



REPUBLIC OF KENYA

MINISTRY OF HEALTH

DISTRICT MONTHLY SUMMARY FOR NUTRITION SERVICES

Province: _____

District: _____

County: _____

Instructions on how to complete the district monthly summary for adults and children for nutrition service register

This reporting tool will be filled by the District Nutritionist or other person(s) designated to aggregate and report on nutrition activities for HIV/AIDS for the health facility.

1) When to perform:

At the end of every month, that is, from the first day to the last day of every month.

2) To be filled on the cover page of the facility monthly activity summary book

Province: Indicate the province where the facility is located

County: Indicate the county where the facility is located

District: Indicate the district where the facility is located

3) To be filled on each monthly report

Province: Indicate the province where the facility is located

County: Indicate the county where the facility is located

District: Indicate the district where the facility is located

Month/Year: Indicate the calendar month and year for which the information is being reported.

4) Nutrition service statistics

Record the total number of patients/clients seen in that month as per the specific client groups and/or age groups and disaggregate them by:

Client visit

Serostatus

Nutrition Diagnosis

Anaemia

ART and Coexisting conditions

Infant feeding practices, First 6 months and for 6-12 month old children

Nutrition interventions provided

Treatment outcomes

Information on Loss to followup and mortality

The information to be filled in the above mentioned section will be obtained by aggregating the statistics recorded on the monthly summary sheet received from all facilities within the District.

5) Report prepared by:

The person(s) responsible for the preparation of this report should write his/her full name, telephone contacts, designation, signature and date of signing.

MINISTRY OF HEALTH DISTRICT MONTHLY SUMMARY FOR NUTRITION SERVICES

Province: County: District:

Reporting: MONTH YEAR

Client category	Gender	NEW		CONTINUING	
		HIV Positive	HIV Negative	HIV Positive	HIV Negative
Adult	Male				
	Female				
Pregnant/Postnatal					
>15 - 17 yrs					
0 - 59 mths	Male				
	Female				
5 - 15 yrs	Male				
	Female				
Total					

Condition	Adult		Child	
	HIV Positive	HIV Negative	HIV Positive	HIV Negative
Re - admission				
Relapse				
Linked OVC				
Total				

Client category	HIV Positive		HIV Negative		Total	
	SAM	MAM	SAM	MAM	SAM	MAM
Adult / >15 -17 yrs						
Pregnant/Postnatal						
0 - 59 months						
5 - 15 years						
Total						

Category	Severe	Moderate	Mild	Normal
Adult HIV Positive				
Adult HIV Negative				
All Children				
Total				

Up to 6 months:	HIV Positive	HIV Negative
EBF		
ERF		
MF		
Sub Total		
6 to 12 months	HIV Positive	HIV Negative
Breast feeding		
Not breast feeding		
Not known		
Began complementary feeding		
Sub Total		

Client category	NEW			CONTINUING			
	ART initiated	OI's		Other OI's	ART initiated	OI's	
		T B +	Diarrhoea			T B +	Diarrhoea
Adult/>15 - 17 yrs							
Pregnant/Postnatal							
0 - 59 months							
5 - 15 years							
Total							

Nutrition Counselling	Adult (Positive)	Pregnant (Positive)	Post -partum (Positive)	ALL Adult Negative	0 -59months (positive)	5 -15years (positive)	0 -59months (negative)	5 -15years (negative)
Infant & Young Child Feeding								
Prenatal								
Post - natal								
Critical Nutrition Practices								
Total								

Prescribed Nutritional Support	Adult (Positive)	Pregnant (Positive)	Post - natal (Positive)	ALL Adult Negative	0 -59months (positive)	5 -15years (positive)	0 -59months (negative)	5 -15years (negative)
Pre-Term Formulae								
Infant Formulae								
Therapeutic diet milk(F75/F100)								
Ready to Use Therapeutic Foods(RUTF)								
Ready to Use Supplemental Foods(RUSF)								
FBF/CSB								
Liquid Nutrition supplements								
Micronutrients								
Others								
Total								

Additional information (Obtain from client appointment book):

	AdultPLHIV/ >15-17yrs	Pregnant	Post-natal	0- 59months	5-15 years
Loss to followup (LTF)					
Reported mortality:					

Report prepared by: Name of reporting office Designation Signature Date (dd/mm/yyyy)

Treatment Outcomes	Adult (Positive)	Pregnant (Positive)	Post -natal (Positive)	ALL Adult Negative	0 -59months (Positive)	5 -15years (Positive)	0 -59months (Negative)	5 -15years (Negative)
Patients with Wasting								
Gaining Weight								
Losing Weight								
Static weight								
Cured								
Discharged								
Refused Nutrition Support								
Total								

Referrals and transfers	Adult (Positive)	Pregnant (Positive)	Post -natal (Positive)	ALL Adult Negative	0 -59months (Positive)	5 -15years (Positive)	0 -59months (Negative)	5 -15years (Negative)
Referral to in-patient/ other clinics								
Referral for livelihood support								
Transferred								
Total								