

**REPUBLIC OF KENYA – MINISTRY OF HEALTH**



**MINISTRY OF HEALTH**



**Community  
Health Services**  
*"Afya Yetu, Jukumu Letu"*

**SERVICE DELIVERY LOG BOOK  
MOH514**

<b>NAME OF CHU:</b>		<b>COUNTY:</b>	
<b>MCHUL CODE:</b>		<b>SUB COUNTY:</b>	
<b>LINK FACILITY:</b>		<b>WARD</b>	
<b>NAME OF CHV:</b>		<b>LOCATION:</b>	
<b>NUMBER OF HHs:</b>		<b>SUB LOCATION:</b>	
<b>START DATE:</b>		<b>END DATE:</b>	

## INSTRUCTIONS ABOUT THE USE OF THE TOOL

### DESCRIPTION

- ✓The Service Delivery Log Book is a **diary** that is used to collect information from the household during the period of offering a health service, health messages or defaulter traced.
- ✓The Service Delivery Log Book gives the numerator for measuring the effort of the caregiver. The period referred to is the previous completed month. month of service provision

### What type of information is collected?

- ✓The basic information collected is factual data based on what was done or identified in the community, among households and/or individual (s) served. The Service Delivery Log Book measures the actual CHV's effort and should be written or filled during the household visitation.

### Who should fill?

- ✓CHVs

### When and to whom it should be submitted?

- ✓The Service Delivery Log Book should be submitted to the CHEW CHA for summarization by 2nd of the following month.

The Service Delivery Log Book is used to collect information from the household during the period of offering a health service, health messages or defaulter traced.		
<b>Basic Information</b>		
A	Date of Data Collection	The date when the household member receives a service from a Community Health Volunteer. It is recorded as DD/MM/YY, for example, 31/05/19
B	Village Name	The name of the village where the household is located
C	Household number	This is a unique identification number, which is assigned to a household during registration
D	Name of Household member	Record the individual names that identify a household member - Record at least THREE names FOR EXAMPLE James Karim Bisoie.
E	Household member contact/phone number	Indicate in this column the telephone number of the household member
F	Age	Record the age of the household member in completed months (for infants-under one year) and years for the others. Eg. 2 months or 2 years
G	Gender	Record the Gender of the Household member using the codes give: 1=Male 2=Female
H	New Health Insurance Cover	Record if the member has been newly registered for a Health Insurance Cover using the given codes: 1=UHC 2=NHIF 3=Other 4=Not Insured
I	Household member sleeping under LLIN	Record (✓) if member is sleeping under LLIN and (X) if member is not
<b>MOTHER INFORMATION</b>		
J	Counselled on FP method	Record (✓) if the client was counselled on FP Record (X) if client was not counselled on FP Record N/A if a child
K	Give Family Planning Methods	Indicate the type of family planning method given to the clients using the given codes: <CCL2>=PDCS, 3=<DMPA, 4=<Male Condoms, 5=<Female condoms, 6=<Cyclic beads
L	Pregnant	Record by indicating with a tick (✓) when a household female member is pregnant or (X) if the household female member is not pregnant. The CHV should observe or ask the woman in the household. Record N/A if the member is not a woman of reproductive age (15-49 years)
M	ANC Visits and counselling	Record (✓) if pregnant mother was counselled on ANC Visits: early initiation of ANC (<3 months), completing recommended 4th ANC visits, Danger Signs, Skilled birth attendance and Individual Birth Plan (IBP) if client was not counselled record (X) Record N/A if the client is not pregnant
N	Place of delivery	Record the Place of delivery using the codes given: 1=Health Facility, 2=Home 3. N/A ( for child over 1 year)
O	Mother visited within 48 hours of delivery	Record (✓) if Mother was visited at home within 48 hours of delivery for Counselling (checking on) Danger signs, Exclusive Breast Feeding, Post Partum Family Planning, Cord care and Keeping baby Warm. Record (X) if not counselled. N/A if it was not a home delivery
P	Member with new-born counselled on Exclusive Breast Feeding (EBF)	Record by indicating with a tick (✓) if a mother with a child (0 days-6months) is counselled on Exclusive Breast Feeding (EBF) or (X) if not. Record N/A if the household member is not a mother of a child (0days-6months)
<b>Child Information</b>		
Q	Child 0-59 months participating in growth monitoring	Record by indicating with a tick (✓) if a child 0-59 months is participating in growth monitoring or (X) if not. Record N/A if the household member is not a child of 0-59 months (Check mother and child booklet)
R	Child 6-59 months with MUAC (Red) indicating severe malnutrition	Record by indicating with a tick (✓) if a child 6-59 months has MUAC (Red) indicating severe malnutrition or (X) if not. Record N/A if the household member is not a child of 6-59 months
S	Child 6-59 months with MUAC (Yellow) indicating moderate malnutrition	Record by indicating with a tick (✓) if a child 6-59 months has MUAC (Yellow) indicating moderate malnutrition or (X) if not. Record N/A if the household member is not a child of 6-59 months
T	Child 12-59 months dewormed	Record by marking a tick (✓) when the child 12-59 months in the household was dewormed in the last 6 months or (X) if the child was not dewormed. Record N/A if the household member is not a child of 12-59 months
U	IPT missed opportunities	Record (✓) indicating if mother has received prophylactic treatment for malaria Record (X) if mother has not received and refer. This indicator is for malaria endemic regions only
<b>Referrals Information</b>		
V	Woman referred for family planning services	Record by indicating (✓) if the client has been referred for Family Planning services and if client is not referred indicate (X) Record N/A if the member is not a woman of reproductive age (15-49 years)
W	Home delivery referred for Post Natal Care (PNC) Services	Record (✓) if the home delivery was referred for Post Natal Care. Record (X) if a home delivery was not referred for Post Natal Care. Record N/A if the delivery was not a home delivery
X	New-born with danger signs referred	Record (✓) if the new born with danger signs was referred. Record (X) if the new born was not referred. Record N/A if the household member is not a new born or does not have danger signs
Y	Child 6-59 months referred for Vitamin A supplementation	Record by marking a tick (✓) if a child between 6-59 months of age is referred for Vitamin A supplementation or (X) if not. Record N/A if the household member is not a child of 6-59 months
Z	Referred for diarrhoea	Record by marking a tick (✓) if a child under 5 years of age is referred for diarrhoea or (X) if not. Record N/A if the household member is not a child under 5 years
AA	Child with delayed measles vaccine referred	Record by marking a tick (✓) if the child with delayed measles is referred or (X) if not. Record N/A if the household member is not a child with delayed measles.
AB	Referred for HIV Counselling and Testing (HCT)	Record by marking a tick (✓) if the household member is referred for HIV Counselling and Testing (HCT) or (X) if not. Record N/A for a small child
AC	Sexual and Gender Based Violence Survivors Counsellled and referred to a health facility	Record (✓) if the Sexual and Gender Based Violence Survivor was referred to a health facility. Record (X) if the Sexual and Gender Based Violence Survivor was not counsellled and referred. Record N/A if the client was not a SGBV survivor.
AD	Elderly (60+) referred for routine health check-ups	Record by marking a tick (✓) if elderly (60 years and above) is referred to a health facility for routine check-ups or (X) if not. Record N/A if the member is not elderly with 60 or more years
AE	Cough of any duration referred	Record by marking a tick (✓) if a patient has been referred due cough to a health facility or (X) if not. Record NA when the household member has not had cough
AF	TB Screening for TB Contacts	Indicate the reason for TB screening of household members who are TB contacts whether it is: 1=Presumptive TB or 2= No signs or 3=On Treatment
AG	TB referrals	Record the number of TB referrals for TB diagnosis
AH	Known Cases of Chronic Illness referred	Indicate types of chronic illness with a corresponding tally of known cases of individuals referred to a health facility with a chronic illness: a=Diabetes, b=Cancer, c=Hypertension, d=Other, e=None. For example, e.g. d:2 for two people suffering from hypertension in the household
AI	Complete referral	Record by marking a tick (✓) for a complete referral and (X) if referral not complete (complete means the client went to the facility and was attended to and referred back the CHV. Evidence from MGR 100)
<b>Defaulters Information</b>		
AJ	ANC defaulter referred	Record by marking a tick (✓) if an ANC defaulter is referred to a health facility or (X) if not. Record N/A if the member is not an ANC defaulter.
AK	Immunization defaulter referred	Record by marking a tick (✓) if a child 0-59 months of age who defaulted on immunization has been referred for immunization or (X) if not. Record N/A if the member is not a child of 0-59 months or is a child of 0-59 months but did not default on immunization
AL	ART defaulter traced and referred	Record by marking a tick (✓) if an ART defaulter is traced and referred to a health facility or (X) if not. Record N/A if the member has not been on ART or has been on ART but has not defaulted
AM	HIV exposed infant (HEI) defaulters traced and referred	Record by marking a tick (✓) if an HIV exposed infant (HEI) defaulter is traced and referred to a health facility or (X) if not. Record N/A if the member is not an HIV exposed infant (HEI) defaulter
AN	TB treatment interrupters	TB treatment interrupters traced a=Found and referred b=Found but refuses to go back for treatment c=Dead d=Not found
<b>Death Information</b>		
AO	Number of deaths in the month	a: 0-28 days - Record all deaths between zero to 28 days of age which occurred in the month b: 29 days-11 months - Record all deaths between 29 days to 11 months of age which occurred in the month c: 12-59 months - Record all deaths between 12-59 months of age which occurred in the month d: Maternal - Record all deaths of women during pregnancy or child birth or within 42 days after delivery which occurred in the month e: Other deaths - Record all deaths in the household and not counted above which occurred in the month
<b>Others</b>		
AP	Remarks/other services provided	Write any remark which you think is important for follow-up or any other services provided not recorded among the indicators in the columns provided e.g. jigger management
<b>Household Information</b>		
AT	Household has a functional latrine in use	Observe and record with a tick (✓) if the household has a functional latrine in use or (X) if the household does not have a functional latrine in use. This also includes all types of latrines and whether they are functional or not
AU	Household with hand washing facilities	Observe and record with a tick (✓) if the household has hand washing facilities (e.g. hand wash basin, tippy tap, lorry tin) or (X) if the household does not have hand washing facilities
AV	Household using treated water	Ask and record with a tick (✓) if the household is always using treated water for drinking or (X) if the household is not always using treated water for drinking



