

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

- Timing:** Due 7th August
- Objective:** To summarize information on the overall performance of the HU in regard to services provided; OPD attendances, Inpatient attendances, MCH/FP services, Financial management.
- Copies:** **Four.** One stays at the health unit, one is sent to the HSD, another one is sent to the District and one to Local Council Health Committee.
- Responsibility:** In-Charge

Procedures:

1. All health units are to complete the HEALTH UNIT ANNUAL REPORT. At the initiation of the HMIS, two copies of Page 1 of this report are sent to the DMO.
2. Page 1 contains general information on the health unit.
Item 1: indicate whether the health unit is Government, NGO or private.
Item 2: enter the owner or managing agency (e.g. NGO, owner: Church of Uganda).
Item 3.1: enter the type of unit: (hospital, Health Centre, DMU, dispensary etc.)
Item 3.2: Copy information from the Health Unit Population Report (HMIS 109).
Item 3.3: Write the NGO projects that were carried out in the parishes in your catchment area in the last financial year.
3. Page 2 contains:
Item 3.4: Copy information from the Health Unit Population Report (HMIS 109).
Item 4.1-4.2: circle each service provided as of June 30th of the year.
4. Page 3 contains:
Item 4.3-4.7: Indicate by "Yes" each service provided as of June 30th of the year.
Item 5: enter No. outreaches planned and those conducted during the previous financial year
Item 6: Indicate by "Yes" or "No" whether there is any Fee for Service charges, whether there is a functional Health Unit Management Committee (one that meets regularly and takes action for issues raised).
5. Page 4 contains:
Item 7: count the category totals of staff from the STAFF LISTING. List all the posts that are supposed to be filled at the Health Facility, e.g. Medical Superintendent, Senior Nursing Officer, medical Officer, etc. For each post provided, list the different cadres of staff that have been recruited to occupy the post, e.g. Medical Officer Specialist, Registered Nurse, Registered Midwife, Enrolled Nurse, etc. Indicate number approved by Public Service and number filled for each post.
6. Page 5 contains:
Item 8: Transcribe the information on OPD attendance and Laboratory from Tables 1c, 1d (OPD summary) and Table 2 (Curative and Preventive summaries).
7. Page 6 contains:
Item 9: Transcribe the information on MCH and FP from Table 2 (Curative and Preventive summaries), Table 3 (EPI summary) and Table 4 (Summary of Family Planning).
8. Page 7 contains:
Item 10: Transcribe the information on PMTCT, HCT and ART from Table 2 (Curative and Preventive summaries).

Item 11: Transcribe the information on OPD and ANC new cases and referrals from Table 2 (Curative and Preventive summary). Calculate and fill in the percentage referrals using the formula given in the Table.

Item 12: is for workload analysis. Add up new and re-attendances for a particular clinic (e.g. OPD; ANC, etc) to obtain total No. of contacts for the year. Calculate the total No. of days that the clinic is conducted during the year to get total clinic day. Divide total contacts by total clinic days to get contacts per clinic. This is the same as the AVERAGE CONTACT PER WORKING DAY.

Item 13: Indicate the different sources of income and expenditure (including expenditures on energy) categories.

9. Pages 8 and 9 contain:

Item 14: enter the inpatient totals for the year by transcribing census information from Table 6B (Inpatient census summary), annual totals for Referrals, Minor & Major operations and utilization of special services from Table 7 (Inpatient, Lab. and X-ray services).

Item 15: Look at the Total cases (from TABLE 13a and 13b) and deaths (Table 15A and 15B) by disease for the year and rank them beginning with the health condition that had the highest Number of cases and of deaths, then fill in the Item. Calculate using formula given and complete the table.

10. Pages 10 and 11 contain:

Item 16: Transcribe the information on admissions and deaths by diagnosis from Tables 13a, 13b, 15a and 15b.

HMIS 107: HEALTH UNIT ANNUAL REPORT Page 1

Financial Year: _____ Health Unit _____ Level _____ Health Unit Code _____
 Sub-county _____ HSD _____ District _____
 Postal Address of the Health Unit _____
 Contact Telephone number of the Health Unit (Landline and mobile) _____
 Title of in-charge of the Health Unit _____

1. Authority: **GOVERNMENT** **NGO** **PRIVATE** *Circle what is applicable*
2. Managing Agency/Owner (e.g Catholic Medical Bureau, Orthodox Church, MoH, etc):

3. The list of parishes in your service area and the corresponding number of villages and population counts will be provided by your DHT. Once this information is provided, complete the rest of the table.

VHC: Village Health Committee Act CHWs: Active Community Health Workers Trained TBAs: Trained TBAs

| Name of parish | Number Villages | Population | Number Active VHC | Number Act CHWs | Number Trained TBAs | Number Community Drug distributors (HOMAPAK) |
|----------------|--------------------------|------------|-------------------|-----------------|---------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | Number parishes = | | | | | |

3.3 Briefly describe the NGO projects in the above parishes that have been implemented during the last financial year.

3.4 TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area.

Total population in the service area: (A)

Women in childbearing age in the service area:
 $(A) \times 0.202 =$ (B)

Number of pregnancies in the service area:
 $(A) \times 0.05 =$ (C)

Number of births in the service area:
 $(A) \times 0.0485 =$ (D)

Number of children under one year in the service area:
 $(A) \times 0.043 =$ (E)

Number of children under five years in the service area:
 $(A) \times 0.202 =$ (F)

Suspected tuberculosis in the service area:
 $(A) \times 0.003 =$ (G)

People under 15 years of age:
 $(A) \times 0.46 =$ (H)

4. SERVICES CURRENTLY PROVIDED: (Fill Y for yes and N for No NA for not applicable)

4.1 CURATIVE/ CLINICAL SERVICES

| | | | |
|---|--------------------------|-------------------|--------------------------|
| Out patient diagnosis and treatment (OPD) | <input type="checkbox"/> | TB Treatment | <input type="checkbox"/> |
| Treatment of mental health conditions | <input type="checkbox"/> | Care for Injuries | <input type="checkbox"/> |
| Functional Laboratory for TB diagnosis | <input type="checkbox"/> | Dental /oral care | <input type="checkbox"/> |
| Functional Laboratory for Malaria diagnosis | <input type="checkbox"/> | STI treatment | <input type="checkbox"/> |
| Treatment of severe Malaria | <input type="checkbox"/> | IMCI | <input type="checkbox"/> |
| Anti Retro Viral Therapy | <input type="checkbox"/> | | |

4.2 PREVENTIVE SERVICES

| | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| School health | <input type="checkbox"/> | Prevention of STI/HIV | <input type="checkbox"/> |
| Environmental Health and Sanitation | <input type="checkbox"/> | Epidemics and disaster prevention Childhood | <input type="checkbox"/> |
| Immunizations | <input type="checkbox"/> | Tetanus Immunization in pregnancy | <input type="checkbox"/> |
| Growth monitoring | <input type="checkbox"/> | Nutrition | <input type="checkbox"/> |
| HCT: HIV counseling | <input type="checkbox"/> | Adolescent Counseling | <input type="checkbox"/> |

4.3 SURVEILLANCE FOR SPECIAL DISEASES

| | | | |
|-------------------|--------------------------|-------------------------------------|--------------------------|
| AFP/Poliomyelitis | <input type="checkbox"/> | neonatal tetanus | <input type="checkbox"/> |
| Leprosy | <input type="checkbox"/> | weekly epidemiological surveillance | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Injuries | <input type="checkbox"/> |

4.4 Health education and promotion

List five main activities in health education and promotion in the year?

4.5 MATERNAL AND CHILD HEALTH

| | | | |
|------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Maternity services | <input type="checkbox"/> | 13 Steps to successful Infant feeding | <input type="checkbox"/> |
| Antenatal care | <input type="checkbox"/> | Family Planning Services | <input type="checkbox"/> |
| Intermittent presumptive treatment | <input type="checkbox"/> | PMTCT | <input type="checkbox"/> |

4.6 IN PATIENT SERVICES (Indicate Yes if available, No if not available)

4.7 REHABILITATION SERVICES

Care for people with disabilities

5.0 OUT REACH SERVICES

Number of out reaches conducted in the last 12 months _____

Number of out reaches planned in the last 12 months _____

6.0. SUPPORT AND MANAGEMENT FUNCTIONS

| | |
|---|--------------------------|
| Was your Health facility supervised by the DHMT in the last 12 months? | <input type="checkbox"/> |
| Do you have written copies of the reports/plans of action from supervision? | <input type="checkbox"/> |
| Do you have financial guidelines for spending PHC conditional grants? | <input type="checkbox"/> |
| Are there any Fees for Service (user) charges? | <input type="checkbox"/> |
| Are user fees for your facility clearly displayed for all clients to see | <input type="checkbox"/> |
| Is there a functional Health Unit Management Committee (HUMC)? | <input type="checkbox"/> |

6.1 OTHER SERVICES PROVIDED: Specify each

7.0 CURRENT STAFFING LEVELS

Total number of staff in the Health Unit

a) Indicate in the table number of staff by cadre:

| Cadre | Number | Cadre | Number |
|--------------------------------|--------|------------------------------------|--------|
| Anaesthetic Assistant | | Registered Nurse | |
| Anaesthetic Officer | | Registered Nurse/ Midwife | |
| Clinical Officer | | Registered Comprehensive Nurse | |
| ENT Clinical Officer | | Registered Psychiatric Nurse | |
| Verno-demart. Clinical Officer | | Nursing Aide/ Assistant | |
| Leprosy Assistant | | Dispenser | |
| Ophthalmic Clinical Officer | | Pharmacist | |
| Orthopaedic Officer | | Assistant Health Educator | |
| Degree Nurse | | Assistant Health Visitor | |
| Physiotherapist | | Assistant Field Officer Entomology | |
| Psychiatric Clinical Officer | | Health Assistant | |
| Dental Surgeon | | Health Educator | |
| Public Health Dental Assistant | | Health Inspector | |
| Laboratory Assistant | | Public Health Nurse | |
| Laboratory Technician | | Dental Technician | |
| Laboratory Technologist | | Dental Technologist | |
| Radiographer | | Occupational Therapist | |
| Medical Officer (General) | | Orthopaedic Technician | |
| Medical Officer (Specialist) | | Orthopaedic Technologist | |
| Enrolled Midwife | | Hospital Administrator | |
| Registered Midwife | | Personnel Officer | |
| Enrolled Nurse | | Non-medical Support Staff | |
| Enrolled Nurse/ Midwife | | Records' Assistant | |
| Enrolled Psychiatric Nurse | | Health-related Professional | |
| Theatre Assistant | | Non-medical Skilled Staff | |

b) Indicate in the table number of staff by Post:

| Post | Number | Post | Number | Post | Number |
|---|--------|--------------------------------------|--------|--|--------|
| 1. Medical Officers | | 5. Allied Health Professional | | 6. Administrative and other staff | |
| Consultant | | Senior Clinical Officer | | Director / CEO | |
| Principal Medical Officer | | Clinical Officer | | Senior Hospital Administrator | |
| Medical Officers, special grade (community) | | Psychiatric Clinical Officer | | Hospital Administrator | |
| Senior Medical Officer | | Ophthalmic Clinical officer | | Personnel Officer | |
| Medical Officer | | Health Inspector | | Medical Social Worker | |
| Intern doctor | | Health Assistant | | Nutritionist | |
| 2. Dental | | Medical Entomology Officer | | Supplies Officer | |
| Senior Dental Surgeon | | Radiologist | | Steno-Secretary | |
| Dental Surgeon | | Radiographers | | Office Typist | |
| Public Health Dental Officer | | Physiotherapist | | Stores Assistant | |
| Public Health Dental Assistant | | Physiotherapy Attendant / Aide | | Health Information Assistant (Records Assistant) | |
| Dental Technician | | Occupation Therapist | | Accountant | |
| Dental Attendant | | Orthopaedic Officer | | Senior Accounts Assistant | |
| 3. Pharmacy | | Orthopaedic Technician | | Accounts Assistant | |
| Pharmacist | | Health Educationist/Educator | | Cashier | |
| Dispensers | | Assistant Health Educator | | Records Officer | |
| Pharmaceutical Assistant | | Anaesthetic Officer | | Records Assistant | |
| 4. Nursing | | Anaesthetic Assistant | | Clinical Writer | |
| Principal Nursing Officer | | Theatre Attendant | | Domestic Officer | |
| Senior Nursing Officer [Double Registered Nurse] | | Senior Laboratory Technologist | | Statistician | |
| Nursing Officer (Nursing) [Registered Nurse] | | Laboratory Technologist | | Systems Administrator | |
| Nursing Officer (Midwifery) [Registered Midwife] | | Laboratory Technician | | Office Attendant | |
| Nursing Officer (Psychiatry) [Registered Psych. N.] | | Laboratory Assistant | | 7. Support staff | |
| Registered Comp. Nurse | | Laboratory Attendant | | Cold Chain Assistant | |
| Double Enrolled Nurse | | Psychologist | | Darkroom Attendant | |
| Public Health Nurse | | HIV/AIDS Counsellor | | Mortuary Attendant | |
| Enrolled Comp. Nurse | | Vaccinator / Health Educator | | Drivers | |
| Enrolled Psychiatric Nurse | | Public Health Officer | | Cooks | |
| Enrolled Nurse | | Ophthalmic Assistant | | Guards/Askari | |
| Enrolled Midwives | | Palliative Care Worker | | Artisan | |
| Nursing Assistant | | Clinical Pastoral Care Provider | | Porters | |
| Principal Tutor | | Chaplain | | Other Support Staff | |
| Nurse Tutor | | Counsellor | | | |
| Clinical Instructor | | Catechist | | | |

8. OPD ATTENDANCE AND LABORATORY TESTS TOTALS FOR THE YEAR

| Category | 0-4 years | | 5 and over | |
|--------------------------------|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| New attendance | | | | |
| Re-attendance | | | | |
| Total Attendance | | | | |
| Referrals to unit (all ages) | | | | |
| Referrals from unit (all ages) | | | | |

LABORATORY TESTS

| Category | Number of tests done | | Number Positive | |
|---------------------|----------------------|--------|-----------------|--------|
| | Male | Female | Male | Female |
| Malaria blood smear | | | | |
| TB sputum | | | | |
| Syphilis screening | | | | |
| Pap smear | | | | |
| Other Lab. Tests | | | | |

OUTPATIENT DIAGNOSES

| Diagnosis | 0-4 years | | 5 and over | |
|--|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| Epidemic-Prone Diseases | | | | |
| 01 Acute flaccid paralysis | | | | |
| 02 Cholera | | | | |
| 03 Dysentery | | | | |
| 04 Guinea worm | | | | |
| 05 Meningitis (meningococcal) | | | | |
| 06 Measles | | | | |
| 07 Tetanus (neonatal)(0 -28 days age) | | | | |
| 08 Plague | | | | |
| 09 Rabies | | | | |
| 10 Yellow Fever | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | |
| 12 Other emerging infectious disease (Specify) | | | | |
| Maternal and Perinatal Diseases | | | | |
| 35 Abortions | | | | |
| 36 Malaria in pregnancy | | | | |
| 37 High blood pressure in pregnancy | | | | |
| 38 Obstructed labour | | | | |
| 39 Haemorrhage related to pregnancy (APH &/or PPH) | | | | |
| 40 Perinatal conditions (in new borns 0 - 28 days) | | | | |
| Non-communicable diseases | | | | |
| 41 Anaemia | | | | |
| 42 Asthma | | | | |
| 43 Oral Diseases and Conditions | | | | |
| 44 Diabetes mellitus | | | | |
| 45 Gastro-Intestinal disorders (non-Infective) | | | | |
| 46 Hypertension | | | | |
| 47 Anxiety disorders | | | | |
| 48 Mania | | | | |
| 49 Depression | | | | |
| 50 Schizophrenia | | | | |
| 51 Alcohol and Drug abuse | | | | |
| 52 Childhood Mental Disorders | | | | |

| Diagnosis | 0-4 yrs | | 5 and over | |
|---|---------|--------|------------|--------|
| | Male | Female | Male | Female |
| Other Infectious/Communicable Diseases | | | | |
| 13 AIDS | | | | |
| 14 Diarrhea- Acute | | | | |
| 15 Diarrhea- Persistent | | | | |
| 16 ENT conditions | | | | |
| 17 Eye conditions | | | | |
| 18 Sexually Transmitted Infection (STI) | | | | |
| 19 Urinary Tract Infections (UTI) | | | | |
| 20 Intestinal Worms | | | | |
| 21 Leprosy | | | | |
| 22 Malaria | | | | |
| 23 Other types of meningitis | | | | |
| 24 No pneumonia - Cough or cold | | | | |
| 25 Pneumonia | | | | |
| 26 Schistosomiasis | | | | |
| 27 Onchocerciasis | | | | |
| 28 Skin Diseases | | | | |
| 29 Tuberculosis (New cases) | | | | |
| 30 Typhoid Fever | | | | |
| 31 Tetanus (over 28 days age) | | | | |
| 32 Sleeping sickness | | | | |
| 33 Pelvic Inflammatory Disease (PID) | | | | |
| 34 Deaths in OPD | | | | |
| More Non-communicable diseases | | | | |
| 53 Epilepsy | | | | |
| 54 Other forms of mental illness | | | | |
| 55 Other cardiovascular diseases | | | | |
| 56 Severe Malnutrition (Marasmus, Kwashiorkor and Marasmic-kwash) | | | | |
| 57 Low weight for age | | | | |
| 58 Injuries- Road traffic Accidents | | | | |
| 59 Injuries= (Trauma due to other causes)- | | | | |
| 60 Animal/ snakes bites | | | | |
| 61 Other diagnoses (priority diseases for District) | | | | |
| All others | | | | |
| Total Diagnoses | | | | |

9. MCH AND FP ACTIVITIES

ANTENATAL/POSTNATAL CLINIC

| Category | Number |
|---|--------|
| New ANC attendance | |
| ANC re-attendance 4 th visit | |
| Referrals to unit | |
| Referrals from unit | |
| First dose IPT (IPT1) | |
| Second dose IPT (IPT2) | |
| Postnatal visits | |
| Vit A supplementation (postnatal) | |

MATERNITY

| Category | Number |
|--|--------|
| Admissions | |
| Referrals to unit | |
| Referrals from unit | |
| Deliveries in unit | |
| Deliveries HIV positive in unit | |
| Deliveries HIV positive who swallowed ARVs | |
| Live births in unit | |
| Babies born with low birth weight (< 2.5 kg) | |
| Live births to HIV positive mothers | |
| Babies (born to HIV positive mothers) given ARVs | |
| Still births in unit | |
| Birth Asphyxia | |
| Maternal deaths | |
| Deliveries by private practitioners | |
| Deliveries with TBA | |

TETANUS IMMUNISATION

| Pregnant women TT vaccine | Number |
|---------------------------|--------|
| Dose 1 | |
| Dose 2 | |
| Dose 3 | |
| Dose 4 | |
| Dose 5 | |

| Non-pregnant women TT vaccine | Number |
|-------------------------------|--------|
| Dose 1 | |
| Dose 2 | |
| Dose 3 | |
| Dose 4 | |
| Dose 5 | |

| CHILD IMMUNISATION | Under 1 | 1-4 years |
|---------------------------|---------|-----------|
| BCG | | |
| Polio 0 | | |
| Polio 1 | | |
| Polio 2 | | |
| Polio 3 | | |
| DPT-HepB+Hib 1 | | |
| DPT-HepB+Hib 2 | | |
| DPT-HepB+Hib 3 | | |
| Measles | | |
| DPT-HepB+Hib doses wasted | | |

CHILD HEALTH

| Category | 0 - 4 yrs | | 5 - 14 yrs | |
|--|-----------|--|------------|--|
| Vit A supplem 1 st Dose in the year | | | | |
| Vit A supplem 2 nd Dose in the year | | | | |
| Dewormed 1 st dose in the year | | | | |
| Dewormed 2 nd dose in the year | | | | |
| Weight below bottom line | | | | |
| Total weighed | | | | |
| No of children treated with HOMAPAK | | | | |
| No of children who received HOMAPAK within 24 hours | | | | |
| Number of under 5 children who slept under a Net the previous night (as per HOMAPAK) | | | | |

FAMILY PLANNING USERS

| Method | New Users | Revisits |
|-------------------|-----------|----------|
| Oral : Lo-Femenal | | |
| Oral: Microgynon | | |
| Oral: Ovrette | | |
| Oral: Others | | |
| Condoms | | |
| IUDs (Copper T) | | |
| Injectable | | |
| Natural | | |
| Other methods | | |

Total family planning users

| | |
|--|--|
| | |
|--|--|

No of first-visit clients (of the year) for this month

CONTRACEPTIVES DISPENSED

| Category | Number Dispensed at Unit | Number Dispensed by CORPs |
|-------------------|--------------------------|---------------------------|
| Oral : Lo-Femenal | | |
| Oral: Microgynon | | |
| Oral: Ovrette | | |
| Oral: Others | | |
| Condoms | | |
| IUDs (Copper T) | | |
| Injectable | | |
| Others: | | |

FROM THE OPERATING THEATRE

| Category | Number |
|---------------------------------------|--------|
| Female Sterilisation (tubal ligation) | |
| Male Sterilisation (vasectomy) | |
| Implant new users | |
| Implant revisits | |
| Implant removals | |

HMIS 107: HEALTH UNIT ANNUAL REPORT Page 7

10. PMTCT, HCT and ART

| PMTCT SERVICES | |
|---|--|
| Number of Pregnant women tested for HIV | |
| Number of Pregnant women positive for HIV | |
| Number of Pregnant women given ARVs for prophylaxis (PMTCT) | |
| Number of Pregnant women given ARVs for treatment | |

| HCT SERVICES | | | | | | |
|---|------------------------------|--------|----------------------------------|--------|---------------------------------------|--------|
| Category | No. of individuals < 5 years | | No. of individuals 5 - <18 years | | No. of individuals 18 years and above | |
| | Male | Female | Male | Female | Male | Female |
| HIV counseled | | | | | | |
| HIV tested | | | | | | |
| Received HIV results | | | | | | |
| HIV positive | | | | | | |
| HIV positive cases with confirmed TB | | | | | | |
| HIV positive cases started on CTX (Cotrimoxazole) prophylaxis | | | | | | |

| ART SERVICES | | | | | | |
|------------------|------------------------------|--------|----------------------------------|--------|---------------------------------------|--------|
| Category | No. of individuals < 5 years | | No. of individuals 5 - <18 years | | No. of individuals 18 years and above | |
| | Male | Female | Male | Female | Male | Female |
| Eligible for ART | | | | | | |
| Started on ART | | | | | | |

11. Percent referrals from OPD and ANC

| Category | Total Number A | Number referred B | Percent referred (B / A) x 100 |
|--------------------|-------------------|----------------------|-----------------------------------|
| OPD New Cases | | | |
| ANC New Attendance | | | |

12. WORKLOAD ANALYSIS

| Services provided | # contacts A | # clinic-days B | Contacts per clinic C = A / B | Conversion of clinic/week to number of clinic days |
|---|-----------------|--------------------|----------------------------------|--|
| OPD (total new cases + re-attendance) | | | | 1/week = 52/year |
| ANC (total new clients + re-attendance) | | | | 2/week = 104/year |
| Immunization (BCG + all doses DPT + measles, both age groups) | | | | 3/week = 156/year |
| Family Planning (new users and revisits) | | | | 4/week = 208/year |
| Total contacts (sum A) ÷ C | | | Use 300 | 5/week = 260/year |
| | | | | 6/week = 312/year |
| | | | | 7/week = 365/year |

= Average contact per working day

13. FINANCIAL SUMMARY

| Funding source | Budget | Amount received | Total spent |
|-------------------------|--------|-----------------|-------------|
| PHC Wage: | | | |
| PHC Non-Wage Recurrent: | | | |
| PHC Development: | | | |
| PHC (NGO): | | | |
| Local Governments: | | | |
| Credit Lines (Drugs): | | | |
| Donor projects: | | | |
| Others specify: | | | |
| Total | | | |

HMIS 107: HEALTH UNIT ANNUAL REPORT Page 8

14. INPATIENT TOTALS FOR THE YEAR

CENSUS INFORMATION:

| List of wards | (A) Beds | (B) Admissions | (C) Deaths | (D) Patient days | (E) Average Length of Stay =D/B | (F) Average Occupancy =D/No. of Days in the year | (G) Bed Occupancy =Fx100/A |
|---------------|-------------|-------------------|---------------|------------------------|--|--|----------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

REFERRALS IN THE REPORTING HEALTH UNITS

| Item | Number |
|--|--------|
| Number Inpatients referred from health units | |
| Number Inpatients referred to health units | |

SURGICAL PROCEDURES

MAJOR SURGICAL PROCEDURES

| Procedure | Number |
|--------------------------------------|--------|
| Caesarian sections | |
| Laparotomy | |
| Tracheostomy | |
| Evacuations | |
| Internal fixation | |
| Burr hole | |
| Thoracotomy | |
| Other Major | |
| Total Number Major Operations | |

MINOR SURGICAL PROCEDURES

| Procedure | Number |
|--|--------|
| Dental extractions | |
| Herniorrhaphy | |
| Debridement and care of wounds and skin grafting | |
| Incision and drainage of abscesses | |
| Plastic/ reconstructive surgery | |
| Ocular surgery | |
| ENT surgical procedures | |
| Other Minor | |
| Total Number Minor Operations | |

UTILIZATION OF SPECIAL SERVICES

| Service | Number |
|----------------------------|--------|
| Blood transfusions (units) | |
| Other Transfusions (units) | |

SELECTED LIST OF CHARGES: HOSPITALIZATION, SURGICAL INTERVENTIONS ETC.

| Description | Charges |
|---------------------------------------|---------|
| Hospital one day 1 st week | |
| Caesarian section | |
| Normal delivery | |
| Pap smear | |
| Female sterilization | |
| Blood transfusion | |
| Blood slide malaria | |
| Chest x-ray | |

15. INPATIENT TOTALS: MORBIDITY AND MORTALITY FOR THE YEAR

| TOP 5 Causes of Morbidity during the Financial Year for Children under 5 | | # of new diagnoses previous Financial Year | TOP 5 Causes of Morbidity during the Financial Year for persons 5 years and older | | # of new Diagnoses previous Financial Year |
|--|--------------------|--|---|--------------------|--|
| Disease/Condition | # of new Diagnoses | | Disease/Condition | # of new Diagnoses | |
| 1. | | | 1. | | |
| 2. | | | 2. | | |
| 3. | | | 3. | | |
| 4. | | | 4. | | |
| 5. | | | 5. | | |
| Total rest of Diagnoses | | | Total rest of Diagnoses | | |
| Total all Diagnoses | | | Total all Diagnoses | | |

| TOP 5 Causes of Mortality during the Financial Year for Children under 5 | | | (c) | TOP 5 Causes of Mortality during the Financial Year for persons 5 years and older | | | (F) |
|--|-----------------------|------------------------|---|---|-----------------------|------------------------|---|
| Disease/Condition | (A) # of new cases | (B) # of new Deaths | (C)=(B)/(A)x100 Case Fatality Rate (CFR) | Disease/Condition | (D) # of new cases | (E) # of new Deaths | (F)=(E)/(D)x100 Case Fatality Rate (CFR) |
| 1. | | | | 1. | | | |
| 2. | | | | 2. | | | |
| 3. | | | | 3. | | | |
| 4. | | | | 4. | | | |
| 5. | | | | 5. | | | |
| Total rest of Diagnoses | | | | Total rest of Diagnoses | | | |
| Total all Diagnoses | | | | Total all Diagnoses | | | |

16. TOTAL NUMBER OF ADMISSIONS AND DEATHS BY DIAGNOSES IN THE HEALTH UNIT

| Diagnosis | Under five years older | | | | Five years and older | | | |
|---|------------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Notifiable Diseases | | | | | | | | |
| Acute flaccid paralysis | | | | | | | | |
| Cholera | | | | | | | | |
| Dysentery | | | | | | | | |
| Guinea worm | | | | | | | | |
| Meningitis (meningococcal) | | | | | | | | |
| Measles | | | | | | | | |
| Tetanus (neonatal) (0 to 28 days age) | | | | | | | | |
| Plague | | | | | | | | |
| Rabies | | | | | | | | |
| Yellow Fever | | | | | | | | |
| Viral Haemorrhagic fever | | | | | | | | |
| Other emerging infectious disease (Specify) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Other Infectious /communicable diseases | | | | | | | | |
| AIDS | | | | | | | | |
| Diarrhoea – Acute | | | | | | | | |
| Diarrhoea- Persistent | | | | | | | | |
| Genital Infections | | | | | | | | |
| Hepatitis | | | | | | | | |
| Leprosy | | | | | | | | |
| Malaria | | | | | | | | |
| Onchocerciasis | | | | | | | | |
| Osteomyelitis | | | | | | | | |
| Pelvic Inflammatory Disease | | | | | | | | |
| Peritonitis | | | | | | | | |
| Pneumonia | | | | | | | | |
| Pyrexia of unknown origin (PUO) | | | | | | | | |
| Respiratory infections (other) | | | | | | | | |
| Schistosomiasis | | | | | | | | |
| Septicemia | | | | | | | | |
| Tuberculosis | | | | | | | | |
| Typhoid Fever | | | | | | | | |
| Urinary Tract Infections | | | | | | | | |
| Tetanus (over 28 days age) | | | | | | | | |
| Sleeping sickness | | | | | | | | |
| Other types of meningitis | | | | | | | | |
| Maternal & Perinatal diseases | | | | | | | | |
| Abortions | | | | | | | | |
| Malaria in pregnancy | | | | | | | | |
| High blood pressure in pregnancy | | | | | | | | |
| Obstructed labour | | | | | | | | |
| Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | |
| Sepsis related to pregnancy | | | | | | | | |
| Other Complications of pregnancy | | | | | | | | |
| Perinatal conditions (in new borns 0 – 28 days) | | | | | | | | |
| Non communicable diseases | | | | | | | | |
| Anaemia | | | | | | | | |
| Asthma | | | | | | | | |
| Oral Diseases and conditions | | | | | | | | |
| Diabetes mellitus | | | | | | | | |
| Endocrine and metabolic disorders (other) | | | | | | | | |
| Gastro-Intestinal disorders (non Infective) | | | | | | | | |
| Hypertension | | | | | | | | |

HMIS 107: HEALTH UNIT ANNUAL REPORT page 11

| Diagnosis | Under five years older | | | | Five years and older | | | |
|--|------------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Cardiovascular diseases (other) | | | | | | | | |
| Anxiety disorders | | | | | | | | |
| Mania | | | | | | | | |
| Depression | | | | | | | | |
| Schizophrenia | | | | | | | | |
| Alcohol and Drug Abuse | | | | | | | | |
| Childhood Mental Disorders | | | | | | | | |
| Epilepsy | | | | | | | | |
| Other forms of Mental illness | | | | | | | | |
| Nervous system disorders | | | | | | | | |
| Severe Malnutrition (Kwashiorkor) | | | | | | | | |
| Severe Malnutrition (Marasmus) | | | | | | | | |
| Severe Malnutrition (Marasmic-kwash) | | | | | | | | |
| Injuries- Road traffic Accidents | | | | | | | | |
| Injuries- (Trauma due to other causes)- | | | | | | | | |
| Animal/ snakes bites | | | | | | | | |
| Poisoning | | | | | | | | |
| Liver Cirrhosis | | | | | | | | |
| Hepatocellular carcinoma | | | | | | | | |
| Liver diseases (other) | | | | | | | | |
| Hernias | | | | | | | | |
| Diseases of the appendix | | | | | | | | |
| Diseases of the skin | | | | | | | | |
| Musculo skeletal and connective tissue diseases | | | | | | | | |
| Genito urinary system diseases (non infective) | | | | | | | | |
| Congenital malformations and chromosome abnormalities | | | | | | | | |
| Complications of medical and surgical care | | | | | | | | |
| Benign neoplasm's (all types) | | | | | | | | |
| Cancer of the cervix | | | | | | | | |
| Cancer of the breast | | | | | | | | |
| Malignant neoplasm of the digestive organs | | | | | | | | |
| Malignant neoplasm of the lungs | | | | | | | | |
| Cancer of the prostate | | | | | | | | |
| Kaposi and other skin cancers | | | | | | | | |
| Malignant neoplasm of Haemopoetic tissue | | | | | | | | |
| Other malignant neoplasm | | | | | | | | |
| Cutaneous ulcers | | | | | | | | |
| Medical Emergencies | | | | | | | | |
| Cerebro-vascular events | | | | | | | | |
| Cardiac arrest | | | | | | | | |
| Gastro-intestinal bleeding | | | | | | | | |
| Respiratory distress | | | | | | | | |
| Acute renal failure | | | | | | | | |
| Acute sepsis | | | | | | | | |
| Other diagnoses (specify Priority diseases for District) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| All others | | | | | | | | |
| Total Diagnoses | | | | | | | | |

Name of In charge _____ Signature _____ Date of Report: _____

 (HSD use below this line)

| | | |
|---------------------------|-----|----|
| Date received | | |
| Received by 7th of August | Yes | No |
| Checked by (signature) | | |
| Date processed | | |

Plus UCMB REQUIREMENTS:

| ANNUAL FINANCIAL REPORT | | | | |
|-------------------------|--|-------------------------------|----------------------|---------------------------|
| Item Codes | Description if financial Item | Actual cumulative of the year | Cumulative last year | Difference with last year |
| 1XXXX | INCOME | | | |
| | User Fees' Collection | | | |
| | PHC Conditional grants to Hospitals | | | |
| | PHC Conditional grants to School (HTI - Non - wage)) | | | |
| | Other School Income (incl. Sch. fees) | | | |
| | PHC Conditional grant for HSD (Non-wage) | | | |
| | Donations of funds/goods for capital development | | | |
| | Donations of funds for recurrent cost | | | |
| | Donations of goods and services | | | |
| | Value of Drugs received through EDP (in kind) | | | |
| | Value of Lab. Reagents & Consumables received (in kind) | | | |
| | Other Income | | | |
| | TOTAL INCOME | | | |
| | EXPENDITURES: | | | |
| 21 | EMPLOYMENT COST | | | |
| 211101 | Staff Salaries and wages | | | |
| 211102 | Contact Staff Salaries & Wages | | | |
| 211103 | Hous/bic/overtime&other all. | | | |
| 211103 | Night/safari all. | | | |
| 211103 | Duty/Resp./Acting all. | | | |
| 211103 | Lunch all. | | | |
| 211103 | Cost for interns | | | |
| 211103 | Cost for student field trips | | | |
| 212101 | XXX NSSF XXX | | | |
| 213001 | Staff health/ Social Health Insurance (Medical expenses) | | | |
| 213002 | Incapacity, death benefits & funeral expenses | | | |
| 213003 | Retrenchment cost | | | |
| | Sub Total | | | |
| 2XXX | HOSPITAL BOARD COSTS | | | |
| | Sub Total | | | |
| | ADMINISTRATION COSTS | | | |
| 221001 | Advertising and Public Relations | | | |
| 221002 | Workshop/seminars | | | |
| 221003 | Staff training | | | |
| 221004 | Recruitment cost | | | |
| 221005 | Hire of venue | | | |
| 221009 | Welfare & Entertainment | | | |
| 221011 | Printing and stationery | | | |
| 221012 | Other office expenses (small office equipment) | | | |
| 221013 | Bad debts | | | |
| 221014 | Bank charges | | | |
| 221015 | Financial & related costs | | | |
| 221016 | Information Financial Management System Recurrent cost | | | |
| 221017 | Subscription | | | |

| | | | | |
|--------|---|------------------|--|--|
| 221018 | Exchange loses / (gains) | | | |
| 222001 | Tel./fax./postage/courier | | | |
| 222003 | Information and communication technology (ICT) | | | |
| 223004 | Guard and security services | | | |
| 224002 | Uniforms & protection clothing | | | |
| 225001 | Consultancy charges | | | |
| 227001 | Transport all. | | | |
| | | Sub Total | | |
| | PROPERTY COST | | | |
| 223001 | Cleaning of ward/dormitories | | | |
| 223001 | Cleaning/slashing of compound | | | |
| 223005 | Electricity | | | |
| 223006 | Water | | | |
| 228001 | Repairs and upkeep of buildings | | | |
| 223xxx | Rents and rates | | | |
| | | Sub Total | | |
| | TRANSPORT AND PLANT COST | | | |
| 226001 | Insurance for vehicles | | | |
| 226002 | License for property, vehicles , equipment etc | | | |
| 227002 | Air travel | | | |
| 227003 | Carriage, Haulage, Freight & Transport Hire | | | |
| 227004 | Fuel | | | |
| 228002 | Maintenance and repairs | | | |
| 228002 | Tyres and spares | | | |
| 228003 | Operation/maintenance of generators | | | |
| | | Sub Total | | |
| | SUPPLIES AND SERVICES | | | |
| 221007 | Newspapers and publications | | | |
| 221008 | Computer Supplies | | | |
| 228004 | Maintenance of equipm. and supplies | | | |
| 22xxxx | Equipment and supplies | | | |
| | | Sub Total | | |
| | MEDICAL GOODS AND SERVICES | | | |
| 223007 | Foodstuff and firewood | | | |
| 224001 | Medical drugs | | | |
| 224001 | Drugs received through EDP (in kind) | | | |
| 224001 | Value of Lab. Reagents & Consumables received (in kind) | | | |
| 224002 | Beds and beddings | | | |
| 228004 | Manitenance of medical tools and equipm. | | | |
| 282101 | Donations of goods and services (by hospital) | | | |
| 22400X | Medical supplies | | | |
| 224xxx | Medical tools and equipment | | | |
| | | Sub Total | | |
| | PRIMARY HEALTH CARE | | | |
| xxxx | Support supervision | | | |
| xxxx | Outreach services | | | |
| xxxx | Drugs & sundries for LLUs | | | |
| xxxx | Planning and meetings | | | |
| xxxx | Training of TBAs | | | |

| | | | | |
|---------|--|------------------|--|--|
| xxxx | Hospital Based PHC | | | |
| | | Sub Total | | |
| | CAPITAL DEVELOPMENT | | | |
| 311101 | Land | | | |
| 312101 | Major maintenance and upkeep of buildings | | | |
| 312102 | Residential building | | | |
| 312201 | Transport Equipment (motorvehicles,motorcycles) | | | |
| 312202 | Machinery & Equipment (non- medical) | | | |
| 312202X | Medical Equipment (eg Precision & optical equipt etc) | | | |
| 312203 | Furniture & Fittings | | | |
| 312301 | Cultivated Assets (Breeing stock -fish & poultry, diary cattle etc) | | | |
| 231XXX | Depreciation (all categories) (this can placed under expenses category) | | | |
| 231007 | Other capital expenditure / Depreciation cost | | | |
| 221003 | Staff Development costs (see page 4 for definition) | | | |
| | | Sub Total | | |
| | TRAINING SCHOOL TOTAL ANNUAL COST (see explanations) | | | |
| | | Sub Total | | |
| | TOTAL EXPENDITURE | | | |
| | | TOTAL | | |
| | Balance (Income less Expenditures) | | | |

The Explanations on the new item codes are contained in the UCMB Adapted Chart of Accounts notes provided.

QUALITY INDICATORS:

| Outcome/Quality indicators | This year | Last Year | % Difference |
|--|-----------|-----------|--------------|
| Number of babies born dead (but known to be alive on arrival in hospital) by spontaneous vaginal delivery or caesarean section | | | |
| Number of deliveries in the hospital in the year | | | |
| Hospital Fresh Stillbirth Rate % (see definition) | | | |
| Number of mothers dying in one year in the hospital while pregnant | | | |
| Number of obstetric admissions in the hospital in the year | | | |
| Maternal Death Rates % (see definition) | | | |
| Number of patients in one year discharged as clinically recovered | | | |
| Number of discharges (from all wards) in the year | | | |
| Recovery rates on discharge % (see definition) | | | |
| Number of SELF-discharged patients in one year | | | |
| Number of discharges (from all wards) in the year | | | |
| Self-Discharge Rate % (see definition) | | | |
| Number of caesarean section wounds in one year that get infected | | | |
| Number of caesarean sections in the year | | | |
| Infection rates for caesarean section % (see definition) | | | |
| Number of babies who died within 7 th day from birth (early-neo natal deaths) | | | |
| Total number of deliveries in the hospital in the year | | | |
| Early neo-natal deaths rate (see definition) | | | |

DEFINITIONS:

Maternal Death Rates after admission in maternity. Definition: Number of mothers dying in one year in the hospital while pregnant or up to 42 days (Six weeks) following delivery or interrupted pregnancy from obstetric conditions or conditions worsened by pregnancy divided by the number of obstetric admissions in the hospital in that year expressed as a percentage. Note that this is not a population based maternal mortality rate or ratio that you may often come across.

Hospital Fresh still birth rate. Definition: Number of babies born dead (but known to be alive on arrival **in hospital**) by spontaneous vaginal delivery or caesarean section in one year, divided by the total number of deliveries in the hospital in that year expressed in percentage terms. Note Fresh Still births have intact smooth skin not macerated.

Infection Rate for Caesarean Sections. Definition: Number of caesarean section wounds in one year that get infected within the first 8 days post operative divided by the number of caesarean sections in that year expressed as a percentage. Note that in hospitals where there is a practice to discharge mothers much earlier than the 8 days, information should be collected also from the post natal clinic where this mothers will show up if they got infected.

Recovery Rate on discharge. Definition: Number of patients in one year discharged as clinically recovered from that episode of disease (from all wards) following treatment, divided by the number of discharges (from all wards) in that year expressed as a percentage.

Self-discharge rate. Definition: Number of patients in one year self-discharged for any reason (from all wards) following hospitalisation, divided by the number of discharges (from all wards) in that year expressed as a percentage.

Early neo-natal deaths rate. Definition: Number of babies who died within the 7th day from birth divided by the total number of deliveries in the hospital in that year expressed in percentage terms.