



CIRCULAR H <sup>136</sup> ..... of 2020

- CHIEF DIRECTORS:** METRO & RURAL HEALTH SERVICES, EMERGENCY AND CLINICAL SUPPORT SERVICES, STRATEGIC CLUSTER, HEALTH PROGRAMMES
- DIRECTOR:** METRO & RURAL HEALTH SERVICES, HEALTH IMPACT ASSESSMENT, STRATEGIC PLANNING & CO-ORDINATION
- EXECUTIVE DIRECTOR HEALTH:** CITY OF CAPE TOWN
- FACILITY HEADS:** PHC FACILITIES, CENTRAL, REGIONAL, PSYCHIATRIC, REHABILITATION, TUBERCULOSIS AND DISTRICT HOSPITALS
- IM UNITS:** DISTRICT, CENTRAL, REGIONAL, PSYCHIATRIC, REHABILITATION, TUBERCULOSIS HOSPITALS, DISTRICT, SUB-DISTRICT AND METRO SUB-STRUCTURE OFFICES, CITY HEALTH INFORMATION UNITS

**ROUTINE DATA COLLECTION TOOLS - UNCHANGED FOR FY 2020/21**

1. **Purpose:** To inform all stakeholders of the data collection tools that remain unchanged for the financial year 2020/21. This circular replaces H57 of 2019 (Unchanged Routine Data Collection Tools).
2. **Target Audience:** All stakeholders responsible for the collection, sign-off and submission of routine health care data reported on Sinjani. Please distribute accordingly.
3. **Routine Data Collection tools - Unchanged for FY 2020/21:** The National Indicators Data Set (NIDS) has been revised for 2020-2021. The forms listed below however, remain unchanged. Those forms that are **not** listed here have changed and will be communicated by separate circulars.

The following is a list of data collection forms that have **not** been affected by the revision of the NIDS:

Data Collection form:	Refers to Circular:
ART Monthly Report	H117 of 2015; H62 of 2016
TOPs and other abortions	H71 of 2017
Pharmaceutical Statistical Return	H54 of 2018
Condom Distribution	H48 of 2018


4. **Way Forward:** The above forms will be updated with a footer referencing the financial year FY2020/21 to ensure the correct version is implemented at facility level and provided to District Information Management for distribution. Tools, definition documents and further resources are available on the Provincial Sharepoint site for District Information Offices to access and disseminate as required:  
<http://sharepoint.westerncape.gov.za/depts/doh/sahs/im/km/prg/p2/Shared%20Documents/Data%20Collection%20Forms/2020-21>

5. To ensure that the collection, aggregation and reporting of elements adhere to sound data quality practices please ensure that you are familiar and conversant with the data definitions, data flow policy, facility SOP, data sign off policy and CMI.

For further enquiries, please contact **Information Management**:

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Your cooperation is relied upon.

1)  .....  
 Dr M Moodley  
**Director: Health Intelligence**  
 Date: 23 June 2020

2)  .....  
 Dr K Vallabhjee  
**Chief Director: Strategic Cluster**  
 Date: 29 June 2020

3)  .....  
 Dr S Kariem  
**DDG: Operations**  
 Date: 2 July 2020

**ART MONTHLY REPORT**  
**WESTERN CAPE GOVERNMENT: HEALTH**

<b>FACILITY:</b>			<b>SUB-DISTRICT:</b>
<b>PERIOD: (Mnth/Yr)</b>			<b>COMPLETED BY:</b>

Element	Previous Month Total	Current Month Total	Comment <small>*Please comment on Outlier/deviation</small>
Adult remaining on ART at end of the month - total			
Adult naïve started on ART during this month			
Child under 15 years remaining on ART at end of the month - total			
Child under 15 years naïve started on ART during this month			
Antenatal client START on ART			
The below elements are only applicable to facilities which have ARV chronic clubs implemented			
Adult remaining in chronic club care at the end of the month - total			
Adult enrolled in ARV chronic club this month- new			
Child under 15 years remaining in chronic club care at the end of the month - total			
Child under 15 years enrolled in ARV chronic club this month- new			

**SIGN OFF - this form must be signed off by the head of the institution and submitted according to the dataflow policy.**

<b>Name:</b>	<b>Date:</b>

<b>Signature (Completed by):</b>
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<b>Name:</b>	<b>Date:</b>

<b>Signature (Head of Institution):</b>
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**A. Prescriptions:**

	Description	Number of prescriptions (*.1)	Number of items (*.2)	Comment
1	Outpatient and discharged prescriptions dispensed ( <u>prepared and issued</u> ) to patients at same facility i.e. the facility named above. (excludes 2 and 3 below)			
2	ONE MONTH Outpatient prescriptions dispensed ( <u>prepared only</u> ) at above facility, but issued to patients at another facility / site (e.g. clinic, old age home, support group, NGO)			
3	Outpatient prescriptions <u>issued to patients only</u> (prescriptions have already been prepared for issue at another site) (includes CDU prescriptions)			
4	Inpatient prescriptions – issues done per patient and <u>not</u> ward stock (hospitals only)			
5	Number of patients (prescriptions) issued with more than one month supply of medicines (also includes CDU prescriptions)			

**B. Ward / Bulk Stock Items:**

	Description	Number of items	Comment
6	Number of ward / bulk stock items (including vacolitrés)		

**C. Pre-packs and Manufactured Items:**

	Description	Number of batches prepared	Number of items pre-packed from batches	Comment
7	Pre-packs prepared			
8	Manufactured products prepared (includes extemporaneous preps)			
9	Aseptic / sterile products prepared			
10	Cytotoxic products prepared			

**D. Financial Information:**

	Description	Number	Comment
11	Average number of items per outpatient prescriptions (Total number of outpatient items 1.2 + 2.2 + 3.2 divided by number of outpatient prescriptions 1.1 + 2.1 + 3.1)		

\*.1 - prescriptions / \*.2 - items

12	Value of expired stock written off per reporting month		
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**E. APP information:**

		CMD	ARV	BIOVAC	Comment
13	Number of deliveries from depot delivered more than 24 hours of delivery schedule (CMD: delivery schedule is 72 hours from print)				

Date

Signature

Completed by: \_\_\_\_\_

Reviewed by (facility manager): \_\_\_\_\_



MONTHLY NOTIFICATION OF TOP'S

SUB-DISTRICT:	
FACILITY:	
PERIOD (Month / Year):	
COMPLETED BY:	
NAME OF PERSON IN CHARGE OF FACILITY:	

1. AGE

	Medical TOP	Surgical TOP
TOP performed 10-19 years		
TOP performed 20 years and older		

2. GESTATION PERIOD

	Medical TOP	Surgical TOP
TOP 0 - 12 weeks (0 days)		
TOP 13 - 20 weeks (12 weeks 1 day up to 20 weeks 0 days)		

Name

Signature

Date

Data compiler: \_\_\_\_\_

Head of institution: \_\_\_\_\_