



FEDERAL MINISTRY OF HEALTH

**NATIONAL HEALTH MANAGEMENT
INFORMATION SYSTEM**

**INSTRUCTIONAL MANUAL TO
REVISED FORMS**

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INTRODUCTION TO THE NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM REVISED FORMS AND FORMATS

The guiding principle for the use of NHMIS forms are to make its structure simple, its use practicable and sustainable. The forms have been devised in line with the objectives to establish core National Minimum Data sets (NMDS) that are standardized and comparable across all communities, health facilities, Local and State Government health care delivery services.

For each of these levels, a type of form for collecting/summarizing data has been developed as follows:

1. NHMIS Form 000 – Community/village level summary form.

These Forms are used to summarize health activities in the community/village on monthly basis and should be returned to the health facilities through the Junior Community Health Workers (JCHEW)

2. NHMIS Form 001 – Health Facility Summary form
NHMIS/COMM/HF/001A&B – Health Facility Community Outreach Summary Form

These Forms are used to summarize health activities at the Health Facility on monthly basis and should be returned to the LGA by the health worker at the health facility.

3. NHMIS Forms 002 – LGA Summary form.

These forms are used by the LGA to summarize health activities from all health facilities/ward under the LGA on quarterly basis and should be returned to the State Ministry of Health (DPRS, HMIS Unit) by the M & E/ HMIS officer.

4. NHMIS Forms 003- State Summary form.

These forms are used by the State Ministry of Health (DPRS) to summarize returns from all LGAs in the State bi-annually and should be returned to the DHPR/NHMIS unit the Federal Ministry of Health.

5. NHMIS Forms 004- Federal Summary form.

These forms are used to summarize returns from all the States of the Federation including FCT.

COMMUNITY BASED RECORDS

This consists of the following:

- a. Records of Work of VHW/TBA
- b. Monthly Data Summary Forms
- c. Community Profiles Forms

A. The Record of Work Performed By the Village Health Workers and Traditional Birth Attendants.

The basic tool for collecting information at the community level is the Village Health Workers and Traditional Birth Attendants Record of work. It is a booklet with pictorial tally sheets.

It consists of the following tally sheets

- | | | |
|------------------------|---|---|
| i. NHMIS/COMM/OPD | - | Tally Sheet for Tracer Diseases |
| ii. NHMIS/COMM/ANC | - | Tally Sheet for Antenatal Care |
| iii. NHMIS/COMM/FP | - | Tally Sheet for Family Planning |
| iv. NHMIS/COMM/LDS | - | Tally Sheets for Pregnancy Outcome |
| v. NHMIS/COMM/MORT | - | Tally Sheets for Death |
| vi. NHMIS/COMM/MGT | - | Tally Sheets for VHW/Community Activities |
| vii. NHMIS/COMM/REF/E | - | Referral Slip for Emergency Cases |
| viii. NHMIS/COMM/REF/R | - | Referral Slip for Routine Cases |
| ix. NHMIS/COMM/V.STAT | - | Community Demographic Profile |
| x. NHMIS/COMM/LDS/2 | - | Community Pregnancy Profile |
| xi. NHMIS/COMM/FP/2 | - | Community Family Planning Profile |

i. Tally Sheet for Tracer Diseases (NHMIS/COMM/OPD)

VHW/TBA are trained to recognize, manage and refer conditions shown on the tally sheets. Such conditions include: diarrhea, measles, pneumonia, malaria, tetanus, malnutrition, accident, STI/HIV, pallor, skin conditions, oral conditions, eye conditions and mental conditions.

In the first column are pictures of the various health problems. The next columns are with '0's. The VHW/TBA should slash a '0' for each case she or he sees and treats. The '0's on the pages of booklet indicate cases of various diseases and conditions seen by the VHW/TBA.

There are four (4) main columns for different age groups: Children with two sub-divisions for infants (0-11 month) and under five years (1-4), school children (ages 5-9), adolescent (15-19) and adults above 19 years. For example, after the VHW/TBA has seen a child of 3 years old with diarrhea, he or she will slash one '0' in the column of under fives beside the picture that shows diarrhea.

ii. Tally Sheet for Antenatal Care (NHMIS/COMM/ANC)

For maternal health care; the VHW/TBA records the number of pregnant women she or he sees for ante-natal pregnancy related problems by slashing the '0'. For ante-natal visits, there are three columns for New Visits, Revisits and referrals.

iii. Tally Sheet for Family Planning (NHMIS/COMM/FP)

For family planning, there are columns for New Acceptors, Revisits and Total for different FP methods. Abstinence is the only reliable natural method recommended for community level. Other natural methods such as safe period, billing exclusive breast-feeding (Lactational amenorrhea) may fail, if not properly practiced. The VHW/TBA records the number of clients seen according to the commodity types, new acceptors or revisits by slashing the '0'.

iv. Tally Sheet for Pregnancy Outcome (NHMIS/COMM/LDS)

In this sheet, VHW/TBA records the outcome of pregnancies by slashing "O's under the relevant columns – live births, still births, abortions, maternal deaths. The VHW/TBA also records for his/her community only, pregnancy outcome that took place in the Community Health Centre and Other facilities. For example, live birth, abortion and maternal death.

v. Tally Sheet for Deaths (NHMIS/COMM/MORT)

In this sheet the VHW/TBA records number of deaths in the community by slashing the '0' under the appropriate age and sex.

vi. Tally Sheet for VHW/Community Activities(NHMIS/COMM/MGT)

The VHW/TBA records others activities such as home visits, referrals, Village Development Committee meetings, provision of water and sanitation. One "O" is slashed for each activity.

vii. Referral Slips for Emergency & Routine Cases (NHMIS/COMM/REF/E&R)

The referral slip is completed by literate volunteers (VHW or TBA) for referring cases to the Primary Health Care centre. Where the volunteer is illiterate, the referral slip is completed by the supervising JCHEW.

Community Profiles Forms

There are three other records for community-based information, these records are to be displayed on the wall of the VHWS'/TBAs' homes or health posts.

These forms are the:

- (a) Community Demographic Profile (NHMIS/COMM/V.STAT)
- (b) Community Pregnancy Profile (NHMIS/COMM/LDS/2)
- (c) Community Family Planning Profile (NHMIS/COMM/FP)

These three forms show at a glance the demographic situation, the reproductive situation, and the Family Planning activities in the community respectively. The forms are to be filled by the VHW/TBA with the help of the supervisor (JCHEWS). However, if the VHW/TBA is illiterate, the supervisor will have to fill the forms. The three forms are explained below. This form can be transformed into a chart for public display purposes.

(a) Community Demographic Profile

This form shows the baseline population according to age classification, births and deaths, male and female in the months of the year.

This baseline population remains consistent for the year, e.g. moving in or moving out of people is not taken into account. The base population is obtained by a simple population count and recording the number, this could be easily obtained by asking how many persons are living in each household, and their ages. This exercise could be done by the supervisor assisted by the VHW/TBA or others from the community. In some communities, school teachers or school children would be of help. The next 12 main columns are for the 12 months of the year.

Each month's column is subdivided into two for 'birth', and 'death' respectively. Each month, the VHW and/or the supervisor fills the number of babies born in the community, male or female. Deaths are recorded for age classification under 1 year, 1-4 years, 5-9 years, 10 -19 years and greater than 19 years.

All births are to be recorded, the ones born at home and the ones born in a health centre or elsewhere are to be included. Also, the number of persons that died in the various age groups are to be recorded every month.

This demographic profile enables us to calculate the births and deaths for any area. Moreover, these population data are basis for evaluation exercises that will be explained.

(b) Community Pregnancy Profile

This form shows at a glance the pregnancy status of women in the community.

Item 6 is for the months of the year. Item 7 is for the number of pregnant women seen for the first time, those followed up and total. The VHW/TBA is to count the number of pregnant women in his/her working area, when he or she starts work there, the VHW/TBA should go round his or her area and find out from each household if there are any new pregnant women which s(he) has not seen.

Column 8 is for pregnancies that ended in abortions (induced or spontaneous) that occurred for each month of the year in the community. Abortion (induced or spontaneous), is the termination of the pregnancy of less than 7 months (28 weeks), when the foetus is not yet viable.

Column 9, the main column for deliveries is sub-divided into three columns: a. live births < 2.5 kg, b. live births \geq 2.5 kg and c. still births. Still birth is the birth of a dead baby when the pregnancy is seven months or more. Column 10 is for maternal death, i.e. any death due to pregnancy or child birth in a woman.

This community pregnancy profile gives data for calculation of fertility rate in the community.

(c) **Community Family Planning Profile**

This form shows at a glance how actively the community is practicing FP. There are five main columns. The first is for the months of the year. The remaining four are the four FP devices that can be given out by the VHW/TBA: oral tablets, condoms, vaginal tablets and natural methods. The columns for each of the four FP devices are divided into two sub-columns, new acceptors and revisits. Each month, the VHW/TBA with assistance of the supervisor will fill in these forms with the figures obtained from the VHW/TBA Record of Work.

INSTRUCTIONAL GUIDE FOR COMPLETING FORM NHMIS 000
COMMUNITY/VILLAGE LEVEL HEALTH INFORMATION SYSTEM
MONTHLY DATA SUMMARY FORM.

SECTION A: IDENTIFICATION.

1. Name of Community/Village.

Enter the name of the Community/Village for which these records are being compiled.

2. Name of Ward.

Enter the name of ward in which the above Community/Village is located.

3. Name of LGA.

Enter the name of LGA in which the ward is located.

4. Name of State.

Enter the name of the State in which the LGA is located.

5. Name of Health Facility Supervising

Enter the name of the health facility to which the JCHEWS are attached.

6. Month

Enter the month in numbers for which this report is being compiled. e.g. for the month of August enter "08" in the box provided.

7. Year.

Enter the year for which the report is being compiled with the last two digits of the year in the boxes provided e.g. for 2004 enter "04".

SECTION B – DATA ELEMENT

1. Total No. of Village Health Workers (VHWs);
Enter the total number of VHWs in the box provided.
2. No. of Trained VHWs:
Enter the number of VHWs that are trained in the box provided
3. No. of Trained and kitted VHWs:
Enter the number of VHWs that are trained and kitted in the box provided.
4. No. of Trained, Kitted and Functional VHWs:
Enter the number of VHWs that are trained, kitted and functional in the Community/Village in the box provided. “Functional” implies “Working”
5. Total No. of Traditional Birth Attendants (TBAs):
Enter the total number of TBAs in the Community/Village in the box provided.
6. No. of Trained TBAs:
Enter the number of TBAs in the Community/Village that are trained in the box provided.
7. No. of Trained and Kitted TBAs:
Enter the number of TBAs in the Community/Village that are trained and kitted in the box provided.
8. No. of trained, kitted and Functional TBAs:
Enter the number of TBAs in the Community/Village that are trained, kitted and working in the box provided
9. Total No. of ANC Clients seen
Enter the total number of Antenatal Care clients seen in the Community in the month in the box provided.
10. Total No. of Deliveries:
Enter the total number of deliveries that occurred in the Community/Village in a month in the box provided.

11. No. of live births.

Enter the number of live births that occurred in the Community in the month in the box provided.

12. No. of Still births

Enter the number of still births that occurred in the Community in the month in the box provided. Still birth is the delivery of a baby, after a gestation period of not less than 28 weeks, which show no evidence of life after delivery.

13. No. of deaths of women relating to pregnancy

Enter the total number of women who died during pregnancy (due to pregnancy related causes) during labour, or within six weeks after delivery.

14. No. of referred cases

Enter the number of cases referred out of the Community for the month in the space provided

15. No. of cases of diseases seen by Age and Sex

Enter in the appropriate box provided the number of cases seen by age and sex in the month according to diseases specified in the box provided

16. No. of clients that received Family Planning Services

Enter the number of clients that received Family Planning Services in the month in the box provided.

17. Total No. of deaths

Enter the total number of deaths that occurred in the community in the month in the box provided

18. Number of Deaths by Diseases, Age and Sex

Enter the number of deaths that occurred in the community in the month according to disease, age and sex in the boxes provided.

19. Total No. of wells dug during the month

Enter the total number of wells dug in the community in the month in the box provided

20. Total No. of Latrines dug during the month

Enter the total number of Latrines dug in the community in the month in the box provided

21. Total No. of times Community Development Committee met

Enter the total number of times Community Development Committee met in the month in the box provided

22. Completed by

Write down the name of the officer completing this form.

Designation

Write down the job title of the officer completing this form

Signature

The officer completing this form should sign

Date

Write down the date this form is completed

23. **Verified by**

Write the name of the officer supervising whoever completes this form. Verifying officer is expected to write his/her designation, sign and date the completed form in the health facility for the month.

INSTRUCTIONAL GUIDE FOR COMPLETING FORM NHMIS 001A&B

**HEALTH FACILITY/WARD HEALTH INFORMATION SYSTEM (HIS)
COMMUNITY OUTREACH SERVICES**

MONTHLY DATA SUMMARY FORM

COMMUNITY OUTREACH SERVICES SUMMARY:

This summary forms are used to summarize health activities in the communities under the supervision of the health facility. The aggregated summary is used to complete the community data in section C of NHMIS form 001

NHMIS/COMM/HF/001A

For each community whose name is written in column 1, indicate the total number of VHWS (column 2), trained VHW (column 3), number of trained and kitted VHWs (column 4), number of trained, kitted and functional VHWs (column 5), total number of TBAs (column 6), Number of trained TBAs (column 7), number of trained and kitted TBAs (column 8), number of trained, kitted and functional TBAs (column 9), for the month.

For each community, column 10 is divided into a, b, c ,d ,& e. indicate the number of live births <2.5kg in 10a, greater than or equal to 2.5 kg in 10b, total live births in 10c and number of still birth in 10d. Total number of births 10e is the sum of 10a, 10b, 10c & 10d.

Total number of deliveries is subdivided into:

- a. those taken by trained health workers;
- b. those taken by untrained health workers and
- c. the total of 11a & 11b.

Columns 12, for each community indicate the number of women using modern contraceptives in the month.

NHMIS/COMM/HF/001B

For each community specified, in a particular month, the number of cases and deaths recorded for disease is indicated in the appropriate box provided, according to the age classification: <12 months; 12-59 months; 5-9 years; 10-19 years and > 19 years.

INSTRUCTIONAL GUIDE FOR COMPLETING FORM NHMIS 001
HEALTH FACILITY/WARD HEALTH INFORMATION SYSTEM (HIS)
MONTHLY DATA SUMMARY FORM

Section A: IDENTIFICATION

(1). Name of Health Facility:

Enter the name of the health facility in the space provided.

(2) No of beds

Enter the number of beds in the health facility in the space provided.

(3). Name of Ward:

Enter the name of the ward in which health facility is located in the space provided.

(4). Name of LGA:

Enter the name of LGA in which the ward is located in the space provided.

(5). State:

Enter the name of the State in which the LGA is located in the space provided

(6). Month:

Enter the month for which data is collected by putting the numbers of the month in the box e.g. if the month is August put "08" in box provided.

(7). Year:

Enter the year for which data is collected with last two digit of the year in boxes provided e.g. for 2004 enter "04".

(8). Public Private

Tick the appropriate box to indicate if health facility is public owned or private owned.

(9). No. of Communities Supervised

Write in the box provided, the number of communities under the supervision of your health facility

SECTION B: HEALTH SERVICES OFFERED

For questions 1- 21 tick if yes in the boxes provided.

SECTION C: DATA ELEMENT

ANTENATAL CARE AND PREGNANCY OUTCOME

1. Total No. of Antenatal Attendance:

Enter the total number of attendance at the antenatal in the health facility and communities for the month in the boxes provided.

Total is the sum of antenatal clinic attendance at the health facility and communities. i.e. HF + Community = Total

2. No. of pregnant women that attended antenatal clinic for only one visit:

Enter the total number of attendance at antenatal clinic for the first time (this exclude those who attended clinic elsewhere before coming to the health facility) in the health facility for the month in the box provided.

3. No. of pregnant women that attended antenatal clinic for 4 visits and above:

Enter the total number of attendance at the antenatal clinic for a minimum of 4 visits in the health facility for the month in the box provided.

4. Total No. of Births:

Enter the total number of births (Live and Still) that occurred in the health facility and communities for the month in the boxes provided.

Total is the sum of Births (live and still) in the health facility and communities

5. No. of Live Births:

Live Births is the delivery of baby (ies) which shows evidence of life after delivery.

Enter the total number of live births in the health facility and communities that occurred in the month in the boxes provided.

Total is the sum of live births in the health facility and communities

6. No. of Live Births with weight $< 2.5\text{kg}$.

Enter the number of live births that occurred in the month in the health facility and communities that weighed less than 2.5kg in the boxes provided.

Total is the sum of live births with weight < 2.5 kg in the health facility and communities

7. No. of Live Birth with weight $\geq 2.5\text{kg}$:

Enter the number of live births that occurred in the month in the health facility and communities that weighed more than or equal to 2.5kg in the boxes provided.

Total is the sum of live births ≥ 2.5 kg in the health facility and communities

8. No. of Still Births:

Still birth is the delivery of a baby, after a gestation period of not less than 28 weeks, which show no evidence of life after delivery.

Enter the number of still births that occurred in the month in the health facility and communities in the boxes provided.

Total is the sum of still births in the health facility and communities

9. Total No. of Deliveries in the Health Facility:

Enter the total number of deliveries that occurred in the health facility and communities for the month in the boxes provided.

Total is the sum of deliveries in the health facility and communities

10. No. of deliveries by Trained Health workers:

Enter the total number of deliveries attended by Trained Health Workers in the health facility and communities for the month in the boxes provided.

Total is the sum of deliveries by Trained Health Workers in the health facility and communities

MORTALITY

11. Total No of deaths:

Enter the total number of deaths that occurred in a month in the health facility and communities in the boxes provided. It is the sum of deaths from No. 12 – 16 in the form.

Total is the sum of Deaths in the health facility and communities for each age group

12. No. of death of babies less than 1 month

Enter the total number of deaths that occurred in babies-aged less than 1 month in a month in the health facility and communities in the boxes provided.

Total is the sum of Deaths in the health facility and communities for babies less than 1 month

13. No. of death of babies less than 12 months

Enter the total number of deaths that occurred in babies-aged less than 12 months in a month in the health facility and communities in the boxes provided.

Total is the sum of Deaths in the health facility and communities of babies less than 12 months.

14. No. of deaths of Children from 12 months to 59 months

Enter the total number of deaths that occurred in babies aged 12 months to 59 months in a month in the health facility and communities in the boxes provided.

Total is the sum of Deaths in the health facility and communities of children from 12 months to 59 months.

15. No. of deaths of women (15-49) years relating to pregnancy:

Enter the total number of women (15-49 years) who died during pregnancy (due to pregnancy related causes) during labour, or within six weeks after delivery in the health facility and communities in a month in the boxes provided.

Total is the sum of deaths women (15-49 years) due to pregnancy related causes in the health facility and communities.

16. Other Deaths:

Enter the total number of deaths that occurred in a month in others other than babies < 1 month, babies <1 year, children from 12 months to 59 months and in women relating to pregnancy in the health facility and communities in the boxes provided.

Total is the sum of other deaths in the health facility and communities

FAMILY PLANNING

17. No. of women aged 15-49 years using modern Contraceptives:

Enter the total number of women aged 15-49 years using or given modern contraceptives during visit to the health facility and in the communities in a month in the boxes provided.

Total is the sum of women (15-49 years) using or given modern contraceptives in the health facility and communities

NPI

18. No. of children aged 0-12 months fully immunized:

Enter the total number of children between aged 0 and less than 12 months who during the visit to the health facility in a month had completed the following immunization:

- 1 dose of BCG
- 4 doses of Oral Polio
- 3 doses of DPT
- 1 dose of Measles vaccine

19. No. of women that have received 5 doses of Tetanus Toxoid:

Enter the total number of women who during the visit to the health facility in a month had completed the 5 doses of Tetanus Toxoid

NUTRITION

20. Total No. of children 0-59 months weighed

Enter the total number of children 0-59 months weighed in the health facility in the box provided

21. Number of children 0-59 months weighing below bottom line (using child health card).

Enter the total number of children aged 0-59 months that falls below bottom line (from the child health card) after weighing in the health facility for the month in the box provided.

22. No. of children aged 0-6 months exclusively breastfed:

Enter the total number of children aged 0-6 months fed only on breast milk (not even water) for the first six months of life for the month in the box provided.

COMMUNITY OUTREACH SERVICES

23. Total No. of trained, kitted & functional VHWS in all communities under the supervision of the Health Facility:

Enter the total No. of trained, kitted & functional VHWS in all communities under the supervision of the Health Facility in the box provided.

24. Total No. of trained, kitted & functional TBAs in all communities under the supervision of the Health Facility:

Enter the total No. of trained, kitted & functional TBAs in all communities under the supervision of the Health Facility in the box provided

25. Total No. of referred cases for the month

Enter the total No. of referred cases in the health facility and communities in the boxes provided.

Total is the sum of referred cases in the health facility and communities.

COMMUNICABLE & NON-COMMUNICABLE DISEASES

26. Cases: Communicable Diseases

(A) Immediate diseases notification

These are diseases that should be reported to the DSN officer at the LGA as soon as it is diagnosed in the health facility. The list includes:

- Cholera
- Cerebro Spinal Meningitis (CSM)
- Measles
- Viral Haemorrhagic Fever (Lassa Fever)
- Yellow Fever

(B) Routine

Enter the total number of cases that are diagnosed in the health facility and communities for the month in the boxes provided according to the following target groups:

- < 12 months
- 12-59 months
- 5 – 9 years
- 10 – 19 years
- 19 years and above

Non-communicable Diseases

These are diseases that are non-communicable and diagnosed in a health facility for the month. The list includes:

- | | |
|---------------------------|-------------------------|
| 1. Accidents | 6. G6PD deficiency |
| 2. Anaemia | 7. Hypertension |
| 3. Cancers | 8. Malnutrition |
| 4. Coronary heart disease | 9. Mental Condition |
| 5. Diabetes Mellitus | 10. Sickle cell disease |

27. New:

These are diseases diagnosed in health facilities for the first time for the month and should be reported to the LGA DSN officer.

Total number of New:

Sum up for each of the diseases the total number of less than 12 months, 12 – 59 months, etc. cases diagnosed in the health facility for the month in the box provided.

28. Old

Enter the total number of cases followed up in the health facility and communities for the month in the boxes provided according to the following target groups:

- < 12 months
- 12-59 months
- 5 – 9 years
- 10 – 19 years
- 19 years and above

Total

Sum up for each of the diseases, the total number of cases followed up in the health facility and communities for the month in the boxes provided.

29. Grand Total (GT)

This is the sum of total number of new and old cases (health facility and communities) diagnosed for immediate and routine communicable diseases and non-communicable diseases for the month in the boxes provided.

30. Deaths

Enter the total number of deaths from Immediate or Routine Notifiable disease and non-communicable diseases occurring in the health facility and communities for the month according to the following target group.

- < 12 months
- 12-59 months
- 5 – 9 years
- 10 – 19 years
- 19 years and above

Total number of deaths

Sum up for each of deaths for less than 12 months, 12-59months, 5 – 9 years, 10 – 19 years, 19 years & above as a result of immediate or routine notifiable disease and non-communicable diseases occurring in health facility and communities for the month in the box provided.

The Grand total is the sum of the total for any particular disease in the health facility and in the community for the month.

31. Completed by

Write down the name of the officer completing this form.

Designation

Write down the job title of the officer completing this form

Signature

The officer completing this form should sign

Date

Write down the date this form is completed

32. Verified by

Write the name of the officer supervising the reporting officer here. The Verifying officer is also expected to write his/her designation, sign and date the completed form in the health facility for the month.

MONTHLY PHARMACEUTICAL INVENTORY REGISTER

1. Name of Health Facility

Write down the name of the health facility in full

2. Ward

Write down the name of the ward where the health facility is located

3. LGA

Write down the name of the LGA where the ward is located

4. State

Write down the name of the State where the ward is located

5. Month

Write down the month for which the data is collected

6. Year

Write down the Year for which the data is collected

7. No.

This indicate the serial number of drugs listed

8. List of essential drugs
This column contains the list of essential drugs. Nothing is to be written there.
9. Strength
This is the concentration of drugs listed. Nothing is to be written in this column.
10. Form
This is the way the drug is formulated.
11. Units
This implies the number of tablets/capsules in a pack.
12. Expiry Date
This is usually the date given by the manufacturer at which the drug ceases to be given.
13. Opening Balance
This is the amount (quantity) of drugs in stock at the beginning of the month.
14. Received
This is the quantity or amount of drugs given and added to the stock during the month
15. Dispensed
This is the quantity or amount of drugs given out to patients or clients during the month
16. Closing Balance
This is the sum of the quantity or amount of drugs in stock and that received less the quantity or amount dispensed in the month
17. Completed by
Write down the name of the officer completing this form.

Designation
Write down the job title of the officer completing this form

Signature
The officer completing this form should sign

Date
Write down the date this form is completed
18. Verified by
Write the name of the officer supervising the reporting officer here. The Verifying officer is also expected to write his/her designation, sign and date the completed form in the health facility for the month.

INSTRUCTIONAL GUIDE FOR COMPLETING FORM NHMIS FORM 002
LOCAL GOVERNMENT AREA (LGA) HEALTH INFORMATION SYSTEM (HIS)
QUARTERLY DATA SUMMARY FORM

Section A: IDENTIFICATION

(1). Name of LGA:

Enter the name of the LGA in the space provided

(2). Name of State:

Enter the name of State in which the LGA is located in the space provided.

(3). Quarter

Enter the quarter for which data is collected by putting the numbers of the quarter in the box e.g. if in 1st quarter put 1, if 2nd quarter put 2.

(4). Year:

Enter the year for which data is collected with last two digit of the year in boxes provided e.g. for 2004 enter 04 in the box provided.

(5). Total No. of health facilities (both public and private) in the LGA

Enter the total number of health facilities in the LGA in the space provided.

(6). Public:

Enter the total number of public health facilities according to the level of health care; primary, secondary and tertiary in the boxes provided. Sum up the number of public facilities that are primary, secondary and tertiary and put the total in the box provided.

(7). Private:

Enter the total number of private health facilities according to the level of health care: primary, secondary and tertiary in the boxes provided, sum up the number of private health facilities that are primary, secondary and tertiary and put the total in the box provided.

(8) Total Number of Beds:

Enter the total number of beds in the facilities in the boxes provided according to the ownership of facility.

(9). Total of Number of Health Facilities Reporting;

Enter number of health facility in the LGA sending monthly report in the space provided.

(10). Number of Public Health Facilities Reporting;

Enter the total number of public health facilities sending monthly report to the LGA according to the level of health care: primary, secondary and tertiary in the boxes provided below. Sum up the number of public health facilities that are primary, secondary and tertiary and put the total in the box provided.

(11). Number of Private Health Facility Reporting;

Enter the total number of private health facilities sending monthly report to the LGA according to the level of health care: primary, secondary and tertiary in the boxes provided below. Sum up the number of private health facilities that are primary, secondary and tertiary and put the total in the box provided.

SECTION B: HEALTH SERVICES DATA

For questions 1-21 enter appropriate number in the boxes provided.

SECTION C: DATA ELEMENTS

ANTENATAL CARE AND PREGNANCY OUTCOME

1. Total No. of Antenatal Clinic Attendance:

Enter the total number of attendance at the antenatal clinic in the health facilities under the LGA in the quarter in the box provided.

2. No. of pregnant women that attended antenatal for only one visit:

Enter the total number of attendance at antenatal clinic for the first time (this excludes those who attended clinic elsewhere before coming to the health facility) in the health facilities under the LGA in the quarter in the box provided.

3. No. of pregnant women that attended antenatal for 4 visits and above.

Enter the total number of attendance at the antenatal clinic for a minimum of 4 visits in the health facilities under the LGA in the quarter in the box provided.

4. Total No. of Births:

Enter the total number of births (Live and Still) that occurred in the health facilities under the LGA in the quarter for which these report is prepared.

5. No. of Live Births:

Live Births is the delivery of baby(ies) which shows evidence of life after delivery. Enter the total number of live births that occurred in the quarter in the box provided.

6. No. of Live Births with weight <2.5kg.

Enter the number of live births that occurred in the quarter in the health facilities under the LGA that weighed less than 2.5kg in the box provided.

7. No. of Live Birth with weight ≥ 2.5 kg:

Enter the number of live births that occurred in the quarter in the health facilities under the LGA that weighed more than or equal to 2.5kg in the box provided.

8. No. of Still Births:

A stillbirth is the delivery of a baby, after a gestation period of not less than 28 days, which shows no evidence of life after delivery.

Enter the number of stillbirths that occurred in the health facilities under the LGA in a quarter in the box provided.

9. Total No. of Deliveries in the LGA:

Enter the total number of deliveries that occurred in the health facilities under the LGA in the quarter in the box provided.

10. No. of deliveries by Trained Health workers:

Enter the total number of deliveries attended by Trained Health Workers in the health facilities under the LGA in the quarter in the box provided.

MORTALITY

11. Total No. of Deaths:

Enter the total number of death that occurred in the health facilities under the LGA in a quarter in the box provided.

12. No. of deaths in babies less than 1 month:

Enter the total number of death that occurred in babies aged less than 1 month in the health facilities under the LGA in a quarter in the box provided.

13. No. of deaths in babies less than 12 months:

Enter the total number of death that occurred in babies aged less than 12 months in the health facilities under the LGA in a quarter in the box provided.

14. No. of deaths in children aged between 12 to 59 months

Enter the total number of deaths that occurred in babies aged 12 to 59 months in the health facilities under the LGA in a quarter in the box provided.

15. No. of deaths of women (15-49 years) relating to pregnancy:

Enter the total number of women who died during pregnancy (due to pregnancy related cause) during labour, or within six weeks after delivery in health facilities the LGA in a quarter in the box provided

16. Other deaths:

Enter the total number of deaths that occurred other than in children less than 1 month, children less than 12 months, children aged 12-59 months, in women relating to pregnancy in the health facilities under the LGA in a quarter in the box provided.

FAMILY PLANNING

17. No. of Women aged 15-49 years using modern contraceptives:

Enter the total number of women aged 15-49 years using or given modern contraceptives during visit in the health facilities under the LGA in the quarter in the box provided.

NPI

18. No. of Children aged less than 12 months fully immunized:

Enter in the box provided the total number of children aged less than 12 months who during the visit to the health facilities under the LGA in the quarter had completed the following immunization:

- 1 dose of BCG
- 4 doses of Oral Polio
- 3 doses of DPT
- 1 dose of Measles vaccine

NUTRITION

19. Total No. of children 0-59months weighed:

Enter number of children 0 -59 months weighed in the LGA for the quarter in the box provided.

20. No. of children 0-59 months weighing below the bottom line (child health card).

Enter the total number of children aged 0-59 months whose weight falls below the lower line (from the child health card) after weighing in the health facilities under the LGA for the quarter in the box provided.

21. No. of Children aged 0-6 month exclusively breastfed:

Enter the total number of children aged 0-6 months fed only on breast milk (not even water) for the first six months of life for the quarter in the box provided.

COMMUNICABLE & NON-COMMUNICABLE DISEASES

22. Cases

These are either newly diagnosed cases or cases being followed up (old) according to immediate, routine and non-communicable occurring in each age classification.

Communicable Diseases

A. Immediate Disease Notification

These are diseases that should be reported to the DSN officer at the LGA as soon as it is diagnosed in the health facility. The list includes :

- Cholera
- CSM Cerebro Spinal Meningitis
- Measles
- Viral Haemorrhagic Fever (Lassa Fever)
- Yellow Fever

B. Routine Disease Notification

Enter the total number of cases that are diagnosed for the first time in the health facilities under the LGA in the quarter in a box provided according to the following target groups:

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Non-Communicable Diseases

These are diseases that are non-communicable and diagnosed in health facilities under the LGA for the quarter. The list includes:

- | | |
|---------------------------|-------------------------|
| 1. Accidents | 7. G6PD deficiency |
| 3. Anaemia | 8. Hypertension |
| 4. Cancers | 9. Malnutrition |
| 5. Coronary heart disease | 10. Mental Condition |
| 6. Diabetes Mellitus | 11. Sickle cell disease |

23. New

Enter the total number of cases for immediate notification, routine and non-communicable diseases diagnosed for the first time in the health facilities under the LGA in the box provided according to the following target group.

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of the newly diagnosed diseases, the total number occurring in less than 12 months, 12 –59 months, 5- 9 years, 10-19 years, greater than 19 years diagnosed in the health facilities under the LGA for the quarter in the box provided.

24. Old

Enter the total number of cases followed up in the health facilities under the LGA for the quarter in the box provided according to the following target groups:

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of the diseases followed up, the total number occurring in children less than 12 months, 12 –59 months, 5 -9 years, 10 -19 years and adults greater than 19 years followed up in the health facilities under the LGA for the quarter in the box provided.

25. Grand Total (GT)

This is the sum of total number of new and old cases diagnosed as immediate and routine notification and non-communicable diseases in the health facility under the LGA for the quarter in the box provided.

26. Deaths

The total number of deaths as a result of immediate, routine notifiable disease and non-communicable diseases occurring in health facilities under the LGA for the quarter.

Enter the total number of deaths for immediate or routine notifiable disease and non-communicable diseases, occurring in health facilities under the LGA for the quarter according to the following target group.

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of deaths in less than 12 months, 12 –59 months, 5-9 years, 10 -19 years and greater than 19 years as a result of immediate, routine notifiable disease and non-communicable diseases occurring in health facilities under the LGA for the quarter in the box provided.

27. **Completed by**

Write down the name of the officer completing this form.

Designation

Write down the job title of the officer completing this form

Signature

The officer completing this form should sign.

Date

Write down the date this form is completed

28. **Verified by**

Write the name of the officer supervising the reporting officer here. The Verifying officer is also expected to write his/her designation, sign and date the completed form in the LGA for the quarter.

INSTRUCTIONAL GUIDE FOR COMPLETING NHMIS FORM 003

STATE HEALTH INFORMATION SYSTEM (SHIS)

SEMI ANNUAL DATA SUMMARY FORM

Section A: IDENTIFICATION

- (1). Name of State:

Enter the name of the State in the space provided.

- (2). Semi Annual:

Enter the semi annum for which data is collected. If data is collected for 1st semi annual (Jan – June) put 1, if for second semi annum (July – Dec.) put 2 in the box provided.

- (3). Year:

Enter the year for which data is collected with last two digits of the year in boxes provided e.g. for 2004 enter 04.

- (4). Number of LGAs in the State

Enter the number of LGAs in the State in the space provided.

- (5). Total Number of LGAs reporting

Enter the total number of LGAs sending quarterly reports to the state in the space provided

- (6). Total Number of health facilities (both public and private) in the state

Enter the total number of health facilities in the LGAs within the state in the space provided

- (7). Public:

Enter the total number of public health facilities in the state according to the level of health care; primary, secondary and tertiary in the boxes provided. Sum up the number of public facilities that are primary, secondary and tertiary and put the total in the box provided.

(8). Private:

Enter the total number of private health facility in the state according to the level of health care: primary, secondary and tertiary in the boxes provided, sum up the number of private that are primary, secondary and tertiary and put the total in the box provided.

(9) Total Number of Beds

Enter total number of beds according to public & private category in the box provided. Sum up and enter total in the box provided..

(10). Number of Health Facility Reporting;

Enter number of health facility in those LGA sending quarterly report to the state in the space provided.

(11). Number of Public Health Facilities Reporting:

Enter the total number of public health facilities in those LGA sending quarterly report to the State according to the level of health care: primary, secondary and tertiary in the boxes provided below. Sum up the number of public health facility that are primary, secondary and tertiary and put the total in the box provided.

(12). Number of Private Health Facility Reporting:

Enter the total number of private health facilities in those LGAs sending quarterly report to the State according to the level of health care: primary, secondary and tertiary in the boxes provided below. Sum up the number of private health facility that are primary, secondary and tertiary and put the total in the box provided.

SECTION B: HEALTH SERVICES DATA

For questions 1- 22 enter the number in the boxes provided.

SECTION C: DATA ELEMENTS

ATENATAL CARE AND PREGNANCY OUTCOME

1. Total No. of Antenatal Clinic Attendance:

Enter the total number of attendance at the antenatal clinic in the health facilities under those LGA sending quarterly reports to the state in the box provided.

2. No. of pregnant women that attended antenatal for only one visit:

Enter the total number of attendance at antenatal clinic for the first time in the health facilities under those LGAs sending quarterly reports to the state in the box provided.

3. No. of pregnant women that attended antenatal for four visits and above.

Enter the total number of attendance at the antenatal clinic for a minimum of 4 visits in the health facilities under those LGAs sending quarterly reports to the state in the box provided.

4. Total No. of Births:

Enter the total number of births (Live and Still) that occurred in the LGAs sending quarterly report to the state in the box provided.

5. No. of Live Births:

Live Birth is the delivery of baby (ies), which shows evidence of life after delivery.

Enter the total number of live births that occurred in the LGAs sending quarterly report to the state in the box provided.

6. No. of Live Births with weight $< 2.5\text{kg}$.

Enter the number of live births that weighed less than 2.5kg and occurred in the LGAs sending quarterly report to the state in the box provided.

7. No. of Live Birth with weight $\geq 2.5\text{kg}$:

Enter the number of live births that weighed more than or equal to 2.5kg and occurred in the LGAs sending quarterly report to the state in the box provided.

8. No. of Still Births:

A still birth is the delivery of a baby after a gestation period of not less than 28 days, which show no evidence of life after delivery.

Enter the number of still births that occurred in the LGAs sending quarterly report to the state in the box provided.

9. Total No. of Deliveries in the Health Facilities:

Enter the total number of deliveries that occurred in the health facilities under the LGAs sending quarterly reports to the state in the box provided.

10. No. of deliveries by Trained Health Workers:

Enter the total number of deliveries attended by Trained Health Workers in the health facilities under the LGAs sending quarterly reports to the state in the box provided.

MORTALITY

11. Total No. of deaths:

Enter the total number of deaths that occurred in the LGAs sending quarterly report to the state in the box provided.

12. No. of deaths of babies less than 1 month:

Enter the total number of deaths of babies aged less than 1 month in the LGAs reporting quarterly to the state in the box provided.

13. No. of deaths of babies less than 12 months:

Enter the total number of deaths of babies aged less than 12 months in the LGAs reporting quarterly to the state in the box provided.

14. No. of deaths of Children aged 12 months to 59 months

Enter the total number of deaths of babies aged 12 months to 59 months in the LGAs reporting quarterly to the state in the box provided.

15. No. of deaths of women (15-49 years) relating to pregnancy:

Enter the total number of women who died during pregnancy (due to pregnancy related cause) during labour, or within six weeks after delivery in the LGAs reporting quarterly to the state in the box provided.

16. Other Deaths:

Enter the total number of deaths other than in children less than 12 months, 12- 59 months, and in women (15-49 years) relating to pregnancy that occurred in the LGAs reporting quarterly to the state in the box provided.

FAMILY PLANNING

17. No. of Women aged 15-49 years using modern Contraceptives:

Enter the total number of women aged 15-49 years using or given modern contraceptives in the LGAs reporting quarterly to the state in the box provided.

NPI

18. No. of Children aged less than 12 months fully immunized:

Enter the total number of children aged less than 12 months who completed the following immunizations in the LGAs reporting quarterly to the state in the box provided.

- 1 dose of BCG
- 4 doses of Oral Polio
- 3 doses of DPT
- 1 dose of Measles vaccine

NUTRITION

19. Total No. of children 0-59 months weighed:

Enter the total number of children 0-59 months weighed in the state for the semi-annum in the box provided.

20. No. of children 0-59 months weighing below the bottom line (child health card).

Enter the total number of children aged 0-59 months whose weight fall below the lower line after weighing in the health facilities under the LGAs sending quarterly reports to the state in the box provided.

21. No. of Children aged 0-6 month exclusively breastfed:

Enter the total number of children aged 0-6 months fed only on breast milk (not even water) for the first six months of life in the LGAs sending quarterly reports to the state in the box provided.

COMMUNICABLE & NON-COMMUNICABLE DISEASES

22. Cases

These are either newly diagnosed cases or cases being followed up (old) according to immediate, routine and non-communicable occurring in each age classification.

Communicable Diseases

A. Immediate Disease Notification

These are diseases that should be reported to the DSN officer at the LGA as soon as it is diagnosed in the health facility. The list includes :

- Cholera
- CSM Cerebro Spinal Meningitis
- Measles
- Viral Haemorrhagic Fever (Lassa Fever)
- Yellow Fever

B. Routine Disease Notification

Enter the total number of cases that are diagnosed for the first time in the LGAs reporting to the State for the semi annum in the box provided according to the following target groups:

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Non-Communicable Diseases

These are diseases that are non-communicable and diagnosed in health facilities under the LGAs reporting to the State for the semi annum. The list includes:

- | | |
|---------------------------|-------------------------|
| 1. Accidents | 7. G6PD deficiency |
| 6. Anaemia | 8. Hypertension |
| 7. Cancers | 9. Malnutrition |
| 8. Coronary heart disease | 10. Mental Condition |
| 6. Diabetes Mellitus | 11. Sickle cell disease |

23. New

Enter the total number of cases for immediate notification, routine and non-communicable diseases diagnosed for the first time in the LGAs reporting to the State for the semi annum in the box provided according to the following target group.

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of the newly diagnosed diseases, the total number occurring in less than 12 months, 12 –59 months, 5- 9 years, 10-19 years, greater than 19 years diagnosed in the LGAs reporting to the State for the semi annum in the box provided.

24. Old

Enter the total number of cases followed up in the health facilities under the LGAs reporting to State for the semi annum in the box provided according to the following target groups:

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of the diseases followed up, the total number occurring in children less than 12 months, 12 –59 months, 5 -9 years, 10 -19 years and adults greater than 19 years followed up in the health facilities under the LGAs reporting to the State for the semi annum in the box provided.

25. Grand Total (GT)

This is the sum of total number of new and old cases diagnosed as immediate and routine notification and non-communicable diseases in the health facility under the LGAs reporting to the State for the semi annum in the box provided.

26. Deaths

The total number of deaths as a result of immediate, routine notifiable disease and non-communicable diseases occurring in health facilities under the LGA for the quarter.

Enter the total number of deaths for immediate or routine notifiable disease and non-communicable diseases, occurring in health facilities under the LGAs reporting to the State for the semi annum according to the following target group.

- < 12 months
- 12 - 59 months
- 5 – 9 years
- 10-19 years
- 19 years and above

Total

Sum up for each of deaths in less than 12 months, 12 –59 months, 5-9 years, 10 -19 years and greater than 19 years as a result of immediate, routine notifiable disease and non-communicable diseases occurring in health facilities under the LGAs reporting to State for the semi annum in the box provided.

27. **Completed by**

Write down the name of the officer completing this form.

Designation

Write down the job title of the officer completing this form

Signature

The officer completing this form should sign.

Date

Write down the date this form is completed

28. **Verified by**

Write the name of the officer supervising the reporting officer here. The Verifying officer is also expected to write his/her designation, sign and date the completed form in the State for the semi annum.