renal failure and kidney diseases d. Suicide	
30.	The difference between acute and chronic disease is	a. That in an acute disease the first symptom was less than three weeks back b. That in an acute disease the disease was severe and life threatening c. That in an acute disease the first symptom was less than one week back d. That in an acute disease the disease was very painful	

ANSWER SHEET

COMPETENCY 1

Q.NO.	SET A	SET B	SET C	SET D	SET E
Section I					
1.	B	C	A	B	B
2.	C	B	D	B	D
3.	C	A	B	A	B
4.	A	B	B	B	C
Section II					
5.	B	D	B	B	A
6.	D	B	A	A	B
Section III					
7.	A	C	B	B	A
8.	D	B	C	B	D
9.	D	A	D	A	B
10.	A	C	B	B	B
Section IV					
11.	A	D	D	C	B
12.	B	B	B	B	C
Section V					
13.	A	A	A	C	C
14.	C	C	C	D	D
15.	B	A	A	B	D
Section VI					
16.	B	D	B	B	A
17.	B	A	A	D	A
18.	D	B	C	D	B
19.	C	D	B	D	C
20.	D	A	A	C	A
21.	A	D	B	B	A
Section VII					
22.	A	B	A	B	B
23.	A	C	D	B	A
24.	C	B	A	C	C
25.	C	B	B	B	A
26.	C	A	A	D	B
27.	C	B	B	A	B
Section VIII					
28.	A	B	C	D	A
29.	D	C	B	A	C
30.	A	B	D	D	A

Sample excel sheet for computation of 'Evaluation of Competencies'

EVALUATION OF COMPETENCY 1																		
Title of the Training																		
State/District Office																		
Date																		
Trainees' Designation																		
	PRE-POST SCORES OF TRAINEES																	
Pre-Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Trainee number	1		2		3		4		5		6		7		8		9	
Name of Trainee																		
Section 1																		
1																		
2																		
3																		
4																		
Section 2																		
5																		
6																		
Section 3																		
7																		
8																		
9																		
10																		
Section 4…8																		
11																		
12…30																		
TOTAL SCORE	###	####																
DIFFERENCE	#VALUE!																	

EVALUATION OF TRAINING FORM

Name (Optional): .....

Designation (Optional): .....

Office Address: .....

Date: .....

Please indicate your impressions of the items listed below.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The training met my expectations.	❍	❍	❍	❍	❍
2.	I will be able to apply the knowledge learned.	❍	❍	❍	❍	❍
3.	The training objectives for each topic were identified and followed.	❍	❍	❍	❍	❍
4.	The content was organized and easy to follow.	❍	❍	❍	❍	❍
5.	The materials distributed were pertinent and useful.	❍	❍	❍	❍	❍
6.	The trainer was knowledgeable.	❍	❍	❍	❍	❍
7.	Instructions were of good quality.	❍	❍	❍	❍	❍
8.	The trainer met the training objectives.	❍	❍	❍	❍	❍
9.	Class participation and interaction were encouraged.	❍	❍	❍	❍	❍
10.	Adequate time was provided for questions and discussion.	❍	❍	❍	❍	❍
11.	How do you rate the training overall? Excellent ❍ Good ❍ Average ❍ Poor ❍ Very poor ❍					
12.	10. What aspects of the training could be improved?					
13.	Other comments?					

Sample excel sheet for computation of 'Evaluation of Training' Scores

EVALUATION OF TRAINING FORM																							
Title of the Training																							
State/District Office																							
Date																							
Trainees' Designation																							
	SCORES FROM TRAINEES																						
Trainee number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	**Total of Each Ques**		
Name of Trainee																							
Q.1																					**0**		
Q.2																					**0**		
Q.3																					**0**		
Q.4																					**0**		
Q.5																					**0**		
Q.6																					**0**		
Q.7																					**0**		
Q.8																					**0**		
Q.9																					**0**		
Q.10																					**0**		
Q.11																					**0**		
TOTAL SCORE FOR TRAINING																					**0**		
Suggestions																							
Comments																							
NOTES: Maximum Possible Score is 55.																							

VALIDATION CHECKS

Often errors are made during data entry, which give rise to absurd data. Given below are a set of simple validation checks that are based on logical relationship between data elements. These validation checks are a part of all HMIS software and can be used by data entry operators to suspect errors. These checks can be done manually also. However we caution that if an inconsistency is detected, which are not due to data entry errors, one must look for systemic problems like duplication of data elements from two sources or poor design of the primary registers and fix that problem, instead of changing the figure at the data entry stage.

A discussion of these systemic problems leading to wrong data is found in volume 2 of this series.

S. No.	Data Element		Data Element
	ANC registered within first trimester	***Should not be more than***	Total number of pregnant women registered for ANC
	Number of Eclampsia cases managed during delivery	***Should be less than***	Total deliveries conducted
	Number of women discharged under 48 hours of delivery	***Should be less than or equal to***	Deliveries conducted at facility
	C-section deliveries performed at facility	***Should not be more than***	Deliveries conducted at facility
	Abortion (spontaneous/induced)	***Should be more than***	MTPs conducted
	Number of newborns weighed at birth	***Should be less than or equal to***	Number of Live Births
	Number of newborns having weight less than 2.5 kg	***Should be less than***	Number of Newborns weighed at birth
	Number of newborns breastfed within 1 hour	***Should be less than or equal to***	Total number of Live Births.
	Number of complicated pregnancies treated with IV Antibiotics	***Should not be more than***	Number of cases of pregnant women with Obstetric Complications
	Number of complicated pregnancies treated with IV Antihypertensive/Magsulph injection	***Should not be more than***	Number of cases of pregnant women with Obstetric Complications
	Number of complicated pregnancies treated with IV Oxytocis	***Should not be more than***	Number of cases of pregnant women with Obstetric Complications
	Number of complicated pregnancies treated with Blood Transfusion	***Should not be more than***	Number of cases of pregnant women with Obstetric Complications

	Women receiving post partum check-up within 48 hours after delivery	***Should be less than or equal to***	Total Deliveries conducted at facility
	Number of MTP Conducted at facility	***Should be less than or equal to***	Total Abortions reported
	Number of wet mount tests conducted	***Should be less than***	Number of new RTI/STI for which treatment initiated for females.
	Number of live births receiving BCG	***Should not be more than***	Number of Live Births *(but may exceed in cases of delayed BCG Immunisation, but still the difference should not be huge).*
	Number of live births receiving OPV 0 (Birth Dose)	***Should not be more than***	Total number of Live Births.
	Number of sessions where ASHAs were present	***should not be more than***	Number of total sessions held during the reporting month.
	Number of intraocular lens (IOL) implantations	***Should be less than or equal to***	Number of patients operated for cataract
	Of which number having Hb < 7 gm	***Should be less than***	Number of Hb tests conducted

There are many more such simple rules that you could also suggest. The important point to remember is to use this only for correcting data entry errors. If the data received show this error, then one need to trace the reason for this error.

National Rural Health Mission
Ministry of Health & Family Welfare
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