

# DATA DICTIONARY

Ministry of Health  
Department of Health Planning  
Health Management Information System  
(Public Health)

## DATA DICTIONARY FOR HEALTH SERVICES INDICATORS

(Operational definition, data collection method and calculation methods  
For Health Care Activities and Services Indicators)





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Practice it.

Record it.

Report it.

Use it.



## Foreword

1. In formulating and implementing the National Health Plan for the improvement of public health, data collection and supervision of measures and activities undertaken by various health projects as well as health care services provided by the basic health staff, the Health Management Information System is being implemented with a view to making necessary actions on health project implementation in a timely manner, identifying health situation and priority problems, formulating and utilizing appropriate micro-plan to the local area. This Information System was launched Nationwide on 1<sup>st</sup> July 1995.

2. This information system is designed to enable the collection of important information on various health projects and evaluation by data collectors themselves of their own work. It is intended to yield accurate information and genuine need while not being wasting of human and material resources.

3. To incorporate data into this information system, national seminars and conferences were held with the participation of project managers from various health projects, project directors and Director Generals at central level; and field consultations were conducted at the level of Region/State, township and villages, in addition to inviting international consultants for inputs.

4. The consultations have yielded registers and report formats for use at various levels of health departments.

5. This data dictionary has been prepared to provide the basic health staff with an understanding of the definitions for the data items included in the report formats and the determination of area coverage so that the staff can make use of them. This includes the method of calculation for indicators to enable the supervision and monitoring of the

activities based on the data collected; measurement of the indicators against norms and targets for use in the micro-plans prepared at the township and Region/State level. The health staff will require capacity for filling forms in their field work, calculation of indicators and supervision and monitoring. The concerned health departments need to conduct multiplier courses at various levels to fulfill this need with the use of data dictionary.

6. This information system supersedes the project monthly forms (0 2/1 to 0 2/6) that have been in use since 1978 when the public health projects were launched. In addition, this information system intended each and every health centre and basic health staff to carry out monthly or quarterly and yearly data collection and reporting, using designated formats, records and reports as part of a regular information system, and a directive has been issued stating that no other similar regular information collection or reporting is to be carried out. (As an exception, it shall not apply to a certain health projects (e.g. diseases control teams) that carry out routine data collection for sentinel areas through their own team staff.) This department shall undertake the provision of records and reports formats in sufficient quantities for data collection under this information system for each basic health staff who will be collecting the data and for each health department. Various health centres should systematically implement data sharing and networking for information linkage to enable vertical and horizontal transmissions and utilizations of information in the health information network under this Health Management Information System.

7. To achieve community participation, systematic training has been conducted to produce auxiliary midwives, trained traditional birth attendants and community health workers so that they can serve as volunteer health workers and reinforce the delivery of primary health care services for public health. The health staffs from various health centres will be providing training and supervision to volunteer health workers. The

work of the volunteer health workers will benefit the public, as they will be able to identify the outbreak of diseases in their own villages and communities based on symptoms, confirm the diagnosis in consultation with the health staffs concerned, create awareness among the public and provide necessary primary health care and prevention services.

8. In line with the policy to make improvements in order to acquire the necessary data as the health care requirements change over time, consultations at various levels were conducted from August 2003 to make first time modifications of the data items to be included in this information system. The nationwide first time modifications of data collection had been conducted since January 2005. At present, the data collection activities have got 5 years duration and require updating. Thus, from the beginning of October 2010, a preliminary consultative workshop was held with the participation of Director Generals, Deputy Director Generals, Directors and Project Managers. In November 2010, workshops were held with the participation of the basic health staff who are engaged in data collection, Township Medical Officers and statistical officers, as well as with the participation of Region/State health directors and project managers. A draft data dictionary of the Health Management Information System was compiled with the detailed input from the project managers concerned. The system was then piloted in 2 townships in 2011; feedback was collected from basic health staff to investigate the difficulties on implementation and understanding of operational definition in some data items. This data dictionary resulted from a month of such discussions and revisions. Beginning with January 2012, a nationwide second time modifications of data collection began in a standardized manner, using the new monthly, quarterly and yearly forms.

9. The implementation of this information system is expected to yield the following benefits.

- (a) The health staff will have a reduction in their workload of at least 50 percent as a result of using standardized formats for data collection nationwide, rather than a variety of forms.
- (b) Greater accuracy in data collection can be achieved as each health staff receives clarification, guidance and proper training in making records of his or her own activities and in analyzing and using the data gathered.
- (c) An information system through the performance of volunteer health workers in rural areas, not covered by doctors and basic health staffs, will provide timely access to the data of health care for mothers and children, births and deaths, morbidity and mortality of common diseases under national surveillance.
- (d) Moreover, reporting through an information network facilitates supervision, evaluation of performance and timely feedback, enabling early identification and coordination concerning local health issues and priority requirements.
- (e) As a result of this information system, data indicative of the current public health situation can be obtained to support for the drawing of micro-plans and national level plan for the improvement of the health system.

10. A milestone in the history of the Myanmar health sector, this information system will enable the evaluation and analysis of the performance of individual basic health staff as well as the success of various projects and the national health plan. I would like to urge everyone to participate and make concerted efforts in its implementation to the best of their physical and intellectual abilities in the roles that are assigned to them.

Dr Phone Myint  
Acting Director General  
Department of Health Planning

# Chapter 1

## The Aims and Procedure of the Monthly, Quarterly and Annual Reports in the Health Management Information System

There are 3 reporting formats in the health management information system: Monthly Report Form 1, Quarterly Report Form 2, and Annual Report Form 3. Each of those Forms has 2 sub formats: Sub-Form A and B. Form As are for individual reports, while Form Bs are for use by Health Centres. Form 1A is the monthly report for individual basic health staffs and data from those forms are consolidated into Form 1B of the health centre concerned, yielding Monthly Report for the Health Centre. Similarly, individual basic health staff needs to fill in Form 2A for their Quarterly Reports, which will then be consolidated into Form 2B, Quarterly Report for the Health Centre. In the same way, Annual Report Form 3As filled in by individual basic health staffs are to be consolidated into Annual Report Form 3Bs of the Health Centre.

The basic health staff includes each and every health staff providing health care to the community. Every health staff needs to make a record of all instances of health care or health services that have been provided. This is necessary for the determination of the individual's workload in health care delivery. All health staffs are required to fill in Individual Monthly Report Form A. As for the consolidated Report Form Bs to be filled in by Health Centres, Rural Health Centres should consolidate Report Form As from sub- rural health centres. Report Form Bs from district/township hospitals, sub-township hospitals, station hospitals and health centres such as urban health centres, maternal and child health centres, school health teams, disease control and rural health centres should then be consolidated into Township Report Form B for reporting.

The Health Management Information System takes responsibility to improve the health system and health care services through the data collection, collation, calculation and detailed analysis of data and making use of the output.

## The data and information

- indicates the service delivery of the health centres and enables a comparison between the current situation and the past situations;
- indicates the health situation of the area/region to which the health staff is assigned and enables a comparison with other areas/regions;
- enables a comparison between the national health status and the international health status;
- can be used for planning purposes;
- indicates the performance of health staffs;
- indicates the reliance of the community on health centres and health staffs;
- enables timely preventive measures as surveillance of disease outbreaks, and highlights higher-than-average occurrence of diseases in the area/region to which a health staff is assigned;
- enables improved fulfillment of health needs in the community through self-evaluation of the data;
- enables monitoring and evaluation against performance standards, objectives and targets of the projects concerned;
- The Health Care Delivery Record serves as an important evidence for every health staff.
- enables the supervisors in various departments to help address the competency issues of health staffs;
- enables the management of health inputs for beneficial use;
- indicates the fundraising requirements in health financing;

- can be used in research activities.

Those health indicators are based on the data collected from the basic health staffs. This Data Dictionary for Health Services Indicators contributes to get high quality data in Health Management Information System.

## **Aim, Procedure and the Compilation of Monthly, Quarterly and Annual Reports**

### **Monthly Report Form 1**

Monthly Report Form 1 are used by basic health staffs to compile the records of their daily health care deliveries, prepare a Monthly Report and submit a report individually and through the Health Care Centre.

#### **Aim**

Monthly Report Form 1-A is designed for the use of Township Medical Officers, doctors, Township Health Assistants, Township Health Nurses, Health Assistants(1), Health Assistants, Lady Health Visitors, Public Health Supervisors grade -1, Public Health Supervisors grade -2, Midwives and Multipurpose workers.

- (a) To enable daily records and prepare monthly reports of daily routine health care delivery by individual Basic Health Staff and to facilitate monitoring and analysis against performance standards, aims and targets of projects concerned;
- (b) To enable recording in Monthly Report Form 1B and monitoring & supervision of the performance of individual health staff.

Monthly Report Form 1B is designed to record the monthly performance data by combining the data from the township hospitals, sub-township hospitals, station hospitals and Urban,

maternal and child, school and rural health centres, enabling their comparison and analysis against standards and aims.

## **Procedure**

Monthly Report Form 1 applies to the following projects:

1. Primary health care and Referral of patients
  2. Family health care
  3. Nutrition promotion
  4. Child health development
  5. Expanded programme on immunization
  6. Disease control: Diseases under national surveillance
  7. National Malaria Control Programme
  8. Cardiovascular disease control
  9. Injury Prevention
  10. Vital statistics
- (a) Project No.1 is for Primary Healthcare and Referral of Patients to higher levels. Health staff should make Monthly Reports of their own health care deliveries to the people living in the areas where they are assigned duties either at the clinics or during field work in accordance with separate projects. The records should also include the performances/reports of community health workers.
- (b) For Project No. 2, the family health care project, the performance reports of health staffs include the results of supervision, monitoring and data collection on the performance of auxiliary midwives and trained traditional birth attendants.
- (c) For Project No. 3, the nutrition promotion project, the reports should include data on newborns whose body weight is

measured within 24 hours of birth in the areas where the health staffs are assigned duties, and the provision of iron supplements, de-worming drugs, vitamin B1, vitamin A and other medicines to pregnant women and postnatal mothers, as well as children suffering from beriberi.

- (d) Projects No. 4 and 5 are for child health development and the expanded programme on immunization. The reports should include data on health care provided at the clinic or during fieldwork in the reporting period, such as treatment of common diseases among children, provision of preventive medicine or vaccination.
- (e) Project No. 6 is for disease control and data on patients suffering from 17 diseases under national surveillance among the patients receiving healthcare are reported.
- (f) Project No. 7 is one of the disease control projects and is aimed at countering malaria. Monthly Report includes data on service deliveries and findings related to this project regarding the people living in the areas where the health staff members are assigned.
- (g) Project No. 8 is for the control of cardiovascular disease, and the Monthly Reports include data on patients with hypertension encountered during healthcare deliveries at the clinic or during fieldwork provided to people living in the areas where the health staff member is assigned.
- (h) Project No. 9 is for the prevention of accidents and injuries, and Monthly Report includes data on the number of injuries and deaths caused by (intentional or unintentional) accidents among people living in the areas where the health staff member is assigned. The data are broken down according to the types of injuries.

- (i) The tenth item is vital statistics. It should cover all birth events and death events in the area where the health staff is assigned duties.

### **Compilation of a Monthly Report**

Each basic health staff member should make daily records of his or her performance properly in relevant registers. The data required for projects included in the monthly report form 1A are obtained from the respective registers/records. For the monthly report of a health centre, the Monthly Report Form 1As of the health staff serving at that health centre are collated, using Form 1B for submission. For the Township Report form 1B, the Monthly Report Form 1Bs of the health centres in the Township are collated. The Monthly Report Form 1Bs of the Township are verified and signed by the District/Township Medical Officer, and copies are sent to the respective Region/State Health Department, and Director (Health Information), Department of Health Planning, Ministry of Health, Office No. 47, Nay Pyi Taw, not later than the 7th of every month.

If Monthly Report 1Bs that do not include all data sources, the remaining data may be submitted separately or together with the next monthly report with an explanation. (For instance, the monthly report of a rural health centre will be considered incomplete if the monthly report of one of the health staff is missing. In the same way, the Township Monthly Report will be incomplete if the monthly report from one rural health centre is missing.)

### **Quarterly Report Form 2**

Like form 1, the Quarterly Report Form 2 consists of data on the daily service delivery/health care by basic health staff to the community consolidated for a three-month period.

## **Aim**

### **Quarterly Report Form 2A**

- (a) Every basic health staff should make daily records of his or her health care delivery and performance of duties, consolidating them every month using Quarterly Project Report Form 2A. However, Reports are submitted only quarterly to the higher levels. The purpose of making records is, as for Monthly Report Form 1, to evaluate the fulfillment of performance targets by individual staff and to help prepare for future performance in the case of staff who fails to meet their performance targets.
- (b) This Form is designed to collect the performance analysis data of each Basic Health Staff for inclusion in Quarterly Report Form 2B, the quarterly report of each health centre, and to facilitate performance analysis.

### **Quarterly Report Form 2B**

Quarterly Report Form 2B is designed to consolidate the performance data from individual township hospitals, sub-township hospitals, urban health centres, maternal and child health centres, school health centres, and rural health centres for compilation of quarterly progress reports and evaluation of health centre performance against criteria and goals.

### **Procedure**

The quarterly report for January, February and March are sent at the beginning of April; that for April, May and June, at the beginning of July; that for July, August and September, at the beginning of October; and that for October, November and December, at the beginning of January. The quarterly report for October, November and December should also include data on the project on the prevention of hearing impairment collected from the yearly record and the number of those who lost their eyesight.

The Quarterly Report Form 2 applies to the following projects:

- (3) Nutrition promotion (Some facts)
  - (11) School Health
  - (12) Environmental Sanitation
  - (13) Prevention of Hearing Impairment
  - (14) Mental Health
  - (15) National Tuberculosis Control Program
  - (16) Leprosy Control
  - (17) STIs/AIDS prevention and control
  - (18) Trachoma control and prevention of blindness program
  - (19) Zoonotic Diseases control
  - (20) Health Education
- (a) Project No. 3, the nutrition promotion project, is also included in Form 1. Data for quarterly reporting are included in Quarterly Report Form 2. Here, the data should include the number of under-5 children whose body weight have been recorded and the number of undernourished children among them. The reported data should also record whether the level of iodized salt consumption is appropriate.
- (b) Project No. 11, the school health project, should include data on health care activities for schools and students by school health staffs, health assistants, midwives and other basic health staffs in the areas where they are assigned.
- (c) For Project No. 12, the environmental sanitation project, the number of sanitation activities in the areas where the staff members are assigned are entered.

- (d) Project No. 13, project for the prevention of hearing impairment, is designed to identify children with congenital deafness, those with pus from two ears, those with hearing impairment without pus in areas where the staff members are assigned and to refer them for respective treatment. The project is expected to prevent hearing impairment and to help reduce difficulties encountered by hearing impaired people in interactions with other community members.
- (e) For Project No. 14, the mental health project, data on mental health care provision at the clinics or during fieldwork and the findings are entered under the project number.
- (f) Projects No. 15 to 19 are projects for controlling diseases.

They are:

- Project No. (15) National Tuberculosis Control Programme
- (16) Leprosy Control Project
- (17) STIs/AIDS prevention and control
- (18) Trachoma control and prevention of blindness programme
- (19) Zoonotic Diseases control

Performance data and findings by health staff are entered under the above-mentioned projects for service deliveries to people living in areas where the staff members are assigned, either at the disease control centres or at hospitals/clinics or during field work.

- (g) For Project No. 20, the health education project, data on advocacy meeting with decision makers, public talks, health education exhibition booths, and distribution of health education materials are entered under the project number.

## **Preparation of quarterly reports**

Basic health staffs use the record/register to enter data on a daily basis on health care deliveries to the public in the areas where they are assigned and for some projects on a quarterly basis. As for Monthly Report Form 1, the Quarterly Report Form 2As of individual health staff members are combined into Quarterly Report Form 2Bs of urban, maternal and child, rural health centres, which should in turn be combined into Township Quarterly Report Form 2Bs. The Township Quarterly Report Form 2Bs are verified and signed by the District/Township Medical Officer, and copies are sent to the respective Region/State Health Department, and Director (Health Information), Department of Health Planning, Ministry of Health, Office No. 47, Nay Pyi Taw, not later than the 7th of every month.

## **Annual Report Form 3**

Annual Report Form 3 is a yearly report of basic information on the areas where they are assigned.

## **Aim**

### **Annual Report Form 3A**

- (a) Public health indicators are used to measure the impact of the National Health Plan. The indicators include comprehensive information on population statistics, infant mortality, maternal mortality, and crude birth rates and crude death rates. To this end, entries to population and yearly records as well as birth and death registers are made accurately.
- (b) Moreover, the Form is designed to identify resources that contribute to health development in regions and townships where the health centre is located for input to the analysis of the local health situation. Accurate yearly records need to be collected together with population statistics to ensure

accuracy in the data. Individual Basic health staffs should obtain the basic information on their areas from those records and enter it in Annual Report Form 3A.

- (c) In this way, the ward/village data for each basic health staff member is consolidated in the Annual Report Form 3B, the yearly report of each health centre for reporting and evaluation.

### **Annual Report Form 3B**

Annual Report Form 3B is designed to indicate the population, births, deaths, the Health Infrastructure, the number of personnel and the training provided in the area. The basic information in the annual report can be used to analyze the indicators for individual health centres for the year. Through this analysis, the success of the detailed plans for the previous year can be evaluated. The impact of the health service deliveries should also be analyzed using impact indicators and plans are made for the future.

In this book, methods to calculate and analyze the indicators are given. The population projection for the next year, which is calculated using the rate of population growth, may be used to develop detailed plans for the coming year.

### **Procedure**

Annual Report Form 3 is used to compile the basic data of the Ward/ Village/ Township for annual reporting. The basic information contained in the Annual Report Form 3 are:

1. Population
2. Births and Abortions
3. Deaths
4. Reproductive health
5. Number of smokers

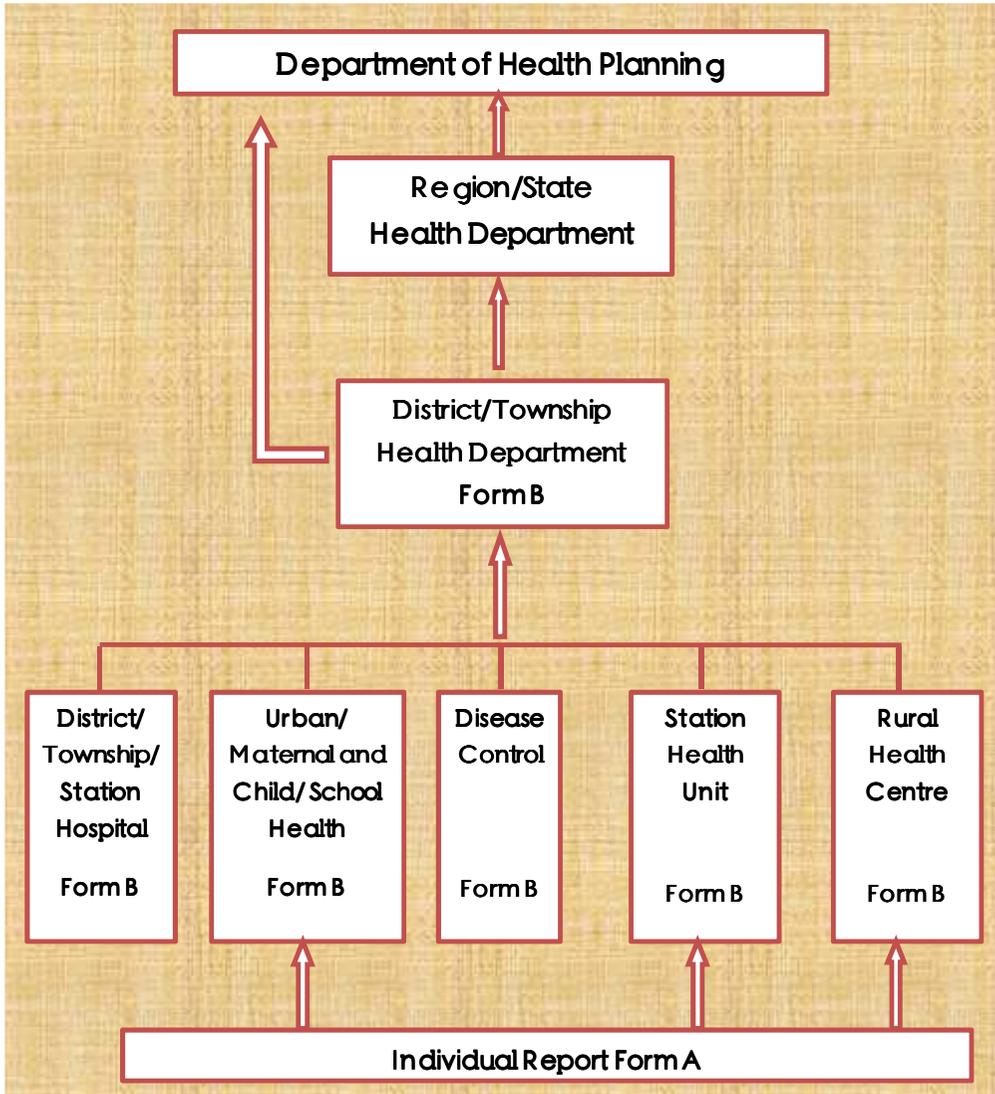
6. Health Infrastructure
  7. Community participation
  8. Human resource for health
  9. Fund-raising and
  10. Implementation status of training activities
- (a) The population data are collected at the end of the year in December and entered in the population and yearly record provided by this department.
  - (b) The Birth Register (Birth and Death Register-1) has been provided to record births and abortions. All occurrences related to births and abortions within the year need to be entered in this record.
  - (c) The Death Register (Birth and Death Register-2) has been provided to record any death events. All occurrences related to deaths within the year need to be entered in this record.
  - (d) Data on reproductive health, number of smokers and the source of improved water and environmental sanitation are collected on a yearly basis together with the population data to ensure accuracy and recorded for the year.
  - (e) The Health Infrastructure, community participation, human resource, the fund-raising project and implementation status of training activities are entered by the Township.

### **Compiling Annual Reports**

Data for the population and the yearly record are collected in December every year. In collecting data for inclusion in the annual report, comprehensiveness and accuracy are ensured, daily Births and Deaths registers are consolidated, and the information on cash donations, in-kind donations and the activities of various committees are compiled. Then

Annual Report Form 3A is prepared for reporting. In reporting, as in Monthly Report Form 1, the Annual Report Form 3As of individual health staff members are combined into Health Centre Annual Report Form 3Bs, which in turn are combined into Township Annual Report Form 3Bs. The Annual Report Form 3Bs (to be filled in only by the Township) are filled in by the Township, verified by the District/Township Medical Officer and copies are sent to the respective Region/State Health Department, and Director (Health Information), Department of Health Planning, Ministry of Health, Office No. 47, Nay Pyi Taw, once every year, not later than the 7th of January.

# Data Flow for Reporting



## Chapter 2

Serial No.	Type of Activities and Definition
1.	<b>Primary Health Care and Referral of patients</b>
1-1	<b>Total number of (new) patients at the clinic</b> refers to the number of (new) patients who visit township, sub-township, and Station Hospitals, urban health centre, maternal and child health, and rural health centres, sub-centres and border area clinics "during and outside opening hours".
1-2	<b>Total visits of patients at the clinic(new and old)</b> refers to the number of patient visits (new and old) at township, sub-township, and Station Hospitals, urban health centre, maternal and child health, and rural health centres, sub-centres and border area clinics "during and outside opening hours".
1-3	<b>Total number of field visits (villages and wards)</b> refers to the number of times in the village/ward was visited for health activities. For example, the number of 4 is entered if four villages in the assigned area were visited in one day.  <b>Note:</b> The number of field visits is counted based on the number of villages/wards.
1-4	<b>Total number of attendances during field visits</b> refers to the number of patients (new and old) who receive examination, diagnosis and treatment during field visits of health staff to villages/wards.
1-5	<b>Total number of referral cases (clinic + field visit)</b> refers to the number of patients who are referred to higher level clinics and hospitals, whether they are patients at the clinic, or those during field work.

### Activities of community health workers

1-6 **Total number of joint activities with BHS (frequencies)** refers to the number of times a community health worker has worked with health staff to provide assistance for the following activities received supervision and attend seminars/ meetings.

- (a) Inspecting the ward/village during their visit
- (b) Assisting in health care provision and health education activities of basic health staff
- (c) Attending meetings at the health centre

**Note:** The type of work carried out together with the community health workers are recorded in the Field Record.

1-7 **Total number of activities carried out by Community Health Workers** refers to the number of sanitation activities and infectious disease reports carried out without the assistance of the health staff.

**Note:** The reports submitted by the community health workers are recorded in the Field Record.

## Calculation of indicators

No.	Indicators	Calculation	Formula
1	<b>Primary Health Care and Referral of patients</b>		
1.1	Percentage of new patients at the clinic	Total number (new) patients at the clinic ----- total population	Form 1 (1.1) ----- x 100 Form 3 (1)
1.2	Average number of visits by each patient	Total visits of patients at the clinic (new and old) ----- Total number (new) patients at the clinic	Form 1 (1.2) ----- Form 1 (1.1)
1.3	Average number of field visits to villages/wards	Total number of field visits (villages and wards) ----- Number of ward and village	Form 1 (1.3) ----- Form 3 (6.1)+(6.2)
1.4	Total number of attendances during field visits	(Use absolute number)	Form 1 (1.4)
1.5	Percentage of patients referred to higher levels	Total number of referral cases (clinic + field visit) ----- x 100 Total visits of patients at the clinic(new and old) + Total number of attendances during field visits	Form 1 (1.5) ----- x 100 Form 1 (1.2)+(1.4)
	<b><u>Activities of community health workers</u></b>		
1.6	Average number of joint activities with BHS (frequencies)	Total number of joint activities with BHS (frequencies) ----- Number of community health workers(serving)	Form 1 (1.6) ----- Form 3 (8a.6)
1.7	Average number of activities carried out by Community Health Workers	Total number of activities carried out by Community Health Workers ----- Number of community health workers(serving)	Form 1 (1.7) ----- Form 3 (8a.6)

## Registers and Records

1. Clinic Register
2. Field record

### Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
	<b>Primary Health Care and Referral of patients</b>											
1	Total number of (new) patients at the clinic	√	√	√	√	√	√	√	√	√	√	x
2	Total visits of patients at the clinic (new and old)	√	√	√	√	√	√	√	√	√	√	x
3	Total number of field visits (villages and wards)	x	x	√	√	√	√	√	√	√	√	√
4	Total number of attendances during field visits (new and old)	x	x	√	√	√	√	√	√	√	√	√
5	Total number of referral cases (clinic + field visit)	√	√	√	√	√	√	√	√	√	√	√
	<b>Activities of community health workers</b>											
6	Total number of joint activities with BHS (frequencies)	x	x	x	x	x	x	x	x	x	x	√
7	Total number of activities carried out by Community Health Workers	x	x	x	x	x	x	x	x	x	x	√

## **Usage**

This enables all health staff to review their own health service delivery as well as the community health workers' programmes and activities. It will also make it possible to identify and analyse the workload of the basic health staff, the extent to which the public relies on the basic health staff, the extent to which the services of the public hospitals and clinics are utilized and relied on, the provision of health care by basic health staff during field work throughout villages.

Serial No.	Type of Activities and Definition
2.	<b>Family health care project</b>
2.1	<p><b>Total number of (new) pregnancies registered during the month</b> refers to the number of (new) pregnant women receiving care at the clinic and during field visit during the reporting period. (It doesn't include those who had received care previously.) The new pregnant women are entered in the registration book. It should cover all the pregnant women in the wards/ villages that the BHS (M.W) is assigned to.</p>
2.2	<p><b>Number of (newly) registered pregnant women coming for a checkup at around 12 weeks of pregnancy</b> refers to the number of pregnant women whose pregnancies are around 12 weeks (up to 14 weeks) among the new pregnant women who come for a check-up in their assigned areas during the reporting period.</p>
2.3	<p><b>Number of (newly) registered pregnant women whose pregnancies were within 24 months of the previous childbirth</b> refer to the number of women who have become pregnant again within 24 months of receiving care as (new) pregnant women in the assigned areas during the reporting period.</p>
2.4	<p><b>Total number of visits for antenatal care (new and old)</b> refers to the number of care has been provided to pregnant women (new and old) at the clinic and during fieldwork in the reporting period.</p>
2.5	<p><b>Total number of home deliveries by BHS</b> refers to the number of mothers who gave birth at home with SBAs providing care for the deliveries during the reporting period. (It includes still births but not abortions.)</p>

- 2.6 **Total number of deliveries by BHS at hospitals and delivery rooms** refers to the number of women who gave birth at hospitals/clinics/delivery rooms with the health staff providing care. (It includes still births but not abortions.)
- 2.7 **Total number of mothers who received antenatal care 4 times or more (delivered by BHS and others)** refers to the number of mothers who received at least 4 times of antenatal care from health staff: at around 12 weeks (up to 14 weeks), 26 weeks (15-28 weeks), 32 weeks (29-34 weeks) and 36 weeks (35 weeks to child birth).
- Note:** The data should be based on the records of antenatal care provided by skilled health staff.
- 2.8 **Total number of mothers who received first visit on postnatal care** means the number of postnatal mothers (delivered by BHS and others) who received postnatal check-up, health care and treatment either at the clinic or during field visits at villages/wards. The (new) mothers who have already given birth should be entered in the register.
- 2.9 **Total number of visits for postnatal care** means the number of mothers (new and old) (delivered by BHS and others) who received postnatal check-up, health care and treatment either at the clinic or during field visits at villages/wards.
- 2.10 **Total number of mothers referred to the higher levels (during pregnancy, delivery and postnatal period)** means the number of pregnant women, women during childbirth and post-natal mothers in the assigned villages who require higher levels of care than that provided by the Midwives and are referred to higher-level health staff, health centres or hospitals.

### Activities of auxiliary midwives

- 2.11 **Number of home deliveries by AMW** means the number of deliveries made by the auxiliary midwives themselves without help from midwives or LHV.
- 2.12 **Number of referrals to higher levels (during pregnancy, delivery and postnatal period)** means the number of pregnant women, women during childbirth and post-natal mothers who require higher levels of care than that provided by the auxiliary midwives and are referred to higher-level health staff, health centres or hospitals.

### Activities of trained traditional birth attendants

- 2.13 **Number of home deliveries by TTBA** means the number of deliveries made by the trained traditional birth attendants themselves during the reporting period.
- 2.14 **Number of referrals to higher levels (during delivery)** means the number of women during childbirth who required referral to higher-level health staff, health centres or hospitals.

### Calculation of indicators

No.	Indicators	Calculation	Formula
2	<b>Family health project</b>		
2.1	Percent coverage of antenatal care	$\frac{\text{Total number of (new) pregnancies registered during the month}}{\text{Estimated number of pregnant women}} \times 100$	$\frac{\text{Form 1 (2.1)}}{\text{Estimated number of pregnant women}} \times 100$

No.	Indicators	Calculation	Formula
2.2	Percentage of pregnant women with close birth interval	Number of (newly)registered pregnant women whose pregnancies were within 24 months of the previous childbirth ----- x 100 Total number of (new) pregnancies registered during the month	Form 1 (2.3) ----- x 100 Form 1 (2.1)
2.3	Average frequency of antenatal visits	Total number of visits for antenatal care (new and old) ----- Total number of (new) pregnancies registered during the month	Form 1 (2.4) ----- Form 1 (2.1)
2.4	Percentage of home deliveries by BHS	Total number of home deliveries by BHS ----- x 100 Total births	Form 1 (2.5) ----- x 100 Form 3 (2.1)+(2.2)
2.5	Proportion of deliveries by BHS at hospitals and delivery rooms	Total number of deliveries by BHS at hospitals and delivery rooms ----- x 100 Total births	Form 1 (2.6) ----- x 100 Form 3 (2.1)+(2.2)
2.6	Percentage of those who received antenatal care 4 times or more	Total number of mothers who received antenatal care 4 times or more (delivered by BHS and others) ----- x 100 Total births	Form 1 (2.7) ----- x 100 Form 3 (2.1)+(2.2)
2.7	Percent coverage of postnatal care	Total number of mothers who received first visit on postnatal care ----- x 100 Total births	Form 1 (2.8) ----- x 100 Form 3 (2.1)+(2.2)
2.8	Average frequency of visit for postnatal care	Total number of visits for postnatal care ----- Total births	Form 1 (2.9) ----- Form 3 (2.1)+(2.2)

No.	Indicators	Calculation	Formula
2.9	Percentage of mothers referred to higher levels (during pregnancy, delivery and postnatal period)	Total number of mothers referred to the higher levels (during pregnancy, delivery and postnatal period) ----- x 100 Total number of (new) pregnancies registered during the month	Form 1 (2.10) ----- x 100 Form 1 (2.1) * 100
2.10	<b>Activities of auxiliary</b> Percentage of home deliveries by AMW	Number of home deliveries by AMW ----- x 100 Total births	Form 1 (2.11) ----- x 100 Form 3 (2.1)+(2.2)
2.11	Percentage of mothers referred to higher levels (during pregnancy, delivery and postnatal period)	Number of referrals to higher levels (during pregnancy, delivery and postnatal period) ----- x 100 Number of home deliveries by AMW	Form 1 (2.12) ----- x 100 Form 1 (2.11)
2.12	<b>Activities of trained traditional birth attendants</b> Percentage of home deliveries by trained traditional birth attendants	Number of home deliveries by TTBA ----- x 100 Total births	Form 1 (2.13) ----- x 100 Form 3 (2.1)+(2.2)
2.13	Percentage of mothers referred to higher levels (during childbirth)	Number of mothers referred to the higher levels (during delivery) ----- x 100 Number of home deliveries by TTBA	Form 1 (2.14) ----- x 100 Form 1 (2.13)

### Registers and Records

1. Clinic Register
2. Field Record
3. Ante-natal Care Register
4. Births and Deaths Register-1

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>2</b>	<b>Family health care project</b>											
1	Total number of (new) pregnancies registered during the month	√	x	√	x	√	x	√	√	√	√	√
2	Number of (newly) registered pregnant women coming for a checkup at around 12 weeks of pregnancy	√	x	√	x	√	x	√	√	√	√	√
3	Number of (newly) registered pregnant women whose pregnancies were within 24 months of the previous childbirth	√	x	√	x	√	x	√	√	√	√	√
4	Total number of visits for antenatal care (new and old)	√	x	√	x	√	x	√	√	√	√	√
5	Total number of home deliveries by BHS	x	x	√	x	√	x	√	√	√	√	√
6	Total number of deliveries by BHS at hospitals and delivery rooms	x	√	√	x	√	x	√	√	√	√	x
7	Total number of mothers who received antenatal care 4 times or more (delivered by BHS and others)	x	√	√	x	√	x	√	√	√	√	√
8	Total number of mothers who received first visit on postnatal care (delivered by BHS and others)	x	√	√	x	√	x	√	√	√	√	√

9	Total number of visits for postnatal care (delivered by BHS and others)	√	√	√	x	√	x	√	√	√	√	√
10	Total number of mothers referred to the higher levels (during pregnancy, delivery and postnatal period)	√	√	√	x	√	x	√	√	√	√	√
11	<b>Activities of auxiliary midwives</b> Number of home deliveries by AMW	x	x	x	x	x	x	x	x	x	x	√
12	Number of referrals to higher levels (during pregnancy, delivery and postnatal period)	x	x	x	x	x	x	x	x	x	x	√
13	<b>Activities of Trained traditional birth attendants</b> Number of home deliveries by TTBA	x	x	x	x	x	x	x	x	x	x	√
14	Number of referrals to higher levels (during delivery)	x	x	x	x	x	x	x	x	x	x	√

## Usage

This shows accessibility of health services related to family health and health seeking behaviour of community based on trust of the health staff. Where access is poor, the reasons are identified and corrected.

It will also enable the basic health staff themselves to review the family health project activities and provide quality health care in order to reduce maternal and child mortality, which is one of the Millennium Development Goals.

For pregnancies with closed birth interval, it is necessary to provide antenatal care and maternal nutrition throughout the pregnancy as well as birth-spacing counselling 42 days after childbirth together with birth spacing.

**Serial No.      Type of Activities and Definition**

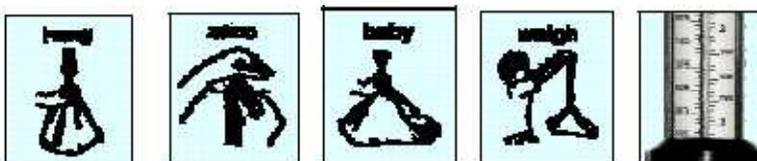
**3.                    Nutrition promotion program**

3.1                    **Number of newborns weighed** means the number of newborns whose body weight was measured within 24 hours of birth by the reporting health personal in the assigned area or at the hospital that is the subject of the report during the reporting period. (The number must be specified boys and girls.)



**Infant Spring Scale**

1. An infant spring scale, e.g., Super Samson, Salter Brecknell, should be used for under-1 years old infants to ensure accuracy in measuring their bodyweight.
2. A spring scale can measure the bodyweight of an under-1 years old infant accurately within 25 grams and up to 5 kilograms.
3. Inside the spring scale, there is a movable rod with markings on it. The numbers next to the markings show weight in grams.
4. On the right-hand side, there are numbers 0, 250, 500, 750, ... and so on, while on the left-hand side, there are numbers 0, 125, 375, 625, ... and so on.
5. The bigger markings (longer lines) are 250 grams apart and the smaller markings (shorter lines) are 50 grams apart.



### Measuring the bodyweight of an infant

1. Hang a longyi or a piece of cloth on the bottom hook of the spring scale to be able to put the infant into it and tie it firmly with a piece of rope.
2. The cap on top of the scale can be turned clockwise or counterclockwise, to adjust the zero point. Find the zero point by turning it clockwise or counterclockwise after hanging the longyi or the cloth that will hold the child.
3. Put the infant in the longyi or cloth hanging from the scale.
4. Hold up the handle on top of the spring scale with two hands and read the body weight of the infant from the scale.
5. The markings on the right should be read mainly, and read the left-hand markings only if the readings on the right-hand falls in between markings. (The example in the figure reads 3125 grams.)

3.2 **Number of newborns with low birth weight** means the number of newborns whose body weight is below 5.5 lbs. or 2.5 kgs when measured within 24 hours of birth by the reporting person in the assigned area or at the hospital that is the subject of the report during the reporting period. (The number must be specified boys and girls.)

3.3 **Number of Infants with beri-beri** means the number of under-1 years old infants suffering from beri beri (as defined by major and minor symptoms identified by the project for the prevention of vitamin B1 deficiency) (new patients), (both alive and dead) during the reporting period. (The number must be specified boys and girls.)

(Children treated at the outpatient department of the hospital or at the in-patient department should be included in the hospital treatment list, while those not receiving treatment at the hospital should be included in the list of the reporting health centre/sub-centre.)

<b>(a) Major symptoms</b>	<b>(b) Minor symptoms</b>
<p><b>The child:</b></p> <ol style="list-style-type: none"> <li>1. is between 1 and 6 months old.</li> <li>2. is breastfed exclusively.</li> <li>3. cries or moans all the time.</li> <li>4. stops making any noise gradually while crying</li> </ol>	<p><b>The child:</b></p> <ol style="list-style-type: none"> <li>1. reduces sucking within last 48 hours.</li> <li>2. reduces urine output within last 48 hours.</li> <li>3. gets vomiting and constipation.</li> <li>4. shows no other symptoms (e.g. no fever or no diarrhoea).</li> </ol>
	<b>A breastfeeding mother</b>
<ol style="list-style-type: none"> <li>5. turns blue.</li> <li>6. has difficulty in breathing (but no cough)</li> <li>7. has a significantly enlarged liver</li> <li>8. gets fits (Fits are not very obvious, without a fever and do not take longer. No swelling in the anterior fontanelle and no neck stiffness.)</li> </ol> <p><b>At least 4 major symptoms</b></p>	<ol style="list-style-type: none"> <li>5. has habit of food restriction.</li> <li>6. has numbness in hands and feet.</li> <li>7. weakness and fatigue especially arms and legs movement.</li> <li>8. presents symptoms of vitamin B deficiency (e.g. angular stomatitis)</li> </ol>
<b>3 major symptoms and 2 minor symptoms</b>	

3.4 **Pregnant women receiving de-worming drugs** means the number of women after 3 months of pregnancy received de-worming drugs as part of antenatal care during the reporting period.

3.5 **Post-natal mothers who received iron supplements 3 times or below during pregnancy** means the number of post-natal

mothers who received iron supplements 3 times or below (maximally 90 iron supplement tablets) during pregnancy among the pregnant women who gave birth in the assigned area during the reporting period.

- 3.6 **Post-natal mothers who received iron supplements 4 times or more during pregnancy** means the number of post-natal mothers who received iron supplement tablets 4 times or more (at least 91 iron supplement tablets) during pregnancy among the pregnant women who gave birth in the assigned area during the reporting period.

#### **Administering Iron Supplement Tablets**

1. A pregnant woman should take 180 iron supplement tablets during pregnancy, receiving 30 tablets for 6 times.
2. Before the seventh month of pregnancy, one iron supplement tablet (ferrous sulphate) should be taken at bedtime.  
(Once the pregnancy is ascertained, 30 iron supplement tablets (one tablet per day every day for a month) should be provided every month until the seventh month of pregnancy.)
3. After the seventh month of pregnancy, one iron tablet should be taken at a time, two times a day (one in the morning and one at bedtime). (30 tablets should be provided each time, in a does of two tablets per day for two weeks.)

- 3.7 **Pregnant mothers who received vitamin B1 supplements** means the number of the pregnant women after 36<sup>th</sup> week of pregnancy received vitamin B1 supplement tablets (the last month of pregnancy to delivery) during the reporting period. (Four weeks does of vitamin B1 tablets 28 tablets (or) 50 milligrams vitamin B1, 7 tablets should be provided.)

3.8 **Post-natal mothers who received vitamin B1 supplements** means the number of post-natal mothers who received vitamin B1 supplements within 42 days after childbirth (during 6-weeks of postnatal period) during the reporting period.

(Six weeks does of vitamin B1 tablets, 10 milligrams B1 42 tablets or 50 milligrams B1 10.5 tablets, should be provided.)

3.9 **Breastfeeding mothers who received vitamin B1 supplements** means the number of breastfeeding mothers who received vitamin B1 supplements between 43 and 84 days after childbirth (6-weeks after the postnatal period) during the reporting period.

(Six weeks' does of vitamin B1 tablets: 10 milligrams B1 42 tablets (or) 50 milligrams B1 10.5 tablets should be provided.)

3.10 **Post-natal mothers who received vitamin A supplements** means the number of post-natal mothers who received 200,000 units of vitamin A supplements within 42 days after childbirth (during 6-weeks postnatal period) during the reporting period.

3.11 **The total number of Under-5 children weighed** mean the number of under-5 children whose body weight was measured in the by turns village/ward in the assigned area during the reporting period. (The number must be specified boys and girls.) (Fill the actual number of under-5 children whose body weight was measured indeed rather than all the registered children. Mention the name of the by turns village/ward.)

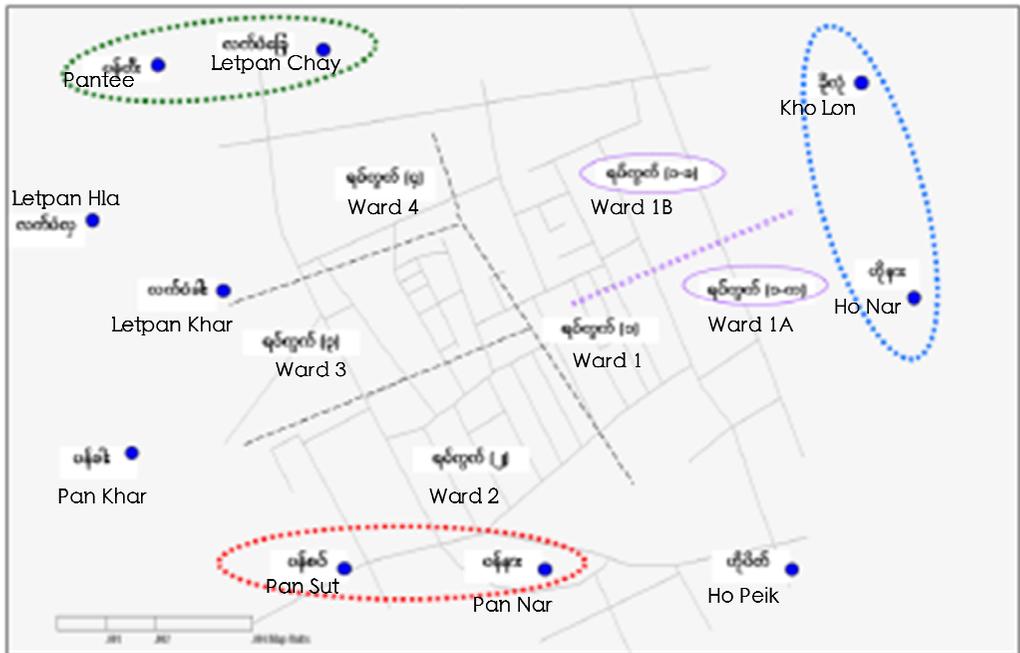
The by turns village/ward means the village/ward or part of a village/ward or a group of villages/wards which

bearing a similar population size in average so that activities can be implemented.

A by turns village/ward should be designated as follows. Arrange the villages/wards in the assigned area in order of population size. Divide villages/wards that have too big a population size or combine (nearby) villages/wards that have too small a population size to obtain 12 in number of village/ward with approximately same population size.

Draw up a schedule for the whole year to visit the village/ward areas in turn, taking into account the weather, transportation and other health programmes (e.g. UCI Crash Programme). Then at the rate of one by turn area per month, assess the nutrition status of under-5 children by measuring their body weight. By the year, all the by turns areas (12 in total) will be covered in throughout the entire assigned area. This activity will reveal the nutritional situation by each village/ward as well as that of the whole assigned area as total by the end of the year. (Note: Nutrition promotion means reviewing the growth pattern of those children by repeated measuring their body weight, providing nutrition education & counseling to mothers, treatment and referral if necessary and arranging supplementary feeding. (For details, please refer to “the total number of malnourished children receiving Growth Monitoring and Promotion.”))

## Designation of village/ward work areas



Village/ Ward	Popu lation	Sort according to size of population → in the ascending order	Village/ Ward	Popu lation	Divide villages/wards that have too big a population size and combine (nearby) villages/wards that have too small → to obtain 12 village/ward areas with approximately the same population size. Example shows making 12 village/wards with average 633 populations.	By turns Village/ Ward	Popu lation
Ward 1	1200			Ward 1		1200	
Ward 2	600		Ward 3	800		Ward 1B	600
Ward 3	800		Ward 4	700		Ward 3	800
Ward 4	700		Ward 2	600		Ward 4	700
Letpan Hla	600		Letpan Hla	600		Ward 2	600
Letpan Chay	300		Pankhar	600		Letpan Hla	600
Letpan Khar	500		Ho Peik	600		Pankhar	600
Pantee	400		Letpan Khar	500		Ho Peik	600
Pankhar	600		Pan Nar	500		Letpan Khar	500
Pan Sut	300		Pantee	400		Pan Nar + Pan Sut	800
Pan Nar	500		Letpan Chay	300		Pantee + Letpan Chay	700
Ho Peik	600		Pan Sut	300		Ho Nar + Kho Lon	500
Ho Nar	300		Ho Nar	300			
Kho Lon	200		Kho Lon	200			
<b>Total</b>	<b>7600</b>						

## Measuring the bodyweight of under-5 children



### Body weight scale

1. A bodyweight scale (e.g. Salter scale) is used to measure the body weight of under-5 children. It can measure up to 25 kilograms and is accurate to 100 grams.
2. It is a spring scale and has markings on the dial surface. The smaller markings are at 100-gram intervals and the bigger markings are at 1-kilogram intervals.



### Installing a body weight scale and standardizing

1. Hang the Salter scale on a suitable place. (The place should have enough lighting.) (The support may be a rafter, branch or bamboo pole and fix the scale family.)
2. Set the scale in the plane having the same level with observer's eye.
3. Check the indicator of the scale whether working properly or not.
4. The scale should be standardized for accuracy.

(Weighed 5 Liters of water is put into the plastic bucket and which is used for Validation of the weighing scale.) (The scale should be calibrated regularly after 50 times of weighing.)



### Measuring the body weight of under-5 children

1. A longyi is tied securely to the scale.
2. The indicator of the scale is set at zero. (The indicator should be at zero sharply after fixing the hook.)
3. Take off heavy clothes, shoes or hats from the child before measuring the child's body weight. (Normal clothing need not be taken off.)
4. Put the child carefully into the longyi with the help of the mother.
5. Observe the reading directly in front of the child when the scale is stabilized.
6. The weight is read accurately within 0.1 kilograms. Round off the reading from the small value if the indicator is in between the two markings.

- 3.12 **The total number of under-5 children in yellow zone** mean the number of under-5 children whose body weight fall within the yellow zone in the weight chart among the weighed under-5 children in the by turns village/ward. (The number must be specified boys and girls.)
- 3.13 **The total number of under-5 children in red zone** mean the number of under-5 children whose body weight falls within the red zone in the weight chart among the weighed under-5 children in the by turns village/ward. (The number must be specified boys and girls.)
- 3.14 **The total number of under-nourished children receiving Growth Monitoring and Promotion** mean the total number of under-nourished children (those whose body weight fall in the red or yellow zone of the weight chart) receiving nutrition care as part of Growth Monitoring and Promotion for under-5 children in the assigned area during the reporting period. (The number must be specified boys and

girls.) In Growth Monitoring and Promotion (GMP), regular weighing of all under-5 children in the assigned area and promotion of their nutritional status are included.

A midwife may identify the undernourished children as follows if there is difficulty in conducting regular body weight measurement among under-5 children in the assigned area.

1. Measure the body weight of under-5 children in the by turns village/ward or measure the body weight of under 6 months children in non-by turns villages/wards and measure the mid upper arm circumference (MUAC) of children between 6 months and 5 years of age in non-by turns villages/wards, followed by measuring the body weight of those children with small MUAC. (< 13.5 cm)
2. Provide nutrition promotion to identified undernourished children and children who have risk of being undernourished (those who suffered fever, diarrhoea, cough or congested chest.)

Nutrition promotion means:

- (a) Review the growth pattern of those children by repeated measuring their body weight
- (b) Provide nutrition education & counseling to mothers, treatment and referral if necessary
- (c) Arrange supplementary feeding  
(Above channels can be carried out together with regular health care activities like vaccination, AN care, delivery and PN cars.)

3.15 **The total number of villages/wards with qualified consumption of adequately iodized salt** means the total number of villages/wards in the assigned area where the consumption of adequately iodized salt is qualified. (During

the reporting period, check the consumption of adequately iodized salt in the by turns village/ward has to be checked.)

The by turns village/ward means the village/ward or part of a village/ward or a group of villages/wards which bearing a similar populations size in average so that activities can be implemented.

At the rate of one by turn area per month, assess the iodized salt consumption in those village/ward. By the year, all the by turns areas (12 in total) will be covered in throughout the whole assigned area. Test the currently consumed salt from 10 households which are randomly selected in the by turns village/wards. If 9 or 10 samples of tested salts are adequately iodized (15 ppm and above), it is noted as “qualified” or “Pass”.

- 3.16      **The total number of villages/wards with unqualified consumption of adequately iodized salt** means the total number of villages/wards in the assigned area where the consumption of adequately iodized salt is unqualified. (During the reporting period, check the consumption of iodized salt in the by turns village/ward has to be checked.) Test the currently consumed salt from 10 households which are randomly selected in the by turns village/ward. If 8 or less than 8 samples of tested salts are adequately iodized (15 ppm and above), it is noted as “unqualified” or “Fail”.

#### **Field Test Kit for Salt Consumption**

1. The field testing should measure the iodine content in household salt mixed with Potassium Iodide. The results should be given in 3 categories: 0 ppm, below 15 ppm and above 15 ppm.
2. The Field Test Kit contains 2 small clear bottles of test solution, 1 red bottle of recheck solution, an index card showing the reference colours and a white plastic cup to hold the salt.

- The kit may be used within 180 days after opening the bottles. It should be kept in cool dry place, and should be shaken well before usage.

**(b) Usage**

- Fill the cup with household salt until the surface is level with the rim of the cup.
- Open the cap of a clear bottle of test solution, and make a hole with a pin. Gently squeeze 2 drops of solution onto the salt.
- The salt will change colour. Within one minute, use the index card to determine the iodine content from the colour of the salt.
- In case the salt does not change colour within one minute, taken new sample of salt and add 5 drops of the red recheck solution, and then 2 drops of test solution. After that, use the index card to determine the iodine content from the colour of the salt.

**Calculation of indicators**

No.	Indicators	Calculation	Formula
3	<b>Nutrition promotion program</b>		
3.1	Percentage of newborns with low birth weight (hospital)	$\frac{\text{Total number of newborns with low birth weight (hospital)}}{\text{Total number of newborns weighed (hospital)}} \times 100$	$\frac{\text{Form 1 (3.2) (hospital)}}{\text{Form 1 (3.1) (hospital)}} \times 100$
3.2	Percentage of newborns with low birth weight (other health centre)	$\frac{\text{Total number of newborns with low birth weight (other health centre)}}{\text{Total number of newborns weighed (other health centre)}} \times 100$	$\frac{\text{Form 1 (3.2) (other)}}{\text{Form 1 (3.1) (other)}} \times 100$
3.3	Percentage of newborns with low birth weight (township)	$\frac{\text{Total number of newborns with low birth weight (hospital+ other health centre)}}{\text{Total number of newborns weighed (hospital + other health centre)}} \times 100$	$\frac{\text{Form 1 (3.2) (hospital +other)}}{\text{Form 1 (3.1) (hospital+ other)}} \times 100$

No.	Indicators	Calculation	Formula
3.4	Proportion of infantile beriberi	Total number of infants with beriberi (hospital +other health centre) ----- x 1000 Total number of live births	Form 1 (3.3) ----- x 1000 Total number of live births
3.5	Percentage of pregnant women receiving de-worming drugs	Total number of pregnant women receiving de-worming drugs ----- x 100 Estimated number of pregnant women	Form 1 (3.4) ----- x 100 Estimated number of pregnant women
3.6	Percentage of post-natal mothers who received iron supplements 3 times or below during pregnancy	Total number of post-natal mothers who received iron supplements 3 times or below during pregnancy ----- x 100 Estimated number of pregnant women	Form 1 (3.5) ----- x 100 Estimated number of pregnant women
3.7	Percentage of post-natal mothers who received iron supplements 4 times or more during pregnancy	Total number of post-natal mothers who received iron supplements 4 times or more during pregnancy ----- x 100 Estimated number of pregnant women	Form 1 (3.6) ----- x 100 Estimated number of pregnant women
3.8	Percentage of pregnant mothers who received B1 supplements	Total number of pregnant mothers who received B1 supplements ----- x 100 Estimated number of pregnant women	Form 1 (3.7) ----- x 100 Estimated number of pregnant women
3.9	Percentage of post-natal mothers who received B1 supplements	Total number of post-natal mothers who received B1 supplements ----- x 100 Estimated number of pregnant women	Form 1 (3.8) ----- x 100 Estimated number of pregnant women
3.10	Percentage of breastfeeding mothers who received B1 supplements	Total number of breastfeeding mothers who received B1 supplements ----- x 100 Estimated number of pregnant women	Form 1 (3.9) ----- x 100 Estimated number of pregnant women

No.	Indicators	Calculation	Formula
3.11	Percentage of post-natal mothers who received vitamin A supplements	Total number of postnatal mothers who received vitamin A supplements ----- x 100 Estimated number of pregnant women	Form 1 (3.10) ----- x 100 Estimated number of pregnant women
3.12	Percentage of under-5 children with moderate underweight	Total number of under-5 children in yellow zone ----- x 100 Total number of under-5 children weighed	Form 2 (3.12) ----- x 100 Form 2 (3.11)
3.13	Percentage of under-5 children with severe underweight	Total number of under-5 children in red zone ----- x 100 Total number of under-5 children weighed	Form 2 (3.13) ----- x 100 Form 2 (3.11)
3.14	Percentage of under-5 children with underweight	Total number of children whose body weight was in either the yellow or the red area ----- x 100 Total number of under-5 children weighed	Form 2 (3.12) + (3.13) ----- x 100 Form 2 (3.11)
3.15	Average number of under-nourished children receiving Growth Monitoring and Promotion per month	Total number of under-nourished children receiving Growth Monitoring and Promotion (in 12 months) ----- 12	Form 2 (3.14) (For 12 months) ----- 12
3.16	Percentage of under-nourished children receiving Growth Monitoring and Promotion per month	Average number of under-nourished children receiving Growth Monitoring and Promotion per month ----- x 100 Total number of children in yellow or red zone (for one year)	Form 2 (3.14) / 12 ----- x 100 Form 2 (3.12) + (3.13) (For 12 months)
3.17	Percentage of villages/ wards with qualified consumption of adequately iodized salt (township review)	Total number of villages/wards with qualified consumption of adequately iodized salt ----- x 100 Total Number of villages/wards with both qualified and unqualified consumption of adequately iodized salt	Form 2 (3.15) ----- x 100 Form 2 (3.15)+ (3.16)

No.	Indicators	Calculation	Formula
3.18	Percentage of village/wards with unqualified consumption of adequately iodized salt (township review)	Total number of villages/wards with unqualified consumption of adequately iodized salt ----- x 100 Total Number of villages/wards with both qualified and unqualified consumption of adequately iodized salt	Form 2 (3.16) ----- x 100 Form 2 (3.15)+ (3.16)

**Note:**

1. To calculate the indicator for representative area, divide the sum of all numerators by the sum of all denominators of the respective sub-areas.
2. To calculate the indicator for the year, divide the sum of all numerators by the sum of all denominators of the respective months.
3. In the case of monthly review, the total number of live births and estimated number of pregnant women should be average for the month. In the case of yearly reviews, they should be for the year.
4. The indicators 15 and 16 should be calculated only for the yearly review.

### Registers and Records

1. Clinic Register
2. Field Record
3. Ante-natal Care Register
4. Weight Chart
5. Nutrition Promotion Weeks
  - Week 1: Breastfeeding Week
  - Week 2: Under-5 Children Nutrition Promotion Week
  - Week 3: Pregnant Women and Breastfeeding Mothers Nutrition Promotion Week
  - Week 4: Iodine Deficiency Disorders Elimination Week

### Sources for Data Collection

No.	Type of Activity	Sources for Data Collection										
		Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>3</b>	<b>Nutrition promotion program</b>											
1	Number of newborns weighed	x	√	√	x	√	x	√	√	√	√	√
2	Number of newborns with low birth weight	x	√	√	x	√	x	√	√	√	√	√
3	Number of infants with beriberi	√	√	√	x	√	x	√	√	√	√	√
4	Number of pregnant women receiving de-worming drugs	x	x	√	x	√	x	√	√	√	√	√
5	Number of post-natal mothers who received iron supplements 3 times or below during pregnancy	x	x	√	x	√	x	√	√	√	√	√
6	Number of post-natal mothers who received iron supplements 4 times or more during pregnancy	x	x	√	x	√	x	√	√	√	√	√
7	Number of pregnant mothers who received B1 supplements	x	x	√	x	√	x	√	√	√	√	√
8	Number of post-natal mothers who received B1 supplements	x	x	√	x	√	x	√	√	√	√	√
9	Number of breastfeeding mothers who received B1 supplements	x	x	√	x	√	x	√	√	√	√	√
10	Number of post-natal mothers who received vitamin A supplements	x	x	√	x	√	x	√	√	√	√	√
11	Number of under-5 children weighed	x	x	√	x	√	x	√	√	√	√	√
12	Number of under-5 children in yellow zone	x	x	√	x	√	x	√	√	√	√	√
13	Number of under-5 children in red zone	x	x	√	x	√	x	√	√	√	√	√

No.	Type of Activity	Township/Sub/Station Hospital	Township/Sub/Station Hospital	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
14	Number of under-nourished children receiving growth monitoring and promotion	x	x	√	x	√	x	√	√	√	√	√
15	Number of villages/wards with qualified consumption of adequately iodized salt	x	x	√	x	√	x	√	√	√	√	√
16	Number of villages/wards with unqualified consumption of adequately iodized salt	x	x	√	x	√	x	√	√	√	√	√

## Usage

Nutrition problems in Myanmar should be reduced through addressing the major nutrition issues like identifying malnutrition and administering supplementation. The supplementation status of iron tablets, de-worming drugs and vitamin B1 to pregnant mothers could be monitored regularly and it can support to get gradual reduction of the main nutrition problems.

Among under-5 children, underweight children should be identified and provided with nutrition care of growth monitoring and promotion in order to achieve Millennium Development Goal No.5 by 2015.

Serial No.	Type of Activities and Definition
4.	<b>Child health development project</b>
4.1	<b>Total number of under 5 children who received treatment from health staff</b> (at clinics/health facilities and during field visits) means the total numbers of children aged 0-59 months who were taken to health staff for illnesses (new episode of illness). (This does not include those who come exclusively for vaccination.)
4.2	<b>Total number of under 5 children with diarrhea</b> means total numbers of children aged 0-59 months who passed loose or liquid stools for 3 or more times within 24 hours (new episode.) (This includes those with severe dehydration.)
4.3	<b>Total number of under 5 children with severe dehydration</b> means total numbers of children aged 0-59 months with diarrhea who suffered from severe dehydration.
4.4	<b>Total number of under 5 children receiving ORT</b> means total numbers of children aged 0-59 months with diarrhea who were given extra fluids available at home-such as soups, rice water, fruit juices, plain water and oral rehydration solution.
4.5	<b>Total number of under 5 children receiving treatment for cough and cold</b> means total numbers of children aged 0-59 months with symptoms of cough and cold (without rapid breathing) who were taken to health staff for treatment.
4.6	<b>Total number of under 5 children receiving treatment for cough and fast or difficult breathing</b> means the number of children aged 0-59 months who were taken to health staff for treatment of cough with rapid or difficult breathing.

**Note:** Fast and difficult breathing means breathing 60 times and above per minute or less than 30 times per minute for children under 2 months of age; 50 times and above per minute for children aged 2-12 months and 40 times and above per minute for children aged 12-59 months of age.

4.7

**Total number of under 5 children receiving treatment for severe pneumonia** means total number of children aged 0-59 months with severe pneumonia who were taken to health staff for treatment. Symptoms of severe pneumonia in children under 2 months of age are fast breathing, difficult breathing, working of ala nasi or chest indrawing during inhalation or stridor during exhalation. In addition, the following danger signs may also be present:

- unable to breastfeed; refusal to breastfeed
- yellow palms and soles
- Grunting; bluish coloration of lips and tongue
- fits
- floppiness or stiffness
- pus coming from umbilicus or redness of skin at and around the umbilicus or bleeding from the umbilicus or site where the cut was made
- a large number of abscess on the skin
- pallor
- very high temperature
- very low temperature

Children aged 2-59 months with severe pneumonia may have cough (or) stridor (or) chest indrawing during inhalation or fast breathing. In addition, the one of the following danger signs may be together with above symptoms.

- Unable to feed or drink or breastfeed; vomit all eaten food
- Fits or convulsion
- Drowsy; difficult to wake up
- Unconsciousness

- 4.8            **Total number of under 5 children receiving antibiotics treatment for pneumonia** means total number of children aged 0-59 months with pneumonia receiving antibiotics treatment among under 5 children who suffered pneumonia.
- 4.9            **Total number of under 5 children who are referred to higher level** means total numbers of children aged 0-59 months who require higher levels of care than that provided by the Midwives and are referred to the senior health staff, higher level health centers or hospital.
- 4.10          **Total numbers of newborn receiving breastfeeding within one hour of birth** means total numbers of newborn put to the breast within one hour of birth by their mothers.
- 4.11          **Total numbers of newborn receiving newborn care within 3 days after birth** means total numbers of newborn who received newborn care within 3 days after birth. Newborn care includes encouraging early initiation of breastfeeding within one hour after birth and exclusive breastfeeding up to 6 months of age, supporting to keep the newborn infant warmth, providing support for keeping the umbilical stump clean and dry to prevent infections, skin and eyes care and hygiene, checking danger signs for newborn infant, counseling family members for recognition of newborn danger signs and timely seeking of health care, providing support for birth registration and vaccination according to

Expanded Programme on Immunization schedules, and identification of newborn infants that require special care.

### Calculation of indicators

No.	Indicators	Calculation	Formula
<b>4</b>	<b>Child health and development project</b>		
4.1	Total numbers of under 5 children who received treatment from health staff (at clinics/health facilities and during field visits)	Use absolute number	Form 1 (4.1)
4.2	Percentage of under 5 children with severe dehydration	Total number of under 5 children with severe dehydration ----- x 100	Form 1 (4.3) ----- x 100
		Total number of under 5 children with diarrhea	Form 1 (4.2)
4.3	Percentage of under-5 children receiving ORT	Total number of under 5 children receiving ORT ----- x 100	Form 1 (4.4) ----- x 100
		Total number of under 5 children with diarrhea	Form 1 (4.2)
4.4	Percentage of under-5 children receiving ARI treatment	Total number of under 5 children receiving treatment for ARI/ Pneumonia ----- x 100	Form 1 (4.5)+ (4.6)+ (4.7) ----- x 100
		Total number of under-5 children	Form 3 (1) total number of under5 children
4.5	Percentage of under-5 children receiving antibiotics treatment for pneumonia	Total numbers of under 5 children receiving antibiotics treatment for pneumonia ----- x 100	Form 1 (4.8) ----- x 100
		Total Number of under-5 children receiving treatment for pneumonia	Form 1 (4.6) + (4.7)

No.	Indicators	Calculation	Formula
4.6	Percentage of under 5 children who are referred to higher level	Total number of under 5 children who are referred to higher level ----- x 100 Total numbers of under 5 children who received treatment from health staff (at clinics/health facilities and during field visits)	Form 1 (4.9) ----- x 100 Form 1 (4.1)
4.7	Percentage of newborn receiving breastfeeding within one hour of birth	Total number of newborn receiving breastfeeding within one hour of birth ----- x 100 Total number of live births	Form 1 (4.10) ----- x 100 Form 3 (2.1)
4.8	Percentage of newborn care coverage	Total number of newborn receiving newborn care within 3 days after birth ----- x 100 Total number of live births	Form 1 (4.11) ----- x 100 Form 3 (2.1)

### Registers and Records

1. Clinic Register
2. Field Record
3. Ante-natal Care Register

### Usage

All the indicators collected are being used for assessing and monitoring the achievement of Millennium Development Goal 4, under-five mortality reduction by two-thirds of the level between 1990 and 2015, for measuring the coverage and future planning.

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>4</b>	<b>Child health and development project</b>											
1	Total number of under 5 children who received treatment from health staff (at clinics/ health facilities and during field visits)	√	√	√	√	√	x	√	√	√	√	√
2	Total number of under 5 children with diarrhea	√	√	√	√	√	x	√	√	√	√	√
3	Total number of under 5 children with severe dehydration	√	√	√	√	√	x	√	√	√	√	√
4	Total number of under 5 children receiving ORT	√	√	√	√	√	x	√	√	√	√	√
5	Total number of under 5 children receiving treatment for cough and cold	√	√	√	√	√	x	√	√	√	√	√
6	Total number of under 5 children receiving treatment for cough and fast or difficult breathing	√	√	√	√	√	x	√	√	√	√	√
7	Total number of under 5 children receiving treatment for severe pneumonia	√	√	√	√	√	x	√	√	√	√	√
8	Total numbers of under 5 children receiving antibiotics treatment for pneumonia	√	√	√	√	√	x	√	√	√	√	√
9	Total numbers of under 5 children who are referred to higher level	√	√	√	√	√	x	√	√	√	√	√
10	Total number of newborn receiving breastfeeding within one hour of birth	√	√	√	√	√	x	√	√	√	√	√
11	Total number of newborn receiving newborn care within 3 days after birth	√	√	√	√	√	x	√	√	√	√	√

Serial No.	Type of Activities and Definition
5.	<b>Expanded Program on Immunization Project</b>
5.1	<b>BCG (TB) (Under one year)</b> means the number of under-1 children who have received BCG immunization. The BCG immunization should be given after birth or one and a half months of age.
5.2	<b>Diphtheria, whooping cough, tetanus (Under one year)</b> means the number of under-1 children who have received diphtheria, whooping cough and tetanus immunization for the first, the second and the third times, at 1½ months, 2½ months, and 3½ months respectively.
5.3	<b>Poliomyelitis (Under one year)</b> means the number of under-1 children who have received polio immunization for the first, the second and the third times, at 1½ months, 2½ months, and 3½ months respectively.
5.4	<b>Immunization against Hepatitis B infection (Under one year)</b> means the number of under-1 children who have received immunization against Hepatitis B infection for the first, the second and the third times, at 1½ months, 2½ months, and 3½ months respectively.
5.5	<b>Measles (9 and 18 months)</b> means the number of children who have received immunization against measles for the first and the second times, at 9 months, and 18 months respectively.
5.6	<b>Tetanus (Pregnant women)</b> means the number of pregnant women who have received immunization against tetanus for the first and the second times. The first immunization injection should be given as soon as the pregnant woman has been registered and the second injection should be

given at least 4 weeks later. In cases where care has been sought later in the pregnancy, the second injection should take place more than 2 weeks before the baby is due.

### Calculation of indicators

No.	Indicators	Calculation	Formula
<b>5</b>	<b>Expanded Program on Immunization</b> Percent coverage of immunization	Number of children receiving immunization ----- x 100 total number of under-1 children	
5.1	BCG (TB)	BCG (TB) (under-1) ----- x 100 total number of under-1 children	Form 1 (5.1) ----- x 100 Form 3 (1) (under-1)
5.2	DPT (1st)	Diphtheria, whooping cough, tetanus (under-1) (1st) ----- x 100 total number of under-1 children	Form 1 (5.2) (1st) ----- x 100 Form 3 (1) (under-1)
	DPT (2nd)	Diphtheria, whooping cough, tetanus (under-1) (2nd) ----- x 100 total number of under-1 children	Form 1 (5.2) (2nd) ----- x 100 Form 3 (1) (under-1)
	DPT (3rd)	Diphtheria, whooping cough, tetanus (under-1) (3rd) ----- x 100 total number of under-1 children	Form 1 (5.2) (3rd) ----- x 100 Form 3 (1) (under-1)
5.3	Polio (1st)	Polio (under-1) (1st) ----- x 100 total number of under-1 children	Form 1 (5.3) (1st) ----- x 100 Form 3 (1) (under-1)
	Polio (2nd)	Polio (under-1) (2nd) ----- x 100 total number of under-1 children	Form 1 (5.3) (2nd) ----- x 100 Form 3 (1) (under-1)
	Polio (3rd)	Polio (under-1) (3rd) ----- x 100 total number of under-1 children	Form 1 (5.3) (3rd) ----- x 100 Form 3 (1) (under-1)
5.4	Hepatitis B (1st)	Hepatitis B (under-1) (1st) ----- x 100 Total number of under-1 childre	Form 1 (5.4) (1st) ----- x 100 Form 3 (1) (under-1)
	Hepatitis B (2nd)	Hepatitis B (under-1) (2nd) ----- x 100 total number of under-1 children	Form 1 (5.4) (2nd) ----- x 100 Form 3 (1) (under-1)

No.	Indicators	Calculation	Formula
	Hepatitis B (3rd)	Hepatitis B (under-1) (3rd) ----- x 100 total number of under-1 children	Form 1 (5.4) (3rd) ----- x 100 Form 3 (1) (under-1)
5.5	Measles - 1	Measles (9 months) ----- x 100 total number of under-1 children	Form 1 (5.5) (9 months) ----- x 100 Form 3 (1) (under-1)
	Measles - 2	Measles (18 months) ----- x 100 total number of under-1 children	Form 1 (5.5) (18 months) ----- x 100 Form 3 (1) (under-1)
5.6	Tetanus (pregnant woman) (1st)	Tetanus (pregnant woman) (1st) ----- x 100 Estimated number of pregnant women	Form 1 (5.6) (1st) ----- x 100 Estimated number of pregnant women
	Tetanus (pregnant woman) (2nd)	Tetanus (pregnant woman) (2nd) ----- x 100 Estimated number of pregnant women	Form 1 (5.6) (2nd) ----- x 100 Estimated number of pregnant women

### Registers and Records

1. Clinic Register
2. Field Record
3. Immunization Record

Remarks: When pentavalent vaccine is introduced, the data must be entered at the rows of hepatitis B.

#### Usage

This information enables an evaluation of the immunization programme performance. Alternative tactics may be utilized in areas of low coverage.

The required support and assistance should be given in areas of low coverage through continuous evaluation by the basic health staff himself or herself or by the supervisors. It should be checked whether immunization has been provided to everyone in the age group, and the required supplies of vaccines and other logistics should be provided in a timely manner.

### Sources for Data Collection

No.	Type of Activity											
		Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>5</b>	<b>Expanded Program on Immunization</b>											
1	BCG (TB) (under-1)	√	√	√	√	√	x	√	√	√	√	√
2	Diphtheria, whooping cough, tetanus (under-1) (1st)	√	√	√	√	√	x	√	√	√	√	√
	Diphtheria, whooping cough, tetanus(under-1) (2nd)	√	√	√	√	√	x	√	√	√	√	√
	Diphtheria, whooping cough, tetanus(under-1) (3rd)	√	√	√	√	√	x	√	√	√	√	√
3	Poliomyelitis (under-1) (1st)	√	√	√	√	√	x	√	√	√	√	√
	Poliomyelitis (under-1) (2nd)	√	√	√	√	√	x	√	√	√	√	√
	Poliomyelitis (under-1) (3rd)	√	√	√	√	√	x	√	√	√	√	√
4	Hepatitis B (under-1) (1st)	√	√	√	√	√	x	√	√	√	√	√
	Hepatitis B (under-1) (2nd)	√	√	√	√	√	x	√	√	√	√	√
	Hepatitis B (under-1) (3rd)	√	√	√	√	√	x	√	√	√	√	√
5	Measles - 1	√	√	√	√	√	x	√	√	√	√	√
	Measles - 2	√	√	√	√	√	x	√	√	√	√	√
6	Tetanus (pregnant woman) (1st)	√	√	√	√	√	x	√	√	√	√	√
	Tetanus (pregnant woman) (2nd)	√	√	√	√	√	x	√	√	√	√	√

**Serial No.      Type of Activities and Definition**

**6.                    Disease Control Project**

Diseases Under National Surveillance

For 17 Diseases Under National Surveillance, BHS must collect the detail morbidity and mortality data from hospital registers both for outpatients and inpatients and also from field visits in terms of age groups, such as; 1-4 years, 5-14 years, 15-44 years, 45-59 years and above 60 years, and sex distribution of reported disease. BHS also has to carry out the necessary prevention, containment and control measure for those diseases in their respective assigned areas.

**6.1                    Diarrhoea**

**6.1.1                Diarrhoea (mild)** referred to patients with history of passage of 3 or more loose or liquid stool in the past 24 hours without dehydration or with some dehydration.

**6.1.2                Diarrhoea (severe)** referred to patients passing watery stools with symptoms of severe dehydration, such as thirst, sunken eyes, reduced urine output and very slow skin pinch.

**6.2                    Dysentery** referred to patients with bloody or mucoid stools and abdominal cramps.

**6.3                    Food poisoning** referred to occurrence of within a variable but usually short time period after consumption of contaminated food presenting with severe nausea, abdominal cramps, vomiting and prostration accompanied by diarrhea and dizziness, shock, unconsciousness and death.

**6.4                    Typhoid fever** is a systemic bacterial disease with insidious onset of sustained fever with constipation more often than diarrhea, abdominal discomfort, altered mental status,

intestinal haemorrhage with black tarry stool or bloody diarrhea (dark or fresh blood in the stool).

- 6.5 **Measles:** referred to patients with following symptoms
- (a) fever
  - (b) generalized maculopapular (i.e. non-vesicular) rash
  - (c) cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes)
- 6.6 **Diphtheria:** referred to patients with following symptoms
- (a) fever (sometimes high fever)
  - (b) loss of appetite and sore throat
  - (c) grayish white membrane with surrounding inflammation spreading over soft palate and hard palate and posterior portion of the pharynx
  - (d) difficulty in swallowing and breathing
- 6.7 **Whooping Cough:** referred to patients with following symptoms
- (a) common cold, with runny nose, watery eyes, sneezing, fever and mild cough
  - (b) cough gradually becomes paroxysmal characterized by repeated violent coughing; each series of paroxysms has many coughs without intervening inhalation and can be followed by a characteristic crowing or high-pitched inspiratory whoop, post-tussive vomiting (expulsion of clear, tenacious mucus often followed by vomiting), subconjunctival haemorrhage
  - (c) the violence of paroxysm precipitates cyanosis
- 6.8 **Neonatal Tetanus:** referred to patients with following symptoms
- (a) a newborn infant sucks and cries well for the first two days

- (b) develops progressive difficulty and then inability to feed between 3-28 days
- (c) trismus, generalized stiffness with spasms or convulsions and opisthotonus
- (d) death

6.9 **Tetanus** is characterized by painful muscular contractions, primarily of the masseters and neck muscles, secondarily of trunk muscles, with typical risus sardonicus and opisthotonus and death may occur. History of an injury or abortion or delivery may be present.

6.10 **Meningitis** is characterized by fever, neck stiffness, severe unexplained headache, neck pain and photophobia, nausea, vomiting, bulging fontanelle in children and delirium and unconscious.

6.11 **Acute Respiratory Infection (ARI) (Pneumonia):** the following symptoms may be present in ARI and one or more of them will be upto 4 weeks.

- (a) fast breathing
- (b) stridor and wheezing
- (c) difficult breathing
- (d) chest indrawing

Note:

- (1) fever may also present
- (2) fast breathing is present when the respiratory rate is:
  - 60 breaths and above or less than 30 breaths per minute in a child under 2 months of age
  - 50 breaths per minute or more in a child aged 2 months upto 12 months

- 40 breaths per minute or more in a child aged 12 months upto 5 years

(3) Measles, Diphtheria and Whooping Cough must be reported in their respective categories and Post Measles Pneumonia must be reported as ARI.

6.12 **Hepatitis** is an illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue and right upper quadrant of the abdomen tenderness and may also have fever, loss of appetite, constipation, arthralgias and clay colored stools.

6.13 **Rabies (excluding rabid dog bites)** is characterized by a sense of apprehension, headache, fever, malaise and aero-and/or hydrophobia, delirium with occasional convulsions, difficulty in breathing, coma and death and may also have history of animal bite especially dog and cat.

6.14 **Malaria:** The typical attack comprises three distinct stages:

- (a) cold stage
- (b) hot stage
- (c) sweating stage (or) development of fever with chills & rigor or febrile paroxysms occur with definite intermittent periodicity repeating every third or fourth day in persons who have travelled to malaria endemic area within one month by return and person those lived in malaria endemic area. Splenomegaly and anaemia often develop after few days. (Have to exclude other possible causes of fever) (or) Persons suffering from fever with demonstration of malaria parasite in a blood film.

6.15 **Snake bites (Poisonous):** Patient may be in shock induced by fear immediately following the snakebite, there will be fangs' marks, intense pain, swelling, bleeding, bruises, and wound at the site of bite.

Two types of snake bites:

**(a) Snakebites that caused bleeding manifestation and renal failure (Viper and Sea snake)**

Symptoms:

1. One or two holes at the site of snake bite (fangs' marks)
2. Local swelling
3. Regional lymphadenitis in the armpit and the groin
4. Shock
5. Oliguria
6. Anuria
7. Haematuria
8. Dark urine
9. Facial oedema
10. Bleeding tendency
11. Delirium
12. Death

**(b) Snakebites that damage the nervous system**

**(Cobra, Karit, Common wolf snake, King cobra and Sea snake)**

Symptoms:

1. Dizziness, headache
2. Ptosis
3. Diplopia
4. Slurred speech
5. Aphonia or dysphagia
6. Unconsciousness
7. Apnoea
8. Cyanosis
9. Death

6.16

**Tuberculosis (TB):** any persons present with cough for more than 2 or 3 weeks, haemoptysis, malaise, evening rise in

temperature, night sweats, loss of appetite, weight loss, and chest pain.

6.16.1 **Smear positive TB (new):** at least two initial sputum smear positive for AFB, or one AFB positive smear and one positive culture, or one sputum smear positive for AFB and radiographic abnormalities consistent with active pulmonary tuberculosis.

6.16.2 **Number of retreated TB:** Relapse: a patients who returns smear positive having previously been treated for tuberculosis and declared cured after the completion of his treatment, Defaulter: a patient who returns sputum smear positive, after having left treatment for at least two months, Failure case: a patient who was initially smear positive, who began treatment and who remained or became smear positive again at five months or later during the course of treatment, a patient treated with Cat II for those of smear negative.

6.16.3 **Smear negative TB (new):** at least three negative smears, but tuberculosis suggestive symptoms and X-ray abnormalities or positive culture.

6.16.4 **Number of extra-pulmonary TB patients (new):** new patients who are suffering from tuberculosis elsewhere in the body other than in the lung.

6.17 **Anthrax** is a widespread zoonosis transmitted from domestic animals (cattle, sheep, goat, buffaloes, pigs and others) to human by direct contact or through animal products. Human anthrax is serious problem and has potential for explosive outbreaks (especially the gastro-intestinal form); while pulmonary (inhalation) anthrax is mainly occupational and in biological warfare attacks.

## Symptoms:

### (a) Cutaneous anthrax

Skin lesion evolving over 1 to 6 days from a papular through a vesicular stage, to a depressed black eschar invariably accompanied by oedema that may be mild to extensive and occupational and history of contact with animals (cattle, sheep, goat, buffaloes, pigs and others)

### (b) Gastro-intestinal anthrax

Abdominal distress characterized by nausea, vomiting, anorexia and followed by fever

### (c) Pulmonary (inhalation) anthrax

Brief prodrome resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnoea and high temperature, with X-ray evidence of mediastinal widening

### (d) Meningeal anthrax

Acute onset of high fever possibly with convulsions, loss of consciousness, meningeal signs and symptoms; commonly noted in all systemic infections

## Calculation for indicators

No.	Indicators	Calculation	Formula
6 6.1	<b>Disease Under National Surveillance</b>		
	Morbidity of diarrhoea	Number of diarrhoea cases ----- x 100000 total population	Form 1(6.1)(cases) ----- x 100000 Form 3 (1)
	Mortality of diarrhoea	Number of deaths due to diarrhea ----- x 100000 total population	Form 1(6.1)(deaths) ----- x 100000 Form 3(1)

No.	Indicators	Calculation	Formula
6.2	Morbidity of dysentery	Number of dysentery cases ----- x 100000 total population	Form 1(6.2)(cases) ----- x 100000 Form 3(1)
	Mortality of dysentery	Number of deaths due to dysentery ----- x 100000 total population	Form 1 (6.2) (deaths) ----- x 100000 Form 3(1)
6.3	Morbidity of food poisoning	Number of food poisoning cases ----- x 100000 total population	Form 1 (6.3) (cases) ----- x 100000 Form 3(1)
	Mortality of food poisoning	Number of deaths due to food poisoning ----- x 100000 total population	Form 1 (6.3) (deaths) ----- x 100000 Form 3(1)
6.4	Morbidity of typhoid	Number of typhoid cases ----- x 100000 total population	Form 1(6.4) (cases) ----- x 100000 Form 1 (3.1)
	Mortality of typhoid	Number of deaths due to typhoid ----- x 100000 total population	Form 1 (6.4) (deaths) ----- x 100000 Form 3(1)
6.5	Morbidity of measles	Number of measles cases (under 5) ----- x 100000 Under 5 population	Form 1(6.5) (<5 cases) ----- x 100000 Form 3(1)<5
	Mortality of Measles	Number of deaths due to measles(under 5) ----- x 100000 Under 5 population	Form 1 (6.5) (<5 deaths) ----- x 100000 Form 3(1) <5
6.6	Morbidity of diphtheria	Number of diphtheria cases(under 5) ----- x 100000 Under 5 population	Form 1 (6.6) (<5 cases) ----- x 100000 Form 3(1) <5
	Mortality of Diphtheria	Number of deaths due to diphtheria(under 5) ----- x 100000 Under 5 population	Form 1 (6.6) (<5 deaths) ----- x 100000 Form 3(1) <5
6.7	Morbidity of whooping cough	Number of whooping cough cases(under 5) ----- x 100000 Under 5 population	Form 1 (6.7) (<5 cases) ----- x 100000 Form 3(1) <5

No.	Indicators	Calculation	Formula
	Mortality of Whooping cough	Number of deaths due to whooping cough (under 5) ----- x 100000 Under 5 population	Form 1 (6.7) (<5 deaths) ----- x 100000 Form 3(1) <5
6.8	Morbidity of Neonatal tetanus	Number of neonatal tetanus cases ----- x 100000 total live births	Form 1 (6.8) (cases) ----- x 100000 Form 3(2.1)
	Mortality of Neonatal tetanus	Number of deaths due to neonatal tetanus ----- x 100000 total live births	Form 1 (6.8) (deaths) ----- x 100000 Form 3(2.1)
6.9	Morbidity of tetanus	Number of tetanus cases ----- x 100000 total population	Form 1 (6.9) (cases) ----- x 100000 Form 3(1)
	Mortality of Tetanus	Number of deaths due to tetanus ----- x 100000 total population	Form 1 (6.9) (deaths) ----- x 100000 Form 3(1)
6.10	Morbidity of meningitis	Number of meningitis cases ----- x 100000 total population	Form 1 (6.10) (cases) ----- x 100000 Form 3(1)
	Mortality of Meningitis	Number of deaths due to meningitis ----- x 100000 total population	Form 1 (6.10) (deaths) ----- x 100000 Form 3(1)
6.11	Morbidity of ARI (pneumonia)	Number of ARI (pneumonia) cases (under 5) ----- x 100000 Under 5 population	Form 1 (6.11) (<5 cases) ----- x 100000 Form 3(1) <5
	Mortality of ARI (pneumonia)	Number of deaths due to ARI (pneumonia) (under 5) ----- x 100000 Under 5 population	Form 1 (6.11) (deaths) ----- x 100000 Form 3(1) <5
6.12	Morbidity of hepatitis	Number of hepatitis cases ----- x 100000 total population	Form 1 (6.12) (cases) ----- x 100000 Form 3(1)
	Mortality of Hepatitis	Number of deaths due to hepatitis ----- x 100000 total population	Form 1 (6.12) (deaths) ----- x 100000 Form 3(1)
6.13	Morbidity of rabies	Number of rabies cases ----- x 100000 total population	Form 1 (6.13) (cases) ----- x 100000 Form 3(1)

No.	Indicators	Calculation	Formula
	Mortality of Rabies	Number of deaths due to rabies ----- x 100000 total population	Form 1 (6.13) (deaths) ----- x 100000 Form 3(1)
6.14	Morbidity of malaria	Number of malaria cases ----- x 100000 total population	Form 1(6.14) (cases) ----- x 100000 Form 3(1)
	Mortality of Malaria	Number of deaths due to malaria ----- x 100000 total population	Form 1 (6.14) (deaths) ----- x 100000 Form 3(1)
6.15	Morbidity of snakebites (poisonous)	Number of victims of snakebites (poisonous) ----- x 100000 total population	Form 1(6.15) (cases) ----- x 100000 Form 3(1)
	Mortality of Snakebites (poisonous)	Number of deaths due to snakebites (poisonous) ----- x 100000 total population	Form 1 (6.15) (deaths) ----- x 100000 Form 3(1)
6.16.1	Morbidity of smear positive TB	Number of smear positive TB cases ----- x 100000 total population	Form 1 (6.16.1) (cases) ----- x 100000 Form 3(1)
	Mortality of smear positive TB	Number of deaths due to smear positive TB ----- x 100000 total population	Form 1 (6.16.1) (deaths) ----- x 100000 Form 3(1)
6.16.2	Morbidity of retreated tuberculosis	Number of retreated sputum smear positive TB cases ----- x 100000 total population	Form 1 (6.16.2) (cases) ----- x 100000 Form 1 (3.1)
	Mortality of retreated tuberculosis	Number of deaths due to recurrent sputum smear positive TB ----- x 100000 total population	Form 1 (6.16.2) (deaths) ----- x 100000 Form 1 (3.1)
6.16.3	Morbidity of smear negative TB	Number of smear negative TB cases ----- x 100000 total population	Form 1 (6.16.3) (cases) ----- x 100000 Form 1 (3.1)

No.	Indicators	Calculation	Formula
	Mortality of smear negative TB	Number of deaths due to smear negative TB ----- x 100000 total population	Form 1 (6.16.3) (deaths) ----- x 100000 Form 1 (3.1)
6.16.4	Morbidity of extra-pulmonary TB	Number of extra-pulmonary TB cases ----- x 100000 total population	Form 1 (6.16.4) (cases) ----- x 100000 Form 1 (3.1)
	Mortality of Extra-pulmonary TB	Number of deaths due to extra-pulmonary TB cases ----- x 100000 total population	Form 1 (6.16.4) (deaths) ----- x 100000 Form 1 (3.1)
6.17	Morbidity of anthrax	Number of anthrax cases ----- x 100000 total population	Form1(6.17)( cases) ----- x 100000 Form 1 (3.1)
	Mortality of Anthrax	Number of deaths due to anthrax ----- x 100000 total population	Form 1 (6.17) (deaths) ----- x 100000 Form 1 (3.1)

### Registers and Records

1. Clinic Register
2. In-patients Record
3. Field Record
4. Births and Deaths Register-2

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
6	<b>Diseases under national surveillance</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

### Usage

It is used for detection of diseases under national surveillance, early warning and response, prevention of outbreaks and prompt treatment.

Serial No.	Type of Activities and Definition
7.	<b>National Malaria control Programme (NMCP)</b>
7.1	<p><b>Number of Malaria checkups</b> means the number of those who had blood tests for malaria at laboratories or RHC/Sub-Centres where RDTs (Rapid Diagnostic Tests) have been distributed among those who come for treatment with "malaria symptoms".</p>
7.2	<p><b>Number of malaria positive new patients (out-patients)</b></p> <p>Malaria positive patients</p> <p>(a) means the number of patients who received blood tests and were found to have malaria parasites in the blood upon accessing treatment for "malaria symptoms" at a hospital or clinic that has a laboratory. Those without malaria parasites in the blood should not be included on the "positive" patients list.</p> <p>(b) At clinics (RHC/Sub-centres) with RDTs but not laboratories, those who come with malaria symptoms should be given blood tests using RDT. When the test result is positive, they should be included on the positive patients list.</p> <p>New malaria patients mean positive patients who come to access treatment for the first time. A resident of a malaria area whose fever was cured, but came to seek treatment with another occurrence of fever more than one month after that should be regarded as an old patient with a new infection.</p>
7.3	<p><b>Number of malaria patients referred to higher levels</b> means the following types of malaria patients referred to higher levels from Sub-Rural Health Centres, Rural Health Centres, Maternal and Child Health Centres and hospitals.</p> <p>(a) patients with severe and complicated malaria that requires immediate referral</p>

(b) patients with treatment failures that showed no improvement after 3 days of treatment at the health centre level

7.4 **Number of malaria in-patients** means the number of malaria positive patients who were hospitalized as in-patients. Malaria positive patients are those with confirmed malaria who had a microscopic examination or a rapid diagnosis test (RDT).

7.5 **Number of cerebral malaria patients** means the number of malaria in-patients suffering from change of mood, delirium, restlessness, drowsiness, loss of consciousness, coma, or seizure. It is necessary to distinguish loss of consciousness due to cerebral malaria from that caused by hypoglycaemia or low blood sugar.

7.6 **Number of other severe malaria patients** referred to those suffering from any of the following symptoms except those of cerebral malaria.

- (a) vomiting to the extent that no medicine can be administered orally
- (b) inability to get up from a reclining position without help
- (c) inability to keep standing
- (d) inability to walk
- (e) a fever that seats more than 39 degrees centigrade
- (f) coldness of hands and feet (Algid Malaria)
- (g) jaundice of the eyes
- (h) severe anaemia (patient needs blood transfusion)
- (i) high loads of malaria parasite (Pf+++ and above) (hyper parasitaemia)
- (j) passing of dark-coloured urine (haemoglobinuria)
- (k) too little urine (below 400 cc within 24 hours) (acute renal failure)
- (l) difficulty in breathing (pulmonary oedema)
- (m) bleeding from the body (DIC)

7.7 **Number of in-patients who died of malaria** should include hospitalized malaria positive inpatients who died of complications from malaria. Those with malaria and other diseases who died of causes other than malaria should not be included on this list.

### Calculation of indicators

No.	Indicators	Calculation	Formula
7	<b>National Malaria control Programme (NMCP)</b>		
7.1	Percentage of malaria among outpatients	$\frac{\text{Number of malaria positive (new) patients (out-patients)}}{\text{Total number (new) patients at the clinic}} \times 100$	$\frac{\text{Form 1 (7.2)}}{\text{Form 1 (1.1)}} \times 100$
7.2	Percentage of hospitalized patients with malaria	$\frac{\text{Number of malaria in-patients}}{\text{Number of in-patients at the hospital}} \times 100$	$\frac{\text{Form 1 (7.4)}}{\text{Hospital Monthly Report 1}} \times 100$
7.3	Percentage of in-patients deaths among those with malaria (Case Fatality Rate)	$\frac{\text{Number of inpatients who died of malaria}}{\text{Number of malaria in-patients}} \times 100$	$\frac{\text{Form 1 (7.7)}}{\text{Form 1 (7.4)}} \times 100$

### Registers and Records

1. Clinic Register
2. In-patients Record
3. Field Record
4. Record provided by relevant project
5. Births and Deaths registers-2

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>7</b>	<b>National Malaria Control Program</b>											
1	Number of Malaria checkups	√	√	√	√	√	√	√	√	√	√	√
2	Number of malaria positive new patients (out-patients)	√	x	√	√	√	√	√	√	√	√	√
3	Number of malaria patients referred to higher levels	√	√	√	√	√	√	√	√	√	√	√
4	Number of malaria in-patients	x	√	x	x	x	x	x	x	x	x	x
5	Number of cerebral malaria patients	x	√	x	x	x	x	x	x	x	x	x
6	Number of other severe malaria patients	x	√	x	x	x	x	x	x	x	x	x
7	Number of in-patients who died of malaria	x	√	x	x	x	x	x	x	x	x	x

### Usage

These indicators show the prevalence of malaria in an area and the performance of project activities. They are the principal indicators used to measure whether the aim of reducing malaria prevalence and malaria deaths has been achieved.

These indicators are used in evaluating the prevalence of disease and the performance of programme and for planning purpose.

**Serial No. Type of Activities and Definition**

**8. Cardiovascular Disease Control Project**

**8.1 Number of patients with hypertension (new)**

Hypertension is principally indicated when a person's blood pressure is above 140/90 mmHg.

(a) A person with hypertension may have no other symptoms other than high blood pressure.

(b) Hypertension may also occur with symptoms such as headaches, neck pain, dizziness and lethargy.

(c) Hypertension may lead to cardiac conditions, with symptoms such as tiredness, palpitations, chest pain, loss of consciousness, coughing up blood, oedema, passing little urine and strokes.

**8.2 Number of smokers**

Number of smokers refers to the number of persons aged 15 years and above at the time of annual data collection who smoked cigarettes, cheroots, cigars, Thanut-phet and Corn-leaf cigars, etc. at least once within the past month.

Note: The information should be collected at the time of the annual population data collection and entered in Annual Report Form 3A.

**Calculation of indicators**

No.	Indicators	Calculation	Formula
8 8.1	<b>Cardiovascular Disease Control Project</b> Prevalence of hypertension	Number of patients with hypertension (new) ----- x 1000 Total population aged 15 years and above	Form 1 (8.1) ----- x 1000 Form 3 (1)15 +
8.2	Prevalence of current smoker	Number of smokers ----- x 1000 Total population aged 15 years and above	Form 3 (5) ----- x 1000 Form 3 (1)15+

## Registers and Records

1. Clinic Register
2. In-patient Records
3. Field Record
4. Population and annual records

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>8</b>	<b>Cardiovascular disease control project</b>											
1	Number of patients with hypertension (new)	√	√	√	√	√	√	√	√	√	√	√
2	Number of smokers	x	x	x	x	x	x	x	x	x	x	√

### Usage

The data on the prevalence of hypertension should be used for the prevention of complications resulting from hypertension by means of giving health education and drawing future plan for hypertension and cardiac diseases.

**Serial No.      Type of Activities and Definition**

**9.                  Injury Prevention Project**

Injuries refer to accidental or intentional infliction of injury to the body. Accidental injuries are not intentional while intentional injuries are caused by deliberate action.

**Causes of injuries**

**(a)      Unintentional injuries**

**1.      Traffic accidents**

Traffic includes the following:

(aa) road transport vehicles: automobiles, motor cycles, bicycles, 3 wheelers, Htaw Lar Gyi, trishaw, bullock cart, and horse-drawn carriages, trains

(bb) water transport vessels: boats, ships, and schooners

(cc) air transport craft: aeroplanes, helicopters

**2.      Farm accidents**

Farm accidents are those caused by farm equipment or implements.

**3.      Poisoning**

Poisoning may be caused by ingestion or exposure to insecticides, petroleum, gasoline, drugs, household chemicals, lead, or inhalation of dangerous gases.

**4.      Falls**

Falls include injuries sustained when falling from a height, such as rooftops, verandahs, stairs, trees, windows, chairs, or beds, or those sustained when falling down on level ground or when running into one another. They also include injuries sustained when diving into shallow water.

5. Burns (caused by fire and steam)
  - (aa) Burns caused by fire
  - (bb) Burns caused by steam
  - (cc) Burns caused by gas explosion, Chemical burns
  - (dd) Burns caused by an explosion of inflammable materials
  - (ee) electrical burns, radiation burns
  - (ff) Burns caused by a lightning strike

6. Drowning

Drowning may have a variety of causes and occur in any locations such as wells, ponds, streams, rivers, water containers, tanks, tubs or ocean. It may also occur while flooding.

**(b) Intentional injuries**

1. Suicide

Suicide may be committed through a variety of means, such as hanging, taking poison or drugs, jumping from a height, jumping into water, and inflicting wounds on oneself (e.g. cutting or stabbing oneself).

2. Fights

Physical injuries may be sustained during fights.

9.1 **Number of injuries and deaths in traffic accidents** means the number of people injured and the number of people died in accidents while travelling in any type of moving vehicles.

9.2 **Number of injuries and deaths while working on the farms** means the number of people injured and the number of people died in accidents involving farming equipment while working on farms.

- 9.3 **Number of poisoning victims and deaths** means the number of people poisoned with any substance included in the definition of poisoning and the number of people died.
- 9.4 **Number of people who suffered falls and deaths** means the number of people who were injured in ways that are defined as falls in the definition of falls and the number of people died.
- 9.5 **Number of people who suffered burns and deaths** means the number of people who were injured in ways that are defined as burns in the definition of burns and the number of people died.
- 9.6 **Number of people who drowned and deaths** means the number of people who drowned in ways that are defined as drowning in the definition of drowning and the number of people died.
- 9.7 **Number of attempted suicides and deaths** means the number of attempted and successful suicides as defined in the definition of suicide.
- 9.8 **Number of injuries in fights and deaths** means the number of people who were injured in ways that are defined as fights in the definition of fights and the number of people died.

### Calculation of indicators

No.	Indicators	Calculation	Formula
9	<b>Injury Prevention Project</b>		
	Morbidity(Total injuries)	Number of persons suffering from injuries ----- x 1000 Total population	Form 1 (9) (Cases) ----- x 1000 Form 3 (1)
	Mortality(Total injuries)	Number of persons who died of injuries ----- x 100000 Total population	Form 1 (9) (Deaths) ----- x 100000 Form 3 (1)
9.1	Morbidity of injuries in traffic accidents	Number of injuries in traffic accidents ----- x 1000 Total population	Form 1 (9.1) (Cases) ----- x 1000 Form 3 (1)

No.	Indicators	Calculation	Formula
	Mortality of injuries in traffic accidents	Number of deaths in traffic accidents ----- x 100000 Total population	Form 1 (9.1) (Deaths) ----- x 100000 Form 3 (1)
9.2	Morbidity of farm accident injuries	Number of injuries in farm accidents ----- x 1000 Total population	Form 1 (9.2) (Cases) ----- x 1000 Form 3 (1)
	Mortality of farm accident injuries	Number of persons who died in farm accidents ----- x 100000 Total population	Form 1 (9.2) (Deaths) ----- x 100000 Form 3 (1)
9.3	Morbidity of poisoning	Number of poisoning victims ----- x 1000 Total population	Form 1 (9.3) (Cases) ----- x 1000 Form 3 (1)
	Mortality of poisoning	Number of persons who died of poisoning ----- x 100000 Total population	Form 1 (9.3) (Deaths) ----- x 100000 Form 3 (1)
9.4	Morbidity of injuries from falls	Number of persons who suffered injuries sustained in falls ----- x 1000 Total population	Form 1 (9.4) (Cases) ----- x 1000 Form 3 (1)
	Mortality from injuries caused by falls	Number of persons who died in falls ----- x 100000 Total population	Form 1 (9.4) (Deaths) ----- x 100000 Form 3 (1)
9.5	Morbidity of burns	Number of persons who suffered burns ----- x 1000 Total population	Form 1 (9.5) (Cases) ----- x 1000 Form 3 (1)
	Mortality from burns	Number of persons who died of burns ----- x 100000 Total population	Form 1 (9.5) (Deaths) ----- x 100000 Form 3 (1)
9.6	Morbidity of drowning	Number of persons who drowned ----- x 1000 Total population	Form 1 (9.6) (Cases) ----- x 1000 Form 3 (1)
	Mortality from drowning	Number of persons who died of drowning ----- x 100000 Total population	Form 1 (9.6) (Deaths) ----- x 100000 Form 3 (1)

No.	Indicators	Calculation	Formula
9.7	Morbidity of attempted suicides with injuries	Number of persons who suffered injuries in attempted suicides ----- x 1000 Total population	Form 1 (9.7) (Cases) ----- x 1000 Form 3 (1)
	Mortality of suicides	Number of successful suicides ----- x 100000 Total population	Form 1 (9.7) (Deaths) ----- x 100000 Form 3 (1)
9.8	Morbidity of injuries sustained in fights	Number of persons who suffered injuries in fights ----- x 1000 Total population	Form 1 (9.8) (Cases) ----- x 1000 Form 3 (1)
	Mortality from injuries sustained in fights	Number of persons who died of injuries sustained in fights ----- x 100000 Total population	Form 1 (9.8) (Deaths) ----- x 100000 Form 3 (1)

### Registers and Records

1. Clinic Register
2. In-patients record
3. Field Record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>9</b>	<b>Injury Prevention Project</b>											
1	Number of injuries and deaths in traffic accidents	√	√	√	√	√	√	√	√	√	√	√
2	Number of injuries and deaths while working on the farms	√	√	√	√	√	√	√	√	√	√	√
3	Number of poisoning victims and deaths	√	√	√	√	√	√	√	√	√	√	√
4	Number of people who falls and deaths	√	√	√	√	√	√	√	√	√	√	√
5	Number of people who suffered burns and deaths	√	√	√	√	√	√	√	√	√	√	√
6	Number of people who drowned and deaths	√	√	√	√	√	√	√	√	√	√	√
7	Number of attempted suicides and deaths	√	√	√	√	√	√	√	√	√	√	√
8	Number of Injuries in fights and deaths	√	√	√	√	√	√	√	√	√	√	√

### Usage

Injuries and deaths should be analyzed in terms of causes in order to identify feasible methods of prevention, and prevention plans for high prevalence areas should be developed.

Serial No.	Type of Activities and Definition
10.	<p data-bbox="370 231 562 270"><b>Vital statistics</b></p> <p data-bbox="370 280 1205 367">The Midwife should compile a record of all the births and deaths events among residents in the assigned area.</p>
10.1	<p data-bbox="370 386 1205 511"><b>Number of live births</b> means the number of fetus born after 22 weeks of pregnancy who breathe, have a heartbeat, move, and have a pulse in the placenta.</p>
10.2	<p data-bbox="370 531 1205 608"><b>Number of stillbirths</b> means the number of infants born after 22 weeks of pregnancy who show no signs of being alive.</p>
10.3	<p data-bbox="370 627 1205 985"><b>Number of live births by mothers aged 15-19 years old</b> means the number of live birth delivered by mothers who are adolescent female age group of 15 to 19 years. This age group contain mothers who are 15 years old to one day short of 20 years old (that is, 19 years 11 months and 29 days old) on the day of data collection. (This number should also include live birth delivered by mothers under 15 years old. They should be mentioned with a note.)</p>
10.4	<p data-bbox="370 1004 1205 1130"><b>Number of live births at private hospitals, clinics and delivery rooms</b> means the number live birth delivered at private hospitals, clinics and delivery rooms.</p>
10.5	<p data-bbox="370 1149 1205 1275"><b>Number of stillbirths at private hospitals, clinics and delivery rooms</b> means the number stillbirths delivered at private hospitals, clinics and delivery rooms.</p>
10.6	<p data-bbox="370 1294 1205 1651"><b>Number of live births delivered by skilled birth attendants</b> means the number of live births delivered by skilled persons out of the live births during the reporting period. Skilled persons include all health staff including specialists, physicians, nurses up to midwives. (Do not include the number of live births delivered by auxiliary midwives, trained traditional birth attendants and traditional birth attendants.)</p>
10.7	<p data-bbox="370 1671 1205 1740"><b>Number of stillbirths delivered by skilled birth attendants</b> means the number of stillbirths delivered by skilled persons</p>

out of the stillbirths during the reporting period. Skilled persons include all health staff including specialists, physicians, nurses up to midwives. (Do not include the number of stillbirths delivered by auxiliary midwives, trained traditional birth attendants, and traditional birth attendants.)

- 10.8 **Number of abortions** means the number of miscarriage (outside the uterus) before 22 weeks of pregnancy without showing any signs of breathing.
- 10.9 **Total number of deaths** means the total number of all those who died in any age group including mothers who died.
- 10.10 **Number of maternal death** means the number of women who died during pregnancy, childbirth, and postnatal period (42 days after childbirth). (This number should not include deaths from injuries, murders or manslaughter, and suicides.)
- 10.11 **Number of early neonatal death** means the number of infants who died within 7 days of being delivered.
- 10.12 **Number of late neonatal death** means the number of infants who died between 7 and 28 days after being delivered.
- 10.13 **Number of infant death (28 days - under 1 year)** means the number of infants who died between 28 days after being delivered and 1 year of age.
- 10.14 **Number of child death (1year -under 5 years)** means the number of children who died between 1 year of age and one day short of 5 years old (that is, 4 years, 11 months and 29 days old).

#### Calculation of indicators

No.	Indicators	Calculation	Formula
10	<b>Vital Statistics</b>		
10.1	Crude birth rate (per 1000 population)	$\frac{\text{Number of live births}}{\text{Total population}} \times 1000$	$\frac{\text{Form 3 (2.1)}}{\text{Form 3 (1)}} \times 1000$

No.	Indicators	Calculation	Formula
10.2	Crude death rate (per 1000 population)	Number of deaths ----- x 1000 Total population	Form 3 (3.1) ----- x 1000 Form 3 (1)
10.3	Adolescents birth rate	Number of live births from mothers 15-19 years old ----- x 1000 Total number of women 15--19 years old	Form 3 (2.3) ----- x 1000 Form 3 (1) Female 15-19 years
10.4	Early neonatal mortality rate (per 1000 live births) - Urban - Rural	Number of infants who died within 7 days of birth ----- x 1000 Number of live births	Form 3 (3.3) ----- x 1000 Form 3 (2.1)
10.5	Neonatal mortality rate (per 1000 live births) - Urban - Rural	Number of infants who died within 28 days of birth ----- x 1000 Number of live births	Form 3 (3.3) + (3.4) ----- x 1000 Form 3 (2.1)
10.6	Infant mortality rate (per 1000 live births) - Urban - Rural	Number of children who died under one year old ----- x 1000 Number of live births	Form 3 (3.3) + (3.4) + (3.5) ----- x 1000 Form 3 (2.1)
10.7	Under five mortality rate (per 1000 live births) - Urban - Rural	Number of children who died under 5 years old ----- x 1000 Number of live births	Form 3 (3.3) + (3.4) + (3.5) + (3.6) ----- x 1000 Form 3 (2.1)
10.8	Stillbirths Ratio - Urban - Rural	Number of stillbirths ----- x 1000 Number of live births	Form 3 (2.2) ----- x 1000 Form 3 (2.1)
10.9	Abortion rate - Urban - Rural	Number of abortions ----- x 100 (live births + stillbirths + abortions)	Form 3 (2.8) ----- x 100 Form 3 (2.1 + 2.2 + 2.8)
10.10	Maternal mortality ratio (per 1000 live births) - Urban - Rural	Number of mothers who died in pregnancy or childbirth ----- x 1000 number of live births	Form 3 (3.2) ----- x 1000 Form 3 (2.1)
10.11	Age specific death rate	Number of deaths in specific age group ----- x 1000 Total population in that specific group	Form 3 (1) deaths ----- x 1000 Form 3 (1) population

No.	Indicators	Calculation	Formula
	For example, age specific death rate of 20-24 year olds	Number of deaths in 20-24 years age group ----- x 1000 Total population in 20-24 years age group	Form 3 (20-24) deaths ----- x 1000 Form 3 (20-24) population
10.12	General fertility rate	Total number of live births ----- x 1000 Total number of women 15-49 years old	Form 3 (2.1) ----- x 1000 Form 3 (1)Female 15-49 years

### Registers and Records

1. Births and Deaths Register 1
2. Births and Deaths Register 2

### Usage

Statistics on live births was useful for implementation of healthcare activities for under-1 children, vital events was used in the calculation of birth and death rates in different local areas, the identification of causes of death in areas with high maternal and child mortality rates, and the development and implementation of necessary projects.

## Sources for Data Collection

**Vital events at the township/station hospital should already be entered in the Births and Deaths Register 1 and Register 2 of the Midwives within their jurisdiction**

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>10</b>	<b>Vital Statistics</b>											
1	Number of live births	x	x	√	x	√	x	√	√	√	√	√
2	Number of stillbirths	x	x	√	x	√	x	√	√	√	√	√
3	Number of live births by mothers aged 15-19 years old	x	x	√	x	√	x	√	√	√	√	√
4	Number of live births occurred at private hospitals, clinics, and delivery rooms	x	x	x	x	x	x	x	x	x	x	√
5	Number of stillbirths occurred at private hospitals, clinics, and delivery rooms	x	x	x	x	x	x	x	x	x	x	√
6	Number of live births delivered by skilled birth attendants	x	x	√	x	√	x	√	√	√	√	√
7	Number of stillbirths delivered by skilled birth attendants	x	x	√	x	√	x	√	√	√	√	√
8	Number of abortions	x	x	√	x	√	x	√	√	√	√	√
9	Total number of deaths	x	x	√	x	√	x	√	√	√	√	√
10	Number of maternal death	x	x	√	x	√	x	√	√	√	√	√
11	Number of early neonatal death	x	x	√	x	√	x	√	√	√	√	√
12	Number of late neonatal death	x	x	√	x	√	x	√	√	√	√	√
13	Number of infant death (28 days- under 1 year)	x	x	√	x	√	x	√	√	√	√	√
14	Number of child death (1year-under 5 years)	x	x	√	x	√	x	√	√	√	√	√

Serial No.	Type of Activities and Definition
11.	<b>School Health Project</b>
11.1	<b>Number of schools examined for school health care</b> means the number of schools that received school health care, supervision for school health activities and inspection of sanitation work by health staff concerned.
11.2	<b>Number of schools with a full standard ratio (50:1) of sanitary latrines</b> means the number of schools that have a full ratio of sanitary fly-proof latrines, that is, 1 fly-proof latrine per 50 students. Schools that do not have a 50: 1 ratio are not considered up to standard. The number of schools with a full ratio, such as 1 fly-proof latrine for 50 students, or 2 fly-proof latrines for 100 students, etc. should be recorded.
11.3	<b>Number of schools with access to clean water</b> means the number of schools with sources of clean water in the school compound, such as wells, tube wells, and rainwater storage tanks.
11.4	<b>Number of schools with nutrition promotion activities</b> means the number of schools that conduct nutritional education and provision of nutrition for all primary students or for particular classes at least every week.
11.5	<b>Number of primary students receiving school medical examination</b> means the number of (primary) students that received medical checkups at schools under the school health programme, which aims to provide medical checkups to all primary students at schools in the townships concerned.
11.6	<b>Number of schools with health promoting school activities</b> means the number of schools carrying out the following health promoting activities among schools inspected by basic health staff in order to identify the implementation of health promotion at schools in the townships concerned. (a) School health education activities

1. Teachers use the life skills curriculum and a timetable to teach each class.
  2. Health education materials, pamphlets and posters are used as teaching aids in health education work.
- (b) School environmental sanitation activities
1. Clearing garbage and bushes around the school
  2. Systematic disposal of garbage
  3. Ensuring a clean and safe water supply
  4. Fostering the practice of using fly-proof latrines and washing hands after using the latrine
  5. participation of students in personal hygiene campaigns on a continuous basis
- (c) Infectious diseases prevention activities
1. Ensuring the cleanliness of school environments and classrooms, good ventilation and good light to prevent the breeding and spread of disease carrying pests such as mice, mosquitoes and flies;
  2. participation of students themselves in the prevention of seasonal infectious diseases
- (d) Nutrition promotion and food safety at school
1. Educating primary school children on the balanced diet as part of the school nutrition promotion activities
  2. Nutritious feeding (for example, the lunch box method)
  3. Fostering the practice of washing hands with soap before meals

4. Supervision, inspection and education provided by teachers to ensure the food sold at the school shop is safe
  5. Medical check-up for school vendors
- (e) Transmission of lifestyle norms from school to the community
- Transmission of correct healthy practices through school children to the families and to the public
- (f) Physical activities
- At least 20 minutes of physical activity for school children to foster a habit of physical activity for health.
- Identify and mention those schools that are carrying out activities for the promotion of health.

### Calculation of indicators

No.	Indicators	Calculation	Formula
11	<b>School Health Project</b>		
11.1	Percentage of schools examined for school health care	Number of schools examined for school health care ----- x 100 Number of schools in the Township	Form 2 (11.1) ----- x 100 Form 3 (6.13+6.15+6.17)
11.2	Percentage of schools with the full standard ratio (50:1) of fly-proof latrines	Number of schools with a full standard ratio (50:1) of sanitary latrines ----- x 100 Number of schools in the Township	Form 2 (11.2) ----- x 100 Form 3 (6.13+6.15+6.17)

No.	Indicators	Calculation	Formula
11.3	Percentage of schools with access to clean water	Number of schools with access to clean water ----- x 100 Number of schools in the Township	Form 2 (11.3) ----- x 100 Form 3 (6.13+6.15+6.17)
11.4	Percentage of schools with nutritional promotion activities	Number of schools with nutrition promotion activities ----- x 100 Number of schools in the Township	Form 2 (11.4) ----- x 100 Form 3 (6.13+6.15+6.17)
11.5	Percentage of primary school children receiving school medical examinations	Number of primary school children receiving school medical examination ----- x 100 Number of primary school children in the Township	Form 2 (11.5) ----- x 100 Form 3 (6.18)
11.6	Percentage of schools with health promoting school activities	Number of schools with health promoting school activities ----- x 100 Number of schools in the Township	Form 2 (11.6) ----- x 100 Form 3 (6.13+6.15+6.17)

## Registers and Records

### 1. Field Record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>11</b>	<b>School Health Project</b>											
1	Number of schools examined for school health care	x	x	√	x	√	√	√	√	√	√	√
2	Number of schools with a full standard ratio (50:1) of sanitary latrines	x	x	√	x	√	√	√	√	√	√	√
3	Number of schools with access to clean water	x	x	√	x	√	√	√	√	√	√	√
4	Number of schools with nutrition promotion activities	x	x	√	x	√	√	√	√	√	√	√
5	Number of primary students receiving school medical examinations	x	x	√	x	√	√	√	√	√	√	√
6	Number of schools with health promoting school activities	x	x	√	x	√	√	√	√	√	√	√

### Usage

It is designed for use in supervision and analysis of health staff's inspection of school health activities, fly-proof latrines that are not detrimental to health and access to water, and for coordination where necessary.

Providing medical checkups, prevention and treatment to school children will contribute to the appearance of healthy and strong leaders in the future.

Serial No.	Type of Activities and Definition
12.	<b>Environmental Sanitation Project</b>
12.1	<p><b>Number of new fly-proof latrines that have been built</b> means the number of fly-proof latrines (new) that have been built in the reporting period.</p> <p>Sanitary fly-proof latrines means having a latrine connected with a cesspool system for defecation, having the cesspool securely covered, having a layer of soil on top to prevent exposure to flies, fly-proofing the connections among the latrine pan, pipes and the cesspool, fly-proofing the floor in the case of the indirect and direct pit latrines, covering a lid with a 3-foot handle.</p>
12.2	<p><b>Number of damaged fly-proof latrines</b> means the number of latrines that no longer have the essential features of fly-proof latrines after being damaged by natural disasters such as floods or fires, using the indurable materials or some other causes in the reporting period. It also means the number of latrines that are no longer in use because the original fly-proof cesspool filled up or because the latrines have been damaged for some reason.</p>
12.3	<p><b>Number of fly-proof latrines that have been repaired</b> means the number of latrines that have acquired the fly-proof features after their non-fly-proof parts were repaired in the reporting period. For example, latrines with an exposed cesspool may be secured by providing the walls and covers, or by putting a layer of soil on top. The number of such latrines should not be added to the new latrines list, as they have simply been maintained to ensure their fly-proof features.</p>
12.4	<p><b>The total number of fly-proof latrines (new and old)</b> means the total number of fly-proof latrines (new and old) with the fly-proof features in the reporting period.</p>

The total number of fly-proof latrines (new and old) for this reporting period can be calculated by subtracting the number of fly-proof latrines damaged during this reporting period from the total number of fly-proof latrines (new and old) of the last reporting period and adding the number of new fly-proof latrines that have been built during this reporting period.

$$\begin{array}{ccccccc} \text{Previous month} & & \text{Current month} & & \text{Current month} & & \text{Current month} \\ 12.4 & - & 12.2 & + & 12.1 & = & 12.4 \end{array}$$

**Note:** In the annual record, the number entered for the fly proof latrines (new and old) should be that of the last reporting period. The number of fly-proof latrines identified for the population and yearly record in the total number of fly-proof latrines in the Quarterly Report due in December should be checked before sending.

### Calculation of indicators

No.	Indicators	Calculation	Formula
12	<b>Environmental Sanitation Project</b>		
12.1	Percentage of fly-proof latrines that have been built and the population coverage <ul style="list-style-type: none"> <li>• Urban</li> </ul>	The total number of fly-proof latrines that have been built in urban areas (new and old) x 6  ----- x 100 Total urban population	Form 3 (6.19.4) (urban) x 6  ----- x 100 Form 3 (1) (urban)
	<ul style="list-style-type: none"> <li>• Rural</li> </ul>	The total number of fly-proof latrines that have been built in rural areas (new and old) x 6  ----- x 100 Total population	Form 3 (6.19.4) (rural) x 6  ----- x 100 Form 3 (1) (rural)

No.	Indicators	Calculation	Formula
	<ul style="list-style-type: none"> <li>Township</li> </ul>	<p>The total number of fly-proof latrines that have been built in urban and rural areas (new and old)</p> <p>x 6</p> <p>----- x 100</p> <p>Total population of the Township</p>	<p>Form 3 (6.19.4) (urban +rural) x 6</p> <p>----- x 100</p> <p>Form 3 (1) (urban +rural)</p>

### Registers and Records

1. Field Record
2. Population and yearly record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>12</b>	<b>Environmental Sanitation Project</b>											
1	Number of new fly-proof latrines that have been built	x	x	√	x	√	x	√	√	√	√	√
2	Number of damaged fly-proof latrines	x	x	√	x	√	x	√	√	√	√	√
3	Number of fly-proof latrines that have been repaired	x	x	√	x	√	x	√	√	√	√	√
4	Total number of fly-proof latrines (new and old)	x	x	√	x	√	x	√	√	√	√	√

### Usage

This indicates the usage of fly-proof latrines by the community. It can contribute to the achievement of the Millennium Development Goals by identifying areas with low usage of fly-proof latrines and targeting them with health education and priority projects to increase the usage of fly-proof latrines.

- | Serial No. | Type of Activities and Definition  |
|------------|--|
| 13.        | <b>Project for the prevention of hearing impairment</b>  |
| 13.1       | <b>Number of infants from birth to 6 months old who do not respond to loud noises</b> means the number of infants that do not show any responses such as blinking, turning of eye ball to stimulus side or moving arms and legs when a loud noise is played 6 inches away from the ear in a silent environment. (The test should be conducted at least 3 times at one month intervals for 3 consecutive months.) |
| 13.2       | <b>Number of persons who experience ear discharges from both ears for 3 months or longer</b> means those who experience ear discharges from both ears daily or frequently within 3 months or longer duration. (Include all age groups.)  |
| 13.3       | <b>Number of those with hearing impairment in both ears without any ear discharges</b> means those with hearing impairment who cannot repeat every word spoken loudly 3 feet away from beside in a silent environment or those who don't hear the click of a ball pen from 3 feet away. (Include all age groups.)  |

#### Calculation of indicators

No.	Indicators	Calculation	Formula
13	<b>Project for the prevention of hearing impairment</b>		
13.1	Morbidity rate of congenital hearing defect	Number of infants from birth to 6 months old who do not respond to loud noises ----- x 1000 Number of live births	Form 2 (13.1) ----- x 1000 Form 3 (2.1)

No.	Indicators	Calculation	Formula
13.2	Morbidity rate of chronic ear discharges	Number of persons who experience ear discharges from both ears for 3 months or longer  ----- x 1000  Total population	Form 2 (13.2)  ----- x 1000  Form 3 (1)
13.3	Morbidity rate of hearing impairment	Number of those with hearing impairment in both ears without any ear discharges  ----- x 1000  Total population	Form 2 (13.3)  ----- x 1000  Form 3 (1)

### Registers and Records

1. Clinic Register
2. Field Record
3. Population and yearly record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>13</b>	<b>Project for the prevention of hearing impairment</b>											
1	Number of infants from birth to 6 months old who do not respond to loud noises	√	√	√	√	√	x	√	√	√	√	√
2	Number of persons who experience ear discharges from both ears for 3 months or longer	√	√	√	√	√	√	√	√	√	√	√
3	Number of those with hearing impairment in both ears without any ear discharges	√	√	√	√	√	√	√	√	√	√	√

### Usage

The above-mentioned indicators are very important in the prevention and treatment of hearing impairment. Timely treatment provided to hearing impaired children to prevent deaf mute. Surgery for hearing-impaired persons with ear discharges can prevent serious complication (such as meningitis) and restore hearing. Those with hearing impairment without suffering from ear discharges require hearing aids. The indicators reveal the number of persons suffering from preventable and treatable hearing impairment, which can be used in the formulation and implementation of projects to reduce the number of hearing-impaired persons.

Serial No.	Type of Activities and Definition
14.	<b>Mental health project</b>
14.1	<p data-bbox="381 295 1204 421"><b>Psychosis</b> refers to the condition of a person who seems to be mentally ill and shows at least 4 of the following symptoms within the past month.</p> <ul style="list-style-type: none"> <li data-bbox="381 450 1204 662">(a) Hearing sounds that others do not hear (sounds that do not exist) or seeing things that are not there, or getting smells that do not exist, or feeling objects that are not there, or experiencing taste without any food, in short, having false experiences in one or more senses.</li> <li data-bbox="381 691 1204 904">(b) being excessively suspicious, being preoccupied with false beliefs or misconceptions, inability to accept evidence, for example believing that their food has been poisoned by someone, or that they have become the president or an angel.</li> <li data-bbox="381 933 1204 1107">(c) Having an abnormal behaviour unacceptable to the community, such as sudden outbursts of violence or temper, wearing immodest, dirty or shabby clothes, remaining motionless like a stone figure</li> <li data-bbox="381 1136 1204 1213">(d) speaking senselessly and incoherently, speaking abnormally and incomprehensibly</li> <li data-bbox="381 1242 1204 1319">(e) speaking to oneself for no reason or smiling/laughing by oneself</li> <li data-bbox="381 1348 1204 1474">(f) avoiding social contact, such as not going to community events, fund activities or festivals, remaining alone, not wishing to meet or deal with people</li> <li data-bbox="381 1503 1019 1535">(g) inability to feel either happiness or sadness</li> <li data-bbox="381 1564 1204 1680">(h) lower capability for work and not carrying out daily functions (moving about, speaking and living) and tasks</li> </ul>

- (i) poor hygiene and lack of care about oneself, lack of interest in taking baths, changing clothes or maintaining a good personal appearance

14.2

**Depressive disorder** refers to the condition of a person who seems to be mentally ill and shows **at least 5 of the following symptoms almost every day within the past two weeks.**

Symptoms of depressive disorder

- (a) Lack of happiness in a large part of the day, feeling inferior and sad, shedding tears, crying
- (b) Reduced interest or lack of interest in everything, inability to feel pleasure
- (c) Physical and mental lethargy, slow movements, lack of appetite without any physical illness, loss of weight (In some depressive disorders, there may be weight gain due to frequent eating.)
- (d) Lack of sleep at night, especially waking up after midnight and inability to go back to sleep (too much sleep in some patients)
- (e) restlessness, haste or lethargy
- (f) feelings of exhaustion or lack of strength, lack of pleasure, lack of happiness even though there is cause for happiness
- (g) false sense of futility, guilt or sin
- (h) difficulty in concentration and in making decisions, poor thinking
- (i) suicidal thoughts, attempts at suicide

14.3

**Generalized anxiety disorder** refers to the condition of a person who seems to be mentally ill and shows the following symptoms.

Generalized anxiety disorders

(a) Two symptoms that should always be present:

1. Excessive anxiety/worry
2. Inability to control anxiety/worry, excessive worry

(b) Additionally, 3 of the following 7 symptoms should also be present.

1. restlessness, being in a hurry
2. exhaustion, getting tired easily
3. poor concentration, short attention span
4. short temper
5. neck cramps, nerve tension, cold hands and feet, palpitations
6. worry about future/anxiety and fear
7. too much thinking and insufficient sleep, sleeplessness, difficulty to go to sleep especially in the early part of the night

(c) These symptoms should not be those caused by other physical illnesses.

14.4

**Alcohol dependence** refers to the condition of a person who shows no fewer than four of the following symptoms.

Symptoms of alcohol dependence

- (a) Drinking alcohol almost every day
- (b) tremors when deprived of alcohol
- (c) tremors disappearing with intake of alcohol

- (d) drinking at any time, especially in the morning
- (e) completely forgetting in the morning what happened the previous night
- (f) fits and loss of consciousness under the influence of alcohol
- (g) social or economic or health problem because of alcohol

14.5 **Major epilepsy** refers to the condition of a person who shows at least three of the following symptoms.

Symptoms of epilepsy

- (a) loss of consciousness
- (b) rigidity in arms, legs and the entire body
- (c) abnormal eyeball movements and convulsions
- (d) doziness, sleep, upset feelings and bad moods after seizures for a short time
- (e) losing consciousness, falling down and biting one's tongue, hurting oneself
- (f) foaming at the mouth during seizures, inability to control urination and defecation

14.6 **Mental retardation** refers to the condition of a person at any age who shows no fewer than four of the following symptoms.

Symptoms of mental retardation

- (a) slower than normal cognitive development, for example, delays in learning to walk, talk and do things appropriate to the age group
- (b) difficulty in learning, inability to learn as much as others of the same age
- (c) lack of attention, active, fond of play

- (d) little critical thinking, inability to think at the level of the age group, inability to take care of oneself, e.g. touching things without any regard to potential injury and pain, lack of awareness about and inability to avoid the risk of injury and cuts
- (e) difficulty in maintaining age-appropriate social relations, for example, inability to make friends with peers and playing or making friends solely with younger persons.
- (f) inability to take care of oneself

**Note:** For every disease, each patient should be entered in the record only once every year. If the symptoms continue at the beginning of the next year, the patient will be entered in the record again.

#### Calculation of indicators

No.	Indicators	Calculation	Formula
14 14.1	<b>Mental Health Project</b> Prevalence of psychosis	Number of persons suffering from mental illness ----- x 1000 Total population	Form 2 (14.1) ----- x 1000 Form 3 (1)
14.2	Prevalence of depressive disorder	Number of persons suffering from depressive disorder ----- x 1000 Total population	Form 2 (14.2) ----- x 1000 Form 3 (1)
14.3	Prevalence of generalized anxiety disorders	Number of persons suffering from generalized anxiety disorders ----- x 1000 Total population	Form 2 (14.3) ----- x 1000 Form 3 (1)
14.4	Prevalence of alcohol dependence	Number of persons suffering from alcohol dependence ----- x 1000 Total population	Form 2 (14.4) ----- x 1000 Form 3 (1)

No.	Indicators	Calculation	Formula
14.5	Prevalence of chronic seizures (epilepsy)	Number of persons suffering from chronic seizures (epilepsy) ----- x 1000 Total population	Form 2 (14.5) ----- x 1000 Form 3 (1)
14.6	Prevalence of mental retardation	Number of persons suffering from mental retardation ----- x 1000 Total population	Form 2 (14.6) ----- x 1000 Form 3 (1)

### Registers and Records

1. Clinic Register
2. Field Record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>14</b>	<b>Mental Health Project</b>											
1	Number of persons suffering from psychosis	√	√	√	√	√	√	√	√	√	√	√
2	Number of persons suffering from depressive disorder	√	√	√	√	√	√	√	√	√	√	√
3	Number of persons suffering from generalized anxiety disorder	√	√	√	√	√	√	√	√	√	√	√
4	Number of persons suffering from alcohol dependence	√	√	√	√	√	√	√	√	√	√	√
5	Number of persons suffering from major epilepsy	√	√	√	√	√	√	√	√	√	√	√
6	Number of persons suffering from mental retardation	√	√	√	√	√	√	√	√	√	√	√

### Usage

These indicate the prevalence of the six most common mental illnesses in Myanmar, and are intended for inclusion in the mental health projects. In providing community-based mental health care, which is the main aim, the role of basic health staff is participation and implementation in primary health care. This will also ensure that the communities and the basic health staff will have an awareness of mental illnesses.

The prevalence of the 6 common mental illnesses in Myanmar is referenced in the papers, reports, treatment campaigns and plans, where necessary.

**Serial No.      Type of Activities and Definition**

**15.                National TB Control Program**

The data should be obtained from the Township TB Register kept at the Township Health Department.

A new TB patient is defined as a patient who has never had treatment for TB or who has taken anti-TB drugs for less than 1 month.

**15.1                Number of new sputum smear-positive pulmonary TB patients** means the number of new TB patients whose one or more initial sputum smear examinations positive for acid-fast bacilli (AFB).

**15.2                Total number of all forms of TB patients (new and old)** means the all registered TB patients not including transferred in cases.

**Calculation of indicators**

No.	Indicators	Calculation	Formula
15	<b>National TB Control Program</b>		
15.1	New Sputum smear-positive pulmonary TB patients: case detection rate (%) (Yangon Region)	Number of new sputum smear-positive pulmonary TB patients ----- x 100 (Township population x 170 / 100,000)	Form 2 (15.1) ----- x 100 (Form 3 (1) x 170 / 100,000)
15.2	New Sputum smear-positive pulmonary TB patients: case detection rate (%) (other Region/State)	Number of new sputum smear-positive pulmonary TB patients ----- x 100 (Township population x 105 / 100,000)	Form 2 (15.1) ----- x 100 (Form 3 (1) x 105/ 100,000)

**Registers and Records**

1. TB Registration Book

### Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>15</b>	<b>National TB Control Project</b>											
1	Number of new sputum smear-positive pulmonary TB patients	x	x	x	√	x	x	x	x	x	x	x
2	Total number of all forms of TB patients (new and old)	x	x	x	√	x	x	x	x	x	x	x

### Usage

Morbidity and Mortality rate will be calculated and used in formulation of priority measures and effective tactics to reduce morbidity and mortality rate in the areas of high TB prevalence.

Serial No.	Type of Activities and Definition
16.	<b>Leprosy Control Project</b>
16.1	<p><b>Number of new patients identified</b> refer to the total number of new leprosy patients in the reporting period. (New patients refer to those who have registered for Multi Drug Therapy but have never received MDT.</p> <p><b>Note:</b> When new patients are transferred from other Units, they should be entered in a separate transfers list, not in the "new patients" list.</p>
16.2	<p><b>Number of under-15 (child) patients among the new patients</b> means the number of child patients under 15 years old from among the new patients identified.</p>
16.3	<p><b>Number of female patients among the new patients</b> means the number of female patients from among the new patients identified.</p>
16.4	<p><b>Number of new patients with disability grade 2</b> means the total number of patients with disability grade 2 from among the new patients identified during the reporting period.</p>
16.5	<p><b>Number of patients who released from treatment after completing the standard therapy</b> means the number of patients who have been removed from the list after taking the standard therapy according to the method of administration prescribed by the World Health Organization (6 times for a PB patient in 9 months, 12 times for an MB patient in 18 months) (in the month after the last blister card, the 6th for a PB, and the 12th for an MB, has been given).</p>
16.6	<p><b>Number of defaulters</b> means the number of persons who missed dosages for longer periods than what can be allowed and removed from the list as defaulters . A PB patient who misses medication for longer than 3 months becomes a defaulter while an MB patient who misses medication for longer than 6 months is considered a defaulter. Defaulters should be removed from the list,</p>

because they can no longer receive treatment 6 times within 9 months for a PB patient and 12 times within 18 months for an MB patient.

16.7 **Number of registered patients at the end of the month** means the number of patients in the assigned area who have yet to receive treatment for the coming month. Defaulters who have not been removed from the list should also be included. The number of patients should be obtained through a head count from the register.

### Calculation of indicators

No.	Indicators	Calculation	Formula
16	<b>Leprosy Control Project</b>		
16.1	New case detection rate (per hundred thousand population)	Number of new patients identified in the year ----- x 100000 Total population	Form 2 (16.1) ----- x 100000 Form 3 (1)
16.2	Percentage of new under-15 patients	Number of new under-15 (child) patients ----- x 100 Number of new patients identified in the year	Form 2 (16.2) ----- x 100 Form 3 (1)
16.3	Percentage of new female patients	Number of new female patients in the year ----- x 100 Number of new patients identified in the year	Form 2 (16.3) ----- x 100 Form 3 (1)
16.4	Percentage of new patients with disability grade 2	Number of new patients with disability grade 2 ----- x 100 Number of new patients identified in the year	Form 2 (16.4) ----- x 100 Form 3 (1)
16.5	Number of those who released from treatment after completing the standard therapy (RFT case)	(Use absolute number)	
16.6	Number of defaulters	(Use absolute number)	
16.7	Leprosy Prevalence Rate per 10000 population (per 10,000)	Number of remaining registered patients (at the end of December) ----- x 10000 Total population	Form 2 (16.7) ----- x 10000 Form 3 (1)

## Registers and Records

1. Clinic Register
2. Field Record
3. Leprosy Record

### Sources for Data Collection

No.	Type of Activity	Sources for Data Collection										
		Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>16</b>	<b>Leprosy Control Project</b>											
1	Number of new patients identified	√	x	√	√	√	x	√	√	√	√	√
2	Number of under-15 (child) patients among the new patients	√	x	√	√	√	x	√	√	√	√	√
3	Number of female patients among the new patients	√	x	√	√	√	x	√	√	√	√	√
4	Number of new patients with disability grade 2	√	x	√	√	√	x	√	√	√	√	√
5	Number of those who released from treatment after completing the standard therapy (RFT case)	√	x	√	√	√	x	√	√	√	√	√
6	Number of defaulters	√	x	√	√	√	x	√	√	√	√	√
7	Number of registered patients at the end of the month	√	x	√	√	√	x	√	√	√	√	√

## Usage

The prevalence of registered leprosy patients at the end of the year (per 10,000) indicates the leprosy load in an area. The number of patients is affected by various factors, such as identification of new patients, competence of staff members, accuracy and comprehensiveness of registered patients list.

The rate of new patients identified (per 100,000) can be used to estimate the spread of leprosy. But it depends on such factors as the identification of new patients, competence of the staff members, awareness of the public, and the coverage of the programme.

Number of those who released from treatment after completing the standard therapy (RFT cases) indicates the number of leprosy patients who have been cured through treatment with MDT.

If there are a large number (high percentage) of new patients with disability grade 2, it may be due to patients experiencing delays in treatment, and the inclusion of RFT (Release from Treatment) cases in the list as new patients.

If there is a large percentage of an under-15 child among new patients, leprosy is probably presence of transmission in the area.

If MB patients consist of more than 75 percent of new patients, it is probably due to belated start of treatment, false diagnosis, and a large number of MB patients among the new patients identified.

If the prevalence and detection ratio is high, it may be due to patients missing treatment, and not taking medication regularly, while the staffs do not immediately remove from the list the patients who have completed the standard therapy.

The main indicators used to analyze the prevalence of leprosy are the “prevalence of registered leprosy patients” and “rate of new patients identified”.

The main indicators used to analyze the identification of new patients are “rate of new patients identified”, “the percentage of new patients with

disability grade 2”, “the percentage of under-15 (child) patients”, and “the percentage of MB patients”.

The prevalence and detection ratio may be used to analyze the case holding of leprosy patients. The PD ratios may be high due to other entries.

**Note:**

**Number of registered patients at the end of the month** is the remaining patients at the reporting month whether it is quarterly report or yearly report.

It is necessary to mention only the number of patients remaining at the end of the last month when the report was made or the number of patients who have yet to receive treatment in the coming month.

<b>Serial No.</b>	<b>Type of Activities and Definition</b>
17.	<b>STI/AIDS prevention and control Project</b>
17.1	<b>Number of Primigravida who undergo syphilis testing (VDRL Test)</b> refers to the number of primigravida who received syphilis testing (VDRL Test) at STI clinics, outpatient departments at public hospitals/clinics, Urban health centres and rural health centres in the reporting period among those coming for antenatal care.
17.2	<b>Number of Primigravida with positive syphilis test (VDRL test positive)</b> refers to the number of primigravida who have positive for syphilis (VDRL test positive) among those coming for antenatal care with receiving syphilis testing (VDRL Test) at STI clinics, outpatient departments at public hospitals/clinics, Urban health centres and rural health centres in the reporting period.
17.3	<p><b>Number of patients with genital ulcer/s</b> refers to the total number of persons (male/female) who come for treatment of genital ulcer/s during the reporting period. Among those who come to STI clinic, and outpatient department at public hospitals/clinics with genital ulcer/s should also be included. However, those with traumatic ulcer/s, ulcers with vesicular lesions and a history of recurrence need not be included.</p> <p><b>Note:</b> Genital ulcers refer to those on the penis, scrotum and anus in males, and those on the vagina/labia and anus in females.</p>
17.4	<b>Total number of males who come for treatment of genital discharge</b> means the total number of males who suffered from genital discharge and came for treatment in the reporting period. (Those with genital discharge caused by injury need not be included.)

17.5 **Number of registered patients (new)** means those registered to receive treatment after being identified as VDRL positive, or those with other STDs through laboratory test results or syndromic management of STDs diagnosis.

### Calculation of indicators

No.	Indicators	Calculation	Formula
17 17.1	<b>STIs/AIDS prevention and control Project</b> VDRL test positive rate in primigravida	Number of Primigravida with positive syphilis test (VDRL test positive) ----- x 100 Number of Primigravida who undergo syphilis testing (VDRL Test)	Form 2 (17.2) ----- x 100 Form 2 (17.1)
17.2	Genital ulcer detection rate	Number of patients with genital ulcer/s (males/females) ----- x 100000 Total population	Form 2 (17.3) ----- x 100000 Form 3 (1)
17.3	Genital discharge rate (male)	Total number of males who come for treatment of genital discharge ----- x 100000 Total number of males (over 15 years old)	Form 2 (17.4) ----- x 100,000 Form 3 (1) (Number of 15+ males)
17.4	Percentage of STI among outpatients	Number of registered patients (new) ----- x 100 Number of (new) patients at the clinic	Form 2 (17.5) ----- x 100 Form 1 (1.1)

### Registers and Records

1. Clinic Register
2. Field Record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>17</b>	<b>STI/AIDS prevention and control Project</b>											
1	Number of Primigravida who undergo syphilis testing (VDRL Test)	√	√	√	√	√	x	√	√	√	√	√
2	Number of Primigravida with positive syphilis test (VDRL test positive)	√	√	√	√	√	x	√	√	√	√	√
3	Number of patients with genital ulcer/s (males/ females)	√	√	√	√	√	x	√	√	√	√	√
4	Total number of males who come for treatment of genital discharge	√	√	√	√	√	x	√	√	√	√	√
5	Number of registered patients (new)	√	√	√	√	√	x	√	√	√	√	√

### Usage

This is intended for use in identifying those with syphilis among primigravida and provides treatment for other STIs that have been identified through syndromic management. It will also facilitate the efficient use of available resources through the identification of priority areas for projects and their implementation.

**Serial No.            Type of Activities and Definition**

18.                    **Trachoma control and Prevention of blindness program**

18.1                **Number of (new) eye patients** means the number of (new) patients who come for treatment of eye diseases during the reporting period. It includes those with conjunctivitis, trichiasis, poor eyesight, eye injuries, cataract and all other conditions.

18.2                **Number of (new) (under-10) patients with infectious trachoma** means the number of under-10 years of age trachoma patients with at least five or more follicles on the upper tarsal conjunctiva.



18.3                **Number of those who lost eyesight (new)** means the number of those who lost eyesight (new) in the reporting period who cannot count the number of raised fingers comfortably with better eye from 10 feet away.

18.4                **Number of newborn infants with acute conjunctivitis (new)** means the number of new newborn patients from birth to 28 days old with ophthalmia neonatorum, characterized by redness of the eye, swelling and pus-like eye discharge.



## Calculation of indicators

No.	Indicators	Calculation	Formula
18	<b>Trachoma Control and Prevention of Blindness Program</b>		
18.1	Morbidity rate of new eye diseases	Number of (new) eye patients ----- x 100000 Total population	Form 2 (18.1) ----- x 100000 Form 3 (1)
18.2	Morbidity rate of infectious trachoma (under-10)	Number of (new) (under-10) patients with infectious trachoma ----- x 100 Total number of under-10 children	Form 2 (18.2) ----- x 100 Form 3 (1) (under-10)
18.3	Morbidity rate of blindness or loss of eyesight	Number of those who lost eyesight (new) ----- x 100 Total population	Form 2 (18.3) ----- x 100 Form 3 (1)
18.4	Morbidity rate of ophthalmia neonatorum in newborn infants	Number of newborn infants with acute conjunctivitis (new) ----- x 1000 Number of live births	Form 2 (18.4) ----- x 1000 Form 3 (2.1)

## Registers and Records

1. Clinic Register
2. Field Record

## Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>18</b>	<b>Trachoma Control and Prevention of blindness program</b>											
1	Number of (new) eye patients	√	√	√	√	√	√	√	√	√	√	√
2	Number of (new) (under-10) patients suffering from infectious trachoma	√	√	√	√	√	√	√	√	√	√	√
3	Number of those who lost eyesight (new) (who cannot count fingers comfortably from 10 feet away)	√	√	√	√	√	√	√	√	√	√	√
4	Number of newborn infants with acute conjunctivitis (new)	√	√	√	√	√	√	√	√	√	√	√

### Usage

Those who have lost their eyesight can be identified and provided with timely treatment, while patients suffering from infectious trachoma can be treated to prevent complication (trichiasis).

Eye specialists can go on field visits to areas with a high prevalence of trachoma and eye diseases and priority projects can be developed and implemented.

Serial No.	Type of Activities and Definition
19.	<b>Zoonosis Diseases Control Project</b>
19.1	<b>Number of dog bite patients:</b> those who have any abrasion, laceration due to dog bite or snap. (This also includes patients bitten by a rabid dog.)
19.2	<b>Number of rabid dog bite patients</b> means the number of patients those bitten by rabid dog.
19.3	<b>Number of persons received for rabies vaccines</b> means the number of persons who received rabies vaccines after dog bite.
19.4	<b>Number of leptospirosis patients</b> means patients with following symptoms:
	<u>Clinical features</u>
	(a) Acute febrile illness with headache, myalgia and prostration
	(b) Conjunctival suffusion
	(c) Meningeal irritation
	(d) Anuria or oliguria and/or proteinuria
	(e) Jaundice
	(f) Haemorrhages (from the intestines; lung bleeding is notorious in some areas)
	(These diseases are more likely due to contamination of soil and water in the environment with animal like rats and cattles' urine or history of exposure to infected animals.)

### Calculation of indicators

No.	Indicators	Calculation	Formula
19	<b>Zoonosis Diseases control Project</b>		
19.1	Morbidity of dog bites	$\frac{\text{Number of dog bite patients}}{\text{Total population}} \times 100000$	Form 2 (19.1) $\frac{\text{Number of dog bite patients}}{\text{Total population}} \times 100000$ Form 3 (1)
19.2	Morbidity rate of leptospirosis	$\frac{\text{Number of leptospirosis patients}}{\text{Total population}} \times 100000$	Form 2 (19.4) $\frac{\text{Number of leptospirosis patients}}{\text{Total population}} \times 100000$ Form 3 (1)

### Registers and Records

1. Clinic Register
2. Field Record

### Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
<b>19</b>	<b>Zoonosis Diseases Prevention Project</b>											
1	Number of dog bite patients	√	√	√	√	√	√	√	√	√	√	√
2	Number of rabid dog bite patients	√	√	√	√	√	√	√	√	√	√	√
3	Number of persons received for rabies vaccines	√	√	√	√	√	√	√	√	√	√	√
4	Number of leptospirosis patients	√	√	√	√	√	√	√	√	√	√	√

### Usage

This provides the prevalence of zoonosis diseases, and used for estimation of production and importation of the rabies vaccines.

<b>Serial No.</b>	<b>Type of Activities and Definition</b>
20.	<p data-bbox="370 222 713 260"><b>Health Education Project</b></p> <p data-bbox="370 289 1205 376">In collecting data on health education, the following should be entered.</p>
20.1	<p data-bbox="370 396 1205 531"><b>Advocacy Meeting</b> means meeting and presenting with decision-makers to get highest achievement in the implementation of health activities.</p>
20.2	<p data-bbox="370 550 1205 840"><b>Exhibitions and Contests</b> means the inclusion of health education in ceremonies, setting up exhibition booths at clinics using seasonal education posters, brochures and photographs, and conducting essay competitions, art and cartoon competitions, photography contests, drama and song competitions, debates, quizzes, and trivia contests.</p>
20.3	<p data-bbox="370 859 1205 994"><b>Public Talks</b> include having a public rally and giving talks as well as small group discussions in communities with health issues.</p>
20.4	<p data-bbox="370 1014 1205 1593"><b>Production/Distribution of IEC materials</b> means the distribution of posters, vinyl sheets, brochures, publications, videos, audio tapes, CDs, VCDs and DVDs produced and distributed by the Health Education Centre and various projects, production of educational materials appropriate for the local area, and the use of materials that have been distributed. For example, the activities may include making arrangements for public viewing of the videos that have been distributed, production of educational and mobilization materials and audiotapes depending on the situation of health issues in the local area and the requirements.</p>
	<p data-bbox="370 1613 1205 1692"><b>Note:</b> The number of health awareness activities that have been conducted and the number of people who</p>

participated should be mentioned for each of the different methods used.

### Calculation of indicators

No.	Indicators	Calculation	Formula
20 20.1	<b>Health Education Project</b> Township level		
	Average number of monthly health education activities in the township	Number of health education activities for the year in the township ----- 12 months	Form 2 (20) ----- 12 months
	Average number of health education activities conducted by a basic health staff per year	Number of health education activities for the year in the township ----- Total number of basic health staff in the township	Form 2 (20) ----- Form 3(8) (Total number of basic health staff in the township)
20.2	Region/State level		
	Average number of monthly health education activities in Region/ State	Number of health education activities for the year in all the townships of the Region/ State ----- 12 months x Number of townships in the Region/ State	Form 2 (20) ----- 12 months x Number of townships in the Region/State
	Average number of health education activities conducted by a basic health staff per year	Number of health education activities for the year in all the townships of the Region/ State ----- Total number of basic health staff in the Region/State	Form 2 (20) ----- Form 3(8) (Total number of basic health staff in the Region/State)

### Registers and Records

1. Clinic Register
2. Field Record

### Sources for Data Collection

No.	Type of Activity	Township/Sub/Station Hospital (Outpatient)	Township/Sub/Station Hospital (Inpatient)	Urban Health Centre	Disease Control	Maternal and Child Health	School Health	Station Health Unit	Rural Health Centre	Sub-Rural Health Centre	Border Area Clinic	Field Visit
20	Health education Project	√	√	√	√	√	√	√	√	√	√	√

### Usage

This indicates the conduct of awareness meetings, public talks, exhibitions and contests, and distribution of health education aids to promote general knowledge for health among the people and cultivate held the practices. It is intended as a measure of health education activities by the basic health staff, enabling additional supplementary action where required.

## **A poem on Data accuracy and information integrity**

Make a record right away of what you actually do  
To obtain accurate data.

Work with the departmental personnel and the people  
To collect information.

Use it yourself and send it in a timely manner  
For good information on health.

Everyone at all levels has a duty  
To provide supervision and assistance.

Work for the future benefit  
Through accurate comprehensive and integrated data.

This is the duty of all the staff.  
And we will make it known among the people.  
Make a note. It is noteworthy.

# Chapter 3

## Operation Definition of Annual Reports

### Annual Report Form (3-A) & (3-B)

Like Form 1 and Form 2, Annual report form 3-A is to be used as an individual annual report, while 3B is to be used as the annual report of the respective health centre. Form 3 is to be filled in with the data from the Population and Yearly Record, Births and Deaths register (1) & (2) and vital events data of Monthly Report Form 1. Community participation needs to be noted every month to fill in Item No. 7 Community Participation of Form 3. Only then can the data for the year be consolidated.

### Annual Report Form (3-A)

**Health Centre** means the name of the health centre for the area to which the person submitting the annual report is assigned.

**Township** means the name of the township where the area to which the person submitting the annual report is assigned is located.

**Region/State** means the name of the Region/State where the area to which the person submitting the annual report is assigned is located.

**The reporting year** means the year for which the annual report is submitted.

**Date of compilation** means the date on which the annual report is produced.

1. **Population** means the number of people (living/ deceased/ total) in the assigned areas, broken down into age groups, and sexes. The population data can be obtained from the Population and Yearly Record.

**Total population** means the total number of people (living/ deceased/total) in the assigned area, broken down into

sexes. The sum of males (alive) and females (alive) should equal the total number of people (alive). Similarly, the sum of males (deceased) and females (deceased) should equal the total number of people (deceased).

2. **Births and Abortions** includes the total number of live births in the assigned area of the person submitting the annual report, the total number of stillbirths, the total number of live births delivered by adolescent mothers (15-49 years), the number of live births at private hospitals, clinics and delivery rooms, the number of stillbirths at private hospitals, clinics and delivery rooms, the number of live births attended by skilled persons, the number of stillbirths attended by skilled persons and the total number of abortions. The data can be obtained from the total numbers of the relevant columns of Births and Deaths Register 1. The annual data can also be obtained from the number of Births and deaths under the heading of vital statistics from Monthly report form 1.
3. **Deaths means** the number of the deceased persons in the assigned area of the person submitting the annual report. The total number of deaths can be obtained from the relevant columns of Births and Deaths Register 2. Like Births/ Abortions, the annual data can be obtained from vital statistics of monthly report form 1.
4. **Reproductive Health**
  - (a) Number of couples with the wife's age between 15 and 49 years
  - (b) Number of couples practicing birth spacing at present
  - (c) Number of couples not practicing birth spacing at present

is to be filled in with the data from the Population and Yearly Record.

5. **The number of smokers** can be obtained from the Population and Yearly Record.
6. **Health Infrastructure**
  - (1) **Ward:** the total number of wards in the assigned area collected every year
  - (2) **Village:** the total number of villages in the assigned area collected every year
  - (3) **Village Tract:** the total number of village tracts in the assigned area collected every year
  - (4) **Number of households:** the total number of households in the assigned area collected every year
  - (5) **Number of cooperative clinics:** the total number of cooperative clinics in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
  - (6) **Number of private clinics:** the total number of private clinics in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
  - (7) **Rural health centre Delivery rooms :** the total number of rural health centre delivery rooms in the area covered by the respective health centre during the reporting period collected and reported every year by the person submitting the report
  - (8) **Sub-rural health centre Delivery rooms :** the total number of rural health sub-centre delivery rooms in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report

- (9) **Maternal and Child Welfare Association Delivery Rooms:** the total number of Maternal and Child Welfare Association Delivery Rooms in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (10) **Private Delivery Rooms:** the total number of Private Delivery Rooms in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (11) **Number of Traditional Medicine Clinics (Government):** the total number of Government Traditional Medicine Clinics in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (12) **Number of Traditional Medicine Clinics (Private):** the total number of private Traditional Medicine Clinics in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (13) **Number of Basic Education High Schools:** the total number of State High Schools in the area covered by the respective health centre during the reporting period collected and reported every year by the person submitting the report
- (14) **Number of Basic Education High School students:** the total number of State High School students (9th and 10th standard) in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report

- (15) **Number of Basic Education Middle Schools:** the total number of State Middle Schools in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (16) **Number of Basic Education Middle School students:** the total number of State Middle School students (5th, 6th, 7th and 8th standard) in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (17) **Number of Basic Education Primary Schools:** the total number of State Primary Schools in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (18) **Number of Basic Education Primary School students:** the total number of State Primary School students (kindergarten, 1st, 2nd, 3rd and 4th standard) in the area covered by the respective health centre during the reporting period collected and reported every year by the persons submitting the report
- (19) **Environmental Sanitation**
- Data can be obtained from the Population and Yearly Record.
- 19.1 **Number of households with fly-proof latrines:** Number of households in the assigned area that have fly-proof latrines
- 19.2 **Number of households with latrines that are not fly-proof:** Number of households in the assigned area that have latrines but not fly-proof ones

- 19.3 **Number of households without any latrines:** Number of households in the assigned area that don't have latrines at all
- 19.4 **Total number of fly-proof latrines (new and old):** The total number of fly-proof latrines in the assigned area
- 19.5 **Total number of people who use fly-proof latrines:** Total number of people who use fly-proof latrines in the assigned area

(20) **Improved Water**

- (a) **Access to drinking water:** the number of households in the assigned area that have access to sufficient water all year round including in the summer and the number of households without access to sufficient water should be reported every year, distinguishing between the number of households with access to improved drinking water or not.
- (b) **Number of water sources:** Data can be obtained from the Population and Yearly Record.
- (c) **Population with access to improved drinking water:** Data can be obtained from the Population and Yearly Record.

7. **Community Participation**

- (1) **Number of activities of the Maternal and Child Welfare Association** means the participation of the Maternal and Child Welfare Association in health activities. (For example, conducting a talk on the benefits of breastfeeding by Maternal and Child Welfare Association, and participating in educational talks on birth spacing)

- (2) **Frequency of meetings held by the health committee** means the number of times health committees at various levels conduct meetings for proper health activities.
8. **Human Resources for health** mean the number of health staff members in the health personnel sectors.
- (1) **Cooperative/Joint Venture (Doctor, Dentist)** refers to the number of doctors and dentists who are working during the reporting period at cooperative and joint venture clinics in the reporting period in the area covered by reporting health centre. The doctors and dentists in this category are not from government services but serving only at the cooperative and joint venture clinics.
- (2) **Private (Doctor, Dentist)** refers to the number of doctors and dentists who are working during the reporting period at Private clinics in the reporting period in the area covered by reporting health centre. The doctors and dentists in this category are not from government services but serving only at the private clinics.
- (3) **Traditional Medicine Practitioners (Government Certified)** refers to the number of traditional medicine practitioners in the reporting period in the area covered by the reporting health centre. An accurate count of government certified traditional medicine practitioners is to be filled in report form.
- (4) **Traditional Medicine Practitioners (Government not certified)** refers to the number of traditional medicine practitioners in the assigned area without government certification.
- (5) **Auxiliary Midwives** refers to the number of auxiliary midwives in the reporting period in the area covered

by the reporting health centre. The number of trained and functioning AM should be distinguished. Each health centre should enter the accurate number of auxiliary midwives in the respective columns.

- (6) **Community Health Worker** refers to the number of community health workers in the reporting period in the area covered by the reporting health centre. The number of trained community health workers and functioning community health workers should be distinguished. Each health centre should enter the accurate number of community health workers in the respective columns.
- (7) **Trained traditional birth attendants** refers to the number of trained traditional birth attendants in the reporting period in the area covered by the health centre that is submitting the report. The number of trained traditional birth attendants and that of working traditional birth attendants should be distinguished. Each health centre should enter the accurate number of trained traditional birth attendants in the respective columns.
- (8) **Traditional birth attendants** refer to the total number of TBAs in the reporting period in the area covered by the reporting health centre. The number of TBAs that have received training and those that have not should be included. Each health centre should enter the accurate total number of TBAs in the respective columns.
- (9) **Community-based members** refer to the number of persons who have received training for community-based activities and are carrying out such activities in the reporting period in the area covered by the reporting health centre.

### **Annual Report Form (3-B)**

Individual annual report form 3-As should be consolidated to produce Annual Report Form 3-B of the respective health centre for further reporting.

The Form 3Bs reported by the Health Centres should be consolidated into Annual Report form 3-B of the township and the data specific to the township level are to be included for reporting.

#### **Data specific to the township level**

**For the total population**, urban population and the rural population should be distinguished. The total population (males/females) (alive) should equal the sum of urban population and rural population. This number is to be entered in the total (alive) box of the total population.

#### **6. Health Infrastructure**

21. **Total number of hospitals (township hospitals and above)** refers to the number of public hospitals at the township level and above in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
22. **Total number of hospitals (sub-township hospitals)** refers to the number of sub-township public hospitals at the township level in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
23. **Total number of hospitals (station hospitals)** refers to the number of station hospitals at the township level in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
24. **Number of hospitals (under other ministries)** refers to the number of public hospitals under other ministries in the

reporting period in the area covered by the reporting health centre. This number is to be reported every year.

25. **Number of Maternal and Child Health Centres** refers to the number of Maternal and Child Health Centres in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
26. **School Health Teams** refers to the number of School Health Teams in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
27. **Urban Health Centres** refers to the number of urban health centres in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
28. **Secondary Health Centre** refers to the number of Secondary Health Centre in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
29. **Rural Health Centres** refers to the number of rural health centres in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
30. **Sub-Rural Health Centres** refers to the number of rural health sub-centres in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
31. **Number of Private Hospitals** refers to the number of private hospitals in the reporting period in the area covered by the reporting health centre. This number is to be reported every year.
32. **Traditional Medicine Hospitals (Government)** refers to the number of Government Traditional Medicine Hospitals in

the reporting period in the area covered by the reporting health centre. This number is to be reported every year.

33. **Number of Maternal and Child Welfare branch associations** refers to the number of Maternal and Child Welfare branch associations in the reporting period in the assigned area. This number is to be reported every year.
34. **Number of Red Cross Branch Societies** refers to the number of Red Cross Branch Societies in the reporting period in the assigned area. This number is to be reported every year.
35. **Number of Branch Medical Associations** refers to the number of Branch Medical Associations in the reporting period in the assigned area. This number is to be reported every year.
36. **Number of Branch Nursing Associations** refers to the number of Branch Nursing Associations in the reporting period in the assigned area. This number is to be reported every year.
37. **Number of Health Assistant Branch Associations** refers to the number of HA Branch Associations in the reporting period in the assigned area. This number is to be reported every year.

8. **(B) Human resources for health**

Township Annual Report 3-B should be filled in by the township for each health centre with the designation, sanctioned and appointed number of the staff broken down into males and females. **(Appointed health staff as at 31<sup>st</sup> December)**

- (1) Designation refers to the job titles designated by the government for the various health centres.

- (2) Sanctioned refers to the number of staff allowed under the organization of various health centres.
- (3) Appointed staff refer to the total number of staff members serving at various health centres. (Staff members appointed as sanction of other centre is also to be included.) The number should be broken down into males and females.
- (4) Notes refer to Remarks such as "attached" if the current staff exceed the set-up strength.

## 9. Health Care Financing

- (1) **Government recurrent expenditures** include salaries, domestic travel expenses, recurrent material cost, maintenance costs, referral funds from other recurrent items, and costs for hospitality. Those expenditures include costs of items last up to a year or minor items that are not considered capital expenditures even though they last more than a year. The data should be collected at the end of the year in December even though the financial year for that particular year has been finished in 31 March. Thus, the additional funds obtained in the financial year can be included. (Only the total number for the financial year should be included. For example, the 2011-2012 financial year was started from 1 April 2011 to 31 March 2012, and the data should be sent in December 2012.)

**For example,**

Recurrent account expenditures for 2011-2012 financial year: \*\*\*\*

Additional recurrent account expenditures allowed for 2011-2012 financial year: \*\*

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Total current account expenditure allowed for 2011-2012 financial year: \*\*\*\*

- (2) **Government capital expenditures** include costs for construction (ongoing, additional, new project), and equipment (purchases made with grants, equipment,

furniture and vehicles for office use) that the Central Government has allocated as capital funds. It is the expenditure for capital investment and capital items for long term use that increase productivity. (Depending on the financial year, only the total amount should be entered. For example, the 2011-2012 financial year was started from 1 April 2011 to 31 March 2012.) The data should be collected in December 2012. Thus, the additional funds obtained in the financial year can be included.

**For example,**

Capital expenditure for 2011-2012 financial year: \*\*\*\*

Additional capital expenditure allowed for

2011-2012 financial year: \*\*

Total capital expenditure allowed for \_\_\_\_\_

2011-2012 financial year: \*\*\*\*

- (3) **Funding from Project** (external source of financing) refers to expenditure paid by the project in the financial year for which the data is collected. (For example, it is the expenditures spent by the project between 1 April 2011 and 31 March 2012.) The external source of financing will include daily allowances, travel allowances, supervisory costs for field work and others. The external sources of financing include the funding directly managed by TMO and some funds coming from the central level and some funds coming from the donors directly. Those funds coming from the central level & from the donors should be auditable at the respective area and township auditing should cover only for the external fund directly managed by the TMO. The reason for collecting that item is expressing the contribution of external funding to the respective Township Health System.

- (4) **Revenue from Community Cost-Sharing Scheme** refers to the total income from the CCS in the financial year for which the data is collected (for example, between 1 April 2011 and 31 March 2012). The total amount collected under 4 categories — medicine and medical supplies, laboratory tests, radiography, room charges that enrolled into the MD (Ministries and Departments) accounts and OA (Other Accounts) accounts should be entered.
- (5) **Trust Funds (Total)** refers to the amount of Funds that have been saved in the Myanmar Economic Bank saving book as of the last day of the financial year for which the data is collected (for example, between 1 April 2011 and 31 March 2012 for the financial year 2011-2012).
- (6) **Trust Funds (Interest)** refers to the bank interest earned in the savings account of the Trust Funds for the financial year for which the data is collected (for example, for the financial year 2011-2012).
- (7) **Revolving Drug Funds** refers to the funds in the OA (Other Accounts) for the purchase of medicine stocks.
- (8) **Community Contributions (in-cash)** refers to the donations made by the community for Township health activities. The donated amount should be mentioned accurately for each financial year.
- (9) **Community Contributions (in-kind)** refers to the donations of materials and supplies made by the community for Township health activities. The monetary value of such in-kind contributions should be mentioned. For example, the value of mattresses and air-conditioners donated for hospital use should be entered.

## 10. Implementation Status of Training Activities

- (1) **Subject matter/Topic/Title of the Training** refers to the title/topic/name that covers the content of the training designed to cultivate knowledge, attitude and practices for the fulfillment of training objectives.
- (2) **Code** refers to the course number that can be entered to show which sector the training belongs to and what focus it has.

Example 1: The code for the antenatal care training intended for maternal and child health in the public health sector will be as followings.

- (a) Area of the training: Public Health: 01
- (b) Training Section (Course): maternal and child health: 01
- (c) Subject / Topic/ Name of the training: antenatal care training: 03

The code for the training is 010103.

Example 2: If the training conducted in the township has no appropriate codes in the coding table, the code for other types of training, 99, should be entered. For example, the training on dengue hemorrhagic fever in the disease control sector belongs neither to the prevention of diseases nor to treatment. As "Other Types of Training" related to dengue hemorrhagic fever, its code will be 020399. However, the exact title of the training should be entered in the Subject matter/Topic/Title of the Training column. As some training titles are easily confused with one another, the coding should be made with care to show which project the training belongs to. For example, training on TB and AIDS counselling can be coded 020605 if it is under the TB Control Project and 020704 if it is under the AIDS

Control Project. The coding table is shown on page 138-144.

- (3) **Training Duration** refers to the period in which the training is conducted from <date> to <date>.
- (4) **Number of Participants** refers to the total number of participants at the training, divided into males and females.
- (5) **Trainer** should be distinguished among central, Region/State and township levels. In entering the position/rank of the instructors, only the position/rank of the lead instructor or the ranking instructor of the group should be entered. In addition, for the instructors at the township level, it should be mentioned whether they have been participants in similar training together with the number of such instructors. (For example, if 2 out of 3 instructors have received training and have to enter 2 in the column "Received Training", 1 should be entered in the column "No Training").

Training Coding Table

Area	Training Section (Course)	Subject or Topic (Name of Training)
01: Public Health	01: Maternal and Child Health	01: safe motherhood (PCPNC) training
		02: quality reproductive health training
		03: AN care training
		04: PAC training
		05: EMOC training
		06: adolescent reproductive health training
		07: Male involvement
		08: ENC training
		09: AMW training
		10: AMW Refresher Training
		11: AMW Key family practice training
		12: MCWA member training
		13: training on the use of intra-uterine devices

Area	Training Section (Course)	Subject or Topic (Name of Training)
		14: training on caring for post partum haemorrhage
01: Public health	01: maternal and child health	15: training on the use of partograph and childbirth attended by skilled persons
		99: others
	02: Women and child Health Development (WCHD)	01: Women and child health care training for auxiliary birth attendants
		02: Women and child health care training for hospital staffs
		03: community-based newborn care training
		04: training on community-based care for pneumonia and diarrhoea
		05: 11-day training on the care of common childhood diseases
		06: training on community-based health activities (CBHA)
		07: refresher training for maternal and child health care workers
		08: training of support persons for maternal and child health care
		09: Women and child health care management training
		99: others
	03: nutrition	01: training on community-based nutrition activities (GMP/CNC/VFB/CMAM)
		02: hospital-based nutrition training
		03: training for the prevention of anaemia
		04: refresher training on the quality control of iodized salt quality control
		05: training for laboratory technicians on iodized salt quality testing
		06: Nutrition Surveillance
01: Public health	03: nutrition	07: training on infant & young child feeding practices

Area	Training Section (Course)	Subject or Topic (Name of Training)
		08: Training on Nutrition in Emergency
		09: training on the project to administer de-worming medicine
		10: training on the prevention of infantile beri beri
		11: training on the prevention of vitamin A deficiency
		99: others
	04: school health	01: training of trainers on health promoting schools
		02: Refresher training for BHS in health promoting schools
		03: refresher training for teachers on health promoting schools
		04: Advocacy meeting on STH program in collaboration with nutrition project
		99: others
	05: health education and promotion (HEB)	01: Introduction to health education and promotion
		02: awareness training for young people on reproductive health at the people's support group and at the youth centre
		03: educational training on behavioural changes
		04: training on IEC support for health promotion programmes
		05: educational training on clean drinking water and latrine sanitation
		99: others
	06: Enviromental Health	01: Principles & Policies of Environmental Health
		02: training on clean drinking water and latrine sanitation
01: Public health	06: Enviromental Health	03: training on waste management
		04: training on personal hygiene
		05: training on the reduction of air pollution
		99: others

Area	Training Section (Course)	Subject or Topic (Name of Training)
	07: Basic Health Services training design and management	01: training of trainers for community health workers
		02: training of new community health workers in the township by the township level training teams
		03: refresher training of existing community health workers in the township by the township level training teams
		04: Management training of HA/HA1 by State and Region training teams
		05: Module training of management effectiveness program in project townships
		99: others (please specify)
02: Disease Control	01: Disease control and surveillance (CEU)	01: Field Epidemiology Program
		02: Outbreak investigation and management and early warning and response system
		03: training on the prevention of natural disasters
		04: training of district level supervision teams on the prevention of swine flu
		05: training on surveillance of infectious diseases and laboratory surveillance
		06: training on surveillance of vaccine-preventable diseases
		07: AFP Surveillance
		08: AEFI Management
02: disease control	01: Disease control and surveillance (CEU)	09: Cold Chain Management
		10: Strengthening Routine EPI
		11: Maternal and neonatal tetanus elimination
		12: Microplanning and supervision & Monitoring on routine EPI
		13: Reaching Every District (RED) Strategy
		14: Midlevel Management in EPI

Area	Training Section (Course)	Subject or Topic (Name of Training)
		15: Immunization in practice training
		16: training on minimizing waste of vaccines
		17: training on the implementation of RED
		99: others
	02: malaria (VBDC)	01: malaria case management
		02: prevention and control of malaria epidemic
		03: Data Management and logistics supply management
		99: others
	03: dengue haemorrhagic fever	01: training on the prevention and control of dengue haemorrhagic fever
		02: training on the case management of dengue haemorrhagic fever
		99: others
	04: elephantiasis	01: training on morbidity control
		02: training on Mass Drug Administration (MDA)
		99: others
	05: Japanese B-Encephalitis	01: training on the prevention and control of Japanese Encephalitis
		99: others
02: disease control	06: TB	01: district level trainings
		02: TB contact
		03: Drugs management training
		04: training for laboratory technicians
		05: training on TB/HIV/AIDS counselling
		06: training on Directly Observed Treatment, Short course (DOTS)
		99: others
	07: HIV/AIDS	01: prevention of mother to child transmission (PMCT program)
		02: Procurement, Supply and Management
		03: training on sexually transmitted diseases case management

Area	Training Section (Course)	Subject or Topic (Name of Training)
		04: training on TB/HIV/AIDS counselling
		05: Home based care training for PLHIV
		99: others
	08: leprosy	01: Refresher training on sustaining leprosy services
		02: POD training
		99: others
	09: Trachoma and prevention of blindness	01: Primary Eye Care Training
		99: others
	10: Pandemic Human Influenza (H1N1)	01: training on the prevention of Pandemic Human Influenza (H1N1)
		99: others
03: Hospital Care (Medical Care)	01: Care Management	01: training on management of common diseases
		02: training on management of accidents and emergencies
		03: training on Infection Prevention
		99: others
	02: Hospital healthcare activities	01: training on quality health care
		02: training on the development of medical social work
		03: training on Snake bites Control
		04: training on non communicable diseases control
		05: training on Cancer Control
		06: training on Cardiovascular disease Control
		07: the prevention and control of Diabetes Mellitus
		08: training on the prevention of injury and violence

Area	Training Section (Course)	Subject or Topic (Name of Training)
		09: prevention of deafness
		10: training on the border areas health development
		11: Myanmar Essential Drugs
		12: training on mental health care
		13: training on Drug Abuse Prevention and Control
		14: training on community-based rehabilitation
		15: training on private health care
		99: training on others
	03: health care by nurses	01: training on Prevention of spread of infection to hospital staffs
		02: training on patient-centred care
		03: training on leadership and management for nurses
		99: others
04: Management	01: Health Management Information System	01: training on Health Management Information Systems (HMIS)
		02: training on reproductive health management information systems (RH-MIS)
		03: training on health information management
		99: others
	02: Medical Ethics	01: training on Medical Ethics among Health care providers
		02: training on codes of medical ethics to be practised by health care providers toward the public
		99: others
05: social health	01: Gender	01: training on gender (project areas)
		99: others

## **A poem on noble work**

We provide service day and night  
And keep accurate data and information.

We provide effective care  
And receive information on unusual events promptly.

We provide relief quickly without delays  
In case of disasters at any time.

We run to provide assistance  
And have rapid communications.

Everyone works together to find solutions  
Facing difficulties with intelligence and innovation.

We care for those who are suffering  
To ensure everybody's well-being.

We do our duty and accumulate karmic merit  
Confident of living a good life.

We enjoy our life of service  
Working with patience, perseverance and toleration

We work and we're happy!

# Chapter 4

## Registers and Records

In Health Management Information System, daily record keeping of activities by Basic health staffs vital to have the data necessary for monthly, quarterly and annual forms. For purposes of keeping records, every basic health staff should use (1) Clinic Register (2) Field Record and (3) Registers/Records Books for each project.

Moreover, the Basic health staffs should maintain Births and Deaths 1 and Births and Deaths 2 to record every birth/death in the assigned area together with Population and Yearly Record, for which data is collected door-to-door every year in December.

### 1. Clinic Register

(For use at an Outpatient Department of Hospitals and Urban/Rural Health Centre/Sub-Centre)

**Centre or Sub-Centre** refers to the name of the main centre for the sub centre where the basic health staff member is working. (For example, Wa Tee Rural Health Centre, Ohn Pin Sub-Rural Health Centre)

**Township** refers to the name of the area where the basic health staff is assigned or the name of the township in which the assigned area is located. (For example, Oat Twin Township)

**Region/State** refers to the name of the Region/State in which the assigned area of the basic health staff is located. (For example, Bago Region)

- (a) **Date** refers to the date on which the clinic is opened in the assigned area of the basic health staff.
- (b) **Serial number** refers to the serial number of patients to be entered monthly beginning with 1. This record will clearly show the number of visits by patients for general complaints in a month up to the date on which the monthly record is made.

(c) **Patient register**

- (1) **Patient Registration Number** refers to the patient registration number that is assigned to the patients who come for treatment on the days on which the clinic is opened. For example, if the clinic is opened on 1 January 2012, the first patient for the day, let's say U Mya, will have the serial number 1 and his patient registration number will be 1/12. Other patients for the day will sequentially have patient registration numbers 2/12, 3/12, etc. When old patients come for treatment again sometimes in the year, the registration number they have already received should be used throughout the year. If a patient has an older registration number, which is entered in the column for patient registration number, it might cause errors in assigning the number for the next patient, so it should be entered in the old registration number column, rather than in the new registration number column, where a dash (-) should be entered.
- (2) **New** refers to the patients who come for treatment at the clinic for the first time in the year on a day when it is opened. For those patients, a tick (√) should be entered in the patient registration (new) column. For example, the first patient of the year at the clinic, U Mya, who is serial number 1, Patient Registration Number 1/12, is a new patient for the year. So a tick (√) should be entered in the patient registration (new) column.
- (3) **Old** refers to patients who come for treatment at the clinic not for the first time in the year on a day when it is opened. Their old patient registration number should be entered in the Patient Registration (old) column. For example, Ma Wai, came to the clinic on 1 January 1012 for treatment of malaria and was assigned the serial number 5, and patient registration number 5/12. On the next day, 2 January 1012, she made a repeat visit to the clinic as she was still suffering from malaria. So her old

patient registration number (5/12) should be entered in the Patient Registration (old) column.

- (d) **Name** refers to the name of the patient who comes to the clinic for treatment on a day when the clinic is opened
- (e) **Sex** refers to whether the patient who comes to the clinic for treatment is male or female.
- (f) **Age (in years)** refers to the completed age of the patient who comes to the clinic for the treatment. For example, if the age of patient is 23 years and 5 months, it should be taken completed years, and so 23 should be entered. If the age of the child patient is 10 months and 25 days, they should be taken completed month, and so 10 months should be entered. If the age is in months or days, the unit (month or day) should be mentioned.
- (g) **Address/Ward/Village** refers to the address/ ward/ village of the patient who comes for treatment at the clinic.
- (h) **Disease**
  - (1) **Name of Disease** refers to the name of the disease for which the patient is suffering based on the symptoms of patient. For example, a child who has come to the clinic for treatment with presenting symptoms such as a fever, a runny nose and a cough, “common cough and cold” should be entered depending on the results of the examination.
  - (2) **Disease (new)** refers to the disease for which the patient receives treatment for the first time in a year. If the same patient comes again within the year with a new episode, or a recurrence of the same disease, the patient will have an old patient registration number but the disease itself will be new. Supposing U Mya comes to the clinic for the first time on 1 January 2012 for treatment of diarrhoea, U Mya should be entered as a new patient and diarrhoea as a new disease in the patient register. Then, U Mya comes to the clinic for the third time on 15 January 2012 for treatment of malaria.

In that case, U Mya will be an old patient in terms of patient registration, but in terms of illness malaria is a new disease. On 1 February 2012, U Mya comes to the clinic for the fourth time with presenting diarrhoea. In terms of registration, U Mya is an old patient, and in terms of illness, his diarrhoea is a new episode and is entered as new disease.

- (3) **Disease (old)** refers to a disease for which a patient makes repeat visits to the clinic until the illness is cured. Supposing Ma Wai comes to the clinic on 1 January 2012 with malaria, and then makes repeat visits on 2 and 3 January to continue her treatment. Her illness is entered as old disease.

**Note:** for non-communicable diseases (such as hypertension, mental illness), the illness is to be entered as new on the first visit of a patient in a year, and as old on subsequent visits at any time within the year for the same disease. Supposing U Hla comes to the clinic on 1 January 2012 for hypertension. On that day, U Hla is entered as new for patient registration and new for disease. When U Hla comes at any time within the year for treatment of hypertension, he will be entered as old patient registration and old disease.

- (i) **Findings** refer to significant points for symptoms and signs from the examination of the patient who has come for treatment at the clinic.
- (j) **Treatment**
- (1) **Oral Medicine** refers to drugs to be taken orally that are given to the patients to come for treatment at the clinic depending on their illness. The name of the oral medicine provided should be entered in the oral medicine column. If no oral medicines are given, a dash (-) should be entered in the oral medicine column.

(2) **Injection** refers to injections that are given to the patients to come for treatment at the clinic depending on their illness. The name of the injection provided should be entered in the injection column. If no injections are given, a dash (-) should be entered in the injection column.

(k) **Remarks (referred/vaccinated/other)**

(1) **Referred:** Enter "Referred" in the Remarks column for patients at the clinic who are referred from the Health Centre to higher level health centres or health staff. For example, enter "Referred" in the Remarks column for a malaria patient that needed care at a higher level health centre and referred.

(2) **Vaccinated:** Enter the vaccination status of patients at the clinic where relevant in the Remarks column. Supposing if a 10 months child comes to the clinic for treatment of measles, the vaccination status has to be asked. If the child has not received vaccination, enter "not vaccinated" in the Remarks column. If the child has been vaccinated against measles, enter "vaccinated".

(3) **Others:** Other conditions of the patients at the clinic should be entered and used as Remarks. For children under 5 years old, the names of parents should be noted.

In the year's Clinic Register, patient registration numbers should be filled in (from the beginning of the year to the end). For example, patient registration numbers for 2012 will be assigned sequentially to new patients who come to the clinic for the first time from 21 December 2011 to 20 December 2012. The registration number of the last patient on 20 December of the year shows the total number of new patients that came to the clinic in that year. For 2013, the patient registration numbers will start again from No. 1. As an example, entries are made to

the Clinic Register in the attached example for patients who came to the clinic for treatment on 1 and 2 January.

- (aa) Study the entries in the clinic register for patients coming to the clinic for treatment on 1 January. There are 5 new patients at the clinic register on 1<sup>st</sup> January.
- (bb) On 2 January, there were 6 patients coming to the clinic. Among them, No. 6, 7 and 11 are old patients. For them, new patient registration numbers are not necessary. So, a dash (-) is entered for the three of them in the Patient Registration Column, and the original patient registration number is written in the Old Patient Registration Number Column.

**National Health Plan**  
**Outpatient Department at Hospitals/ Urban/Rural Health Centre/Sub Centre Clinic Register**  
Centre/Sub Centre: Wa Tee RHC/Ohn Pin S/C Township: Oat Twin Region/State: Bago Region

Date	Sr. No.	Patient registration			Name	Sex	Age (Yr)	Address /Ward /Village	Disease			Findings	Treatment		Remarks (Referred/ Vaccinated/ Other)
		No.	New	Old					Name	New	Old		Oral Medicine (Specify)	Injection (Specify)	
1/1/12	1	1/12	√		U Mya	M	53	Ohn Pin Village	Diarrhoea	√		BP= 110/70	ORT	-	-
	2	2/12	√		Ma Hla	F	45	„	TB	√		T°= 100°F	antiTB	-	-
	3	3/12	√		Ma Naing	F	10 m	„	Measles	√		T°= 101°F	Paracetamol	-	Not Yet, U Hlaing, Daw Aye
	4	4/12	√		U Hla	M	50	„	Hypertension	√		BP= 160/100	Laxis	-	-
	5	5/12	√		Ma Wai	F	25	„	Malaria	√		T°= 103°F	Chloroquine	-	-
2/1/12	6	-		1/12	U Mya	M	53	Ohn Pin Village	Diarrhoea		√	BP= 120/80	ORT	-	-
	7	-		5/12	Ma Wai	F	25	„	Malaria		√	T°= 105°F	Chloroquine	-	Referred
	8	6/12	√		U Khway	M	55	„	Hypertension	√		BP= 160/90	Laxis	-	-
	9	7/12	√		Daw Kha	F	50	„	Stomachache	√		BP= 120/80	Antacid	-	-
	10	8/12	√		Ma Htwe	F	5	„	Dysentery	√		BP= 100/70	Metronidazole	-	U Aung, Daw Khin
	11	-		3/12	Ma Naing	F	10 m	„	Measles		√	T°= 100°F	Paracetamol	-	Vaccinated U Hlaing, Daw Aye
15/1/12	12	-		1/12	U Mya	M	53	Ohn Pin Village	Malaria	√		T°= 102°F	Chloroquine	-	
1/2/12	1	-		1/12	U Mya	M	53	Ohn Pin Village	Diarrhoea	√		BP= 110/80	ORT	-	
	2	-		4/12	U Hla	M	50	„	Hypertension		√	BP= 150/90	Laxis	-	

## 2. **Field Record**

This is intended to document the recipients of health care during field visits by basic health staff in their assigned areas and the various fields activities.

**Centre/Sub-Centre** refers to the name of the Centre/Sub-Centre where the basic health staff is working.

**Township** refers to the name of the area where the basic health staff is assigned or the name of the township in which the assigned area is located.

**Region/State** refers to the name of the Region/State where the assigned area of the basic health staff is located.

- (a) **Date** refers to the date on which the Basic health staff carried out their field work.
- (b) **Serial Number** refers to the number of the patients that received health care during fieldwork by basic health staff. Every month it should start with 1, and proceed sequentially. In this way, the number of those receiving healthcare (new and old) during field visits in a month can easily be found up to the day on which the monthly record is made.
- (c) **Name** refers to the name of the patient receiving healthcare.
- (d) **Sex** refers to whether the patients receiving healthcare is male or female.
- (e) **Age (year)** refers to the completed age of the patient receiving healthcare. (Age of children under one year old should be taken as completed month or day.)
- (f) **Address/Ward/Village** refers to the permanent address of the patients receiving healthcare or the address/ward/village where the field work is carried out.
- (g) **Disease (new and old)** (the same as the definition in the Clinic Register)
- (h) **Treatment** refers to treatment provided to patients receiving healthcare during fieldwork depending on the illness.
- (i) **Finding/Activities** refer to the findings of and activities by Basic health staff during their field work. The Finding/

Activities column of the Field Record is intended to help document the various activities at field visits and contribute to the preparation of the Monthly Report. Support from various projects that need to be entered in the record can also be noted easily during fieldwork.

Example 1: In examining a pregnant woman, points such as the height of the uterus, the presenting part, the heartbeat of the fetus, etc., should be noted and entered in the pregnancy registration book.

Example 2: During delivery, the bodyweight of the newborn, sex, and whether it has anus or not etc., should be recorded.

Example 3: Supposing 3 newly built latrines were found during field visits to two villages. Enter "2 new latrines in .....village and 1 new latrine in ..... Village" in this column. It will help in compiling the quarterly report.

Example 4: During field visit to Hnaw Kone Village, it was found that Maung Thit Hsan who was 3½ months old did not respond to loud noises. In that case, enter "Maung Thit Hsan" in the Name column, "3 months" in Age, "Male" in Sex, "Hnaw Kone" in Ward/Village, "Suspected congenital hearing impairment" in Disease, and "Test for the next 2 consecutive months" in Remarks. Supposing in 2 consecutive months of testing, the child did not respond to loud noises. Then, enter "congenital hearing impairment" in Disease. This will help in preparing the quarterly report. The child can be given a referral for timely treatment, and Referred entered in the Remarks column.

- (j) Remarks refer to points that should be noted regarding the patients encountered during fieldwork by Basic health staff as well as the findings/actions. For under-5 children, the names of their parents should be entered.

### 3. **Births and Deaths Register (Births and Deaths Register 1 and 2)**

With regard to the impact data for health, the value of the data depends to a large extent on the systematic and comprehensive recording and reporting of basic data by the health staff. With the completeness and high quality of the reported data, the health situation of the area can be monitored continuously and timely responses can be made more effectively.

In collecting vital events data as part of the impact data for health, the recording of births and deaths of the people living in the area/village/ward based on place of usual residence; not just the places of occurrence or the places of registration.

Supposing a mother from Inn Ta Gaw Village in Bago Township gives birth to a child at her mother's house in Tar Gwa Village in Taik Kyee Township. The birth certificate of the child should be issued by the Taik Kyee Township, where childbirth took place, but it should be recorded in Births and Deaths 1 of the assigned Midwives of Inn Ta Gaw Village in Bago Township for further health services, as this will be the location of permanent residence.

The midwives should make systematic records of births and deaths in order that accurate data can be obtained. In order to ensure the records are complete, Basic health staff in rural areas should make a record of births and deaths in the assigned area and submit reports, while those in urban areas should make daily records of births and deaths in the assigned wards and submit monthly and annual reports.

#### **Births Register (Births and Deaths Register 1)**

**Centre or Sub-Centre** refers to the name of the centre or the sub-centre where the basic health staff is working.

**Township** refers to the name of the area where the basic health staff is assigned or the name of the township in which the assigned area is located.

**Year** refers to the year for which the data was collected from January to December.

**Number of households in the village/ward** refers to the number of households in the area to which the basic health staff is assigned.

**Population of village/ward** refers to the number of people living in the area to which the basic health staff is assigned.

**Household** refers to a group of persons sharing the same house and food preparation arrangements. It includes housemaids, distant relatives, and those who are not relatives. There may be more than one household living in a house.

- (a) **Head of the household in which there has been a childbirth/abortion** refers to the name of the household head.
- (b) **Name of the woman giving birth or having abortion** refers to the name of the woman who gave birth to a live infant, or had a stillbirth, or gave birth to twins, or had abortion.
- (c) **Address** refers to the place of residence of a woman who gave birth to a live infant, or had a stillbirth, or gave birth to twins, or had abortion.
- (d) **Delivery**
  - (1) **(day/month/year)** refers to the data of childbirth in the year for which the racket is kept. (Births that occurred before the reporting period need not be included.)
  - (2) **Sex** refers to the sex of the baby who was born.
- (e) **Age of the mother** refers to the completed age of the woman who gave birth to a live infant, or had a stillbirth, or gave birth to twins, or had abortion. It should be taken as completed year.
- (f) **Live births** refer to babies that were born after 22 weeks of pregnancy and shows breathing, heartbeat, movement, and pulse in the placenta immediately after birth. The number of live births refers to the number of babies born live to mothers in column 2 on the date in column 4. Usually, the number of live births is one, and for the case of twins, 2. The number of live births in the particular household that took place before the reporting period need not be included.

- (g) **Stillbirths** refer to babies that were born after 22 weeks of pregnancy and show no signs of life. The number of stillbirths means the number of stillbirths to mothers in column 2 on the date in column 4. The number of stillbirths before the reporting period need not be included.
- \*\*Note:** a woman having twins may give birth to a live baby and a stillborn baby. In such cases, the number of live births will be 1, and the number of stillbirths will also be 1.
- (h) **Number of abortions** refers to the number of women who had the foetus outside the womb before 22 weeks of pregnancy without any signs of life.
- (i) **Number of infants weighing less than 2.5 kilograms at birth** refers to the number of newborn infants weighing less than 5½ pounds or 2.5 kilograms among live births and stillbirths after 22 weeks of pregnancy.
- (j) **Birth place and birth attendance (hospital, midwives, auxiliary midwives, traditional birth attendants, others)** refers to birth attendance at the hospital (by doctors and nurses), by midwives, auxiliary midwives, lady health visitors, trained traditional birth attendants and others: delivery by the mother herself, or lack of birth attendance. Hospital births should be clarified into births at public hospitals and private hospitals/clinics and delivery rooms.

### **Death Register (Births and Deaths Register 2)**

**Centre or Sub-Centre** refers to the name of the main centre or the sub-centre where the basic health staff is working.

**Township** refers to the name of the area where the basic health staff is assigned or the name of the township in which the assigned area is located.

**Year** refers to the year for which the data was collected from January to December.

**Number of households in the village/ward** refers to the number of households in the area to which the basic health staff is assigned.

**Population of village/ward** refers to the number of people living in the area to which the basic health staff is assigned.

**Household** refers to a group of persons sharing the same house and food preparation arrangements. It includes housemaids, distant relatives, and those who are not relatives. There may be more than one household living in a house.

(a) **Head of the household in which there has been a death** refers to the name of the household head in whose household there has been a death.

**(b) Death**

(1) The deceased

(aa) **Name** refers to the name of the deceased persons in any age group including maternal death.

(bb) **Date of death** refers to the date in the reporting year on which the deceased persons died. (The date of death of the deceased persons who died before the reporting period need not be included.)

(cc) **Sex** refers to whether the deceased person was male or female.

(2) **Address** refers to the place/location where the deceased person lived.

(3) **Whether the deceased person was a mother** refers to the number of mothers who died during pregnancy, during childbirth, or during the period immediately following childbirth (within 42 days after childbirth). (Deaths due to injuries, murders and suicides are not included.) If the deceased person was a mother, make a tick (✓) and if not, make a cross (x).

(4) **Age when death occurred (+)** refers to the completed age of those who died during the year for which data was collected. Age should be recorded as completed

year. Deaths that occurred before the reporting period need not be included.

**Note:** For children under one year old, the age when they died should be entered in days or months. For example, for the death of a 3-day-old child, enter 3 days. For the death of a 10-month-old child, enter 10 months.

- (5) **Cause of death (probable)** refers to the reasons the deceased persons died. The cause of death may be obtained from the death certificate signed by the doctor, if it is mentioned there. A health staff may also fill in the accurate or probable cause of death where there is no access to a doctor. If there is no one to identify the probable cause of death, enter Not Known for Disease in the Death Certificate. For example, the death of a pregnant woman needs to be entered in the section on the Death of Pregnant Women and the Cause of Death (probable) filled in, such as complications related to pregnancy, hepatitis, heart disease, etc.

#### 4. **Population and Yearly Record**

Basic health staffs collect data for the population record from all the assigned areas every year in December. For example data collection for the population record of 2012 should be completed by December of that year. The population record itself is for use by the data collectors and need not be sent to the central level.

Remark: However, the central level may request the population record when necessary and it will be examined during supervision visits.

**Region/State** refers to the name of the Region/State where the Basic health staff who are collecting data are assigned.

**Township** refers to the name of the township where the Basic health staff who are collecting data are assigned.

**Village/Ward/Sub-Rural Health Centre** means the name of the village/ward/ sub-rural health centre where the Basic health staffs who are collecting data are assigned.

**Name of data collector** refers to the name of the basic health staff who collects data in the assigned area.

**Date of data collection** refers to the date on which data collection for the population record started. Supposing the data collection started on 1 December 2012, 1/12/12 should be entered.

**Completion date** refers to the date on which data collection for the population record was completed. Supposing the data collection for the entire assigned area was completed on 15 December 2012, 15/12/12 should be entered.

(a) **Serial number** refers to that of each house from which data was collected for the population record by the basic health staff member in the assigned area.

(b) **Head of the household's name** refers to the names of the persons heading the households in the assigned area of the Basic health staff from which data for the population record was collected.

The number of household member should be recorded accurately in the record book, by means of age groups and sex.

(c) **Population (male/female)** refers to the number of persons in the households in the assigned areas of the midwives working at any health centre, Rural Health Centres and Sub-Rural Health Centres, divided into age groups and sex.

**Under-1** refers to children from birth to 11 months and 29 days old or under one year old on the date of data collection for the population record.

**1-2 (from 1-year-old to under-3)** refers to children from 1-year-old to 2 years 11 months and 29 days old or under 3 years old on the date of data collection for the population record.

**3-4 (from 3-year-old to under-5)** refers to children from 3 years old to 4 years 11 months and 29 days old or under 5 years old on the date of data collection for the population record.

**5-9 (from 5-year-old to under-10)** refers to children from 5 years old to 9 years 11 months and 29 days old or under 10 years old on the date of data collection for the population record.

**10-14 (from 10-year-old to under-15)** refers to children from 10 years old to 14 years 11 months and 29 days old or under 15 years old on the date of data collection for the population record.

**15-19 (from 15-year-old to under-20)** refers to persons from 15 years old to 19 years 11 months and 29 days old or under 20 years old on the date of data collection for the population record.

**20-24 (from 20-year-old to under-25)** refers to persons from 20 years old to 24 years 11 months and 29 days old or under 25 years old on the date of data collection for the population record.

**25-29 (from 25-year-old to under-30)** refers to persons from 25 years old to 29 years 11 months and 29 days old or under 30 years old on the date of data collection for the population record.

**30-34 (from 30-year-old to under-35)** refers to persons from 30 years old to 34 years 11 months and 29 days old or under 35 years old on the date of data collection for the population record.

**35-39 (from 35-year-old to under-40)** refers to persons from 35 years old to 39 years 11 months and 29 days old or under 40 years old on the date of data collection for the population record.

**40-44 (from 40-year-old to under-45)** refers to persons from 40 years old to 44 years 11 months and 29 days old or under 45 years old on the date of data collection for the population record.

**45-49 (from 45-year-old to under-50)** refers to persons from 45 years old to 49 years 11 months and 29 days old or under 50 years old on the date of data collection for the population record.

**50-54 (from 50-year-old to under-55)** refers to persons from 50 years old to 54 years 11 months and 29 days old or under 55 years old on the date of data collection for the population record.

**55-59 (from 55-year-old to under-60)** refers to persons from 55 years old to 59 years 11 months and 29 days old or under 60 years old on the date of data collection for the population record.

**60-64 (from 60-year-old to under-65)** refers to persons from 60 years old to 64 years 11 months and 29 days old or under 65 years old on the date of data collection for the population record.

**65-69 (from 65-year-old to under-70)** refers to persons from 65 years old to 69 years 11 months and 29 days old or under 70 years old on the date of data collection for the population record.

**70-74 (from 70-year-old to under-75)** refers to persons from 70 years old to 74 years 11 months and 29 days old or under 75 years old on the date of data collection for the population record.

**75-79 (from 75-year-old to under-80)** refers to persons from 75 years old to 79 years 11 months and 29 days old or under 80 years old on the date of data collection for the population record.

**80+ (80 years and above)** refers to persons 80 years old or above on the date of data collection for the population record.

**\*\*Note:** On the day of data collection for the population record, Births and Deaths 1 and Births and Deaths 2 containing the data on all the births and deaths in the assigned areas within the year should be kept in hand, so that additions and

updates can be made for more accurate data. Then the above-mentioned number of deaths divided into age groups and sex from Births and Deaths 2 should be entered into Annual report Form 3.

**(d) Reproductive health**

- (1) **Number of couples with the wife's age between 15 and 49 years** refers to the number of couples with the age of the wife between 15 and 49 at the house where data is collected.
- (2) **Number of couples practicing birth spacing at present** refers to the number of couples with the age of the wife between 15 and 49 that are currently practicing birth spacing.
- (3) **Number of couples not practicing birth spacing at present** refers to the number of couples with the age of the wife between 15 and 49 that are currently not practicing birth spacing.

**(e) Number of smokers** refers to the number of persons aged 15 years and above at the time of population data collection who smoked cigarettes, cheroots, cigars, Thanut-phet and Corn-leaf cigars, etc. at least once within the past month. Make a record of the number of persons matching the above points at the house where data is collected.

**(f) Number of infants from birth to 6 months old who do not respond to loud noises** refers to the number of infants that do not show any responses such as blinking, turning of eye ball to stimulus side or moving arms and legs when a loud noise is played 6 inches away from the ear in a silent environment. (The test should be conducted at least 3 times at one month intervals for 3 months.)

**(g) Number of persons who experience ear discharges from both ears for 3 months or longer** refers to those who experience ear discharges from both ears daily or frequently within 3 months or longer duration. Make a record of the number of persons matching the above points at the house where data is collected.

- (h) **Number of those with hearing impairment in both ears without any ear discharges** means those with hearing impairment who cannot repeat every word spoken loudly 3 feet away from the ear from the side in a silent environment or those who don't hear the click of a ball pen from 3 feet away. (Include all age groups in the data collection.)
- (i) **Number of those who lost eyesight** refers to the number of those who lost eyesight in the reporting period who cannot count the number of raised fingers comfortably with better eye from 10 feet away. Make a record of the number of persons matching the above points at the house where data is collected.  
Data for (f) to (i) is already included in the Quarterly Report. But door-to-door data collection may reveal others not covered or missed previously. By including them in the Quarterly Report due in December, accurate data on the population can be obtained and facilitate prevention and treatment activities.
- (j) **Number of latrines** refers to how many latrines there are at the house where data is collected. For houses without latrines, make a tick (√) in the "No" column. For houses with latrines, distinguish between fly-proof and non-fly-proof latrines.
- (k) **Access to drinking water all year-round** refers to whether the house for which data is collected has access to sufficient water for drinking and for use all year round including in the summer. (If water for drinking and for use has to be carried from another village, access to water is considered to be insufficient.) Distinguish whether the water that is available is improved water or not. Make a tick (√) for improved water.
- (l) **Number of water sources** refers to sources of water for drinking and use that is available to the family in the assigned area. Distinguish whether the main water source provides water used by the family that is improved or not. Make a tick (√) for improved source.  
For 'Number' column, mentioned the number of water source in the compound.

For water sources not located within the compound, the number need not be entered but the location and the number of water sources should be mentioned in the Remarks.

- (1) **Tube Wells that are improved** refers to tube wells that tap into the underground aquifers and equipped with hand pumps or water pumps for pumping up water. They also feature brick walls, a raised platform, and drainage ditch and a pit for pumping water. There should also be secured cover for the top of the well.
- (2) **Water supply pipe system that is improved**  
Water supply to the house refers to a system of supplying clean water from a source to houses through pipes so that water is available when a tap is opened.  
Water supply through a common water tap refers to a system of supplying clean water from a source through pipes to common water taps that are built at the rate of one every 5 or 10 houses.
- (3) **Concrete or brick wells or shallow wells that are improved** refers to wells properly constructed with concrete cylinders or with brick and cement, featuring rims, a raised platform, surrounding walls (at least 10 feet deep with a cement surface), a water bucket for public use and a drainage ditch (at least 10 feet long).
- (4) **Rainwater storage tank that is improved** refers to water storage arrangements such as glazed earthenware pot, a rectangular brick water tank, a cylindrical reinforced concrete tank, etc. It should be a rainwater storage tank that collects rainwater using a clean surface and eaves or water pipes. It should be improved with a proper lid or cover and a tap providing access to water.
- (5) **Pond that is improved** refers to a rectangular earth pond that collects rainwater, with the sides high enough to prevent the inflow of water from the outside, fences that prevents the entry of animals such as cattle, properly placed windbreaker trees,

arrangements to prevent contamination from human waste and ensure safety for health, a system to access the water without people physically getting into the pond itself, and other protective measures for sanitation.

- (6) **Spring that is improved** refers to a spring of water usually in mountainous areas where underground water flows out of the ground naturally. There should be a spring box that gives proper protection to the spring eye against the entry of dirt and contamination. There should also be a drainage ditch around the spring eye and a distance of about 10 feet, and the water should be accessible either directly or through pipes.
- (7) Other water sources that are improved refers to any water source that is improved but not mentioned above.

(m) **Remarks:** Mention the number and location of water sources that are located not in residential compounds but in public places.

**Other:** When a water source is entered under other, it should be specified what kind of water source it is.

Supposing water usage data is being collected for Ward A.

No. 1: Supposing there are 1 male and 4 females, altogether 5 persons in the house of the household head U Kauk, and they make use of water from the tube well in their own compound, enter 1 for No. in the tube well column for that house, and make a tick (✓) for Safe for Health.

No. 2: Supposing there are 3 males and 3 females, altogether 6 persons in the house of the household head U Kyaw Lu, and they make use of water from Gyo Phyu Pipeline supplied to their compound, do not make any entry for No. under the water supply pipeline, but enter Access water from the Gyo Phyu Pipeline under Remarks and make a tick (✓) for Safe for Health.

No. 1: Supposing there are 1 male and 2 females, altogether 3 persons in the house of the household head U Bala, and they make use of water from the public water pond, do not make any entry for No. under Pond, but enter Public Water Pond under Remarks. Check

whether the pond is improved using defined criteria and make a tick (√) for Unimproved if it is found to be unsanitary.

Sr. No.	Total population		Tube well			Water supply pipeline system			Water pond			Remarks
	M	F	Number	Safe for health	Unsafe for health	Number	Safe for health	Unsafe for health	Number	Safe for health	Unsafe for health	
1	1	4	1	√								
2	3	3					√					Gyo Phyu Pipeline 1
3	1	1									√	Public water pond 1

The water record for this ward will consist of 1 tube well, 1 Gyo Phyu Pipeline system, and 1 public water pond. Then, enter 1 for Improved under No. 6.20.B.1 Tube Well column of the No. of Main Water Sources in Individual Annual Report Form 3A. Also enter 1 for Improved under No. 6.20.B.2 Water supply pipeline system column. Then enter 1 for Unimproved under No. 6.20.B.5 Water Pond Column. In the above-mentioned ward where data has been collected, households that make use of water from the tube well and the water supply pipeline system have access to water that is safe for health, and the number of persons with such access to water is 11. So 11 should be entered for No. 6.20.C number of persons with access to water that is safe for health.

**Evaluation Report of Health Activities**  
**Individual Monthly Report**  
**Compile from clinic register and field record**

Health Centre ----- Township ----- Region/State -----

Report Month ----- Year ----- Date of compilation -----

Sr.No	Types of Activities	Number
<b>1</b>	<b>Primary health care and referral of patients to higher levels</b>	
1	Total number of (new) patients at the clinic	
2	Total visits of patients at the clinic (new and old)	
3	Total number of field visits (villages and wards)	
4	Total number of attendances during field visits (new and old)	
5	Total number of referral cases (clinic + field visit)	
	<b>Activities of community health workers</b>	
6	Total number of joint activities with BHS (frequencies)	
7	Total number of activities carried out by Community Health Workers	
<b>2</b>	<b>Family health care project</b>	
1	Total number of (new) pregnancies registered during the month	
2	Number of (newly) registered pregnant women coming for a checkup at around 12 weeks of pregnancy	
3	Number of (newly) registered pregnant women whose pregnancies were within 24 months of the previous childbirth	
4	Total number of visits for antenatal care (new and old)	
5	Total number of home deliveries by BHS	
6	Total number of deliveries by BHS at hospitals and delivery rooms	
7	Total number of mothers who received antenatal care 4 times or more (delivered by BHS and others)	
8	Total number of mothers who received first visit on postnatal care (delivered by BHS and others)	
9	Total number of visits for postnatal care (delivered by BHS and others)	
10	Total number of mothers referred to the higher levels (during pregnancy, delivery and postnatal period)	
	<b>Activities of auxiliary midwives</b>	
11	Number of home deliveries by AMW	
12	Number of referrals to higher levels (during pregnancy, delivery and postnatal period)	
	<b>Activities of Trained traditional birth attendants</b>	
13	Number of home deliveries by TTBA	
14	Number of referrals to higher levels (during delivery )	

Sr.No	Types of Activities	Number	
		Male	Female
<b>3</b>	<b>Nutrition promotion program</b>		
1	Number of newborns weighed		
2	Number of newborns with low birth weight		
3	Number of infants with beriberi		
4	Number of pregnant women receiving de-worming drugs		
5	Number of post-natal mothers who received iron supplements 3 times or below during pregnancy		
6	Number of post-natal mothers who received iron supplements 4 times or more during pregnancy		
7	Number of pregnant mothers who received B1 supplements		
8	Number of post-natal mothers who received B1 supplements		
9	Number of breastfeeding mothers who received B1 supplements		
10	Number of post-natal mothers who received vitamin A supplements		
<b>4</b>	<b>Child health development project</b>		
1	Total number of under 5 children who received treatment from health staff (at clinics/ health facilities and during field visits)		
2	Total number of under 5 children with diarrhea		
3	Total number of under 5 children with severe dehydration		
4	Total number of under 5 children receiving ORT		
5	Total number of under 5 children receiving treatment for cough and cold		
6	Total number of under 5 children receiving treatment for cough and fast or difficult breathing		
7	Total number of under 5 children receiving treatment for severe pneumonia		
8	Total number of under 5 children receiving antibiotics treatment for pneumonia		
9	Total number of under 5 children who are referred to higher level		
10	Total number of newborn receiving breastfeeding within one hour of birth		
11	Total number of newborn receiving newborn care within 3 days after birth		
<b>5</b>	<b>Expanded Program on Immunization</b>		
1	BCG (TB) (under-1)		
2	Diphtheria, whooping cough, tetanus (under-1) (1st)		
	Diphtheria, whooping cough, tetanus (under-1) (2nd)		
	Diphtheria, whooping cough, tetanus (under-1) (3rd)		
3	Poliomyelitis (under-1) (1st)		
	Poliomyelitis (under-1) (2nd)		
	Poliomyelitis (under-1) (3rd)		
4	Hepatitis B (under-1) (1st)		
	Hepatitis B (under-1) (2nd)		
	Hepatitis B (under-1) (3rd)		
5	Measles - 1		
	Measles - 2		
6	Tetanus (pregnant woman) (1st)		
	Tetanus (pregnant woman) (2nd)		

6	Diseases Under National Surveillance	Age Group												Male		Female		Total	
		< 1		1-4		5-14		15-44		45-59		60 +							
		Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death
1	<b>Diarrhoea</b>																		
(1-1)	Diarrhoea (mild)																		
(1-2)	Diarrhoea (severe)																		
2	Dysentery																		
3	Food poisoning																		
4	Typhoid fever																		
5	Measles																		
6	Diphtheria																		
7	Whooping Cough																		
8	Neonatal Tetanus																		
9	Tetanus																		
10	Meningitis																		
11	Acute Respiratory Infection (ARI) (Pneumonia)																		
12	Hepatitis																		
13	Rabies (excluding rabid dog bites)																		
14	Malaria																		
15	Snake bites (Poisonous)																		
16	<b>Tuberculosis (TB)</b>																		
(16-1)	Smear positive TB (new)																		
(16-2)	Number of retreated TB																		
(16-3)	Smear negative TB (new)																		
(16-4)	Number of extra-pulmonary TB patients (new)																		
17	Anthrax																		

Sr.No	Types of Activities	Number	
<b>7</b>	<b>National Malaria Control Programme(NMCP)</b>		
1	Number of Malaria checkups		
2	Number of malaria positive new patients (out-patients)		
3	Number of malaria patients referred to higher levels		
4	Number of malaria in-patients		
5	Number of cerebral malaria patients		
6	Number of other severe malaria patients		
7	Number of In-patients who died of malaria		
<b>8</b>	<b>Cardiovascular disease control project</b>		
1	Number of patients with hypertension (new)		
<b>9</b>	<b>Injury Prevention Project</b>	Case	Death
1	Number of injuries and deaths in traffic accidents		
2	Number of injuries and deaths while working on the farms		
3	Number of poisoning victims and deaths		
4	Number of people who falls and deaths		
5	Number of people who suffered burns and deaths		
6	Number of people who drowned and deaths		
7	Number of attempted suicides and deaths		
8	Number of Injuries in fights and deaths		
<b>10</b>	<b>Vital Statistics</b>		
1	Number of live births		
2	Number of stillbirths		
3	Number of live births by mothers aged 15-19 years old		
4	Number of live births occurred at private hospitals, clinics, and delivery rooms		
5	Number of stillbirths occurred at private hospitals, clinics, and delivery rooms		
6	Number of live births delivered by skilled birth attendants		
7	Number of stillbirths delivered by skilled birth attendants		
8	Number of abortions		
9	Total number of deaths		
10	Number of maternal death		
11	Number of early neonatal death		
12	Number of late neonatal death		
13	Number of infant death (28 days – under 1 year)		
14	Number child death (1year-under 5 years)		

Signature of the person compiling the monthly consolidation data

Name .....

Position .....

**Evaluation Report of Health Activities  
Health Center Monthly Report**

**Data to be Obtained from Individual Monthly Reports for the Rural Health Centres, and from Hospital, UHC, Maternal and Child Health,  
School Health, Disease Control and Rural Health Centre Monthly Consolidation Reports for District/Township**

Health Centre -----

Township -----

Region/State -----

Report Month -----

Year -----

Date of compilation-----

Sr. No	Types of Activities	Name of Health Centres							Total
<b>1</b>	<b>Primary Healthcare and Referral of Patients to higher levels</b>								
1	Total number of (new) patients at the clinic								
2	Total visits of patients at the clinic (new and old)								
3	Total number of field visits (villages and wards)								
4	Total number of attendances during field visits (new and old)								
5	Total number of referral cases (clinic + field visit)								
	<b>Activities of community health workers</b>								
6	Total number of joint activities with BHS (frequencies)								
7	Total number of activities carried out by Community Health Workers								
<b>2</b>	<b>Family health case project</b>								
1	Total number of (new) pregnancies registered during the month								
2	Number of (newly) registered pregnant women coming for a checkup at around 12 weeks of pregnancy								
3	Number of (newly) registered pregnant women whose pregnancies were within 24 months of the previous childbirth								
4	Total number of visits for antenatal care (new and old)								
5	Total number of home deliveries by BHS								
6	Total number of deliveries by BHS at hospitals and delivery rooms								

Sr. No	Types of Activities	Name of Health Centres																Total	
7	Total number of mothers who received antenatal care 4 times or more (delivered by BHS and others)																		
8	Total number of mothers who received first visit on postnatal care (delivered by BHS and others)																		
9	Total number of visits for postnatal care (delivered by BHS and others)																		
10	Total number of mothers referred to the higher levels (during pregnancy, delivery and postnatal period)																		
<b>Activities of auxiliary midwives</b>																			
11	Number of home deliveries by AMW																		
12	Number of referrals to higher levels (during pregnancy, delivery and postnatal period)																		
<b>Activities of Trained traditional birth attendants</b>																			
13	Number of home deliveries by TTBA																		
14	Number of referrals to higher levels (during pregnancy, delivery and postnatal period)																		
<b>3</b>	<b>Nutrition promotion program</b>	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	Number of newborns weighed																		
2	Number of newborns with low birth weight																		
3	Number of infants with beriberi																		
4	Number of pregnant women receiving deworming drugs																		
5	Number of post-natal mothers who received iron supplements 3 times or below during pregnancy																		
6	Number of post-natal mothers who received iron supplements 4 times or more during pregnancy																		
7	Number of pregnant mothers who received B1 supplements																		
8	Number of post-natal mothers who received B1 supplements																		
9	Number of breastfeeding mothers who received B1 supplements																		
10	Number of post-natal mothers who received vitamin A supplements																		
<b>4 Child health development project</b>																			
1	Total number of under 5 children who received treatment from health staff (at clinics/ health facilities and during field visits)																		

Sr. No	Types of Activities	Name of Health Centres							Total
2	Total number of under 5 children with diarrhea								
3	Total number of under 5 children with severe dehydration								
4	Total number of under 5 children receiving ORT								
5	Total number of under 5 children receiving treatment for cough and cold								
6	Total number of under 5 children with (Total numbers of under 4 children receiving treatment for) cough and fast or difficult breathing who received treatment								
7	Total number of under 5 children with (Total numbers of under 4 children receiving treatment for) severe pneumonia who received treatment								
8	Total number of under 5 children receiving antibiotics treatment for pneumonia								
9	Total number of under 5 children who are referred to higher level								
10	Total number of newborn receiving breastfeeding within one hour of delivery								
11	Total number of newborn receiving newborn care within 3 days after birth								
<b>5</b>	<b>Expanded Program on Immunization</b>								
1	BCG (TB) (under-1)								
2	Diphtheria, whooping cough, tetanus (under-1) (1st)								
	Diphtheria, whooping cough, tetanus (under-1) (2nd)								
	Diphtheria, whooping cough, tetanus (under-1) (3rd)								
3	Poliomyelitis (under-1) (1st)								
	Poliomyelitis (under-1) (2nd)								
	Poliomyelitis (under-1) (3rd)								
4	Hepatitis B (under-1) (1st)								
	Hepatitis B (under-1) (2nd)								
	Hepatitis B (under-1) (3rd)								
5	Measles - 1								
	Measles - 2								
6	Tetanus (pregnant woman) (1st)								
	Tetanus (pregnant woman) (2nd)								

6	Diseases Under National Surveillance	Age Group												Male		Female		Total	
		< 1		1-4		5-14		15-44		45-59		60 +		Case	Death	Case	Death	Case	Death
		Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death						
1	<b>Diarrhoea</b>																		
(1-1)	Diarrhoea (mild)																		
(1-2)	Diarrhoea (severe)																		
2	Dysentery																		
3	Food poisoning																		
4	Typhoid fever																		
5	Measles																		
6	Diphtheria																		
7	Whooping Cough																		
8	Neonatal Tetanus																		
9	Tetanus																		
10	Meningitis																		
11	Acute Respiratory Infection (ARI) (Pneumonia)																		
12	Hepatitis																		
13	Rabies (excluding rabid dog bites)																		
14	Malaria																		
15	Snake bites (Poisonous)																		
16	<b>Tuberculosis (TB)</b>																		
(16-1)	Smear positive TB (new)																		
(16-2)	Number of recurrent TB																		
(16-3)	Smear negative TB (new)																		
(16-4)	Number of extra-pulmonary TB patients (new)																		
17	Anthrax																		

Sr. No	Types of Activities	Name of Health Centres																Total	
<b>7</b>	<b>National Malaria Control Program</b>																		
1	Number of patients receiving malaria blood test																		
2	Number of malaria positive new patients (outpatient)																		
3	Number of malaria patients referred to higher levels																		
4	Number of malaria inpatients																		
5	Number of patients with cerebral malaria																		
6	Number of patients with other severe malaria																		
7	Number of In-patients who died of malaria																		
<b>8</b>	<b>Cardiovascular disease control project</b>																		
1	Number of patients with hypertension (new)																		
<b>9</b>	<b>Injury Prevention Project</b>	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death
1	Number of injuries and deaths in traffic accidents																		
2	Number of injuries and deaths while working on the farms																		
3	Number of poisoning victims and deaths																		
4	Number of people who fell and deaths																		
5	Number of people who suffered burns and deaths																		
6	Number of people who drowned and deaths																		
7	Number of attempted suicides and deaths																		
8	Number of Injuries in fights and deaths																		

Sr. No	Types of Activities	Name of Health Centres							Total
10	<b>Vital Statistics</b>								
1	Number of live births								
2	Number of stillbirths								
3	Number of live births by mothers aged 15-19 years old								
4	Number of live births occurred at private hospitals, clinics, and delivery rooms								
5	Number of stillbirths occurred at private hospitals, clinics, and delivery rooms								
6	Number of live births delivered by skilled persons								
7	Number of stillbirths delivered by skilled persons								
8	Number of abortions								
9	Number of total deaths								
10	Number of maternal death								
11	Number of early neonatal death								
12	Number of late neonatal death								
13	Number of infant death (28 days – under 1 year)								
14	Number child death (1 year-under 5 years)								

Signature of the person compiling the monthly consolidation data

Name .....

Position .....

Signature of the Person in Charge

Name .....

Position .....

**Evaluation Report of Health Activities  
Individual Quarterly Report  
Compile from clinic register, field record and relevant registers**

Health Centre ----- Township ----- Region/State -----

Report Month ----- Year ----- Date of compilation -----

Sr. No	Types of Activities	1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month	Number	
					M	F
<b>3</b>	<b>Nutrition promotion program</b>					
11	Number of under-5 children weighed					
12	Number of under-5 children in yellow zone					
13	Number of under-5 children in red zone					
14	Number of under-nourished children receiving growth monitoring and promotion					
15	Number of villages/wards with qualified consumption of adequately iodized salt					
16	Number of villages/wards with unqualified consumption of adequately iodized salt					
<b>11</b>	<b>School Health Care Project</b>					
1	Number of schools examined for school health care					
2	Number of schools with a full standard ratio (50:1) of sanitary latrines					
3	Number of schools with access to clean water					
4	Number of schools with nutrition promotion activities					
5	Number of primary students receiving school medical examinations					
6	Number of schools with health promoting school activities					
<b>12</b>	<b>Environmental Sanitation Project</b>					
1	Number of new fly-proof latrines that have been built					
2	Number of damaged fly-proof latrines					
3	Number of fly-proof latrines that have been repaired					
4	Total number of fly-proof latrines (new and old)					
<b>13</b>	<b>Project for the prevention of hearing impairment</b>					
1	Number of infants from birth to 6 months old who do not respond to loud noises					
2	Number of persons who experience ear discharges from both ears for 3 months or longer					
3	Number of those with hearing impairment in both ears without any ear discharges					
<b>14</b>	<b>Mental Health Project</b>					
1	Number of persons suffering from psychosis					
2	Number of persons suffering from depressive disorder					
3	Number of persons suffering from generalized anxiety disorder					
4	Number of persons suffering from alcohol dependence					
5	Number of persons suffering from Major epilepsy					
6	Number of persons suffering from mental retardation					

Sr. No	Types of Activities				Number
		1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month	
<b>16</b>	<b>Leprosy Control Project</b>				
1	Number of new patients identified	PB			
		MB			
2	Number of new patients under 15 years	PB			
		MB			
3	Number of new female patients	PB			
		MB			
4	Number of new patients with disability grade 2	PB			
		MB			
5	Number of those who released from treatment after completing the standard therapy (RFT case)	PB			
		MB			
6	Number of defaulters	PB			
		MB			
7	Number of registered patients at the end of the month	PB			
		MB			
<b>17</b>	<b>STIs/AIDS Control/ Prevention Project</b>				
1	Number of Primigravidas who undergo for syphilis test (VDRL test)				
2	Number of Primigravidas who are positive for syphilis test (VDRL test positive)				
3	Total number of those who come for treatment of genital ulcers (males/females)				
4	Total number of males who come for treatment of genital discharge				
5	Number of registered positive patients (new)				
<b>18</b>	<b>Trachoma Control and Prevention of blindness program</b>				
1	Number of new patients suffering from eye diseases				
2	Number of (new) patients under 10 years suffering from infectious trachoma				
3	Number of those who lost eyesight (new) (who cannot count fingers comfortably from 10 feet away)				
4	Number of newborn infants with ophthalmia neonatorum (new)				
<b>19</b>	<b>Zoonosis Diseases Prevention Project</b>				
1	Number of dog bite patients				
2	Number of rabid dog bite patients				
3	Number of persons received for rabies vaccines				
4	Number of leptospirosis patients				
<b>20</b>	<b>Health Education Project</b>				
					Fre quency
1	Advocacy Meeting				Num ber
2	Exhibitions and Contests				
3	Public Talks				
4	Production/Distribution of Education Aids				

Signature of person who prepared the quarterly report:

Name -----

Position -----

Evaluation Report of Health Activities

Health Centre Quarterly Report

Data to be Obtained from Individual Quarterly Reports for the Rural Health Centres, and from Hospital, UHC, Maternal and Child Health, School Health, Disease Control and Rural Health Centre Quarterly Reports for District/Township

Health Centre -----

Township -----

Region/State -----

Report Month -----

Year -----

Date of compilation -----

Sr. No	Types of Activities	Name of Health Centres																								Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
<b>3</b>	<b>Nutrition promotion program</b>																										
11	Number of under-5 children weighed																										
12	Number of under-5 children in yellow zone																										
13	Number of under-5 children in red zone																										
14	Number of under-nourished children receiving growth monitoring and promotion																										
15	Number of villages/wards with qualified consumption of adequately iodized salt																										
16	Number of villages/wards with unqualified consumption of adequately iodized salt																										
<b>11</b>	<b>School Health Care Project</b>																										
1	Number of schools examined for school health care																										
2	Number of schools with a full standard ratio (50:1) of sanitary latrines																										
3	Number of schools with access to clean water																										
4	Number of schools with nutrition promotion activities																										
5	Number of primary school children receiving school medical examinations																										
6	Number of schools with health promoting school activities																										
<b>12</b>	<b>Environmental Sanitation Project</b>																										
1	Number of new fly-proof latrines that have been built																										
2	Number of damaged fly-proof latrines																										
3	Number of fly-proof latrines that have been repaired																										
4	Total number of fly-proof latrines (new and old)																										

Sr. No	Types of Activities	Name of Health Centres											Total	
<b>13</b>	<b>Project for the prevention of hearing impairment</b>													
1	Number of infants from birth to 6 months old who do not respond to loud noises													
2	Number of persons suffering from chronic ear discharges for 3 months or longer													
3	Number of those with hearing impairment in both ears without any ear discharges													
<b>14</b>	<b>Mental Health Project</b>													
1	Number of persons suffering from psychosis													
2	Number of persons suffering from depressive disorder													
3	Number of persons suffering from generalized anxiety disorders													
4	Number of persons suffering from alcohol dependence													
5	Number of persons suffering from chronic seizures (epilepsy)													
6	Number of persons suffering from mental retardation													
<b>15</b>	<b>National TB Control Project</b>													
1	Number of new sputum smear-positive pulmonary TB patients													
2	Total number of all forms of TB patients (new and old)													
<b>16</b>	<b>Leprosy Control Project</b>													
1	Number of new patients identified	PB												
		MB												
2	Number of under-15 (child) patients among the new patients	PB												
		MB												
3	Number of female patients among the new patients	PB												
		MB												
4	Number of new patients with disability grade 2	PB												
		MB												
5	Number of those who released from treatment after completing the standard therapy (RFT case)	PB												
		MB												
6	Number of defaulters	PB												
		MB												
7	Number of registered patients at the end of the month	PB												
		MB												

Sr. No	Types of Activities	Name of Health Centres																Total								
<b>17</b>	<b>STI/AIDS prevention and control Project</b>																									
1	Number of Primi gravida who under go syphilis testing (VDRL Test)																									
2	Number of Primi gravida with positive syphilis test (VDRL test positive)																									
3	Number of patients with genital ulcer/s (males/females)																									
4	Total number of males who come for treatment of genital discharge																									
5	Number of registered patients (new)																									
<b>18</b>	<b>Trachoma Control and Prevention of blindness program</b>																									
1	Number of (new) eye patients																									
2	Number of (new) (under-10) patients with infectious trachoma																									
3	Number of those who lost eyesight (new) (who cannot count fingers comfortably from 10 feet away)																									
4	Number of newborn infants with acute conjunctivitis (new)																									
<b>19</b>	<b>Zoonosis Diseases Prevention Project</b>																									
1	Number of dog bite patients																									
2	Number of rabid dog bite patients																									
3	Number of persons received for rabies vaccines																									
4	Number of leptospirosis patients																									
<b>20</b>	<b>Health Education Project</b>	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	Frequency	Number	
1	Advocacy Meeting																									
2	Exhibitions and Contests																									
3	Public Talks																									
4	Production/Distribution of IEC materials																									

Signature of the person compiling the quarterly consolidation data

Name .....

Position .....

Signature of the Person in Charge

Name .....

Position .....

**Evaluation Report of Health Activities**  
**Individual Annual Report Compile from population and yearly record**

Health Centre ----- Township ----- Region/State -----

Reporting Year ----- Date of compilation -----

Sr.No	Data Items	Male		Female		Total	
		Alive	Deaths	Alive	Deaths	Alive	Deaths
1	<b>Population</b>						
	Under-1						
	1-2 (from 1-year-old to under-3)						
	3-4 (from 3-year-old to under-5)						
	5-9 (from 5-year-old to under-10)						
	10-14 (from 10-year-old to under-15)						
	15-19 (from 15-year-old to under-20)						
	20-24 (from 20-year-old to under-25)						
	25-29 (from 25-year-old to under-30)						
	30-34 (from 30-year-old to under-35)						
	35-39 (from 35-year-old to under-40)						
	40-44 (from 40-year-old to under-45)						
	45-49 (from 45-year-old to under-50)						
	50-54 (from 50-year-old to under-55)						
	55-59 (from 55-year-old to under-60)						
	60-64 (from 60-year-old to under-65)						
	65-69 (from 65-year-old to under-70)						
	70-74 (from 70-year-old to under-75)						
	75-79 (from 75-year-old to under-80)						
	80+ (80 years and above)						
	Total Population						
<b>2</b>	<b>Births and Abortions</b>						
1	Number of live births						
2	Number of stillbirths						
3	Number of live births by mothers aged 15-19 years old						
4	Number of live births at private hospitals, clinics and delivery rooms						
5	Number of stillbirths at private hospitals, clinics and delivery rooms						
6	Number of live births delivered by skilled birth attendants						
7	Number of stillbirths delivered by skilled birth attendants						
8	Number of abortions						

Sr.No	Data Items	Total
<b>3</b>	<b>Deaths</b>	
1	Total number of deaths	
2	Number of maternal death	
3	Number of early neonatal death	
4	Number of late neonatal death	
5	Number of infant death (28 days – under 1 year)	
6	Number child death (1year - under 5 years)	
<b>4</b>	<b>Reproductive Health</b>	
1	Number of couples with the wife's age between 15 and 49 years	
2	Number of couples practising birth spacing at present	
3	Number of couples not practising birth spacing at present	
<b>5</b>	<b>Number of smokers</b>	
<b>6</b>	<b>Health Infrastructure</b>	
1	Ward	
2	Village	
3	Village Tract	
4	Number of households	
5	Number of cooperative clinics	
6	Number of private clinics	
7	Rural health centre Delivery rooms	
8	Sub-rural health centre Delivery rooms	
9	Maternal and Child Welfare Association Delivery Rooms	
10	Private Delivery Rooms	
11	Number of Traditional Medicine Clinics (Government)	
12	Number of Traditional Medicine Clinics (Private)	
13	Number of Basic Education High Schools	
14	Number of Basic Education High School students	
15	Number of Basic Education Middle Schools	
16	Number of Basic Education Middle School students	
17	Number of Basic Education Primary Schools	
18	Number of Basic Education Primary School students	
19	Environmental Sanitation	
19-1	Number of households with fly-proof latrines	
19-2	Number of households with latrines that are not fly-proof	
19-3	Number of households without any latrines	
19-4	Total number of fly-proof latrines (new and old)	
19-5	Total number of people who use fly-proof latrines	

Sr.No	Data Items	Total	
20	Improved Water		
	(a) Access to drinking water		
	Sufficient access to water all year round	improved	
		not improved	
	Insufficient access to water all year round	improved	
		not improved	
	(b) Number of water sources		
	(b-1) Tube Wells	improved	
		not improved	
	(b-2) Water supply pipe system	improved	
		not improved	
	(b-3) Concrete or brick wells or shallow wells	improved	
		not improved	
	(b-4) Rainwater storage tank	improved	
		not improved	
	(b-5) Pond	improved	
		not improved	
(b-6) Spring	improved		
	not improved		
(b-7) Other	improved		
	not improved		
(c) Population with access to improved drinking water			
<b>7</b>	<b>Community Participation</b>		
1	Number of activities of the Maternal and Child Welfare Association		
2	Frequency of meetings held by the health committee		
<b>8</b>	<b>Human Resources for health</b>		
1	Cooperative/Joint Venture	(a) Doctor	
		(b) Dentist	
2	Private	(a) Doctor	
		(b) Dentist	
3	Traditional Medicine Practitioners (Government Certified)		
4	Traditional Medicine Practitioners (Government not certified)		
5	Auxiliary Midwives	Trained	
		Functioning	
6	Community Health Worker	Trained	
		Functioning	
7	Trained traditional birth attendants	Trained	
		Functioning	
8	Traditional birth attendants		
9	Community-based members		

Signature of the person who prepared the yearly record:

Name .....

Position .....

**Evaluation Report of Health Activities  
Health Center Annual Report**

Health Centre -----  
Reporting Year -----

Township -----  
Date of compilation -----

Region/State -----

Sr. No	Data Items	Name of Health Centres Submitting Reports														Total	
		L	D	L	D	L	D	L	D	L	D	L	D	L	D	L	D
1	<b>Population</b>																
	Under-1	M															
		F															
	1-2 (from 1-year-old to under-3)	M															
		F															
	3-4 (from 3-year-old to under-5)	M															
		F															
	5-9 (from 5-year-old to under-10)	M															
		F															
	10-14 (from 10-year-old to under-15)	M															
		F															
	15-19 (from 15-year-old to under-20)	M															
		F															
	20-24 (from 20-year-old to under-25)	M															
		F															
	25-29 (from 25-year-old to under-30)	M															
		F															
	30-34 (from 30-year-old to under-35)	M															
		F															
	35-39 (from 35-year-old to under-40)	M															
		F															
	40-44 (from 40-year-old to under-45)	M															
		F															
	45-49 (from 45-year-old to under-50)	M															
		F															
	50-54 (from 50-year-old to under-55)	M															
		F															
	55-59 (from 55-year-old to under-60)	M															
		F															
	60-64 (from 60-year-old to under-65)	M															
		F															
	65-69 (from 65-year-old to under-70)	M															
		F															
	70-74 (from 70-year-old to under-75)	M															
F																	
75-79 (from 75-year-old to under-80)	M																
	F																
80+ (80 years and above)	M																
	F																
Total Population	M																
	F																
	Urban (Living)																
	Rural (Living)																
	Total																

Sr. No	Data Items	Name of Health Centres Submitting Reports												Total
<b>2</b>	<b>Childbirths and Miscarriages</b>													
1	Number of live births													
2	Number of stillbirths													
3	Number of live births by mothers aged 15-19 years old													
4	Number of live births at private hospitals, clinics and delivery rooms													
5	Number of stillbirths at private hospitals, clinics and delivery rooms													
6	Number of live births delivered by skilled birth attendants													
7	Number of stillbirths delivered by skilled birth attendants													
8	Number of abortions													
<b>3</b>	<b>Deaths</b>													
1	Total number of deaths													
2	Number of maternal death													
3	Number of early neonatal death													
4	Number of late neonatal death													
5	Number of infant death (28 days – under 1 year)													
6	Number child death(1 years-under 5 years)													
<b>4</b>	<b>Reproductive Health</b>													
1	Number of couples with the wife's age between 15 and 49 years													
2	Number of couples practising birth spacing at present													
3	Number of couples not practising birth spacing at present													
<b>5</b>	<b>Number of smokers</b>													
<b>6</b>	<b>Health Infrastructure</b>													
1	Ward													
2	Village													
3	Village Tract													
4	Number of households													
5	Number of cooperative clinics													
6	Number of private clinics													
7	Rural health centre Delivery rooms													
8	Sub-rural health centre Delivery rooms													
9	Maternal and Child Welfare													
10	Private Delivery Rooms													

Sr. No	Data Items	Name of Health Centres Submitting Reports												Total
11	Number of Traditional Medicine Clinics (Government)													
12	Number of Traditional Medicine Clinics (Private)													
13	Number of Basic Education High Schools													
14	Number of Basic Education High School													
15	Number of Basic Education Middle													
16	Number of Basic Education Middle													
17	Number of Basic Education Primary													
18	Number of Basic Education Primary School students													
19	Environmental Sanitation													
19-1	Number of households with fly-proof latrines													
19-2	Number of households with latrines that are not fly-proof													
19-3	Number of households without any latrines													
19-4	Total number of fly-proof latrines (new and old)													
19-5	Total number of people who use fly-proof latrines													
20	Improved Water													
	(a) Access to drinking water													
	Sufficient access to water all year round	improved												
		not improved												
	Insufficient access to water all year round	improved												
		not improved												
	(b) Number of water sources													
	(b-1) Tube Wells	improved												
		not improved												
	(b-2) Water supply pipe system	improved												
		not improved												
	(b-3) Concrete or brick wells or shallow wells	improved												
		not improved												
	(b-4) Rainwater storage tank	improved												
		not improved												
	(b-5) Pond	improved												
		not improved												
	(b-6) Spring	improved												
		not improved												
	(b-7) Other	improved												
		not improved												
	(c) Population with access to improved drinking water													

Sr. No	Data Items	Name of Health Centres Submitting Reports											Total
7	<b>Community Participation</b>												
1	Number of activities of the Maternal and Child Welfare Association												
2	Frequency of meetings held by the health committee												
8	<b>(a) Human Resources for health</b>												
1	Cooperative/Joint Venture	(a) Doctor											
		(b) Dentist											
2	Private	(a) Doctor											
		(b) Dentist											
3	Traditional Medicine Practitioners (Government Certified)												
4	Traditional Medicine Practitioners (Government not certified)												
5	Auxiliary Midwives	Trained											
		Functioning											
6	Community Health Worker	Trained											
		Functioning											
7	Trained traditional birth attendants	Trained											
		Functioning											
8	Traditional birth attendants												
9	Community-based members												

Signature of the person who prepared the yearly record

Signature of the person in charge

Name .....

Name .....

Position .....

Position .....

**Evaluation Report of Health Activities  
Health Center Annual Report**

Health Centre ----- Township ----- Region/State -----  
Reporting Year ----- Date of compilation -----

Sr.No	Data Items	Total
6	<b>Health Infrastructure</b>	
21	Total number of hospitals (township hospitals and above)	
22	Total number of hospitals (sub-township hospitals)	
23	Total number of hospitals (station hospitals)	
24	Number of hospitals (under other ministries)	
25	Number of Maternal and Child Health Centres	
26	School Health Teams	
27	Urban Health Centres	
28	Secondary Health Centre	
29	Rural Health Centres	
30	Sub-Rural Health Centres	
31	Number of Private Hospitals	
32	Traditional Medicine Hospitals (Government)	
33	Number of Maternal and Child Welfare branch associations	
34	Number of Red Cross Branch Societies	
35	Number of Branch Medical Associations	
36	Number of Branch Nursing Associations	
37	Number of Health Assistant Branch Associations	



## Field Record

The **Finding/Activity Column of this Field Record** is intended to document all field work activities for the monthly report.

The data items for various projects can also be documented in the record during fieldwork.

Example 1: In examining a pregnant woman, points such as the height of the uterus, the presenting part, the foetal heart sound, etc., should be noted and entered in Ante-natal Care register

Example 2: After childbirth, the bodyweight of the newborn, sex, and the presence or absence of an anus, etc., should be recorded.

Example 3: Supposing 3 newly built latrines were found during field visit to 2 villages. Enter "2 new latrines in .....Village; 1 new latrine in ..... Village" in the activity column. It will help in compiling the quarterly report.

Example 4: During fieldwork to Hnaw Kone Village, it was found that Maung Thit Hsan who was 3½ months old did not respond to loud noises. In that case, enter *Maung Thit Hsan* in the Name column, *3 months* in Age, *Male* in Sex, *Hnaw Kone* in Ward/Village, *Suspected congenital hearing impairment* in Disease, and *Test for the next 2 consecutive months* in Comment. Supposing in 2 consecutive months of checking, the child did not respond to loud noises. Then, enter *Congenital hearing impairment* in Disease. This will help in preparing the quarterly report. The child can be referred for timely treatment, and *Referred to be* entered in the Comment column.

## Data Items in the Ante-natal Care Register

### (a) Facts related to the pregnant woman

1. Name of husband
2. Occupation
3. Number of pregnancies
4. Number of childbirths
5. Date of last child's birth or last abortion

### (b) Previous childbirths

1. Mode of delivery
2. Birth attendant and place of delivery
3. Condition of the newborn and bodyweight

### (c) Present pregnancy

1. Date of last menstruation
2. Estimated delivery date
3. Presence/absence of anaemia  
(level of haemoglobin in the blood)
4. Protein and sugar in urine
5. Test for VDRL and HIV
6. Immunization against tetanus

7. Presence/absence of goiter

8. Blood pressure

9. Bodyweight of mother

10. Height of mother

11. Height of uterus

12. Presenting part

13. FHS (foetal heart sound)

### (d) Birth

1. Bodyweight of newborn

2. Sex

3. Presence/absence of anus

4. Mode of delivery

### (e) Postpartum care

1. Condition of mother (e.g. breast, uterus)

2. Condition of the newborn









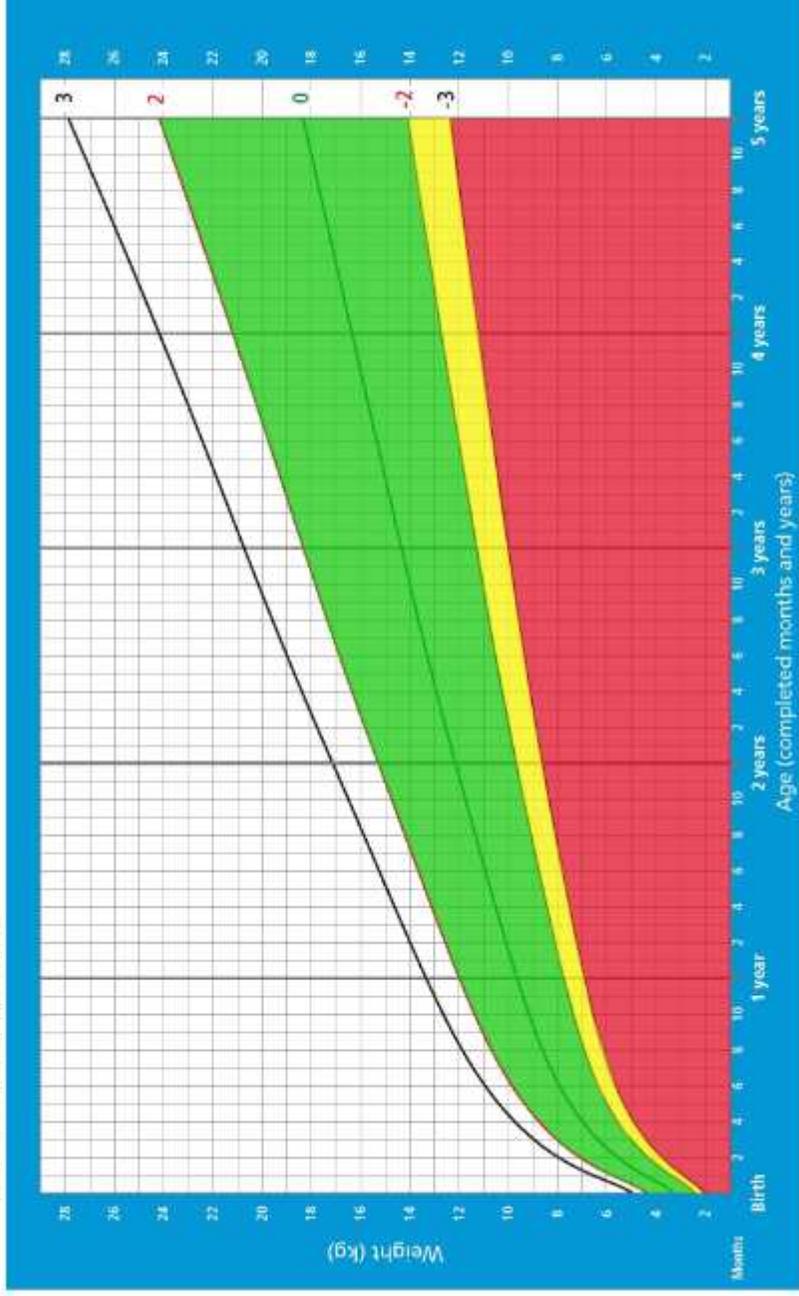






# Weight-for-age BOYS

Birth to 5 years (z-scores)



# Weight-for-age GIRLS

Birth to 5 years (z-scores)

