Ministry of Health & Family Welfare
Statistics Division

Definition and Guidelines of Data Elements in SC Format

Facility Code	Data Item
Part A	**REPRODUCTIVE AND CHILD HEALTH**
M1	**Ante Natal Care (ANC) Services & High Risk Pregnancies** Ante Natal Care (ANC) Services & High Risk Pregnancies Antenatal care is the continuum of healthcare received by a woman during pregnancy. Antenatal care comprises of: · Careful history taking and examinations (general and obstetrical): which basically includes: recording weight and height, blood test, blood pressure measurement, regular abdominal examination, etc. · Advice given to the pregnant woman: The woman is advised for diet, regular antenatal check-ups, and counselled for family planning. She is also provided with immunisation for Td and IFA tablets, Calcium and Albendazole tablets along with proper treatment required in case of any complication. Ideally, as per the RCH schedule, 1st ANC check-up is to be done within 12 weeks, preferably as soon as the pregnancy is suspected, 2nd ANC check-up: between 14-26 weeks, 3rd ANC check-up: between 28-34 weeks, 4th ANC check-up: between 36-40 weeks, but due to unawareness, mobility, distance, etc., the timing for the check-ups may vary. **High Risk Pregnancy:** The term High risk pregnancy is used by the health care providers to demarcate a pregnancy in which a mother, her foetus or both are at higher risk of developing complications during pregnancy or child birth than in a normal pregnancy. Following are the high risk conditions: · Identified with severe anaemia · Identified with pregnancy induced Hypertension · Identified with diabetes · Identified with HIV / Syphilis · Identified with hypothyroidism · Cephalopelvic disproportion

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	· Ultrasound abnormality · Pregnancy with other high risk factor · Convulsion · Vaginal Bleeding · High Fever · Twin or multiple pregnancy · History of still birth /Obstructed labour C-Section · RH negative blood group · Tuberculosis/Malaria
1.1.	**Data Element** : **Total number of NEW Pregnant Women registered for ANC** **Definition:** Total number of **NEW** Pregnant Women registered for antenatal care during the reporting month. **Guideline**: The visit should include relevant check-ups required for antenatal care. Registration should include ANC check-up. **ANC first check-up is same as ANC registration**. A Pregnant Women is generally registered during the **very first contact** with the health facility/worker, irrespective of her stage of pregnancy. **Note: 1. Pregnant women should only be registered once, and there should not be any duplicate ANC registrations, despite of facility changes, referral, or location change.** **2. This data element will be auto calculated based on the age-wise New pregnant women registered (Sum of the data elements 1.1.a+1.1.b+1.1.c+1.1.d)** ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Antenatal Register / RCH Register
1.1.a	**Data Element**: **Out of total number of NEW pregnant women registered with age <15 years** **Definition:** Total number of **NEW** pregnant women registered with age less than 15 years for antenatal care during the reporting month. ***This data element will be applicable for both facility and Outreach.***

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	Data Source – Antenatal Register / RCH Register
1.1.b	**Data Element** : **Out of total number of NEW pregnant women registered with age 15-19 years** **Definition:** Total number of **NEW** pregnant women registered with age 15 to 19 years for antenatal care during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source–** Antenatal Register / RCH Register
1.1.c	**Data Element**: **Out of total number of NEW pregnant women registered with age >19 to 49 years** **Definition:** Total number of **NEW** pregnant women registered with age greater than 19 years to 49 years for antenatal care during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Antenatal Register / RCH Register
1.1.d	**Data Element**: **Out of total number of NEW pregnant women registered with age >49 years** **Definition:** Total number of **NEW** pregnant women registered with age more than 49 years for antenatal care during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register
1.1.1.	**Data Element: Out of the total NEW ANC registered, number registered within 1st trimester (within 12 weeks)** **Definition:** Out of the total number of new pregnant women registered, the number registered within 12 weeks (i.e. first trimester) of pregnancy during the reporting month. **Guideline:** First trimester refers to **the first three months (12 weeks)** of a woman's pregnancy. ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register

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1.1.2	**Data Element: Total ANC footfall/cases (Old cases + New Registration) attended** **Definition:** Total number of ANC cases (**Old + New** pregnant women) registered for antenatal care during the reporting month. **Guideline**: The addition of all the New and Old ANC should be done. All the new and follow-up cases will be counted here. Here New ANC Means the ANC who has registered for the first time and Old ANC means Pregnant women who have come for 2^{nd}, 3^{rd}, 4^{th} or more number of ANC visits. **Note. 1. Footfall of all the ANCs to be reported in the facility and all the ANCs attended.** **2. Cases for ANC visits done by ANM in outreach area.** ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register/ RCH register
1.2	**ANC services**
1.2.1.	**Data Element : Number of PW given Td1 (Tetanus Diptheria dose 1)** **Definition:** Total number of pregnant women administered first dose of Td **(Tetanus Diphtheria dose 1)** vaccine during reporting month. **Guideline**: Total Number of Pregnant women administered first dose of Td vaccine during present pregnancy. First Td dose is given to pregnant women early in pregnancy. ***This data element will be applicable for both facility and Outreach.*** **Data Source**: Antenatal Register/Pregnancy register
1.2.2.	**Data Element : Number of PW given Td2 (Tetanus Diptheria dose 2)** **Definition**: Total Number of pregnant women administered second dose of Td **(Tetanus Diphtheria dose 2)** vaccine during the reporting month. **Guideline**: Second Td dose is given to pregnant women four weeks interval after the first dose of Td vaccine (Td1). ***This data element will be applicable for both facility and Outreach.*** **Data Source**: Antenatal Register/Pregnancy register

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1.2.3.	**Data Element : Number of PW given Td Booster (Tetanus Diptheria dose booster)** **Definition**: Total number of pregnant women administered Td booster **(Tetanus Diphtheria dose booster)** during the reporting month. **Guidelines:** Booster dose of Td vaccine is given to pregnant women in subsequent pregnancy occurring within three years of last pregnancy and two Td doses were received at that time. ***This data element will be applicable for both facility and Outreach.*** **Data Source**: Antenatal Register/Pregnancy register
1.2.4.	**Data Element** : **Number of PW provided full course 180 Iron Folic Acid (IFA) tablets** **Definition:** Total number of pregnant women who have received the final instalment of IFA tablets in the course of 180 IFA tablets (60 mg of elemental iron and 0.5 mg of folic acid per tablet daily), thus they have received the 180th iron tablet during the reporting month. **Guideline: The number of pregnant women are to be reported only once after giving entire course of 180 IFA tablets. The number of IFA tablets given to the pregnant women is NOT to be reported.** If the number of IFA tablets given to a pregnant woman is less than 180, then she should not be reported till she is given 180th tablet. Any person other than pregnant woman given IFA tablets should not be reported here. ***This data element will be applicable for both facility and Outreach both.*** **Data Source**– Antenatal Register / RCH Register
1.2.5.	**Data Element : Number of PW provided full course 360 Calcium tablets** **Definition: Total number of pregnant women who have received the total 360 numbers of calcium tablets regimen** (one tablet, equivalent to 500 mg of Calcium with 250 I.U. Vitamin D3, to be taken twice daily) , thus they have received the total 360 Calcium tablets meant for the ANC period, during the reporting month. **Guideline: The number of pregnant women are to be reported only once after giving the entire course of 360 calcium tablets. The number of Calcium tablets given to the pregnant women is NOT to be reported**. If the number of **Calcium** tablets given to a woman is less than 360, then she should not be reported. If more than

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	360 tablets are given to any pregnant woman, she should be counted when she has received 360th tablet and should not be counted for extra tablets given to her. Any person other than pregnant woman getting Calcium tablets should not be reported here. ***This data element will be applicable for both facility and Outreach both.*** **Data Source**– Antenatal Register / RCH Register
1.2.6.	**Data Element : Number of PW given one Albendazole tablet after 1st trimester** **Definition:** Total number of pregnant women who were given one tablet of Albendazole (400 mg) after 1st trimester (12 weeks) for the reporting month. **Guideline:** The number of pregnant women who were given one tablet of Albendazole (400 mg) is to be reported and NOT the number of Albendazole tablets (400 mg). Any person other than pregnant woman getting Albendazole tablets should not be reported here Protocol for deworming during pregnancy. · Albendazole is the recommended drug of choice for deworming of PW. · Deworming should be done after the 1st trimester of pregnancy (preferably during the 2nd trimester) · A single dose of 400 mg of albendazole is recommended ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register
1.2.7.	**Data Element : Number of PW received 4 or more ANC check ups** **Definition:** Number of pregnant women who received the 4 or more ANC check-up during the reporting month. **Guideline:** The 4 ANC check-ups should be adequately spaced as per the ANC schedule. If a woman comes for the ANC check-up for the first time, in the late weeks of pregnancy it should NOT be counted as 4th ANC check-up, it would be her 1st ANC check-up. Only those pregnant women who received their 4th or more ANC check-up in their respective ANC period (considering atleast1 visit in each trimester) during the reporting month are to be reported. ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register

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1.2.8.	**Data Element: Number of PW given ANC Corticosteroids in Pre-Term Labour** **Definition:** Number of pregnant women who were given single dose of corticosteroid (injectable) during the reporting month. **Guideline:** The health worker should identify whether the pregnant woman (between 24 to 34 weeks of gestation) is in true labour or not. In case of true labour, single course of injection of Dexamethasone to be administered to pregnant woman. ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register
1.3	**Pregnant Women (PW) with Hypertension (BP>140/90)**
1.3.1.	**Data Element: New cases of PW with hypertension detected** **Definition**: Number of antenatal women who have been detected with hypertension (Blood Pressure - more than 140/90) for the FIRST TIME in their pregnancy during the reporting month. **Guideline:** If a pregnant woman is detected with hypertension in her earlier antenatal check-up and is detected with high BP in the current month as well, then she will not be reported again. ***This data element will be applicable for both facility and Outreach.*** **Data Source**– Antenatal Register / RCH Register
1.4	**Pregnant Women (PW) with Anaemia**
1.4.1.	**Data Element: Number of PW tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs** **Definition:** Number of pregnant women tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs during the reporting month. **Guideline:** In order to identify anaemia, Hb test should be conducted for every pregnant woman in every visit. • Only those pregnant women are to be reported whose Hb was measured using a Hemoglobinometer or by any other acceptable laboratory method. • Examination of eye/nails is not to be reported. In case multiple tests are conducted on a single pregnant woman, it should be reported as one. • Haemoglobin should be checked at least once in every ANC. (1st ANC -Within 12 weeks of pregnancy, 2nd ANC -Within 14 to 26 weeks, 3rd within 28-34 weeks,4th between 36 weeks and full term)

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	• ***If the pregnant women gets tested more than 4 times for Haemoglobin before her 4th ANC, it should not be included.*** • ***If pregnant women tested for Haemoglobin multiple times in any ANC check-ups, it should still be counted as one.*** ***This data element will be applicable for both facility and Outreach.*** **Data Source – Antenatal Register / Laboratory Register**
1.4.2.	**Data Element: Number of PW having Hb level<11(7.1 to 10.9 g/dl) (Out of total tested cases)** **Definition:** Number of pregnant women having Haemoglobin (Hb) less than 11g/dl (7.1 to 10.9g/dl) detected using Hemoglobinometer or any other acceptable laboratory method during the reporting month. **Guideline:** Only those cases are to be reported where the Hb was measured by a Hemoglobinometer or any other acceptable laboratory method and was found to be less than 11g/dl (7.1 to 10.9 g/dl). Examination of eye/nails is not to be reported. Only new cases should be considered. ***This data element will be applicable for both facility and Outreach.*** **Data Source** – Antenatal Register / Laboratory Register / RCH register
1.4.3.	**Data Element: Number of PW having Hb level<=7 g/dl (Out of total tested cases)** **Definition:** Number of pregnant women tested and found with Haemoglobin (Hb.) less than and equal to 7g/dl during the reporting month. **Guideline:** Only those cases are to be reported where the Hb was measured by a Hemoglobinometer or any other acceptable laboratory method and was found to be less than and equal to 7g/dl. Examination of eye/nails is not to be reported. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Antenatal Register / RCH Register / Laboratory Register
1.5	**Pregnant Women (PW) with Gestational Diabetes Mellitus (GDM)** Gestational Diabetes Mellitus (GDM) is defined as Impaired Glucose Tolerance (IGT) with onset or first recognition during pregnancy. Undiagnosed or inadequately treated GDM can lead to significant maternal & fetal complications. Moreover, women with GDM and their off springs are at increased risk of developing type 2 diabetes later in life.
1.5.1.	**Data Element: Number of PW tested for Blood Sugar using OGTT(Oral Glucose Tolerance Test)**

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	Definition: Number of pregnant women tested for Blood sugar using OGTT (Oral Glucose Tolerance Test) during the reporting month. **Guideline:** Testing for GDM is recommended twice during ANC. The first testing should be done during first antenatal contact as early as possible in pregnancy. The second testing should be done during 24-28 weeks of pregnancy if the first test is negative. There should be at least 4 weeks gap between the two tests. The test is to be conducted for all PW even if she comes late in pregnancy for ANC at the time of first contact. If she presents beyond 28 weeks of pregnancy, only one test is to be done at the first point of contact. Cut off for normal plasma and abnormal blood sugar levels in the fasting and 75 gms OGTT values are: Fasting blood sugar: ≥126 mg/dl. 75 gms OGTT 2 hour blood sugar : Normal: <140 mg/dl IGT-140-199 mg/dl Diabetes>200mg/dl **Note: Any other Blood Sugar tests (RBS/PP/Fasting/HBA1C) except OGTT may not be considered for reporting.** ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Antenatal Register / Laboratory Register/RCH Register
1.5.2.	**Data Element: Number of PW tested positive for GDM out of total OGTT(Oral Glucose Tolerance Test) conducted** **Definition:** Number of pregnant women found to be positive for Gestational Diabetes Mellitus (GDM) during the reporting month. **Guideline:** Diagnose GDM using 75gm glucose, through Oral Glucose Tolerance Test (OGTT) irrespective of the last meal with a threshold value of 2-hour BS >140 mg/dl. ***This data element will be applicable for both facility and Outreach.*** **Data Source – Antenatal Register / Laboratory Register/RCH Register**
1.5.3.	**Data Element: Number of PW given Metformin out of total tested positive for GDM** **Definition:** Total number of pregnant women who were given metformin out of total Pregnant women who were found positive for GDM

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	Guideline: Metformin can be started at 20 weeks of pregnancy, if Medical Nutrition Therapy has failed to control blood sugar. The dose of metformin is 500 mg twice daily orally up to a maximum of 2 gm/day**. Number of Women who have been started on metformin to be reported for the first time only**. If the woman's blood sugar is not controlled with the maximum dose of metformin (2 gm / day) and MNT, Insulin to be added. Once Insulin has been started then that women should be reported in the item no 1.5.3. Any person other than pregnant woman getting metformin tablets should not be reported here. ***This data element will be applicable for facility only.*** **Data Source**– Antenatal Register / RCH Register
1.6	**Pregnant Women (PW) with Syphilis**
1.6.1	**Syphilis test conducted for Pregnant Women** This section exclusively focusses on Syphilis and congenital syphilis testing, Diagnosis, and treatment on Pregnant and direct in Labor women and new born babies exposed for syphilis at this facility.
1.6.1.a	**Data Element: Number of pregnant/Direct-In-Labor (DIL) women screened/tested (with VDRL/RPR/TPHA/RDT/PoC) for Syphilis** **Definition:** Total Number of Pregnant (PW)/Direct in Labor (DIL) women Screened/tested for Syphilis with VDRL/RPR/TPHA/RDT/PoC test in the month. **Guidelines:** Provide the total number of PW/DIL, who receives Syphilis test with VDRL/RPR/TPHA/RDT/PoC test at facility out of total number of Pregnant women registered during the month at the facility. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Antenatal Register/Laboratory Register/HCTS Register
1.6.1.b	**Data Element: Number of pregnant/DIL women found seropositive for Syphilis by VDRL/RPR/TPHA/RDT/PoC test** **Definition:** Total Number of *Pregnant (PW)/Direct in Labor (DIL)* women found Seropositive for syphilis out of total number of women tested for Syphilis in the reporting month. **Guidelines:** Provide the total number of Pregnant (PW)/Direct in Labor (DIL) women found Seropositive for Syphilis out of total number of pregnant women tested for Syphilis test at facility during the month.

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	This data element will be applicable for both facility and Outreach. **Data Source:** Antenatal Register/Laboratory Register/ HCTS Register
1.6.1.c	**Data Element: Number of pregnant/DIL women found Syphilis-Seropositive and given treatment with injection Benzathine Penicillin (Intramuscular)** **Definition:** Total Number of Pregnant (PW)/Direct in Labor (DIL) received treatment for syphilis out of total number of pregnant women found Seropositive for Syphilis during this month. **Guidelines:** Provide the total number of Seropositive Pregnant (PW)/Direct in Labor (DIL) treated for Syphilis out of total number of pregnant women who were found Seropositive for syphilis at facility during the month. ***This data element will be applicable for facility only.*** ***Treatment of Syphilis by drugs other than Benzathine Penicillin (Intramuscular) not to be reported here.*** **Data Source:** Antenatal Register/Laboratory Register/ DSRC Register/ OPD Register
1.6.1.d	**Data Element: Number of live births among Syphilis seropositive Pregnant Women** **Definition:** Total Number of live birth reported among Syphilis Seropositive pregnant /DIL women in the month. **Guidelines:** Provide the total number of live birth reported among Syphilis Seropositive Pregnant (PW)/Direct in Labor (DIL) women at facility during the month. ***This data element will be applicable for facility only.*** **Data Source:** Antenatal Register/Laboratory Register/ Labour Room
1.6.1.e	**Data Element: Number of babies born to Syphilis-Seropositive Pregnant Women tested positive/ clinically diagnosed for congenital Syphilis** **Definition:** Total Number of babies/new-born diagnosed with congenital syphilis. **Guidelines:** Provide total number of babies born with congenital syphilis to pregnant/DIL women who were sero positive for syphilis during the month

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	This data element will be applicable for facility only. **Data Source:** Antenatal Register/SNCU/NICU Register
1.6.1.f	**Data Element: Out of above, babies with congenital Syphilis received curative treatment** **Definition:** Total Number of babies/new-born received curative treatment for congenital Syphilis out of total number of babies/new-born diagnosed with congenital Syphilis in the month. **Guidelines:** Provide total number of babies received curative treatment for congenital Syphilis during the month. ***This data element will be applicable for facility only.*** **Data Source:** Antenatal Register/Laboratory Register/ SNCU/NICU Register
1.7	**Tuberculosis test conducted for Pregnant Women**
1.7.1.	**Data Element: Number of Pregnant Women screened for TB** **Definition:** Total no.of Pregnant women screened for tuberculosis in the reporting month (Four symptoms complex screening) **Guidelines: -** All pregnant women would be screened for TB at every ANC visit. • Four symptoms complex Screening is expected to be carried out every time the pregnant woman visits ANC clinic in all trimesters. • Following questions to be asked after confirming that patient is not on active TB treatment. Cough of duration > 2weeks, Fever of duration > 2weeks, Inadequate weight gain or Weight loss - body weight in last 3 months), Night Sweats. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** RCH Register
1.7.2.	**Data Element: Number of Pregnant women identified with Presumptive TB symptoms** **Definition:** Total no. of Pregnant Women identified with presumptive tuberculosis in the reporting month. **Guidelines:** Presumptive TB refers to a patient who presents with symptoms or signs suggestive of TB (previously known as a TB suspect). ***This data element will be applicable for both facility and Outreach.***

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	Data Source: RCH Register
1.7.3.	**Data Element: Number of pregnant women referred out of those identified with Presumptive TB symptoms** **Definition:** Total no. of Pregnant Women referred out **(from one facility to other facility)** of those identified with presumptive tuberculosis in the reporting month. ***This data element will be applicable for facility only.*** **Data Source:** RCH Register
1.8	**High Risk /Complicated Pregnancies** Complications of pregnancy are health problems that occur during pregnancy and may cause serious illness and risk to life. They may involve the mother's health, the baby's health, or both.
1.8.1.	**Data Element: Total High Risk Pregnancy (HRP) Intrapartum including following:** This is a sum of all indicators 1.9.1.a (Post-Partum Haemorrhage Immediately after delivery),1.9.1.b (pregnant women with Sepsis),1.9.1.c (pregnant women identified with Eclampsia),1.9.1.d (No. of pregnant women identified with obstructed labour) **Guideline:** This is the sum of all the high risk pregnant women identified in the institute at the time of delivery or immediately after delivery- Intrapartum.
1.8.1.a.	**Data Element: Number of Pregnant Women with Post-Partum Haemorrhage (Immediately after delivery) in the facility** **Definition:** Total Number of Pregnant women with PPH **(Immediately after delivery** - within the first 24 hours following childbirth**)** in the facility out of total number of delivery cases **Guidelines:** Postpartum haemorrhage (PPH) is bleeding from the vagina (> 500 ml) within the first 24 hours following childbirth. This indicator is intended to identify number of PPH cases diagnosed in the labour room of this facility within the first 24 hours following childbirth. The case may have been managed in the facility or may have been referred to a higher facility after stabilization. ***This data element will be applicable for facility only.*** **Data Source** -RCH Register/ Referral Register
1.8.1.b.	**Data Element: Number of Pregnant Women with Sepsis in the facility.**

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	Definition: Total Number of Pregnant women with sepsis within 24 hours post-delivery acute cases in the facility out of total number of delivery cases. **Guidelines:** Puerperal sepsis is infection of the genital tract at any time between the onset of rupture of membranes or labour and within 24 hours post-delivery acute cases. Fever more than 38 degree Celsius or 100.4 degree Fahrenheit is one of the classical symptoms. This indicator is intended to identify number of Sepsis cases diagnosed in the labour room of the facility. The case may have been managed in the facility or may have been referred to a higher facility after stabilization. ***This data element will be applicable for facility only.*** **Data Source -**RCH Register/ Referral Register
1.8.1.c.	**Data Element: Number of Pregnant Women identified with Eclampsia in the facility.** **Definition**: Total Number of Pregnant women with eclampsia **during delivery** in the facility out of total number of delivery cases **Guidelines:** Condition in which one or more convulsions occur in a pregnant woman suffering from high blood pressure, accompanied by proteinuria often followed by coma and posing a threat to the health of mother and baby. This indicator is intended to identify number of Eclampsia cases diagnosed in the labour room of this facility. The case may have been managed in the facility or may have been referred to a higher facility after stabilization. ***This data element will be applicable for facility only.*** **Data Source -**RCH Register/ Referral Register
1.8.1.d.	**Data Element: Number of Pregnant Women identified with obstructed labour in the facility** **Definition:** Total Number of Pregnant women with obstructed labour in the facility out of total number of delivery cases. **Guidelines:** Obstructed labor is one where in spite of good uterine contractions, the progressive descent of the presenting part is arrested due to mechanical obstruction. This may result either due to factors in the fetus or in the birth canal or both, so that further progress is almost impossible without assistance. This indicator is intended to identify number of Obstructed labour cases diagnosed in the labour room of this facility. The case may have been managed in the facility or may have been referred to a higher facility after stabilization.

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	This data element will be applicable for facility only. **Data Source -**RCH Register/ Referral Register
1.8.2.	**Data Element: Total High Risk Pregnancy (HRP) Antepartum (Only New Cases are to be reported)** **Definition:** Total Number of Pregnant women with high-risk pregnancy in antepartum (ANC) period out of total number of ANC cases. **Only New Cases are to be reported here.** **Guideline:** A "high-risk pregnancy" includes women having one or more high risk factors contributing to high risk pregnancy. A woman's pregnancy might be considered high risk because of various factors such as age, weight, parity, pre-existing health issues and common signs and symptoms of a high-risk pregnancy. Once a woman is reported as high risk with one or more factors, she will not be reported again. ***This data element will be applicable for both facility and Outreach.*** **Data Source -**RCH Register/ Referral Register
1.8.3.	**Data Element: Total no. of ANC or PNC cases referred to Higher/ any other facility** **Definition:** Out of total number of ANC or PNC cases, number of cases of pregnant women with Obstetric Complications (APH, PPH, Sepsis, Eclampsia and others) referred to Higher/ any other facility during the reporting month for management. **Guideline:** This would include pregnant women delivered at the facility and referred out to the reporting facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source –**RCH Register/ Referral Register
M2	**Deliveries**
2.1	**Deliveries conducted at Home**
2.1.1.	**Number of Home Deliveries attended by**
2.1.1.a	**Data Element- Number of Home Deliveries attended by Skill Birth Attendant (SBA) (Doctor/Nurse/ANM)** **Definition**: Number of home deliveries attended by a Doctor, Nurse or an ANM during the reporting month.

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	Guideline: SBA is a person who can handle common obstetric and neonatal emergencies and is able to timely detect and recognise when a situation reaches a point beyond his/her capability, and refers the woman/newborn to an appropriate facility without delay usually Doctor, Nurse, ANMs are considered as a Skilled Birth Attendant. ***This data element will be applicable for Outreach only.*** **Data Source:** Delivery Register / RCH register
2.1.1.b	**Data Element- Number of Home Deliveries attended by Non SBA (Trained Birth Attendant (TBA) /Relatives/etc.)** **Definition**: Total number of home deliveries attended by anyone OTHER than a Skilled Birth Attendant (TBA/Relatives/etc.) during the reporting month. Trained 'dais' will also come under this data element. **Guideline:** The information on non-SBA home deliveries can come from AWW or ASHA but has to be recorded in the register and reported by the ANM. ***This data element will be applicable for Outreach only.*** **Data Source:** Delivery Register / RCH register
2.1.2.	**Data Element- Number of PW given Tablet Misoprostol during home delivery** **Definition:** Total number of pregnant women who were administered three tablets of Misoprostol (200 mcg) in case of home delivery during the reporting month. **Guideline:** Advance distribution of Misoprostol tablets needs to be made to those women who have been identified as likely to deliver at home and have reached the 8th month of their pregnancy so that the tablets are available with the pregnant woman after delivery for prevention of Postpartum Haemorrhage (PPH). The numbers of pregnant women administered three tablets of Misoprostol (200 mcg) are to be reported and NOT the number of Misoprostol tablets (200 mcg). ***This data element will be applicable for Outreach only.*** **Data Source:** Antenatal Register / RCH Register
2.1.3.	**Data Element- No. of new-borns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery.** **Definition:** No. of new-borns delivered at home (Home delivery) who have completed all 7 Home Based Newborn Care (HBNC) visits by ASHA as per given

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	schedule (7 home visits on 1st, 3rd, 7th, 14th, 21st, 28th and 42nd days of delivery day) in the reporting period. **Guideline:** Under HBNC Programme, ASHAs are required to make 7 home visits on 1st, 3rd, 7th, 14th, 21st, 28th and 42nd days of delivery day in case of home delivery during reported month during the reporting period. ***This data element will be applicable for Outreach only.*** **Data Source:** ASHA Register
2.2.	**Data Element: Number of Institutional Deliveries conducted (Including C-Sections)** **Definition**: Total number of deliveries conducted at the facility during the reporting month. **Guideline:** Home deliveries are not to be reported here. Referred cases to any higher facility should not to be reported here as the delivery did not happen at the reporting facility. ***This data element will be applicable for facility only.*** **Data Source –** Labour Room Register/ / RCH Register
2.2.1.	**Data Element: Out of total institutional deliveries (excluding C-section), number of women stayed for 48 hours or more after delivery** **Definition**: Out of the total deliveries conducted (excluding C-Section) in the facility, the number of women who were admitted for 48 hours or more after delivery, during the reporting month. **Guideline:** It is important that a woman should stay in the facility for at least 48 hours after delivery (excluding C section). ***This data element will be applicable for facility only.*** **Data Source –** Labour Room Register/Delivery Register / RCH Register
2.2.2	**Data Element: Out of total Institutional deliveries, number of Institutional Deliveries (Excluding C-Sections) conducted at night (8 PM- 8 AM)** **Definition:** Total number of institutional deliveries (excluding c- section) performed at night (8PM – 8AM) at the health facility during the reporting month. **Guideline:** Referred cases to any other facility are not to be reported here as the delivery did not happen at the reporting facility.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source –** Labour Room Register /Delivery Register
2.3	**Data Element: Age wise total number of deliveries (Home +Institutional) reported (2.3.1+2.3.2+2.3.3+2.3.4)** Total number of delivery (Home +Institutional) reported at the HEALTH FACILITY during the reporting month. This is the sum of age wise delivery reported under section (2.3.1+2.3.2+2.3.3+2.3.4).
2.3.1.	**Data Element: Out of total number of deliveries, PW with age <15 years** **Definition:** Out of the total number of deliveries, number of PW with age <15 yrs during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register/OT Register
2.3.2.	**Data Element: Out of total number of deliveries, PW with age 15-19 years** **Definition:** Out of the total number of deliveries, number of PW with age 15-19 yrs. during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register/OT Register
2.3.3.	**Data Element: Out of total number of deliveries, PW with age >19-49 years** **Definition:** Out of the total number of deliveries, number of PW with age greater than 19 years to 49 yrs. during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register/OT Register
2.3.4.	**Data Element: Out of total number of deliveries, PW with age > 49 years** **Definition:** Out of the total number of deliveries, number of PW with age greater than 49 yrs. during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register/OT Register
2.4.	**Data Element- Number of newborns received 6 HBNC visits after Institutional Delivery**

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Facility Code	Data Item
	Definition: No. of newborns **delivered at health facility** (institutional delivery) who have received all 6 Home Based Newborn Care (HBNC) visit by ASHA as per given schedule (6 home visits on 3rd, 7th, 14th, 21st, 28th and 42nd days of delivery day) in the reporting period. **Guideline:** Under HBNC Programme, ASHAs are required to make 6 home visits on 3rd, 7th, 14th, 21st, 28th and 42nd days of delivery day in case of institutional delivery during reported month during the reporting period. ***This data element will be applicable for Outreach only.*** **Data Source:** ASHA Register
2.5.	**Data Element- No. of identified Sick newborns referred by ASHA to facility under HBNC Program** **Definition** – Total number of identified sick newborn referred by ASHA to nearest health facility for treatment during the reporting period. **Guideline:** Under HBNC program, ASHA conducts 6 home visits (3rd, 7th, 14th, 21st, 28th and 42nd days) in case of institutional delivery and 7 home visits (1st, 3rd, 7th, 14th, 21st, 28th and 42nd days) in case of home delivery. In each visit, newborn is assessed for danger signs and identified sick newborn referred to nearest health facility for treatment during the reporting period. ***This data element will be applicable for Outreach only.*** **Data Source:** ASHA Register
2.6.	**Data Element - Total number of Children received all scheduled 5 Home visits under HBYC** **Definition** – Number of Children, who completed all 5 Home visit under HBYC by ASHA during the reporting period as per given schedule (3^{rd} month, 6^{th} month, 9^{th} month, 12^{th} month and 15^{th} montsh of child age) **Guideline:** Under HBYC program, ASHA conducts 5 scheduled home visits to children after completion of 3^{rd} month, 6^{th} month, 9^{th} month, 12^{th} month and 15^{th} month of child age. Thus, this data item is summation of all the children who have received all 5 visits during the reporting period. ***This data element will be applicable for Outreach only.*** **Data Source:** ASHA Register
M3	**Pregnancy outcome & details of new-born**

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Facility Code	Data Item
	Pregnancy outcome is the sum of live births, still-births, and spontaneous abortions. Live birth: Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, such as movement, breathing, heartbeat, or pulsation of the umbilical cord, crying, even for a short period (few seconds). Stillbirth - clinical definition: Complete expulsion or extraction of baby from its mother where the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs. In case the foetus dies in the uterus after 28 week or during labour/delivery, it will be reported under stillbirth. Stillbirth - operational Definition: Number of babies born after completing 28 week's gestation OR weighing ≥1000g at birth with no sign of life in either of the cases. • "Macerated/ Antepartum stillbirth" is the death of a foetus before the onset of labour. This can be determined by "macerated" appearance of the foetus upon delivery, in combination with absence of foetal heart sounds on admission. • "Fresh / Intrapartum stillbirth" is the death of a foetus who was alive at the onset of labour but who died before delivery. This can be determined by the presence of foetal heart sounds (foetal heart tones) on admission or prior to delivery, or, by appearance of a "fresh" stillbirth (intact skin and foetus on delivery) • Spontaneous abortions – Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost or expelled due to natural causes/ accident. Here only the spontaneous abortions that took place or were reported to the health worker are to be included. MTPs/induced abortions are not to be reported here by the facility. **Data Source:** Labour Room Register/Delivery Register)
3.1	**Pregnancy Outcome & details of new-born/children**
3.1.1	**Data Element: Live Birth** Total number of live births (male + female) during the reporting month. In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, such as movement, breathing, heartbeat, or pulsation of the umbilical cord, crying, even for a short period (few seconds).
3.1.1.a	**Data Element: Live Birth – Male** **Definition**: Number of male live births during the reporting month.

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Facility Code	Data Item
	Guideline: In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.1.1.b	**Data Element: Live Birth – Female** **Definition:** Number of female live births during the reporting month. **Guideline:** In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.1.2	**Data Element: Number of Pre-term newborns (< 37 weeks of pregnancy)** **Definition:** Number of newborns delivered before 37 weeks of pregnancy during the reporting month ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.1.3	**Data Element: Still Birth** **Definition:** Number of babies born after completing 28 week's gestation with no sign of life in either of the cases. **Data Source –** Labour Room Register/Delivery Register
3.1.3.a	**Data Element: Intrapartum (Fresh) Still Birth** **Definition:** Number of foetus died, who was alive at the onset of labour but died before delivery (delivered with no sign of heartbeat) during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.1.3.b	**Data Element: Antepartum (Macerated) Still Birth** **Definition:** Number of foetus died before the onset of labour (>28 Weeks of gestation) during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register

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Facility Code	Data Item
3.2	**Data Element: Abortion (spontaneous)** **Definition:** Total number of spontaneous abortions occurred and reported at the facility during the reporting month **Guideline:** Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost or expelled due to natural causes/ accident. Here only the spontaneous abortions that took place or were reported to the health worker are to be included. MTPs/induced abortions are not to be reported here by the facility. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Pregnancy Register/Labour Room Register
3.3.1	**Post-abortion/MTP Complications**
3.3.1.a	**Data Element: Total Post-abortion/MTP Complications Identified** **Definition:** Number of Post Abortion /MTP Complications Identified during the reporting month. **Guideline:** This would include complication (such as haemorrhage, utrine perforation, faintings, shock, sepsis/infection, other related complications) during or following MMA or surgical abortion which were identified at the facility. ***This data element will be applicable for facility only.*** **Data Source:** Pregnancy Register/ Labour Room Register/ IPD Register/Admission Register (Form III)/MTP Register
3.3.1.b.	**Data Element** : **Post-abortion/MTP complications identified (where abortions were carried out in facilities other than public and accredited private health facilities)** **Definition:** Number of Post Abortion /MTP Complications identified (**of which abortions happened at facilities other than public and accredited private health facilities)** during the reporting month. **Note - Complications resulting from abortions/MTP performed at Non accredited private health facilities may only be reported here.** **Guideline:** This would include complication (such as haemorrhage, utrine perforation, faintings, shock, sepsis/infection, other related complications) during or following MMA or surgical abortion (which was carried out in the facility other than Public Health Facility and District Level Committee approved private facility) which were identified at HEALTH FACILITY .

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source: Pregnancy Register/ Labour Room Register/MTP Register**
3.4	**Details of Newborn children**
3.4.1.	**Data Element : Number of Newborns weighed at birth** **Definition**: Number of newborns (live births) weighed **<u>at the time of birth</u>** during the reporting month. **Guideline:** All newborns delivered at facility should be weighed with digital records. If weight comes in decimal (example 2500 gm, 2600 gm) that should be recorded**.** ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.4.2.	**Data Element: Number of newborns having weight less than 2500 gm** **Definition**: Total Number of new born (live births) who were weighed and were having weight of less than 2500 grams **<u>at the time of birth</u>**, during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.4.2.a	**Data Element: Out of the above, number of newborns having weight less than 1800 gm.** **Definition**: Total Number of newborn (live births) who were weighed and were having weight of less than 1800 grams **<u>at the time of birth</u>** out of the total new borns having weight less than 2500 gm**<u>s</u>**,, during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Labour Room Register/Delivery Register
3.4.3.	**Data Element: Number of Newborns breast fed within 1 hour *of birth*** **Definition**: Out of total number of newborn (live births) who were initiated breastfeeding within one hour of delivery, during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source -** Labour Room Register/Delivery Register/ Postnatal Ward Register

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Facility Code	Data Item
3.4.4.	**Data Element: No of New-born discharged from the facility were exclusively breastfed till discharge** **Data Definition:** No of newborn exclusively breastfed till the time of discharge refers to the newborns given only breastmilk after birth till discharge from the facility. ***This data element will be applicable for facility only.*** **Data Source:** Delivery and new-born register/Labour room register/SNCU register
3.5.	**Rashtriya Bal Swasthaya Karyakram (RBSK)**
3.5.1	**Data Element - Number of newborn screened for defects at birth (as per Comprehensive Newborn Screening, RBSK)** **Definition** - Newborns in the delivery points screened under Comprehensive Newborn screening to identify birth defects **Guideline –** Comprehensive Newborn Screening (CNS) Handbook for Screening Visible Birth Defects at All Delivery Points ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Delivery point register
3.5.1.a	**Data Element - Number of newborns identified with visible birth defects (including Neural tube defect, Down's Syndrome, Cleft Lip & Palate, Club foot and Developmental dysplasia of the hip)** **Definition** - Newborn screened for comprehensive Newborn screening and identified with visible birth defects (including Neural tube defect, Down's Syndrome, Cleft Lip & Palate, Club foot and Developmental dysplasia of the hip) **Guideline –** Comprehensive New Born Screening (CNS) Handbook for Screening Visible Birth Defects at All Delivery Points. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Delivery point register
M 4	**Anaemia Mukt Bharat**
4.1	**IFA Coverage**

DRAFT

Facility Code	Data Item
4.1.1.	**Data Element - Number of women of reproductive age (WRA) 20-49 years, provided 4 Red Iron and folic acid (IFA) tablets in a month** **Definition:** Total Number of women of reproductive age (WRA) 20-49 years provided with 4 IFA Red tablets (prophylactic dose) either during home visits or at VHSND or at health facility **Guideline:** Anaemia Mukt Bharat operational guidelines ***This data element will be applicable for both facility and Outreach.*** **Data Source:** New entry to be made in ANM register for WRA for 20-49 years (Mission Parivar Vikas register have details for beneficiaries 20-24 years)
4.1.2.	**Data Element - Number of children (6-59 months old) provided 8-10 doses (1ml) of IFA syrup (Bi weekly)** **Definition:** Total Number of children (6-59 months) provided 8-10 doses (1ml each) of IFA syrup in a month (Bi weekly). **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** ANM report compiled from ASHA register and verified randomly through MCP card
4.1.3.	**Number of children 5-9 years provided Weekly Iron Folic Acid (IFA Pink) tablets in a month**
4.1.3.a	**Data Element - Number of out of school children (5 -9 years) given 4-5 IFA Pink tablets at Anganwadi Centres** **Definition** Number of out of school children (5 - 9 years) provided 4-5 IFA Pink tablets at Anganwadi centre in a month **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** ANM register (Information compiled from Anganwadis' records)
4.2	**Anaemia- Identified & Treated**

DRAFT

Facility Code	Data Item
4.2.1	**Beneficiaries identified with Mild and Moderate Anaemia**
4.2.1.a	**Data Element - Number of out of school adolescent girls (10-19 years) having anaemia (Hb 8.1-11.9 g/dl)** **Definition:** Total number of out of school adolescent girls (10-19 years) identified as anaemic (Hb 8.1-11.9 g/dl) by RBSK-Mobile Health Teams during Anganwadi visits or at VHSND by ANM **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** ANM register (Information compiled from RBSK report/ Information compiled from VHSND)
4.2.1.b	**Data Element - Number of lactating mothers (of 0-6 months old child) having anaemia (Hb 8.1-11.9 g/dl)** **Definition:** Total number of lactating mothers (of 0-6 months old child) identified as anaemic (Hb 8.1-11.9 g/dl) by ANM during VHSND session/ home visits/ at health facility. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** New entry to be made in ANM register for lactating mothers record for anaemia check by Digital Invasive Haemoglobinometer.
4.2.1.c	**Data Element - Number of women of reproductive age (non-pregnant, non-lactating) (20-49 years) having anaemia (Hb 8.1-11.9 g/dl)** **Definition:** Total number of women of reproductive age (20-49 years) who are non-pregnant and non-lactating identified as anaemic (Hb 8.1-11.9 g/dl) by ANM during VHSND session/ home visits/ at health facility. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** New entry to be made in ANM register for WRA for 20-49 years (Mission Parivar Vikas register have details for beneficiaries 20-24 years)

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Facility Code	Data Item
4.2.2	**Beneficiaries identified with Severe Anaemia**
4.2.2.a	**Data Element - Number of out of school adolescent girls (10-19 years) having severe anaemia (Hb <8 g/dl)** **Definition:** Total number of out of school adolescent girls (10-19 years) identified as severely anaemic (Hb <8 g/dl) by RBSK-Mobile Health Teams during Anganwadi visits or at VHSND by ANM **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** ANM register (Information compiled from RBSK report/ Information compiled from VHSND)
4.2.2.b	**Data Element - Number of lactating mothers (of 0-6 months old child) having severe anaemia ((Hb <8 g/dl)** **Definition:** Total number of lactating mothers (of 0-6 months old child) identified as severely anaemic (Hb <8 g/dl) by ANM during VHNDs session/ home visits **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** New entry to be made in ANM register for lactating mothers record for anaemia check by Digital Invasive Haemoglobinometer.
4.2.2.c	**Data Element - Number of women of reproductive age (non-pregnant, non-lactating) (20-49 years) having severe anaemia (Hb <8 g/dl)** **Definition:** Total number of women of reproductive age (20-49 years) who are non-pregnant and non-lactating and identified as severely anaemic (Hb <8 g/dl) by ANM during VHNDs session/ home visits. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for Outreach only.*** **Data Source:** New entry to be made in ANM register for WRA for 20-49 years (Mission Parivar Vikas register have details for beneficiaries 20-24 years)
4.2.3	**Beneficiaries diagnosed with mild and moderate Anaemia, put on treatment**

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Facility Code	Data Item
4.2.3.a	**Data Element - Number of anaemic in-school Children (5-9 years) put on treatment** **Definition:** Total number of in-school children age 5-9 years identified as mild and moderately anaemic (Hb 8.1-11.4 g/dl), who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets
4.2.3.b	**Data Element - Number of anaemic in-school adolescent girls (10-19 years) put on treatment** **Definition:** Total number of in-school adolescent girls (10-19 years) identified as mild and moderately anaemic (Hb 8.1-11.9 g/dl), who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets
4.2.3.c	**Data Element - Number of anaemic, out-of-school adolescent girls (10-19 years) put on treatment** **Definition:** Total number of out-of-school adolescent girls (10-19 years) identified as mild and moderately anaemic (Hb 8.1-11.9 g/dl), who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets
4.2.3.d	**Data Element - Number of anaemic in-school adolescent boys (10-19 years) put on treatment**

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Facility Code	Data Item
	Definition: Total number of in-school adolescent boys (10-19 years) identified as mild and moderately anaemic, who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets.
4.2.3.e	**Data Element - Number of anaemic lactating mothers (of 0-6 months old child) put on treatment** **Definition:** Total number of lactating mothers (of 0-6 months old child) identified as mild and moderately anaemic (Hb 8.1-11.9 g/dl), who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets
4.2.3.f	**Data Element - Number of anaemic women of reproductive age (non-pregnant, non-lactating) (20-49 years) put on treatment** **Definition:** Total number of women of reproductive age (WRA) (20-49 years) **non-**pregnant, non-lactating and identified as mild and moderately anaemic (Hb 8.1-11.9 g/dl), who received treatment/put on treatment for anaemia. **Guideline:** Anaemia Mukt Bharat operational guidelines. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** Health Facility register; Health Facility register; New entry to be made in ANM register for lactating mothers record for dispensing of IFA tablets
M 5	**Post Natal Care (PNC): The first six-weeks (42 days) after delivery is called post-partum/postnatal period.**

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Facility Code	Data Item
5.1.	**Data Element - In case of home delivery, number of women receiving 1st post partum check-ups within 48 hours** **Definition:** Total number of women who received first post-partum check-up within 48 hours of home delivery (0-48 hours) during the reporting month. **Guideline:** This would include the post-partum check–up given by ANM/ SBA trained/ ASHA, at home within 48 hours of delivery. ***This data element will be applicable for both facility and Outreach.*** **Data Source**: Inpatient Register/RCH Register
5.2.	**Data Element - Number of women receiving postpartum check-up between 48 hours and 14 days after Institutional delivery** **Definition:** Total number of women who delivered at the facilities and received postpartum check-up between 48 hours and 14 days after the delivery during the reporting month. **Guideline:** This would not include the postpartum checkups given before 48 hours. ***This data element will be applicable for facility only.*** **Data Source:** Inpatient Register/RCH Register
5.3.	**Data Element - Number of mothers provided full course of 180 IFA tablets after delivery** **Definition:** Total number of mothers who have received the final instalment of IFA tablets in the course of 180 IFA tablets (60 mg of elemental iron and 0.5 mg of folic acid per tablet daily), thus they have received the 180th iron tablet during the reporting month **Guideline: The number of mothers are to be reported only once after giving entire dose of 180 IFA tablets. The number of IFA tablets given to the mothers is NOT to be reported**. If the number of IFA tablets given to a mother is less than 180, then she should not be reported till she is given 180th tablet. If more than 180 IFA tablets are given to any mothers, she should be counted only when she had received 180 IFA tablet and should not be counted for extra tablets given to her. Any person other than mother given IFA tablets should not be reported here. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** RCH Register/Post natal Register

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Facility Code	Data Item
5.4.	**Data Element - Number of mothers provided full course 360 Calcium tablets after delivery** **Definition:** Total number of mothers who have received the final instalment of Calcium tablets in the course of 360 tablets (one tablet, equivalent to 500 mg of Calcium with 250 I.U. Vitamin D3, to be taken twice daily), thus they have received the 360th Calcium tablet meant for the PNC period, during the reporting month. **Guideline: The number of mothers are to be reported only once after giving the entire dose of 360 calcium tablet. The number of Calcium tablets given to the pregnant women is NOT to be reported**. If the number of **Calcium** tablets given to a woman is less than 360, then she should not be reported. If more than 360 tablets are given to any pregnant woman, she should be counted only when she had received 360 tablets and should not be counted for extra tablets given to her. Any person other than pregnant woman getting Calcium tablets should not be reported here. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** RCH Register/Post natal Register
M 6	**Sexually transmitted infections/Reproductive Tract Infections (STI/RTI) Cases**
6.1	**Number of new STI/RTI cases identified**
6.1.1.	**Data Element- Number of males assessed for STI/RTI** **Definition:** Total number of males tested/Assessed with STI/RTI during the reporting month. Count ONLY the first visit for each episode (**Only New Cases**). **Guideline:** Provide the total number of males tested/Assessed for STI/RTI at this facility during the reporting month (Count only the first visit for each episode **-Only New Cases**) ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
6.1.1.a	**Data Element: Out of the above, number of males diagnosed with STI/RTI** **Definition:** Total number of males diagnosed with RTI/ STI during the reporting month.

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Facility Code	Data Item
	Guideline: Provide the total number of males diagnosed with STI/RTI at this facility during the reporting month (Count ONLY the **number of individuals - Only New Cases**) don't count the number of STI/RTI diagnosis). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
6.1.1.b	**Data Element**: **Out of the above, number of males treated for STI/RTI** **Definition:** Total number of males received treatment for STI/RTI during the reporting month. **Guideline:** Provide the total number of males received treatment for STI/RTI during this month (Count ONLY the **number of individuals**) don't count the number of STI/RTI diagnosis). **Data Source –** OPD Register/IP Register/STI Client Register
6.1.2.	**Data Element- Number of females (all females) assessed for STI/RTI** **Definition:** Total number of females (Incl. PW& DIL) tested/Assessed with RTI/ STI during this month. **Guideline:** Provide the total number of f**e**males (Incl.PW& DIL) tested/Assessed for STI/RTI at this facility during this month (Count only the first visit for each episode - **Only New Cases**). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
6.1.2.a	**Data Element: Out of the above, number of females (All Females) diagnosed with STI/RTI** **Definition:** Total number of females (Incl.PW& DIL) diagnosed with STI/RTI during this month. **Guideline:** Provide the total number of females (Incl. PW& DIL) diagnosed with STI/RTI during this month (Count ONLY the **number of newly diagnosed individuals**) don't count the number of STI/RTI diagnosis). ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source – OPD Register/IP Register/STI/RTI Client Register
6.1.2.b	**Data Element**: **Out of the above, number of females (All females) treated for STI/RTI** **Definition:** Total number of females (Incl PW& DIL) received treatment for RTI/ STI during this month. **Guideline:** Provide the total number of females (Incl.PW& DIL) received treatment for STI/RTI during the reporting month (Count ONLY the **number of individuals**) don't count the number of STI/RTI diagnosis). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
6.1.3.	**Data Element- Number of Hijra/Transgender (H/TG) people assessed for STI/RTI** **Definition:** Total number of Hijra/Transgender (H/TG) people tested/Assessed with STI/RTI during this month. Count ONLY the first visit for each episode (**Only New Cases**). **Guideline:** Provide the total number of Hijra/Transgender (H/TG) people tested/Assessed for STI/RTI at this facility during this month (Count only the first visit for each episode -Only New Cases). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
6.1.3.a	**Data Element: Out of the above, number of Hijra/Transgender (H/TG) people diagnosed with STI/RTI** **Definition:** Total number of Hijra/Transgender (H/TG) people diagnosed for STI/RTI during this month. **Guideline:** Provide the total number of Hijra/Transgender (H/TG) people diagnosed for STI/RTI at this facility during this month (Count ONLY the **number of individuals** newly diagnosed) don't count the number of STI/RTI diagnosis). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register

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Facility Code	Data Item
6.1.3.b	**Data Element**: **Out of the above, number of Hijra/Transgender (H/TG) people treated for STI/RTI** **Definition:** Total number of Hijra/Transgender (H/TG) people received treatment RTI/ STI during this month. **Guideline:** Provide the total number of Hijra/Transgender (H/TG) people treated with STI/RTI at this facility during the reporting month (Count ONLY the **number of individuals** newly treated) don't count the number of STI/RTI diagnosis). ***This data element will be applicable for facility only.*** **Data Source –** OPD Register/IP Register/STI Client Register
M 7	**Family Planning** Family planning methods regulate the number and spacing of children in a family through use of contraceptives or other methods of birth control.
7.1.	**Data Element: Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)** **Definition:** Total number of IUCD insertions (excluding PPIUCD and PAIUCD) insertions) done at the facility during the reporting month. **Guideline:** IUCDs are of two types- IUCD 380A and 375, both are to be reported here. ***This data element will be applicable for facility only.*** **Data Source -IUCD Service Delivery Register**
7.2.	**Data Element: Number of Postpartum (within 48 hours of delivery) IUCD insertions** **Definition:** Total number of PPIUCD insertions, (the number of IUCD insertions to women within 48 hours of delivery) during the reporting month at the facility. **Guideline:** PPIUCD may be inserted within 48 hrs of normal delivery/ concurrently with caesarean section. ***This data element will be applicable for facility only.*** **Data Source - PPIUCD Service delivery Register/OT register/Labour Room Register**
7.3.	**Data Element: Number of IUCD Removals** **Definition:** Total number of IUCDs removed during the reporting month.

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Facility Code	Data Item
	Guideline: IUCDs removed at the facility are to be reported. Removals performed in the facility should be reported here. Cases whose removal is referred to any other facility should NOT be reported here. ***This data element will be applicable for facility only.*** **Data Source -IUCD follow up Register**
7.4.	**Data Element: Number of complications following IUCD Insertion** **Definition:** All cases of complications reported after IUCD (Interval, PPIUCD & PAIUCD) insertion such as abnormal bleeding, cramps etc. by women in the facility during the reporting month. **Guideline:** IUCD is considered a safe and effective contraception method and serious complications from IUCDs' are rare. All the cases need to be verified/cross checked by a health provider and then to be reported. ***This data element will be applicable for facility only.*** **Data Source - IUCD follow up Register**
7.5.	**Data Element: Injectable Contraceptive MPA- First Dose** **Definition**: Total number of first dose of Injectable Contraceptive administered at the facility/outreach during the reporting month. **Guidelines:** The first dose of injectable MPA (Injectable MPA is available under Antara Program in public sector) should be administered after proper screening of the client. Injectable MPA is given every three months. If client is not available at the designated time of the next dose, it can also be given 2 weeks before and 4 weeks after the stipulated time. However, beyond 4 weeks, injectable should be given after complete screening and will be considered as first dose and NOT the continued dose. So, a dose given beyond four weeks of designated time should be considered as first dose. ***This data element will be applicable for both facility and Outreach.*** **Data Source -MPA Register/MPA Card**
7.6.	**Data Element: Injectable Contraceptive MPA- Second Dose** **Definition**: Total number of second dose of Injectable Contraceptive administered at the facility/outreach during reporting month. **Guideline:** Injectable MPA (Injectable MPA is available under Antara Program in public sector) is

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Facility Code	Data Item
	given every three months. If client is not available at the designated time of second dose, it can also be given 2 weeks before and 4 weeks after the stipulated time. However, beyond 4 weeks, injectable should be given after complete screening and will be considered as first dose and NOT the second dose. ***This data element will be applicable for both facility and Outreach.*** **Data Source –MPA Register/MPA Card**
7.7.	**Data Element: Injectable Contraceptive MPA- Third Dose** **Definition:** Total number of third dose of Injectable Contraceptive administered at the facility/outreach during reporting month. **Guideline:** Injectable MPA (Injectable MPA is available under Antara Program in public sector) is given every three months. If client is not available at the designated time of third dose, It can also be given 2 weeks before and 4 weeks after the stipulated time. However, beyond 4 weeks, injectable should be given after complete screening and will be considered as first dose and NOT the third dose. ***This data element will be applicable for both facility and Outreach.*** **Data Source -MPA Register/MPA Card**
7.8.	**Data Element: Injectable Contraceptive MPA- Fourth and above Dose** **Definition**: Total number of fourth and above dose of Injectable Contraceptive administered at the facility/outreach during reporting month. **Guideline:** Injectable MPA (Injectable MPA is available under Antara Program in public sector) is given every three months. If client is not available at the designated time of next dose, it can also be given 2 weeks before and 4 weeks after the stipulated time. However, beyond 4 weeks, injectable should be given after complete screening and will be considered as first dose and NOT the continued dose. So a dose given beyond four weeks of designated time should be considered as first dose. ***This data element will be applicable for both facility and Outreach.*** **Data Source -MPA Register/MPA Card**
7.9.	**Data Element: Number of Combined Oral Pill cycles distributed to the client** **Definition**: Total number of combined oral pill cycles (packets) distributed during the reporting month at the facility/outreach. **Guideline:** Number of Combined oral pill (available as Mala N under National FP program) cycles distributed through facility is to be reported and not the number of

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Facility Code	Data Item
	pills distributed. Each cycle of COC (Combine oral contraceptive pills) contain 28 pills/tablets. ***This data element will be applicable for both facility and Outreach.*** **Data Source - Family Planning Register/ Contraceptive Distribution Register**
7.10.	**Data Element: Number of Condom pieces distributed to the client** **Definition**: Total number of condom pieces distributed during the reporting month at the facility/outreach. **Guideline:** This would include the total number of condom pieces distributed at facility. This would also include condoms taken by beneficiaries from the installed condom boxes/Self-care kits in the facility. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Family Planning Register/Contraceptive Distribution Register**
7.11.	**Data Element: Number of Centchroman (weekly) pill strips distributed to the client** **Definition**: Total number of Centchroman (weekly pills) strips distributed during the reporting month at the facility/outreach. **Guideline:** This would include the total number of Centchroman (Chhaya) strips distributed at the facility and NOT the pills (each strip of Centchroman contains 8 pills). Centchroman pills (Chhaya) are not to be confused with Combined Oral Contraceptive Pills (Mala N) and they have to be reported separately. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Family Planning Register/Contraceptive Distribution Register**
7.12.	**Data Element: Number of Emergency Contraceptive Pills (ECP) given to the client** **Definition**: Total number of emergency contraceptive pills distributed during the reporting month at the facility and by ASHA. **Guideline:** Emergency contraceptive pills (ECP) can be taken within 72 hours of unprotected sexual act to prevent an unwanted/ undesired pregnancy. ECP is not a regular contraceptive. This would also include ECPs taken by beneficiaries from the installed condom boxes/Self-care kits in the facility.

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Facility Code	Data Item
	This data element will be applicable for both facility and Outreach. **Data Source -Family Planning Register/Contraceptive Distribution Register**
7.13.	**Data Element: Number of Pregnancy Test Kits (PTK) utilized.** **Definition**: Total number of pregnancy testing kits used/distributed in facility and by ASHA during the reporting month. **Guideline**: Pregnancy Testing Kits are available as Nischay kits under National FP Program. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Family Planning Register**
7.14	**Quality in sterilization services**
7.14.1	**Data Element: Complications following male sterilization** **Definition**: All male sterilization acceptors who report or are diagnosed with a complication related to the sterilization procedure (complication arising upto 60 days of discharge- complication attributable to sterilization operation) during the reporting month at the facility. **Guideline:** Serious complications after male sterilization are rare. Complication after male sterilization includes bleeding, infections, mild inflammatory reaction, etc. DO NOT report cases that health provider has only heard of (non-verified /non examined) cases. ***This data element will be applicable for facility only.*** **Data Source -Family Planning Register/OPD Register/Sterilization Register**
7.14.2	**Data Element: Complications following female sterilization** **Definition**: All the cases of complications following female Sterilization (complication arising upto 60 days of discharge and complication attributable to sterilization operation) during the reporting month at the facility. **Guideline**: Serious complications after female sterilization are rare and are most likely to occur with abdominal procedures. These include bleeding, infection, reaction to the anaesthetics, and injury to the bowels or blood vessels rarely and require major surgical repair. DO NOT report cases that the health provider has only heard of (non-verified/ non examined). ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source -Family Planning Register/OPD Register/Sterilization Register
M 8	**CHILD IMMUNISATION**
8.1	**Number of Infants 0 to 11 months old who received:** Total number of infants (0 to 11 months or who has **not celebrated their first birthday**) who were immunized for vaccine preventable diseases as per their age during the reporting month. This would also include infants (aged 0-11 months) who had received their vaccination which was/were missed due to any reason.
8.1.1.	**Data Element: Child immunisation - Vitamin K (Birth Dose)** **Definition:** Total number of Newborns given Vitamin K birth dose within 24hrs of birth during the reporting month at The health facility. **Guidelines:** Vitamin K should be administrated to all newborns within 24 hours of birth. ***This data element will be applicable for facility only.*** **Data Source: Immunization Register**
8.1.2.	**Data Element: Child immunisation – BCG** **Definition:** Total number of infants (0-11 months) given BCG vaccination during the reporting month. **Guidelines:** BCG (Bacillus Calmette Guerin) vaccine should be administered to infants right after birth or as early as possible within 1 year of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source : Immunization Register**
8.1.3.	**Data Element: Child immunisation - Pentavalent 1** **Definition:** Total number of infants (0-11 months) administered 1st dose of pentavalent vaccine during the reporting month. **Guidelines:** Pentavalent vaccine includes Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Haemophilus influenza b (Hib). 1st dose of Pentavalent should be administered to an infant at 6 weeks after birth, it can be administered within 1yr of age if it is missed at 6 wk. ***This data element will be applicable for both facility and Outreach.*** **Data Source : Immunization Register**
8.1.4.	**Data Element: Child immunisation - Pentavalent 2**

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Facility Code	Data Item
	Definition: Total number of infants (0-11 months) administered 2nd dose of pentavalent vaccine during the reporting month. **Guidelines:** Pentavalent vaccine includes Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Haemophilus influenza b (Hib). 2nd dose of Pentavalent should be administered to an infant at 10 weeks after birth or it can be given at any time with a minimum interval of 4 wks after 1st dose Penta if 1st Penta is started within 1yrs of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.5.	**Data Element: Child immunisation - Pentavalent 3** **Definition:** Total number of infants (0-11 months) administered 3rd dose of pentavalent vaccine during the reporting month. **Guidelines:** Pentavalent vaccine includes Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Haemophilus influenza b (Hib). 3rd dose of Pentavalent should be administered to an infant at 14 weeks after birth or it can be given at any time with a minimum interval of 4 wks after 2nd dose Penta if 1st Penta is started at within 1yrs of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.6.	**Data Element: Child immunisation - OPV 0 (Birth Dose)** **Definition:** Total number of new-borns who were given OPV (Oral Polio Vaccine) birth dose during the reporting month. **Guidelines:** OPV 0 can only be given within 15 days from birth. The OPV doses given during Pulse Polio rounds are NOT to be counted here. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.7.	**Data Element: Child immunisation - OPV1** **Definition:** Total number of infants (0-11 months), who were given first dose of OPV during the reporting month. **Guidelines**: 1st dose of OPV should be given to an infant at 6 weeks after birth. The OPV doses given during Pulse Polio rounds are NOT to be counted here.

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Facility Code	Data Item
	This data element will be applicable for both facility and Outreach. **Data Source -Immunisation Register**
8.1.8.	**Data Element: Child immunisation - OPV2** **Definition:** Total number of infants (0-11 months), who were given second dose of OPV during the reporting month. **Guidelines:** 2nd dose of OPV should be given to an infant at 10 weeks after birth. The OPV doses given during Pulse Polio rounds are NOT to be counted here. 2nd dose OPV can be given any time with a minimum interval of 4 wks after 1st dose OPV. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.9.	**Data Element: Child immunisation - OPV3** **Definition:** Total number of infants (0-11 months) who were given OPV third dose during the reporting month. **Guidelines:** 3rd dose of OPV should be given to an infant at 14 weeks after birth. The OPV doses given during Pulse Polio rounds are NOT to be counted.). 3rd dose OPV can be given any time with a minimum interval of 4 wks after 2nd dose OPV. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.10.	**Data Element: Child immunisation - Hepatitis-B0 (Birth Dose)** **Definition:** Total number of newborns who were administered Hepatitis-B0 (Birth Dose) within 24 hrs of birth during the reporting month. **Guideline:** Hepatitis-B0 (Birth Dose) should be administered to all newborns within 24 hours of birth in case of institutional deliveries. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunization Register**
8.1.11.	**Data Element: Child immunisation - Inactivated Injectable Polio Vaccine 1 (IPV 1)** **Definition:** Total number of infants (0-11 months of age) who were administered dose of inactivated Polio Vaccine 1 (fPV 1) vaccine during the reporting month**.**

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Facility Code	Data Item
	Guidelines: 1st dose of Inactivated Polio Vaccine 1 (IPV 1) should be administered to infants at 6 weeks of birth along with Pentavalent 1/OPV1/RVV1/PCV1 or can be started at any time within 1yr if the dose is missed due to any reason. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunization Register**
8.1.12.	**Data Element: Child immunisation - Inactivated Injectable Polio Vaccine 2 (IPV 2)** **Definition:** Total number of infants (0-11 months of age) who were administered dose of inactivated Polio Vaccine 2 (IPV 2) during the reporting month. **Guidelines**: 2nd dose of Inactivated Polio Vaccine 2 (IPV 2) should be administered to infants at 14 weeks of birth along with Pentavalent 3/OPV3/RVV3/PCV2 or it can be started at any time with 8 wks gap from 1st dose if fIPV 1 is started within 1 yr. ***This data element will be applicable for both facility and Outreach.*** **Source : Immunisation Register**
8.1.13.	**Data Element -Child immunisation - Rotavirus 1** **Definition:** Total number of infants (0-11 months) who were given 1st dose of Rotavirus vaccine during the reporting month. **Guidelines**: 1st dose of Rotavirus should be given to an infant at 6 weeks after birth or can be started at any time within 1yr of age if the dose is missed due to any reason. ***This data element will be applicable for both facility and Outreach.*** **Data Source: Immunisation Register**
8.1.14.	**Data Element: Child immunisation - Rotavirus 2** **Definition:**Total number of infants (0-11 months) who were given 2nd dose of Rotavirus vaccine during the reporting month. **Guidelines:** 2nd dose of Rotavirus should be given to an infant at 10 weeks after birth or can be started at any time with a minimum interval of 4 wks after 1st dose Rota if it is given within 1 yr of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.15.	**Data Element: Child immunisation - Rotavirus 3**

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Facility Code	Data Item
	Definition: Total number of infants (0-11 months) who were given 3rd dose of Rotavirus vaccine during the reporting month. **Guidelines**: 3rd dose of Rotavirus should be given to an infant at 14 weeks after birth or can be started at any time with a minimum interval of 4 wks after 2nd dose Rota if 1st dose is given within 1 yr of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.16.	**Data Element: Child immunisation - PCV1** **Definition:** Total number of infants (0-11 months) given 1st dose Pneumococcal Conjugate Vaccine (PCV) immunisation during the reporting month. **Guidelines:** Pneumococcal Conjugate Vaccine (PCV) 1st dose should be administered to an infant at 6 weeks after birth or can be started at any time within 1yr of age if the dose is missed due to any reason. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.1.17.	**Data Element: Child immunisation - PCV2** **Definition:** Total number of infants (0-11 months) given 2nd dose of Pneumococcal Conjugate Vaccine (PCV) vaccination during the reporting month**.** **Guidelines:** Pneumococcal Conjugate Vaccine (PCV) 2nddose should be administered to an infant at 14 weeks after birth or it can be started at any time with 8 wks gap from 1st dose if PCV 1 is started within 1 yr of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.2	**Number of Children 9-11 months who received:**
8.2.1.	**Data Element: Child immunization (9 - 11 months) - Inactivated Injectable Polio Vaccine 3 (IPV 3)** **Definition:** Total number of infants (9-11 months of age) who were administered dose of fractional inactivated Polio Vaccine 3 (IPV 3) during the reporting month. **Guidelines:** 3rd dose of Inactivated Polio Vaccine 3 (IPV3) should be administered to infants at 9 to 11 months of birth along with MR 1/ PCV booster or it can be given at any time with 8 wks gap from 2nd dose if IPV 1 is started within 1 yr.

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Facility Code	Data Item
	This data element will be applicable for both facility and Outreach. **Data Source -Immunisation Register**
8.2.2.	**Data Element: Child immunisation (9-11months) - Measles & Rubella (MR)/Measles containing vaccine(MCV) - 1st Dose** **Definition:** Total number of infants (9-11 months of age) who were administered 1st Dose of MCV/Measles & Rubella (MR) during the reporting month. **Guideline:** 1st Dose of MCV/Measles & Rubella (MR) should be administered to an infant at 9-11 months. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.2.3.	**Data Element: Child immunisation (9-11months) - JE 1st dose** **Definition:** Total number of infants (9-11 months) who were administered 1st Dose of Japanese Encephalitis (JE) vaccine during the reporting month. **Guidelines:** 1st dose of JE vaccine should be administered to an infant at 9 to 11months. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.2.4.	**Data Element: Child immunisation - PCV Booster** **Definition:** Total number of infants (9-11 months) given booster dose of Pneumococcal Conjugate Vaccine (PCV) immunisation during the reporting month. **Guidelines:** Pneumococcal Conjugate Vaccine (PCV) booster dose should be administered to an infant at 9 completed months after birth along with 1st dose of Measles Containing Vaccine (MCV)/MR/f IPV-3 or it can be started at any time with 8 wks gap from 2nd dose PCV if PCV 1 is started within 1 yr. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunization Register**
8.2.5	**Number of children aged between 9 and <12 months FULLY IMMUNIZED {BCG +OPV123+ Pentavalent123+ MR/ Measles Containing Vaccine (MCV)-1st Dose}** **Definition:** Total number of infants aged between 9 and less than 12 months that have completed routine vaccination during the reporting month i.e., who have received BCG, all three doses of Pentavalent, three doses of OPV and 1st dose of Measles

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Facility Code	Data Item
	Containing Vaccine (MCV)/MR. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break-up for males and females has to be given. **Guideline:** Full immunisation has to be reported from a specific column in the immunisation recording register, when all the doses for a given child are completed. It should not be calculated simply by adding BCG, three doses of Pentavalent, three doses of OPV and 1st dose of Measles Containing Vaccine (MCV)/MR. The child should only be counted ONCE as fully immunized when receiving the last vaccine-usually Measles Containing Vaccine (MCV)/MR at 9th month -AND there is evidence of receiving all the previous vaccines. ***This data element will be applicable for both facility and Outreach.*** **Data Source – Immunisation Register**
8.2.5.a	**Data Element: Children aged between 9 and <12 months fully immunized- Male** **Definition:** Total number of Male children aged between 9 and less than 12 months that have completed routine vaccinations during the reporting month i.e. who have received BCG, three doses of Pentavalent, three doses of OPV and 1st dose of Measles Containing Vaccine (MCV)/MR. The OPV doses given during Pulse Polio rounds are NOT to be counted. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.2.5.b	**Data Element: Children aged between 9 and <12 months fully immunized – Female** **Definition:** Total number of female children aged between 9 and less than 12 months that have completed routine vaccinations during the reporting month i.e. who have received BCG, three doses of Pentavalent, three doses of OPV and 1st dose of Measles Containing Vaccine (MCV)/MR. The OPV doses given during Pulse Polio rounds are NOT to be counted. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3	**Children given following vaccination after 12 months (delayed vaccinations)**
8.3.1.	**Data Element: Child immunisation(after 12 months-delayed vaccination) - Measles & Rubella (MR)/Measles containing vaccine(MCV)- 1st Dose**

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Facility Code	Data Item
	Definition: Total number of children who were administered 1st Dose of MCV/Measles & Rubella (MR) after 12 months (Delayed) of birth during the reporting month. **Guideline:** Ideally, the 1st dose of MCV/Measles & Rubella (MR) should be administered to an infant at 9-11 months. The user should report only those children who have received their 1st dose of MCV/MR vaccine after 12 months of age i.e. delayed immunization for MCV/MR vaccine. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.2.	**Data Element: Child immunisation (after 12 months-delayed vaccination) - JE 1st dose** **Definition:** Total number of children who were administered 1st Dose of JE vaccine after 12 months (Delayed) of birth during the reporting month. **Guideline:** Ideally, 1st dose of JE vaccine should be administered to an infant at 9-11 months. The user should report only those children who have received their 1st dose of JE vaccine after 12 months of age i.e. delayed immunization for JE vaccine. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.3.	**Data Element: Child immunisation - DPT 1 after 12 months of age (delayed vaccination)** **Definition:** Total number of children after 12 months(Delayed) of birth administered 1st dose of DPT vaccine during the reporting month. **Guidelines:** Ideally, the child should receive PENTA 1 at 6 weeks of age. The user should report DPT 1 (Diphtheria, Pertussis, and Tetanus) after 12 months of birth **only if the child has not taken Pentavalent- 1 vaccine before 12 months of birth.** ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.4.	**Data Element: Child immunisation - DPT 2 after 12 months of age (delayed vaccination)** **Definition:** Total number of children after 12 months (Delayed) of birth administered 2nd dose of DPT vaccine during the reporting month.

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Facility Code	Data Item
	Guidelines: Ideally, the child should receive PENTA 2 at 10 weeks of age. DPT vaccine includes Diphtheria, Pertussis and Tetanus (DPT) .The 2nd dose of DPT should be administered to child only if the child has received DPT 1 after 12 months of age. DPT 2 should be given with a minimum gap of 4 weeks after DPT 1. The user should report DPT 2 (Diphtheria, Pertussis, and Tetanus) after 12 months of birth **only if the child has not taken Pentavalent- 2 vaccine before 12 months of birth.** ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.5.	**Data Element: Child immunisation - DPT 3 after 12 months of age (delayed vaccination)** **Definition:** Total number of children after 12 months (Delayed) of birth administered 3rd dose of DPT vaccine during the reporting month. **Guidelines:** Ideally, the child should receive PENTA 3 at 14 weeks of age. DPT vaccine includes Diphtheria, Pertussis and Tetanus (DPT). The 3rd dose of DPT should be administered to child only if the child has received DPT 1 & 2 after 12 months of age. DPT 3 should be given with a minimum gap 4 weeks after DPT 2. The user should report DPT 3 (Diphtheria, Pertussis, and Tetanus) after 12 months of birth **only if the child has not taken Pentavalent - 3 vaccine before 12 months of birth.** ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.6.	**Data Element: Child immunisation - DPT Booster after 24 months of age (delayed vaccination)** **Definition:** Total number of children who were administered 1st dose of DPT Booster vaccine during the reporting month. Children who have not received /missed DPT Booster during 16-24 months and received the dose after the 24 months (Delayed) should be reported here. **Guidelines:** 1st dose of DPT Booster vaccine should be administered to a child within 16-24 months of age. In case of delay (more than 24 months) in receiving Penta /DPT 3rd dose the minimum gap between Penta 3 and DPT 1ST Booster should be 6 months.

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Facility Code	Data Item
	This data element will be applicable for both facility and Outreach. **Data Source -Immunisation Register**
8.3.7.	**Data Element: Child immunisation - OPV Booster after 12 months of age (delayed vaccination)** **Definition:** Total number of children who were given OPV Booster vaccine during the reporting month. **Guideline:** OPV Booster vaccine should be given to a child within 16-24 months of age. The OPV doses given during pulse polio rounds are NOT to be counted. In case of delay in receiving OPV 3rd dose the minimum gap between OPV 3 and OPV Booster should be 6 months. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.3.8.	**Data Element: Child immunisation - JE Booster after 12 months of age (delayed vaccination)** **Definition:** Total number of children after 12 months of birth administered 2nd dose of JE Booster after 12 months of age during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.4	**Number of Children more than 12 months who received:**
8.4.1.	**Data Element: Child immunisation - Measles & Rubella (MR)/ Measles containing vaccine(MCV)- 2nd Dose (16-24 months)** **Definition:** Total number of children (16 -24 months of age) who were administered the 2nd dose of MCV/ Measles & Rubella (MR) vaccine during the reporting month. **Guidelines:** 2nd Dose of MCV/Measles & Rubella (MR) vaccine should be administered to a child within 16-24 months of age. In case of delay in MR1 the minimum gap between MR1 and MR2 would be 4 wks. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.4.2.	**Data Element: Child immunisation - DPT 1st Booster** **Definition:** Total number of children who were administered 1st dose of DPT Booster vaccine during the reporting month.

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Facility Code	Data Item
	Guidelines: 1st dose of DPT Booster vaccine should be administered to a child within 16-24 months of age. In case of delay in receiving Penta /DPT 3rd dose the minimum gap between Penta 3 and DPT 1ST Booster should be 6 months. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.4.3.	**Data Element: Child immunisation - OPV Booster** **Definition:** Total number of children who were given OPV Booster vaccine during the reporting month. **Guideline:** OPV Booster vaccine should be given to a child within 16-24 months of age. The OPV doses given during pulse polio rounds are NOT to be counted. In case of delay in receiving OPV 3rd dose the minimum gap between OPV 3 and OPV Booster should be 6 months. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.4.4.	**Data Element: Number of children more than 16 months of age who received Japanese Encephalitis (JE) vaccine- 2nd dose (16-24 months)** **Definition:** Total number of children (16-24 months of age) who were administered 2nddose of Japanese Encephalitis (JE) vaccine during the month. **Guideline:** 2nd dose of JE vaccine should be administered to a child within 16-24 months of age. In case of delay in receiving JE 1st dose the minimum gap between JE 1 and JE 2 should be 3 months. ***This data element will be applicable for both facility and Outreach.*** **Data Source - Immunisation Register**
8.5	**Number of Children more than 23 months who received:**
8.5.1.	**Data Element : Child Immunization- Typhoid** **Definition:** Total number of children Number of Children more than 23 months who received Typhoid. ***This data element will be applicable for both facility and Outreach.*** **Data Source**- Immunisation Register
8.5.2.	**Data Element: Children more than 5 years received DPT5 (2nd Booster)**

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Facility Code	Data Item
	Definition: Total number of children of more than 5 years of age who were administered 2nd dose of DPT booster during the reporting month. **Guideline:** DPT 2nd booster is to be administered to children aged 5-7 years as part of National Immunization Schedule under Universal Immunization Programme. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.5.3.	**Data Element: Children more than 10 years received Td10** **Definition:** Total number of children of more than 10 years of age who were administered with Tetanus and adult diphtheria (Td) during the reporting month. **Guideline:** One dose of Td vaccine is to be administered to children aged 10 years as part of National Immunization Schedule under Universal Immunization Programme. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.5.4.	**Data Element: Children more than 16 years received Td16** **Definition:** Total number of children more than 16 years of age who were administered with Tetanus and diphtheria (Td) during the reporting month. **Guideline:** One dose of Td vaccine is to be administered to children aged 16 years as part of National Immunization Schedule under Universal Immunization Programme. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**
8.6	**Adverse Event Following Immunisation (AEFI)** An adverse event following immunisation (AEFI) is defined as a medical incident that takes place after immunisation, and may or may not be casually related to immunisation. **Guideline**: All minor, serious and severe AEFIs are reported in HMIS formats. The serious and severe AEFIs are also to be reported by health staff to Medical Officer In-charge who reports it on Case Investigation Form (CIF) and is subsequently investigated by District AEFI Committee for its causality Assessment. ***This data element will be applicable for both facility and Outreach.*** **Data Source -Immunisation Register**

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Facility Code	Data Item
8.6.1.	**Data Element: Number of cases of AEFI -Minor (eg.- fever, rash, pain etc)** **Definition:** Total number of cases of Minor AEFI reported following immunisation during the reporting month. **Guidelines:** Minor AEFI are self-limiting, these may include fever, rash, pain etc. ***This data element will be applicable for both facility and Outreach.*** **Data Source – AEFI Register/ Immunisation Register/OPD Register/IPD Register**
8.6.2.	**Data Element: Number of cases of AEFI - Severe (eg.- anaphylaxis, fever>102 degrees, not requiring hospitalization etc.)** **Definition:** Total number of cases of Severe AEFI reported following immunisation during the reporting month. **Guidelines:** Severe AEFI include anaphylaxis not requiring hospitalization, fever >102 degree, other medical events not requiring hospitalization etc. ***This data element will be applicable for both facility and Outreach.*** **Data Source –AEFI Register/ Immunisation Register/OPD Register/IPD Register**
8.6.3.	**Data Element: Number of cases of AEFI - Serious (eg.- hospitalization, death, disability , cluster etc.).** **Definition:** Total number of cases of Serious AEFI reported following immunisation during the reporting month at health facility. **Guidelines:** An AEFI will be considered serious if it results in death, requires hospitalization, results in persistent or significant disability/ incapacity or a cluster (two or more cases) of AEFIs occur in a geographical area or parental/community concern. ***This data element will be applicable for both facility and Outreach.*** **Data Source –AEFI Register/ Immunisation Register/OPD Register/IPD Register**
8.6.3.a	**Data Element: Out of Number of cases of AEFI - Serious , total number of AEFI deaths** **Definition:** Out of number of cases of AEFI - Serious, total number of AEFI deaths reported following immunisation during the reporting month.

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Facility Code	Data Item
	This is item is subset of "**Number of cases of AEFI - Serious (eg.- hospitalization, death, disability , cluster etc.)", ONLY deaths to be reported.** ***This data element will be applicable for both facility and Outreach.*** **Data Source –AEFI Register/ Immunisation Register/OPD Register/IPD Register**
8.7	**Number of Immunisation sessions**
8.7.1.	**Data Element: Immunisation sessions planned** **Definition:** Number of immunization sessions planned during the reporting month. **Guidelines:** Immunization session planned for the outreach sessions are to be reported here. ***This data element will be applicable for Outreach only.*** **Data Source -Hospital Records/ Immunisation register**
8.7.2.	**Data Element: Immunisation sessions held** **Definition:** Total number of immunisation sessions held during the reporting month. **Guideline:** Information of total number of sessions held (at facility or at outreach) can be taken from the Hospital records/Immunization register. ***This data element will be applicable for Outreach only.*** **Data Source -Hospital Records/Immunisation Register**
8.8	**Children received Vitamin A Doses between 9 months and 5 years**
8.8.1.	**Data Element: Child immunisation - Vitamin A Dose – 1** **Definition:** Total number of children over 6 months but less than 1 year given vitamin A 1st dose during the reporting month. **Guideline**: Oral prophylactic dose of vitamin A one dose of 100,000 IU to infants (6-11 months) is recommended. ***This data element will be applicable for both facility and Outreach.*** **Data Source - Immunisation Register**
8.8.2.	**Data Element: Child immunisation - Vitamin A Dose – 5** **Definition:** Total number of children under 3 years of age given 5th dose of vitamin A during the reporting month.

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Facility Code	Data Item
	Guideline- Oral prophylactic dose of 200,000 IU in every six months is recommended for children 1-3 years of age. ***This data element will be applicable for both facility and Outreach.*** **Data Source - Immunisation Register**
8.8.3.	**Data Element: Child immunisation - Vitamin A Dose – 9** **Definition:** Total number of children under 5 years of age given 9th dose (booster) of vitamin A, during the reporting month. **Guideline**: Oral prophylactic, Six months' dose of 200,000 IU to children 1-5 years. Total 9 prophylactic doses recommended for under 5 children to prevent Vitamin A deficiency. ***In addition, number of children 6 months to 5 years provided with therapeutic dose of Vitamin A for treatment of Vitamin A deficiency in the facility may be included.*** **Data Source -** Immunisation Register/ OPD and IPD register/ PHC drug dissension register etc. (for number of children treated with Vitamin A) ***This data element will be applicable for both facility and Outreach.*** **Data Source - Immunisation Register**
M 9	**Number of cases of Childhood Diseases**
9.1	**New Cases of Childhood Diseases (0-5 years) & Leprosy (0-14 years)** (Include new cases of OPD/IPD/Emergency)
9.1.1.	**Data Element: Childhood Diseases – Malaria** **Definition**: Total number of NEW cases of Malaria (smear positive) reported in children below five years during the reporting month. **Guideline: Malaria** is transmitted through the bite of an infected *Anopheles* mosquito. Infected mosquitoes carry the *Plasmodium* parasite. When this mosquito bites, the parasite is released into the bloodstream of the person. The symptoms of malaria typically develop within 10 days to four weeks. <u>Common symptoms of malaria include</u>: shaking chills that can range from moderate to severe, high fever, profuse sweating, headache, nausea, vomiting, abdominal pain, diarrhea, anemia, muscle pain, convulsions, coma and bloody stools.

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Facility Code	Data Item
	Malaria is confirmed by blood test found positive for plasmodium parasite following the infection. In some cases, symptoms may not develop for several months. ***This data element will be applicable for facility only.*** **Data Source –** OPD/IPD/Emergency Register
9.1.2.	**Data Element: Childhood Diseases - Diarrhoea** **Definition**: Total number of NEW cases of Diarrhoea reported in children below five years during the reporting month. **Guideline:** Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, "pasty" stools by breastfed babies. Childhood diarrhoea is most often caused by infection. Much less often, however, it is due to other causes - e.g., malabsorption, endocrine abnormalities, hormone-secreting tumours, and pancreatic and liver dysfunction. Though most episodes of childhood diarrhoea are mild, acute cases can lead to significant fluid loss and dehydration, which may result in death or other severe consequences if fluids are not replaced at the first sign of diarrhoea. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** OPD/IPD/Emergency Register
9.1.3.	**Data Element: Childhood Diseases - Diarrhoea treated with ORS** **Definition**: Total number of NEW cases of Diarrhoea reported in children below five years treated with ORS. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** OPD/IPD/Emergency Register
9.1.4.	**Data Element: Childhood Diseases - Diarrhoea treated with Zinc for 14 days** **Definition**: Total number of NEW cases of Diarrhoea reported in children below five years treated with Zinc for 14 days. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** OPD/IPD/Emergency Register
Part B	**National Programmes**

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Facility Code	Data Item
M 10	**National Vector Borne Disease Control Programme (NVBDCP)**
10.1	**Malaria** **Definition:** Malaria is a parasitic disease caused by protozoa known as Plasmodium. It is transmitted by bite of female anopheles' mosquito. There are 4 species of Plasmodium as below; • *Plasmodium vivax (P.vivax),* • *Plasmodium falciparum (P.falciparum),* • *Plasmodium malariae (P.malariae)* and *Plasmodium ovale (P.ovale)*
10.1.1	**Rapid Diagnostic Test (RDT)**
10.1.1.a	**Data Element-RDT conducted for Malaria** **Definition:** Total number of suspected malaria cases tested by Bivalent Antigen Based RDT for malaria during the reporting month. **Guidelines**: Malaria rapid diagnostic test is an approved tool for malaria diagnosis. Quality bivalent Antigen Based RDT Pf/Pv(HRP2/pLDH antigen based) is recommended for all diagnosis at village/town level and an alternative to diagnosis via microscopic examination, at health facilities where good quality microscopic services cannot be readily provided due to training or logistic constraints. Bivalent RDT can detect both Pv and Pf malaria. For hospitalised patients RDT can be performed but it is recommended to prepare slides for microscopy also so that follow up for patients can be subsequently done for parasite clearance, if required. ***This data element will be applicable for both facility and Outreach.*** **Data source: Malaria M4 format**
10.1.1.b	**Data Element** : **Malaria (RDT) - Plasmodium Vivax test positive** **Definition:** Total number of malaria **Malaria (RDT) - Plasmodium Vivax test positive** cases reported through RDT during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data source: Malaria M4 format**
10.1.1.c	**Data Element : Malaria (RDT) - Plasmodium Falciparum test positive** **Definition:** Total number of malaria cases reported positive for *Plasmodium falciparum (P.falciparum),* through RDT during the reporting month. ***This data element will be applicable for both facility and Outreach.***

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Facility Code	Data Item
	Data source: Malaria M4 format
10.1.1.d	**Data Element: Malaria (RDT) - Mixed test positive** **Definition:** Total number of malaria cases reported Mixed test positive (Malaria (RDT) - Plasmodium Vivax test positive and Malaria (RDT) - Plamodium Falciparum test positive) through RDT during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data source: Malaria M4 format**
10.2	**Lymphatic Filaraisis**
10.2.1.	**Data Element: Number of persons that consumed MDA (Mass Drug Administration) drugs during the MDA round** **Definition:** No. of persons that consumed MDA drugs during the MDA round in the reporting month. **Guideline:** Lymphatic Filariasis is a vector borne disease caused by bite of Culex quinquefasciatus. The causative organism is Wuchereria bancrofti, which is responsible for 90% of the cases and Brugia malayi, which causes most of the remainder of the cases. A twin pillar strategy was adopted for the elimination of lymphatic filariasis i.e. 1) Annual Mass Drug Administration (MDA)-Two drug therapy DEC (Diethylcarbamazine Citrate) + Albendazole tablets) or Three drug therapy (IDA) (DEC+ Albendazole+ Ivermectin) to interrupt the transmission of the disease and 2) Morbidity Management and Disability Prevention: alleviating the suffering caused by lymphatic filariasis through the provision of the recommended essential package of care for lymphedema and hydrocele. For interruption of transmission, it is expected that all the eligible persons in the given area consumes the MDA drugs. Based on the total no. of individuals that consume drugs, percentage of consumption can be calculated, > 65% is to be achieved for consecutive five years to interrupt the transmission, however for IDA districts, >85% of the consumption is to be achieved amongst the total population for consecutive 2-3 rounds. Note: Since MDA is annual activity, the data will be collected annually in the month of MDA activity. ***This data element will be applicable for both facility and Outreach.*** **Data source: MDA coverage reports (Table 3)**
10.2.2.	**Data Element**: **Number of Lymphatic Filarisis lymphoedema patients received MMDP (Morbidity Management And Disability Prevention) kits**

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Facility Code	Data Item
	Definition: Total number of LF patients received MMDP kits amongst the total number of Lymphoedema cases listed. **Guidelines:** Morbidity Management and Disability is one of the important pillars for elimination of Lymphatic Filariasis. Each chronic patient of Lymphoedema is to be provided with an MMDP kit for self-care promotion of the affected limb each year. The provision for this kit is already included in the PIP. ***This data element will be applicable for both facility and Outreach.*** **Data source: Line Listing of Filaria Patients (Table – 10) and Monthly MMDP report (Table 11)**
M 11	**Adolescent Health**
11.1.	**Coverage under MHS- Menstrual Hygiene Scheme (GOI supported)**
11.1.1.	**Data Element: Number of adolescent girls provided sanitary napkin packs by ASHA** **Definition:** Total number of adolescent girls provided with sanitary napkin packs by ASHAs during the reporting month under the Menstrual Hygiene Scheme supported through the NHM funds. ***This data element will be applicable for Outreach only.*** **Data Source-** MHS Monthly reports
11.1.2	**Data Element: Number of sanitary napkin packs distributed free to ASHA (for her personal use)** **Definition:** Total number of sanitary napkin packs distributed free to ASHAs (for her personal use) during the reporting month under the Menstrual Hygiene Scheme supported through the NHM funds. ***This data element will be applicable for facility only.*** **Data Source:** MHS Monthly reports
11.1.3.	**Data Element - Number of adolescent girls attended monthly meeting**

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Facility Code	Data Item
	Definition: Total number of adolescent girls attended monthly meeting during the reporting month under the Menstrual Hygiene Scheme supported through the NHM funds. ***This data element will be applicable for Outreach only.*** **Data Source:** MHS Monthly Report
11.1.4.	**Data Element - Number of adolescent girls provided sanitary napkin packs by State/UT supported Menstrual Hygiene Scheme (MHS)** **Definition:** Total number of adolescent girls provided sanitary napkin packs other than the sanitary napkins provided by the ASHA in NHM supported Menstrual Hygiene Scheme (MHS). ***This data element will be applicable for both facility and Outreach.*** **Data Source:** MHS Monthly reports
11.2	**Peer Educator Programme** **Guideline** The Peer Education (PE) programme aims to ensure that adolescents or young people between the ages of 10-19 years benefit from regular and sustained peer education. Under the PE programme, four Peer Educators (two boys and two girls) are selected per village/1000 population/ASHA habitation to reach out to adolescents. Peer Educators form a group of 15-20 boys and girls in the community and conduct weekly one to two hours participatory sessions on adolescent health.
11.2.1.	**Data Element - Number of Peer Educators selected** **Definition-** Total number of Peer Educators selected during the month. Further, in case of any peer educator out of peer educator in earlier moths left, so for that month additional peer educator selected will be reported only. ***This data element will be applicable for facility only.*** **Data Source: Monthly reports/** To be reported by ANM
11.2.2.	**Data Element - Out of the selected Peer Educators, numbers trained** **Definition-** Number of Peer Educators completed training during the reporting month out of the total number of peer educators selected

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Facility Code	Data Item
	This data element will be applicable for Outreach only. **Data Source: Monthly reports/** To be reported by ANM
11.2.3.	**Data Element - Number of Adolescent Health and wellness Days organized** **Definition-** Total Number of Adolescent Health and wellness Days organized during the reporting period. **Guideline** Adolescent Health and Wellness Day (AH&WD) is conducted at the village level on quarterly basis to increase awareness among adolescents, parents, families and stakeholders about the issues and needs of adolescents and the services available. ***This data element will be applicable for both facility and Outreach.*** **Data Source: Monthly reports/ To be reported by ANM**
11.2.4.	**Data Element - Number of Adolescent Friendly Club Meetings** **Definition-** Total number of Adolescent Friendly Club Meetings organized during the reporting period. **Guideline:** Peer educators meet at the sub centre every month to discuss their issues organized ***This data element will be applicable for facility only.*** **Data Source:** Monthly reports/ To be reported by ANM
M 12	**National TB Elimination Programme (NTEP)**
12.1.	**Data Element- Number of notified TB patients who are on Anti Tuberculosis Therapy** **Definition:** Total Number of cases of Tuberculosis (TB) currently on Anti Tuberculosis therapy during the reporting month. **Guideline:** 1. This is the total number of patients notified who are on Anti TB treatment in the given facility during the reporting period. 2. This will include patients who were diagnosed (notified) during any period but on active TB treatment during the reporting period.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source:** Ni-kshay/OPD Register/IPD Register
12.2.	**Data Element: Number of Presumptive TB (ie with 4 Symptom complex of TB) identified** **Definition:** Number of Presumptive TB (i.e. with any of 4 Symptom complex of TB) identified for any TB testing should be reported in the reporting month. **Guideline:** The total number of individuals identified to be at risk of having TB disease by screening for 4 symptom complex, sputum collected and sent for testing within the facility. ***This data element will be applicable for both facility and Outreach.*** **Data Source:** OPD/IPD Register
12.3.	**Number of Presumptive TB (ie with 4 Symptom complex of TB) identified and sent for any TB testing**
12.3.a	**Data Element: Number of Presumptive TB (ie with 4 Symptom complex of TB) identified and sent for any TB testing within the facility.** **Definition:** Number of Presumptive TB cases identified and sent for testing within the facility should be reported in the reporting month. **Guideline:** The total number of individuals identified to be at risk of having TB disease by screening for 4 symptom complex, sputum collected and sent for testing within the facility. ***This data element will be applicable for facility only.*** **Data Source - OPD/IPD Register**
12.3.b	**Data Element - Number of Presumptive TB (i.e. with 4 Symptom complex of TB) identified and sent for any TB testing outside the facility**

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Facility Code	Data Item
	Definition: Number of Presumptive TB cases identified and sent for testing outside the facility should be reported in the reporting month. **Guideline:** The total number of individuals identified to be at risk of having TB disease by screening for 4 symptom complex, sputum collected and sent for testing outside the facility ***This data element will be applicable for facility only.*** **Data Source:** Laboratory Register
12.4.	**Data Element- Of the number sent for testing, number who were tested (by any test) for TB within the facility** **Definition:** Number of Presumptive TB cases who were actually tested among those sent for TB testing within the facility should be reported in the reporting month. **Guideline:** 1. Of the individuals whose samples were sent for testing, this will be the number that actually got tested with a test for TB. 2. This indicator has to be analysed in reference to the previous indicator (12.3.a). ***This data element will be applicable for facility only.*** **Data Source:** Laboratory Register/Nikhshay Portal
12.5.	**Data Element- Of the number sent for testing, number who were tested (by any test) for TB outside the facility** **Definition:** Number of Presumptive TB cases who were actually tested among those sent for TB testing outside the facility should be reported in the reporting month. **Guideline:** 1. Of the individuals whose samples were sent for testing, this will be the number that actually got tested with a test for TB. 2. This indicator has to be analysed in reference to the previous indicator (12.3.b).

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source: Laboratory Register/Nikhshay Portal**
12.6.	**Data Element: Of the number tested, number of persons diagnosed as TB patients.** **Definition:** Number of patients diagnosed with TB either by microscopy or by molecular tests. **Guideline:** 1. Of the individuals whose samples were tested, this will be the number that actually got diagnosed for TB. ***This data element will be applicable for facility only.*** **Data Source - Laboratory Register/Nikhshay Portal**
12.7.	**Data Element: Number of TB patients availing treatment through a Treatment supporter for the reporting month.** **Definition:** Number of current TB patients availing treatment through a Treatment supporter for the reporting month. **Guideline:** 1. The total number of current TB patients on treatment who have a treatment supporter. 2. Treatment supporters help in monitoring adherence and reporting of any adverse events for the linked patient. 3. "Treatment supporter (Who can become the treatment supporter)": • A "Treatment Supporter" can be any person such as a Medical Officer, MPW, community volunteer working with the program etc. Even a patient's relative can be a Treatment Supporter. • As per NTEP guidelines, salaried NTEP/ General Health System staff may also be assigned as treatment supporters for a patient. However, they will not be eligible for any honorarium. • A patient can only be linked to one treatment supporter at a time.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source: Ni-kshay**
12.8.	**Data Element: Number of Directly Observed Treatment, Short-course (DOTS) cases completed successfully** **Definition:** Number of Drug sensitive TB patients who completed the treatment successfully (either cured or treatment completed). **Guideline:** 1. The total number of Drug sensitive TB (DSTB) patients who have reported a successful treatment outcome (cured or treatment completed). 2. TB treatment outcomes for a given reporting period will be reported for the cohort of patients who were diagnosed and currently assigned to the reporting facility before 12 months. 3. For examples, when reporting the outcomes for Aug 2023 for the reporting facility (A), we take the DSTB patients notified from the given facility (A) 12 months before, based on the " CURRENT FACILITY" filter in Nikshay portal. ***This data element will be applicable for facility only.*** **Data Source - Ni-kshay -Notification register (based on current facility)**
Part C.	**Health Facility Services**
M 13	**Patient Services**
13.1	**Out Patient Department (OPD in Facility) by disease/ health condition (excluding teleconsultation)**
13.1.1.	**Data Element: Outpatient – Diabetes** **Definition:** Total number of new/existing cases attending OPD for screening/treatment/follow-up for diabetes at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source: OPD Register**
13.1.2.	**Data Element: Outpatient – Hypertension**

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Facility Code	Data Item
	Definition: Total number of new/existing cases attending OPD for screening/treatment/follow-up for hypertension at the DH during the reporting month. ***This data element will be applicable for facility only.*** **Data Source: OPD Register**
13.1.3.	**Data Element: Outpatient - Stroke (Paralysis)** **Definition:** Total number of new/existing cases of Stroke **(Paralysis)** attended at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source: OPD Register**
13.1.4.	**Data Element: Outpatient - Cardiovascular Disease** **Definition:** Total number of new/existing cases of Cardiovascular Disease attended the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source: OPD Register**
13.1.5.	**Data Element: Outpatient - Mental illness** **Definition:** Total Number of new/existing cases of Mental illness attended at the health facility during the reporting month. **Data Source -OPD Register**
13.1.6.	**Data Element: Outpatient – Epilepsy** **Definition:** Total Number of new/existing cases of Epilepsy attended at the health facility during the reporting month**.** ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.7.	**Data Element: Outpatient - Ophthalmic Related** **Definition:** Total Number of new/existing cases of Ophthalmic Related disease attended at the health facility during the reporting month**.** ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source -OPD Register
13.1.8.	**Data Element: Outpatient – Dental** **Definition:** Total Number of new/existing cases of Dental problems at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.9.	**Data Element: Outpatient - ENT** **Definition:** Total Number of new/existing cases of diseases related to Ear, Nose & Throat attended at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.10.	**Data Element: Outpatients- Asthma** **Definition:** Total number of new/existing cases attending OPD for screening/treatment/follow-up for Asthma at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.11.	**Data Element: Outpatient – COPD** **Definition**: Total Number of patients suffering from Chronic Obstructive Pulmonary Disease (COPD) treated in the facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.12.	**Data Element: Outpatient – Tuberculosis** **Definition**: Total number of Tuberculosis (TB) patients who are undergoing Treatment from OPD in the reporting month. ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source -OPD Register
13.1.13.	**Data Element: Outpatient - Palliative Care** **Definition:** Total number of new/existing terminal cases of Cancer, AIDS etc. attending OPD at the health facility during the reporting month. **Guideline**: Who needs palliative care? Cancer, HIV/AIDS, Organ failures like heart failure, lung failure or kidney failure, Chronic neurological diseases eg- Parkinson's disease, Stroke or spinal cord injuries, Old age conditions like Alzheimer's disease, Children with cerebral palsy or birth defects. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.1.14.	**Other Services**
13.1.14.a	**Data Element**: Number of Palliative Patients visited at home **Definition**: Total number of new/existing terminal cases of Cancer, AIDS etc. visited during home visits for the reporting month. **Guideline**: Who needs palliative care? Cancer, HIV/AIDS, Organ failures like heart failure, lung failure or kidney failure, Chronic neurological diseases eg- Parkinson's disease, Stroke or spinal cord injuries, Old age conditions like Alzheimer's disease, Children with cerebral palsy or birth defects. ***This data element will be applicable for Outreach only.*** **Data Source:** Palliative Homecare Register
13.2	**Outpatient attendance (All) (excluding teleconsultation)**
13.2.1.	**Data Element: Allopathic- Outpatient attendance** **Definition:** Total number of new/existing outpatients (Allopathic- all types) attended at the health facility during the reporting month. **Allopathic OPD may include immunization and routine ANC cases conducted in the health facility.** **Note: Teleconsultation will not be reported under total OPD.**

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Facility Code	Data Item
	Guidelines: Allopathic OPD attendance would include only allopathic prescriptions. It will not include AYUSH OPD. ***This data element will be applicable for facility only.*** **Data Source -OPD Register**
13.2.2.	**Data Element: AYUSH - Outpatient attendance** **Definition:** Total Number of new/existing out-patients (AYUSH) attended at the health facility during the reporting month. **AYUSH OPD may include immunization and routine ANC cases conducted in the health facility.** **Note: Teleconsultation will not be reported under total OPD.** **Guidelines:** AYUSH OPD attendance would include only AYUSH prescriptions. It will not include allopathic OPD. ***This data element will be applicable for facility only.*** **Data Source – AYUSH OPD Register**
13.3	**Inpatient details**
13.3.1	**Total Number of cases Referred out (OPD+IPD+Emergency)**
13.3.1.a	**Data Element: Total cases Referred out - During Day** **Data Definition:** Total Number of Cases referred out from the health facility during daytime i.e. 8 AM – 8 PM during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – OPD Register/ IPD Register/ Emergency Register**
13.3.2	**Data Element: Day Care Admissions** **Definition:** Total number of patients admitted for day care only (only for few hours for treatment or examination or observation) in the health facility during the reporting month**.** **Guideline:** Outpatient health care services sometimes require the patient to be under medical supervision for a period of few hours for treatment or examination or observation. Later, during evening/at night the patients are either discharged or referred to higher facilities.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source – Day Care Admissions Register**
13.3.3	**Data Element: Total number of telemedicine consultation provided** **Definition:** Total number of telemedicine consultation provided at the facility during the month. **Guideline:** Please count all cases/patients which have received teleconsultation at the receiving facility. Provider Facility (which provides consultation remotely) which is providing the consultation to the receiving facility should not count consultation provided under this data element. ***This data element will be applicable for facility only.*** **Source – Telemedicine Consultation register**
13.4	**Janani Shishu Suraksha Karyakram (JSSK)**
13.4.1	**Number of Pregnant Women(PW) and Post Natal Care (PNC) Beneficiaries provided**
13.4.1.a	**Data Element: Total number of Pregnant Women and PNC - JSSK Beneficiaries** **Definition:** Total no.of Pregnant women and PNC beneficiaries provided JSSK benefits during the reporting month. **Guideline**: All pregnant and PNC beneficiaries are entitled for free and zero expense delivery. ***This data element will be applicable for both facility and Outreach.*** **Data Source – JSSK MIS/Report**
13.4.1.b	**Data Element: Number of Pregnant Women and PNC beneficiaries provided - Free Medicines under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free medicine under JSSK during the reporting month. **Guideline**: In view of free and zero expense delivery, all pregnant women and PNC beneficiaries are entitled for free medicine under JSSK. ***This data element will be applicable for both facility and Outreach.***

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Facility Code	Data Item
	Data Source – JSSK MIS/Report
13.4.1.c	**Data Element: Number of Pregnant Women and PNC beneficiaries provided - Free Diet under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free diet under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – JSSK MIS/Report**
13.4.1.d	**Data Element: Number of Pregnant Women and PNC beneficiaries provided - Free Diagnostics under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free diagnostics under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – JSSK MIS/Report**
13.4.1.e	**Data Element: Number of Pregnant Women and PNC beneficiaries provided - Free Home to facility transport under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free transport for home to facility under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – JSSK MIS/Report**
13.4.1.f	**Data Element: Number of Pregnant Women and PNC beneficiaries provided – Inter facility transfers when needed under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free transport for Inter-facility transfers whenever needed under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – JSSK MIS/Report**
13.4.1.g	**Data Element: Number of Pregnant Women and PNC beneficiaries provided - Free Drop Back home under JSSK** **Definition:** Total number of pregnant women and PNC beneficiaries provided free transport for drop back to home under JSSK during the reporting month.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source – JSSK MIS/Report**
13.4.2	**Number of sick infants provided**
13.4.2.a	**Data Element: Number of infants admitted at facility due to any sickness- JSSK Beneficiaries** **Definition-** Number of infants admitted at facility due to any sickness such as diarrhoea, pneumonia, fever, convulsion or any other ailment. ***This data element will be applicable for facility only.*** **Data Source –** JSSK MIS/Report/ IPD Register
13.4.2.b	**Data Element: Number of sick infants provided - Free Medicines under JSSK** **Definition:** Total number of sick infants provided free medicine under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source –** JSSK MIS/Report
13.4.2.c	**Data Element: Number of sick infants provided - Free Home to facility transport under JSSK** **Definition:** Total number of sick infants provided free transport for home to facility under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source** – JSSK MIS/Report
13.4.2.d	**Data Element: Number of sick infants provided - Interfacility transfers when needed under JSSK** **Definition:** Total number of sick infants provided free transport for Inter-facility transfers whenever needed under JSSK during the reporting month. ***This data element will be applicable for facility only.*** **Data Source –** JSSK MIS/Report
13.4.2.e	**Data Element: Number of sick infants provided - Free Drop Back home under JSSK** **Definition:** Total number of sick infants provided free transport for drop back to home from facility under JSSK during the reporting month.

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Facility Code	Data Item
	This data element will be applicable for facility only. **Data Source –** JSSK MIS/Report
13.5	**Data Element: Number of Jan Arogya Samiti (JAS) meetings held** **Definition:** Total number of Jan Arogya Samiti (JAS) meetings held at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Jan Arogya Samiti (JAS) meetings register**
13.6.	**Data Element: Number of Anganwadi centres reported to have conducted at least one Village Health & Nutrition Day (VHNDs)/UHND/ Outreach / Special Outreach sessions.** **Definition: <u>Number of Anganwadi centres are to be reported who</u>** have conducted at least one Village Health & Nutrition Day (VHNDs)/UHND/ Outreach / Special Outreach sessions held at the health facility during the reporting month. **Guidelines:** **Number of Anganwadi centres are to be reported.** The VHND/UHND is to be organized once every month (preferably on Wednesdays, and for those villages that have been left out, on any other day of the same month) at the AWC in the rural/urban area respectively. This will ensure uniformity in organizing the VHND/UHND. ''outreach service sessions'' to extend the service coverage to those in need but not able or willing to visit health facilities to demand services. Essential package of services for pregnant women, children and those suffering from common morbidities have been made available through these outreach sessions. Special Outreach Sessions are expected to provide health care services specially to marginalised and vulnerable population groups in urban areas who may not present themselves to demand services from public health care agencies. Services provided through special Outreach Sessions would address their specific health needs with support from specialists, if needed. ***This data element will be applicable for Outreach only.*** **Data Source – VHNDs/UHND/ Outreach register**

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Facility Code	Data Item
13.7.	**Data Element: Total number of VHND/UHND sessions conducted in the reporting month** **Definition:** Number of sessions VHNDs/UHND held are to be reported here during the reporting month. **Guidelines:** **Number of sessions of VHNDs/UHND held during the month are to be reported as per Rural/Urban area for respective sessions.** **RURAL:** The VHND is to be organized once every month (preferably on Wednesdays, and for those villages that have been left out, on any other day of the same month) at the Anganwadi centres (AWC) in the village. This will ensure uniformity in organizing the VHND. The AWC is identified as the hub for service provision in the NHM and also as a platform for inter-sectoral convergence. **URBAN:** The outreach services are offered on a monthly basis on fixed day or weekly/fortnightly based on local requirement at the community level by ANM supported by ASHA at the sites like i.e., Anganwadi centres, schools, community halls, mobile vans/vehicles equipped with medical facilities, etc. UHNDs would cater to the entire population especially population living in slums/vulnerable populations within the catchment area of an Urban PHC (UPHC)/UHWC. Program specific activities should be integrated with regular UHND such that all health services are comprehensively provided during an outreach session under one platform. ***This data element will be applicable for both facility and Outreach.*** **Data Source – VHNDs/UHND/ Outreach register**
13.8.	**Data Element: Total number of Outreach/Special Outreach camps conducted in the reporting month** **Definition:** Total number of Outreach /Special Outreach sessions held at the health facility and at Outreach during the reporting month. **Guidelines:** **Number of Outreach/Special Outreach camps conducted in the reporting month as per Rural and Urban area whichever applicable are to be reported here.**

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<table>
<tr><th>Facility Code</th><th>Data Item</th></tr>
<tr><td></td><td>Routine outreach services will be provided through Health Workers stationed at the health facility and special outreach services will be organized for the vulnerable population.

‘’outreach service sessions’’ to extend the service coverage to those in need but not able or willing to visit health facilities to demand services. Essential package of services for pregnant women, children and those suffering from common morbidities have been made available through these outreach sessions.

Special Outreach Sessions are expected to provide health care services specially to marginalised and vulnerable population groups in urban areas who may not present themselves to demand services from public health care agencies. Services provided through special Outreach Sessions would address their specific health needs with support from specialists, if needed.

While the Urban Health and Nutrition Day (UHND) are outreach sessions held on a monthly basis, Special Outreach Sessions are to be held weekly or fortnightly as per need of the State/UTs aiming to cover the homeless, construction workers, migrant population and other

Vulnerable groups apart from slum dwellers as per properly designed plan of action for implementation and follow-up. The outreach sessions (both UHND & Special outreach) could be organized at locations such as community structures, primary schools, anganwadi centers in coordination with ASHA and MAS members

This data element will be applicable for both facility and Outreach.

Data Source – VHNDs/UHND/ Outreach register</td></tr>
<tr><td>13.9.</td><td>Stock outs</td></tr>
<tr><td>13.9.a</td><td>Data Element: Total no. of essential drugs for which stock-outs reported

Definition: Average unavailability % of EDL at the respective District Hospital (DH) for each calendar month. This will be devised based on the monthly average of daily availability (% of EDL) at the District Hospital main store and reducing it from 100. For example, say for the month of November following is availability % day wise:

<table>
<tr><th>Day</th><th>Expected number of EDLs as per State</th><th>Actual EDLs present in DH</th><th>Availability %</th></tr>
<tr><td>D1</td><td>500</td><td>400</td><td>(400/500)*100 = A1</td></tr>
<tr><td>D2</td><td>500</td><td>300</td><td>(300/500)*100 = A2</td></tr>
<tr><td>D3</td><td>500</td><td>300</td><td>(300/500)*100 = A3</td></tr>
</table>
</td></tr>
</table>

Facility Code	Data Item
	<table><tr><td>….</td><td>….</td><td>….</td><td>…</td></tr><tr><td>D30</td><td>500</td><td>400</td><td>(400/500)*100 = A30</td></tr><tr><td colspan="3">Average Availability % for the Month(A)</td><td>(A1+A2+A3…..+A30)/30 = A</td></tr><tr><td colspan="3">Average Stock-out % for the Month(S)</td><td>100- A = S</td></tr></table> **Guideline:** Multiple States / UTs have implemented Free Drugs Service initiative (FDSI). For implementation on FDSI, States / UTs have notified the number of essential drugs for District Hospital (in the form of Essential Drug List (EDL)) which should be available for DH to all the beneficiaries on all days. The stock-out % parameter can be any numeric value from 0 to 100. It cannot take any other value. Further: • Value of `100' signifies that all the EDL were unavailable at the DH for all days of the month, while value of '0' signifies that all EDLs were available on all days of the month. • The Stock-out % may varies from DH to DH within the same State/ UT. It signifies average unavailability of drugs at DH for that month. • Purpose of monitoring stock-out rate is to ensure that all prescribed EDLs for the facility should be available all the time for the beneficiaries. This data element will be applicable for facility only. **Data Source** – Daily Stock status at district hospital based on DVDMS/ eAushadhi/ other IT applications running in the State / UT.
13.10	**National Viral Hepatitis Control Program (Diagnosis and Management of viral hepatitis)**
13.10.1	**Total number of blood samples screened by ELISA/Rapid tests for viral hepatitis**
13.10.1.a	**Data Element: Total number of blood samples screened by ELISA/Rapid tests for viral hepatitis B i.e. HBsAg (excluding pregnant women)** **Definition:** Total number of blood samples screened for hepatitis B i.e. HBsAg by ELISA/Rapid tests for viral hepatitis during the reporting month. **Guideline:** Total number of blood samples screened for viral hepatitis B i.e. HBsAg (by using the methodology of ELISA or Rapid Diagnostic test) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: ANM register/ subcentre register/ subcentre-HWC register**
13.10.1.b	**Data Element: Total number of blood samples screened by ELISA/Rapid tests for viral hepatitis C (Anti- HCV)**

Facility Code	Data Item
	Definition: Total number of blood samples screened for hepatitis C i.e Anti- HCV by ELISA/Rapid tests for viral hepatitis during the reporting month. **Guideline:** Total number of blood samples screened for viral hepatitis C i.e. Anti-HCV (by using the methodology of ELISA or Rapid Diagnostic test) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: ANM register/ subcentre register/ subcentre-HWC register**
13.10.2	**Total number of blood samples tested positive by ELISA/ Rapid tests for viral hepatitis & its management**
13.10.2.a	**Data Element**: **Total number of blood samples tested positive by ELISA/ Rapid tests for Hepatitis B (out of those tested for HBsAg excluding pregnant women).** **Definition:** Total number of blood samples tested positive for hepatitis B i.e. HBsAg (out of those tested for HBsAg excluding pregnant women) by ELISA/ Rapid tests for viral hepatitis during the reporting month. **Guideline:** Total number of blood samples tested positive for hepatitis B (Biomarker HBsAg by using the methodology of ELISA or Rapid Diagnostic test) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: ANM register/ subcentre register/ subcentre-HWC register**
13.10.2.b	**Data Element: Total number of blood samples tested positive by ELISA/ Rapid tests for Hepatitis C (out of those tested for Anti-HCV)** **Definition:** Total number of blood samples tested positive for hepatitis C (out of those tested for hepatitis C) by ELISA/ Rapid tests during the reporting month. **Guideline:** Total number of blood samples tested positive for hepatitis C (Biomarker Anti-HCV by using the methodology of ELISA or Rapid Diagnostic test) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: ANM register/ subcentre register/ subcentre-HWC register**
13.10.3	**Hepatitis B in pregnancy**
13.10.3.a	**Data Element: Number of pregnant women tested for HBsAg**

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Facility Code	Data Item
	Definition: Number of pregnant women tested for HBsAg during the reporting month. **Guideline:** Total number of pregnant women tested for hepatitis B i.e. HBsAg during their antenatal care visit (Biomarker HBsAg using the methodology of ELISA or Rapid Diagnostic test kits) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: RCH register/RCH portal/ ANM register**
13.10.3.b	**Data Element: Number of pregnant women who are HBsAg positive (Out of those tested for Hepatitis B i.e. HBsAg)** **Definition:** Number of pregnant women who were tested and are found positive for HBsAg during the reporting month. **Guideline:** Total number of pregnant women tested positive for hepatitis B (Biomarker HBsAg reactive by using the methodology of ELISA or Rapid Diagnostic test kits) during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: RCH register/RCH portal/ ANM register**
13.10.3.c	**Data Element: Number of pregnant women found positive for HBsAg referred out to higher centre for institutional delivery** **Definition:** Number of pregnant women who were tested positive for HBsAg and have been referred to higher centre for institutional delivery during the reporting month. **Guidelines:** Total number of pregnant women tested positive for hepatitis B referred to a designated healthcare facility where safe institutional delivery can be carried out and where the newborn can be administered HBIG along with the birth dose of hepatitis B vaccine. ***This data element will be applicable for facility only.*** **Source: RCH register/RCH portal/ ANM register**
13.10.3.d	**Data Element: Number of newborn who received birth dose of Hepatitis B vaccine born to HBsAg positive pregnant women** **Definition:** Number of newborn delivered to HBsAg positive pregnant women received hepatitis B vaccine birth dose (within 24 hours of birth) during the reporting month.

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Facility Code	Data Item
	Guidelines: Total number of newborns who received birth dose of hepatitis B vaccine (within 24 hours of birth) who are born to pregnant women tested positive for HBsAg during the month for which reporting is being done. ***This data element will be applicable for both facility and Outreach.*** **Source: RCH register/RCH portal / immunization register/ ANM register**
M 14	**Laboratory Testing**
14.1	**Total Number of Lab Tests** **Definition -** Total Number of Lab Tests performed at the lab of the facility, reported during the month. **Guideline-** All lab tests conducted in the facility are to be reported **including tests done through test kits.** **Source- Lab Register**
14.1.1	**Data Element: Total Number of Lab Tests done- In-house** **Definition -** Total Number of inhouse lab Tests done reported during the month. **Guideline-** All in-house lab tests conducted in the facility are to be reported. In-house refers to an activity or operation that is performed within a facility, instead of relying on outsourcing. ***This data element will be applicable for both facility and Outreach.*** **Data Source - Lab Register**
14.1.2	**Data Element: Total Number of Lab Tests done- Outsourced** **Definition -** Total Number of outsourced lab Tests done reported during the month. **Guideline-** when a facility obtains lab service from an outside provider, rather than handling it in-house are to be reported. ***This data element will be applicable for both facility and Outreach*** **Data Source - Lab Register**
14.2	**Hb Tests Conducted**
14.2.1	**Data Element: Number of Hb tests conducted including kit tests.** **Definition**: Total number of Haemoglobin (Hb) tests conducted at PHC during the reporting month. Hb tests conducted by kits may also reported here during the reporting month.

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Facility Code	Data Item
	Data Source - Lab Register
14.2.2	**Data Element: Out of the total number of Hb tests done, Number having Hb < 7 mg** **Definition:** Out of the total number of haemoglobin (Hb) test conducted during the reporting month, number of test where Hb was found to be less than 7 gm/dl. **Guidelines**: Only those cases are to be reported where the Hb was measured by a Hemoglobinometer or any other acceptable laboratory method and was found to be less than 7g/dl. Examination of eye/nails is not to be reported. Only new cases should be considered. ***This data element will be applicable for both facility and Outreach*** **Data Source - Lab Register**
14.3	**HIV tests**
14.3.1.a	**Data Element- Number of males screened for HIV by Whole Blood Finger Prick/RDT test/POC test**. **Definition**: Total number of male (any age group) screened /tested for HIV during this month. **Guideline:** proved the total number males (any age group) attendees screened /tested by Whole Blood Finger Prick/RDT test/POC test at this facility during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.1.b	**Data Element- Out of the above, no. of males found reactive for HIV** **Definition**: Total number of male (any age group) found reactive out of total HIV screened/tested **Guideline:** Provide the total no.of males (any age group) found reactive out of total no. of males screened/tested for HIV during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.1.c	**Data Element** : **Number of HIV reactive males subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC)** **Definition**: Total number of males (any age group) were subjected to HIV Confirmatory test at Confirmatory Centre (Stand Alone-ICTC).

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Facility Code	Data Item
	Guideline: Provide the total no.of males (any age group) out of HIV reactive by Whole Blood Finger Prick/RDT test/POC test were subjected to HIV Confirmatory test at HIV confirmatory facility (SA-ICTC) during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.1.d	**Data Element: Out of the above, no. of males confirmed as HIV Positive** **Definition**: Total number of males (any age group) were confirmed HIV positive **Guideline:** Provide the total no.of males (any age group) were confirmed HIV positive at HIV confirmatory facility (SA-ICTC) out of HIV reactive by Whole Blood Finger Prick/RDT test/POC test during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.2.a	**Data Element- Number of females (non-ANC) screened for HIV by Whole Blood Finger Prick/RDT test/POC test** **Definition**: Total number of females (non-ANC)) screened /tested for HIV during this month. **Guideline:** proved the total number females (other than ANC and DIL) attendees screened /tested by Whole Blood Finger Prick/RDT test/POC test at this facility during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.2.b	**Data Element- Out of the above, no. of females (non-ANC) found reactive for HIV** **Definition**: Total number of females (Non-ANC) found reactive out of total HIV screened/tested. **Guideline:** Provide the total no.of females (other than ANC&DIL) found reactive out of total no. of females (other than ANC&DIL) screened/tested for HIV during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**

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Facility Code	Data Item
14.3.2.c	**Data Element- Number of HIV reactive females (non-ANC) subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC)** **Definition**: Total number of females (non-ANC) were subjected to HIV Confirmatory test at Confirmatory Centre (Stand Alone-ICTC). **Guideline:** Provide the total no.of females (other than ANC& DIL) out of HIV reactive by Whole Blood Finger Prick/RDT test/POC test were subjected to HIV Confirmatory test at HIV confirmatory facility (SA-ICTC) during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.2.d	**Data Element- Out of the above, no. of females (non-ANC) confirmed as HIV Positive** **Definition**: Total number of females (non-ANC) were confirmed HIV positive out of reactive **Guideline:** Provide the total no. of females (other than ANC& DIL) were confirmed HIV positive at HIV confirmatory facility (SA-ICTC) out of HIV reactive by Whole Blood Finger Prick/RDT test/POC test during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.3.a	**Data Element- Number of pregnant women (PW) screened for HIV by Whole Blood Finger Prick/RDT test/POC test** **Definition**: Total number of pregnant women (ANC) screened/tested for HIV during this month. **Guideline:** proved the total number pregnant women (ANC) were screened /tested by Whole Blood Finger Prick/RDT test/POC test at this facility during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.3.b	**Data Element- Out of the above, No. of PW (ANC)found reactive for HIV** **Definition**: Total number of PW(ANC) found reactive out of total no. of **PW(ANC)** screened/tested. **Guideline:** Provide the total no.of **PW(ANC)** found reactive out of total no. of **PW(ANC)** screened/tested for HIV during this month.

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Facility Code	Data Item
	This data element will be applicable for both facility and Outreach. **Data Source - HCTS register/Lab Register**
14.3.3.c	**Data Element- Number of HIV reactive PW(ANC) subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC).** **Definition**: Total number of PW(ANC) were subjected to HIV Confirmatory test at Confirmatory Centre (Stand Alone-ICTC). **Guideline**: Provide the total no.of PW(ANC) were subjected to HIV Confirmatory test at HIV confirmatory facility (SA-ICTC) out of total no.of PW(ANC) found HIV reactive by Whole Blood Finger Prick/RDT test/POC test. ***This data element will be applicable for facility only.*** **Data Source - HCTS register/Lab Register**
14.3.3.d	**Data Element: Out of the above, No. of PW(ANC) confirmed as HIV Positive** **Definition**: Total number of PW (ANC) were confirmed HIV positive out of reactive. **Guideline:** Provide the total no. of PW(ANC) were confirmed HIV positive at HIV confirmatory facility (SA-ICTC) out of the no.of PW(ANC) HIV reactive by Whole Blood Finger Prick/RDT test/POC test during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.3.e	**Data Element: Number of pregnant women (ANC&DIL) screened for HIV more than once (Repeated testing) .** **Definition**: Total number of pregnant women (ANC&DIL) were tested more than once (repeated test) during this month. **Guideline:** Proved the total number pregnant women (ANC&DIL) irrespective of trimester were screened/tested more than once (repeated test) by Whole Blood Finger Prick/RDT test/POC test at this facility during this month. ***This data element will be applicable for facility only.*** **Data Source – HCTS register/Lab Register**
14.3.4.a	**Data Element- Number of H/TG people screened for HIV by Whole Blood Finger Prick/RDT test/POC test.**

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Facility Code	Data Item
	Definition: Total number of **H/TG** screened /tested for HIV during this month. **Guideline:** Proved the total number **H/TG** people screened /tested by Whole Blood Finger Prick/RDT test/POC test at this facility during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.4.b	**Data Element- Out of the above, no. of H/TG people found reactive for HIV** **Definition**: Total number of **H/TG** people who were found reactive out of total no. of **H/TG** people screened /tested. **Guideline**: Provide the total no.of **H/TG** who were subjected to HIV Confirmatory test at HIV confirmatory facility (SA-ICTC) out of total no. of **H/TG** found HIV reactive by Whole Blood Finger Prick/RDT test/POC test. . ***This data element will be applicable for both facility and Outreach.*** **Data Source – HCTS register/Lab Register**
14.3.4.c	**Data Element** : **Number of HIV reactive H/TG people subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC)** **Definition**: Total number of HIV reactive H/TG people were subjected to HIV Confirmatory test at Stand Alone-ICTC. **Guideline:** Provide the total no. of H/TG people were subjected to HIV Confirmatory test at HIV confirmatory facility (SA-ICTC) out of the total no. of H/TG people found HIV reactive by Whole Blood Finger Prick/RDT test/POC test. ***This data element will be applicable for facility only.*** **Data Source - HCTS register/Lab Register**
14.3.4.d	**Data Element** : **Out of the above, No. of H/TG people confirmed as HIV Positive** **Definition**: Total number of **H/TG** people were confirmed HIV positive out of reactive. **Guideline:** Provide the total no.of **H/TG** people were confirmed HIV positive at HIV confirmatory facility (SA-ICTC) out of HIV reactive by Whole Blood Finger Prick/RDT test/POC test during this month. ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source – HCTS register/Lab Register
14.4	**STI/RTI attendees Tested for Syphilis**
14.4.1.a	**Data Element: Total number of males tested for syphilis (RPR/VDRL/PoC/ RDT/TPHA)** **Definition**: Total Number Male STI/RTI attendees tested for Syphilis out of total number of Male STI/RTI patients during this month. **Guidelines:** Provide the total number of male STI/RTI attendees received testing by (RPR/VDRL/PoC/ RDT/TPHA) for syphilis out of total number of male STI/RTI patients who attended services for STI/RTI during the month. ***This data element will be applicable for both facility and Outreach.*** **Data Source - OPD Register/IP Register** /Laboratory Register/ HCTS Register
14.4.1.b	**Data Element: Out of the above, number of males tested reactive for syphilis (RPR/VDRL/PoC/ RDT/TPHA)** **Definition:** Total Number Male STI/RTI attendees found sero positive for Syphilis out of total number of Male STI/RTI attendees tested for syphilis during this month. **Guidelines:** Provide the total number of male STI/RTI attendees who were diagnosed or found sero positive with syphilis out of all the male STI/RTI patients who were tested for syphilis by RPR/VDRL/PoC/ RDT/TPHA) during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source - OPD Register/IP Register** /Laboratory Register/ HCTS Register
14.4.1.c	**Data Element: Out of the above, number of males treated for syphilis.** **Definition:** Total Number of males received treatment for syphilis out of total number of males tested reactive for syphilis during this month. **Guidelines:** Provide the total number of *males* received treatment for syphilis out of total number of males tested reactive for syphilis at the facility during the month. ***This data element will be applicable for facility only.*** **Data Source:** OPD Register/DSRC Register
14.4.2.a	**Data Element: Total number of females(non-ANC) tested for syphilis (RPR/VDRL/PoC/ RDT/TPHA)**

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Facility Code	Data Item
	Definition: Total Number of female (non-ANC) STI/RTI attendees tested for Syphilis out of total number of female (non-ANC) STI/RTI patients during this month. **Guidelines:** Provide the total number of female (non-ANC) STI/RTI attendees received testing by (RPR/VDRL/PoC/ RDT/TPHA) for syphilis out of total number of female STI/RTI patients who attended services for STI/RTI during the month. ***This data element will be applicable for both facility and Outreach.*** **Data Source - OPD Register/IP Register** /Laboratory Register/ HCTS Register
14.4.2.b	**Data Element: Out of the above, number of females (non-ANC) tested reactive for syphilis (RPR/VDRL/PoC/ RDT/TPHA)** **Definition:** Total Number female(non-ANC) STI/RTI attendees found sero positive for Syphilis out of total number of female (non-ANC) STI/RTI attendees tested for syphilis during this month. **Guidelines:** Provide the total number of female (non-ANC) STI/RTI attendees who were diagnosed or found sero positive with syphilis out of all the female(non-ANC) STI/RTI patients who were tested for syphilis by RPR/VDRL/PoC/ RDT/TPHA) during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source - OPD Register/IP Register** /Laboratory Register/ HCTS Register
14.4.2.c	**Data Element: Out of the above, number of females (non-ANC) treated for Syphilis** **Definition:** Total Number of females (non-ANC) received treatment for syphilis out of total number of females (non-ANC) tested reactive for syphilis during this month. **Guidelines:** Provide the total number of females (non-ANC) received treatment for syphilis out of total number of males tested reactive for syphilis at the facility during the month. ***This data element will be applicable for facility only.*** **Data Source:** OPD Register/DSRC Register
14.4.3.a	**Data Element: Total number of H/TG people tested for Syphilis (RPR/VDRL/PoC/ RDT/TPHA)** **Definition**: Total Number of Hijra/Transgender (H/TG) people tested for Syphilis out of total number of Hijra/Transgender (H/TG) people STI/RTI patients during this month.

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Facility Code	Data Item
	Guidelines: provide the total number of Hijra/Transgender (H/TG) people received testing by (RPR/VDRL/PoC/ RDT/TPHA) for syphilis out of total number of Hijra/Transgender (H/TG) people patients who attended services for STI/RTI during the month. ***This data element will be applicable for both facility and Outreach.*** **Data Source - OPD Register/IP Register /Laboratory Register/ HCTS Register**
14.4.3.b	**Data Element: Out of the above, number of Hijra/Transgender (H/TG) people tested reactive for syphilis (RPR/VDRL/PoC/ RDT/TPHA)** **Definition:** Total Number Hijra/Transgender (H/TG) people found sero positive for Syphilis out of total number of Hijra/Transgender (H/TG) people tested for syphilis during this month. **Guidelines:** Provide the total number of Hijra/Transgender (H/TG) people who were diagnosed or found sero positive with syphilis out of all the Hijra/Transgender (H/TG) people who were tested for syphilis by RPR/VDRL/PoC/ RDT/TPHA) during this month. ***This data element will be applicable for both facility and Outreach.*** **Data Source OPD Register/IP Register /Laboratory Register/ HCTS Register**
14.4.3.c	**Data Element: Out of the above, number of H/TG people treated for Syphilis** **Definition:** Total Number of Hijra/Transgender (H/TG) received treatment for syphilis out of total number of females tested reactive for syphilis during this month. **Guidelines:** Provide the total number of Hijra/Transgender (H/TG) received treatment for syphilis out of total number of Hijra/Transgender (H/TG) tested reactive for syphilis at the facility during the month. ***This data element will be applicable for facility only.*** **Data Source:** OPD Register/ DSRC Register
Part D.	**Mortality Details** This section deals with compiling data on deaths by major causes. The probable cause of death is to be reported against ONE and ONLY ONE major cause. In certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. Deaths occurring at home are to be reported in the Health sub-Centre Form.

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Facility Code	Data Item
M 15	**Details of deaths reported:**
15.1.1.a	**Data Element: New born deaths within 24 hrs (1 to 23 Hrs 59 minutes) of birth at Facility/Facility to facility in transit**. **Definition**: Total number of Newborn deaths within 24 hrs (1 to 23 Hrs 59 minutes) of birth in the facility during the reporting month. **Guidelines:** At times, it is difficult to determine the cause of death when Newborn/neonate dies within the first 23:59 hours of birth. In such situation mention death within 23:59 hrs of birth, however, refer to the definition of **still birth to distinguish still birth from Newborn/neonatal death**. Any cry & breathe or movement occurring at birth or/and in first few seconds of birth and stopping subsequently should be considered Newborn death & not still birth. All cases where cause is known as sepsis, pneumonia, asphyxia, LBW, unknown but the death was within 23:59 hrs. It should be reported here. Irrespective of birth place if death occurred at facility it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.1.b	**Data Element: New born deaths within 24 hrs (1 to 23 Hrs 59 minutes) of birth in Community (at home or home to facility transit)** **Definition**: Total number of Newborn deaths within 24 hrs (1 to 23 Hrs 59 minutes) of birth in the community (at home or in transit) during the reporting month. **Guideline:** We may explain here that the child death may occur at home or during transit from home to facility to be termed death in the community**.** (If health facility has its own catchment area/outreach/dedicated ASHA or any such arrangement) (Should not enter SC and PHC data). ***This data element will be applicable for facility only.*** **Data Source –** ASHA Register
15.1.2.a	**Data Element: New born deaths within 1 week (1 to 7 days) at Facility/Facility to facility in transit** **Definition**: Total number of Newborn deaths within Day 1 to Day 7 of birth in the facility during the reporting month.

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Facility Code	Data Item
	Guideline: Irrespective of birthplace if death occurred at facility it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.2.b	**Data Element: New born deaths within 1 week (1 to 7 days) At Community (at home or home to facility transit)** **Definition**: Total number of Newborn deaths within Day 1 to Day 7 of birth in the community (at home or in transit) during the reporting month. **Guideline:** Irrespective of birthplace if death occurred at Community (at home or home to facility transit), it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.3.a	**Data Element: New born deaths within 8 to 28 days at Facility/Facility to facility in transit** **Definition**: Total number of Newborn deaths within Day 8 to Day 28 of birth in the Facility/Facility to facility in transit during the reporting month. **Guideline:** Irrespective of birthplace if death occurred at Facility/Facility to facility in transit, it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.3.b	**Data Element: New born deaths within 8 to 28 days At Community (at home or home to facility transit)** **Definition**: Total number of Newborn deaths within Day 8 to Day 28 of birth in the At Community (at home or home to facility transit) during the reporting month. **Guideline:** Irrespective of birthplace if death occurred at Community (at home or home to facility transit), it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.4.a	**Data Element: Infant Deaths (>28 days to 12 months) at Facility/Facility to facility in transit**

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Facility Code	Data Item
	Definition: Total number of Newborn deaths within >28 days to 12 month of birth in the Facility/Facility to facility in transit during the reporting month. **Guideline:** Irrespective of birth place if death occurred Facility/Facility to facility in transit, it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.1.4.b	**Data Element: Infant Deaths (>28 days to 12 months) At Community (at home or home to facility transit)** **Definition**: Total number of Newborn deaths within >28 days to 12 month of birth in the At Community (at home or home to facility transit) during the reporting month. **Guideline:** Irrespective of birthplace if death occurred At Community (at home or home to facility transit) in transit, it should be counted in this data element. ***This data element will be applicable for facility only.*** **Data Source -** Death Register / Facility Register
15.2	**Neonatal Deaths up to 4 weeks (0 to 28 days) due to**
15.2.1.	**Data Element: Neonatal Deaths up to 4 weeks (0 to 28 days) due to Sepsis** **Definition**: Total Neonatal Deaths due to sepsis in the facility during the reporting month. **Guideline:** Sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection. Death due to sepsis refers to death of Newborn/neonate after 23hrs but within first 28 days of life due to any infection. Newborn may have one or more signs and symptoms such as fever, refusal to take feeds, weak cry, diarrhoea, pneumonia, measles etc. When it is difficult to differentiate above mentioned infections indicate cause of death as 'sepsis'. It is difficult to differentiate infections in first 28 days of life, therefore, death due to any infection will be attributed to 'death due to sepsis'. Those counted in first 24hrs should not be counted again here. ***This data element will be applicable for facility only.*** **Data Source –** Facility Death Register/ SNCU Register / NBSU Register
15.2.2.	**Data Element: Neonatal Deaths up to 4 weeks (0 to 28 days) due to Asphyxia**

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Facility Code	Data Item
	Definition: Total Neonatal Deaths due to asphyxia at facility during the reporting month. **Guideline:** If baby had signs of Asphyxia (meconium stained fluids, delay or failure in cry/ weak breathing & movements, requirement of artificial breathing support, etc.) & then died after 23 hours but before 28th day it should be reported as death due to asphyxia. If the baby died within first 23hrs it should be counted in deaths of neonatal within 24hrs of birth. ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register/ SNCU Register / NBSU Register
15.2.3.	**Data Element: Neonatal Deaths up to 4 weeks (0 to 28 days) due to complications of Prematurity** **Definition**: Total Neonatal Deaths due to Prematurity at facility during the reporting month. **Guideline:** Preterm is defined as babies born alive before 37 weeks of pregnancy are completed. Preterm birth complications are the leading cause of death in India as per SRS Cause of Death Statistics Report. If the baby died within first 23hrs and 59 minutes it should be counted in deaths of neonatal within 24 hrs of birth. ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register/ SNCU Register / NBSU Register
15.2.4.	**Data Element: Neonatal Deaths up to 4 weeks (0 to 28 days) due to Other causes** **Definition**: Neonatal Deaths due to reasons other than those cited above (sepsis, asphyxia, prematurity), during the reporting month. **Guidelines:** Any baby who died after first 23 hrs and on/before 28thday and the cause did not confirm with any of the above causes (sepsis, asphyxia, prematurity) should be indicated as death due to other causes. Failure to attribute cause may be due to lack of skilled attendant or may be because it was some cause other than these 2 or because the SBA was not sure. In case of co-morbidities, the SBA should indicate the cause for which SBA feels is the most important contributing cause. ***This data element will be applicable for both facility and Outreach.*** **Data Source -** Facility Death Register/ SNCU Register / NBSU Register

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Facility Code	Data Item
15.3	**Infant Deaths Between more than 28 days and less than 12 months due to**
15.3.1.	**Data Element: Number of Infant Deaths (>28 days -12 months) due to Pneumonia** **Definition**: Total Infant Deaths due to Pneumonia, during the reporting month. **Guideline:** 'Pneumonia' is the cause of death for infants (over 28 days and 12 months old) who died due to infection in the respiratory tract/lungs any clinical signs of pneumonia are also to be reported as such-even without laboratory or radiological confirmation. ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register
15.3.2.	**Data Element: Number of Infant Deaths (>28 days -12 months) due to Diarrhoea** **Definition**: Total Infant Deaths due to Diarrhoea, during the reporting month. **Guideline:** Any death in a child less than one year, but more than 28 days old, associated with passing loose stools more than thrice a day. Usually dehydration would be prominent. ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register
15.3.3.	**Data Element: Number of Infant Deaths (>28 days -12 months) due to Fever related** **Definition**: Total Infant Deaths due to Fever related reasons, during the reporting month. **Guideline:** 'Fever' is the cause of death for infants (over 28 days and 12 months old) who died due to fever and NOT due to Pneumonia, Diarrhoea and Measles. ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register
15.3.4.	**Data Element: Number of Infant Deaths (>28 days -12 months) due to Measles** **Definition**: Total Infant Deaths due to Measles, during the reporting month. **Guideline:** 'Measles' is the cause of death for infants (over 28 days and <12months old) who died due to high fever with a typical rash. Other signs that indicate measles

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Facility Code	Data Item
	are: running nose, cough, red & watery eyes, loss of appetite & loose stools. Another marker of measles is **Koplik's spots (**small red spots with blue-white centres that appear inside the mouth). ***This data element will be applicable for facility only.*** **Data Source -** Facility Death Register
15.3.5.	**Data Element: Number of Infant Deaths (>28 days -12 months) due to Others** **Definition:** Infant Deaths due to reasons other than those cited above (**Pneumonia, Diarrhoea, Fever related, Measles)**, during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Facility Death Register
15.4	**Child Deaths between 1 year and less than 5 years due to**
15.4.1.	**Data Element: Number of Child Deaths (1 -5 years) due to Pneumonia** **Definition-** Total number of children with in the age group of 1 year to less than 5 years who have died due to Pneumonia during the reporting month. ***This data element will be applicable for facility only.*** **Data Source –** Facility Death Register
15.4.2.	**Data Element: Number of Child Deaths (1 -5 years) due to Diarrhoea** **Definition-** Total number of children with in the age group of 1 year to less than 5 years who have died due to Diarrhoea during the reporting month**.** ***This data element will be applicable for facility only.*** **Data Source –** Facility Death Register
15.4.3.	**Data Element: Number of Child Deaths (1 -5 years) due to Fever related** **Definition-** Total number of children with in the age group of 1 year to less than 5 years who have died due to Fever related during the reporting month**.** ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source – Facility Death Register
15.4.4.	**Data Element: Number of Child Deaths (1 -5 years) due to Measles** **Definition-** Total number of children with in the age group of 1 year to less than 5 years who have died due to Measles during the reporting month ***This data element will be applicable for facility only.*** **Data Source –** Facility Death Register
15.4.5.	**Data Element: Number of Child Deaths (1 -5 years) due to Others** **Definition-** Total number of children with in the age group of 1 year to less than 5 years who have died due to other causes those cited above (**Pneumonia, Diarrhoea, Fever related, Measles)** during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source –** Facility Death Register
15.5	**Maternal Deaths due to**
15.5.1.	**Data Element: Number of Maternal Deaths due to APH (Antepartum Haemmorhage)** **Definition:** Total maternal deaths due to antepartum haemorrhage during the reporting month. **Guideline:** Indicate 'bleeding' as a cause of death if a woman dies due to severe bleeding before delivery. APH is defined as bleeding from the genital tract from the time of viability of pregnancy ***This data element will be applicable for facility only.*** **Data Source – Death Register/ RCH Portal**
15.5.2.	**Data Element: Number of Maternal Deaths due to PPH (Postpartum Haemmorhage)** **Definition:** Total maternal deaths due to postpartum haemorrhage during the reporting month.

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Facility Code	Data Item
	Guideline: Indicate 'bleeding' as a cause of death if a woman dies due to severe bleeding (>500 ml) during or after delivery. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.3.	**Data Element: Number of Maternal Deaths due to Pregnancy related infection and sepsis, Fever** **Definition:** Total maternal deaths due to sepsis / infection / fever during the reporting month. **Guideline:** Indicate sepsis as a cause of death if a woman dies due to sepsis / infection / fever before during or after delivery. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH register**
15.5.4.	**Data Element: Number of Maternal Deaths due to Abortive complication** **Definition:** Total maternal deaths due to abortions or related complications, during the reporting month. **Guideline:** Complete expulsion or extraction of the product of conception of a pregnant woman less than 20 weeks of gestation due to any reason is defined as abortion. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.5.	**Data Element: Number of Maternal Deaths due to Obstructed/prolonged labour** **Definition:** Total maternal deaths due to obstructed/prolonged labour, during the reporting month. **Guideline:** Indicate 'obstructed/prolonged labor' as a cause of death if a woman dies during labor which lasted more than 12 hours or which required operative intervention to facilitate delivery. ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source – Death Register/RCH Register
15.5.6.	**Data Element: Number of Maternal Deaths due to Severe hypertension/fits & Hypertensive disorder in pregnancy, birth and puerperium** **Definition:** Total maternal deaths due to severe hypertension/fits & Hypertensive disorder in pregnancy, birth and puerperium, during the reporting month. **Guideline:** Indicate 'severe hypertension/fits' as a cause of death if a woman dies due to high blood pressure (BP>140/90) or fits during pregnancy, labor, or immediate postpartum. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.7.	**Data Element: Number of Maternal Deaths due to Other/Unknown Causes** **Definition-** Total number of Maternal Deaths due to Other/Unknown Causes during the reporting month. **Guideline:** All unknown causes are to be aggregated here. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.8.	**Age wise total Maternal Deaths, occurred at Facility**
15.5.8.a	**Data Element:** Out of total number of maternal deaths, deaths with age<15 years **Definition-** Total number of Maternal Deaths with age less than 15 years of age during the reporting month. **Guideline:** All unknown causes are to be aggregated here. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.8.b	**Data Element:** Out of total number of maternal deaths, deaths with age 15-19 years **Definition-** Total number of Maternal Deaths with age 15-19 years of age during the reporting month.

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Facility Code	Data Item
	Guideline: All unknown causes are to be aggregated here. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.8.c	**Data Element:** Out of total number maternal deaths, deaths with age more than >19-49 years **Definition-** Total number of Maternal Deaths with age more than >19-49 years of age during the reporting month. **Guideline:** All unknown causes are to be aggregated here. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.5.8.d	**Data Element:** Out of total number maternal deaths, deaths with age more than >49 years. **Definition-** Total number of Maternal Deaths with age more than >49 years of age during the reporting month. **Guideline:** All unknown causes are to be aggregated here. ***This data element will be applicable for facility only.*** **Data Source – Death Register/RCH Register**
15.6	**Other Deaths (except Infant, Child & Maternal Deaths) 5 years and above due to**
15.6.1.	**Data Element: Number of deaths due to Diarrhoeal diseases** **Definition:** Total number of deaths due to diarrhoeal diseases (**5 years and above due to)** reported at health facility during the reporting month. **Guideline:** Death associated with loose stools more than thrice per day. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.2.	**Data Element: Number of deaths due to Tuberculosis** **Definition:** Total Number of deaths reported in patients suffering from Tuberculosis during the reporting month.

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Facility Code	Data Item
	Guideline: 1. The total number of TB patients on active TB treatment who have been reported to have died during the reporting month. 2. The outcome is reported only for patients who took treatment in the given facility. ***This data element will be applicable for facility only.*** **Data Source: Death Register**
15.6.3.	**Data Element: Number of deaths due to Respiratory diseases including infections (other than TB)** **Definition:** Total Number of deaths reported in patients suffering from Respiratory diseases including infections (other than TB) during the reporting month. **Guideline:** The total number of patients who have been reported to have died during the reporting month due to respiratory diseases including infections (non-TB). ***This data element will be applicable for facility only.*** **Data Source: Death Register**
15.6.4.	**Data Element: Number of deaths due to Other Fever Related** **Definition:** Total number of adolescent and adult deaths due to 'other fever related' causes reported at health facility during the reporting month. **Guideline:** Any death other than the three above and that was related to fever. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.5.	**Data Element: Number of deaths due to Heart disease/Hypertension related** **Definition:** Total number of deaths registered due to heart disease/hypertension-related complications at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.6.	**Data Element: Number of deaths due to Cancer** **Definition:** Total number of deaths registered due to cancer at the health facility during the reporting month. **Data Source – Death Register**

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Facility Code	Data Item
15.6.7.	**Data Element: Number of deaths due to Neurological disease including strokes** **Definition:** Total number of deaths registered due to Neurological disease including strokes at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.8.	**Data Element: Number of deaths due to Accidents/Burn cases** **Definition:** Total number of deaths registered due to Accidents/Burn cases at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.9.	**Data Element: Number of deaths due to Self-Harm** **Definition:** Total number of deaths registered due to intentional self-inflicted poisoning or injury resulting in fatal intent or outcome at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.10.	**Data Element: Number of deaths due to Animal bites and stings** **Definition:** Total number of deaths registered due to animal bites and stings at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.11.	**Data Element: Number of deaths due to Known Acute Disease** **Definition:** Total number of deaths registered due to known acute diseases at the health facility during the reporting month. ***This data element will be applicable for facility only.***

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Facility Code	Data Item
	Data Source – Death Register
15.6.12.	**Data Element: Number of deaths due to Known Chronic Disease** **Definition:** Total number of deaths registered due to known chronic disease cases at the health facility during the reporting month. ***This data element will be applicable for facility only.*** **Data Source – Death Register**
15.6.13.	**Data Element: Number of deaths due to Other Causes** **Definition:** Total number of deaths registered due to other causes (other than above-mentioned causes) at the health facility during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – Death Register**
15.7	**Deaths due to Vector Borne Diseases (all age groups)**
15.7.1.	**Data Element: Number of Deaths due to Malaria- Plasmodium Vivax** **Definition:** Total number of deaths due to malaria- Plasmodium Vivax for the given reporting month for which Death Investigation has been completed. ***This data element will be applicable for facility only.*** **Data source: M4 format**
15.7.2..	**Data Element: Number of Deaths due to Malaria- Plasmodium Falciparum** **Definition:** Total number of deaths due to malaria- Plasmodium Falciparum for the given reporting month for which Death Investigation has been completed. ***This data element will be applicable for facility only.*** **Data source: M4 format**
15.8	**Total Deaths (above 5 years of age)**
15.8.1	**Data Element: Above 5 years to below 10 years** **Definition:** Total number of deaths registered between 5 to 10 year of age during the reporting month. ***This data element will be applicable for both facility and Outreach.***

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Facility Code	Data Item
	Data Source – Death Register
15.8.2	**Data Element: Above 10 years to below 19 years** **Definition:** Total number of deaths registered between 10 to 19 year of age during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – Death Register**
15.8.3	**Data Element: Adult above >19 years** **Definition:** Total number of deaths registered above 19 years of age during the reporting month. ***This data element will be applicable for both facility and Outreach.*** **Data Source – Death Register**
Part E.	**Quality Control**
M 16	**QA (Quality Assurance) & BEMMP (Biomedical Equipment Management & Maintenance Program)**
16.1	**EQAS Compliance**
16.1.1.	**Data Element: Total Quantity of Bio medical waste generated in Kg for the month - (All Yellow, Red, white & Blue)** **Definition:** Sum of the total infectious waste generated in Kg/ day, as per categories defined under Bio medical waste management rules (i.e., Yellow, red, white, and blue) in the reporting month. **Guideline:** The total amount of waste generated by health-care activities, about 85% is general, non-hazardous waste comparable to domestic waste. The remaining 15% is considered hazardous material that may be infectious, chemical, pathological or radioactive, sharp etc. ***This data element will be applicable for facility only.*** **Data Source: BMW logbook/register**
16.1.2.	**Data Element: Total Quantity of General waste generated in Kg for the month**

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Facility Code	Data Item
	Definition: Sum of the total general waste (non-hazardous waste) generated in Kg/ day, as per solid waste management rules in the reporting month. **Guideline:** The total amount of waste generated by health-care activities, about 85% is general, non-hazardous waste comparable to domestic waste. The remaining 15% is considered hazardous material that may be infectious, chemical, pathological or radioactive, sharp etc. ***This data element will be applicable for facility only.*** **Data Source: General Waste disposal register**

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