GHANA HEALTH SERVICE

Family Health Division | AYA Collective

rsLog

A Health Management Information System for

Family Planning and Comprehensive Abortion Care

System Manual and Implementation Reference

Prepared for funders, health system leaders, and partners considering adoption

Contents

1. About rsLog

rsLog is a transactional electronic Health Management Information System (HMIS) for family planning and comprehensive abortion care. It was built jointly by the Ghana Health Service, through its Family Health Division, and AYA Collective. The two partners set out to solve a practical problem that affects almost every health system: the people delivering care and the people making decisions rarely have data that is timely, complete, and accurate at the same time.

The name reflects what the system does. It is a log of reproductive health services, recorded at the point of care, that follows the client, the commodity, and the report from the facility all the way up to national decision-makers. It covers the full range of family planning and comprehensive abortion care work: the services rendered, the commodities used and issued, and the monthly reports that feed the national system.

This manual has two jobs. The first half explains what rsLog is, why it exists, and what it has achieved. The second half is a working guide to how the system is set up and used day to day — written for the teams who run it and for anyone weighing whether to build something similar for their own context.

At a glance	
What it is	A digital records and reporting system for family planning (FP) and comprehensive abortion care (CAC), including commodity management.
Who built it	Ghana Health Service (Family Health Division) and AYA Collective.
Where it runs	More than 4,000 health facilities across all 16 regions of Ghana.
Who uses it	More than 4,000 trained FP and CAC service providers.
How it connects	It generates the monthly reports entered into DHIMS2, Ghana's national HMIS.

2. The Problem rsLog Was Built to Solve

Before rsLog, reproductive health data in many facilities moved on paper. Providers recorded services in registers and daily log sheets, then spent hours at month end adding up tallies by hand. That arrangement created a familiar set of problems.

Manual and fragmented records

Data lived in separate registers and books that did not talk to each other. Service records, commodity records, and reports were kept apart, so it was hard to see the full picture of what a facility was actually doing.

Late and inconsistent reporting

Because monthly summaries were compiled by hand, reports were often late and the numbers did not always agree from one source to the next. Providers lost clinical time to arithmetic, and supervisors received figures they could not fully trust.

Weak client tracking and continuity of care

Paper systems made it difficult to link a client's visits over time, which matters for continuity of care, follow-up, and re-registration.

Limited oversight and little data use

With data trapped on paper, managers had limited visibility into performance and few ways to use the data for decisions. Commodity stock was hard to monitor, which put commodity security at risk.

3. The Solution

rsLog replaces the manual process with a single digital platform that captures data where care happens and carries it through to reporting and analysis. The design rests on a few deliberate choices: one integrated platform for services, commodities, and reports; automated and timely reporting that removes the month-end arithmetic; greater visibility and accountability across every level of the health system; and efficient commodity and client management.

Function	What it does
FP client transactions	Records new and existing family planning acceptors, the methods they choose, and counselling outcomes, by provider, cadre, and session type.
CAC service records	Captures comprehensive abortion care daily logs, procedure types, gestational age, complications, and post-abortion contraception.
Monthly reporting	Auto-generates FP and CAC monthly reports aggregated from facility records, then submitted up to district, regional, and national levels.
Commodity stock tracking	Tracks stock on hand for all contraceptives and CAC medicines, including receipts, issues, adjustments, closing balances, and stockout alerts.
Programme dashboards	Presents FP and CAC performance for facility, district, regional, and national managers, including uptake trends and reporting completeness.
Role-based access	Gives each user the permissions appropriate to their role, with full activity audit logs.

rsLog is not a duplication of DHIMS2

Ghana's national HMIS is DHIMS2. rsLog does not replace it or compete with it — it complements it. rsLog captures detailed, individual-level transactions at the facility and generates the monthly family planning and safe abortion summary reports that are entered into DHIMS2. It feeds the national system with cleaner, more reliable numbers rather than creating a parallel one.

It captures the full caseload

rsLog records the complete facility caseload, including services and commodities supported by partners and stakeholders. That gives a truer measure of what is being delivered on the ground, not just the portion that flows through one funding stream.

4. Benefits and Impact

The Family Health Division introduced rsLog because the timing was right and the gains were concrete.

For providers and facilities

A significant reduction in the time providers spend preparing accurate and complete monthly summary reports. More consistent data and more timely report submission. Accurate and efficient management of FP commodities, which improves commodity security.

For programmes and managers

Complete capture of the facility caseload, including services and commodities provided through stakeholder support. Systematic monitoring of providers based on the services they deliver, which supports task-sharing and task-shifting reporting. Individual-level electronic data for both FP and CAC services that can be analysed to support decisions at every level of the health system.

For clients

Because data is recorded at the individual level, clients can, in principle, be followed for continuity of care. A unique client identifier is the missing piece that would make this seamless, and it remains an active area of work. It is a known challenge rather than a solved one, and the manual is honest about that.

5. Scale and Reach

rsLog is not a pilot. It is the official Ghana Health Service platform for capturing family planning and comprehensive abortion care transactions and producing routine reports, and it is in everyday national use.

Measure	Where it stands

Regions covered	All 16 regions of Ghana
Districts covered	216 districts
Facilities on the platform	More than 4,000 health facilities, for FP, CAC, and post-abortion care recording and reporting
Providers trained	More than 4,000 FP and CAC providers
Monthly transactions	More than 100,000 each month
Reported data accuracy	About 98.7 percent
National alignment	Fully aligned with DHIMS2 for automated reporting and improved data consistency
Service coverage	Family planning, comprehensive abortion care, and post-abortion care

The high level of digital coverage shows that family planning recording is close to universal across Ghana's public health system. The remaining gaps are mostly in new or resource-limited CHPS compounds that are still being equipped or staffed, rather than in the system's design or acceptance.

6. How rsLog Is Delivered: Three Variants

rsLog meets facilities where they are, including places with limited or intermittent connectivity. It comes in three variants that share the same data and the same logic.

Variant	Purpose
rsLog Web	Online portal for system administration and for report and data extraction. Used mainly at national level.
rsLog Mobile (Android & IOS)	Online and Offline Android and iOS application for data entry and reporting at the facility.

The split matters for adoption. Day-to-day data entry happens on the mobile application and works offline, so a provider does not need a live internet connection to record a service. Connectivity is only needed to sign in and, later, to sync the data to the server. Administration and analysis happen on the web portal. This is the single most important design decision for any setting where connectivity cannot be taken for granted.

PART II

7. Accessing the System

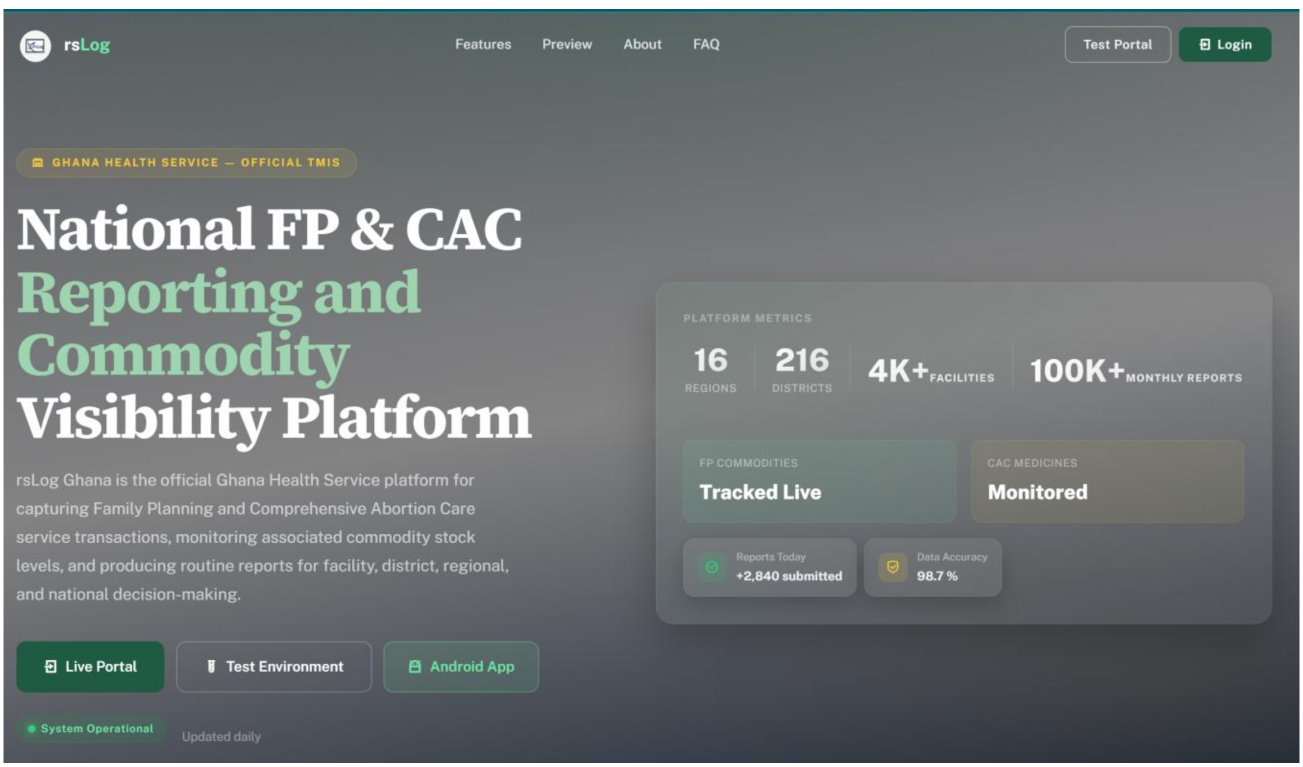
Everything that follows describes how rsLog actually works in the hands of administrators and providers. It is written so that a team in another country could read it and understand what running such a system involves.

Where to find it

The public site at https://ghs-rslog.org/ is the front door. From there, two portals and the mobile app are reached:

The Live Portal (ghs-rslog.org/rslogGh) is where real national administration and reporting happen on production data. The Test Environment (ghs-rslog.org/rslogGh_TEST) is a sandbox for training, onboarding, and trying new features — no real programme data is affected, and the screen shows a clear TEST ENVIRONMENT marker. Android and iOS apps handle facility data entry, with the Android version available on the Google Play Store.

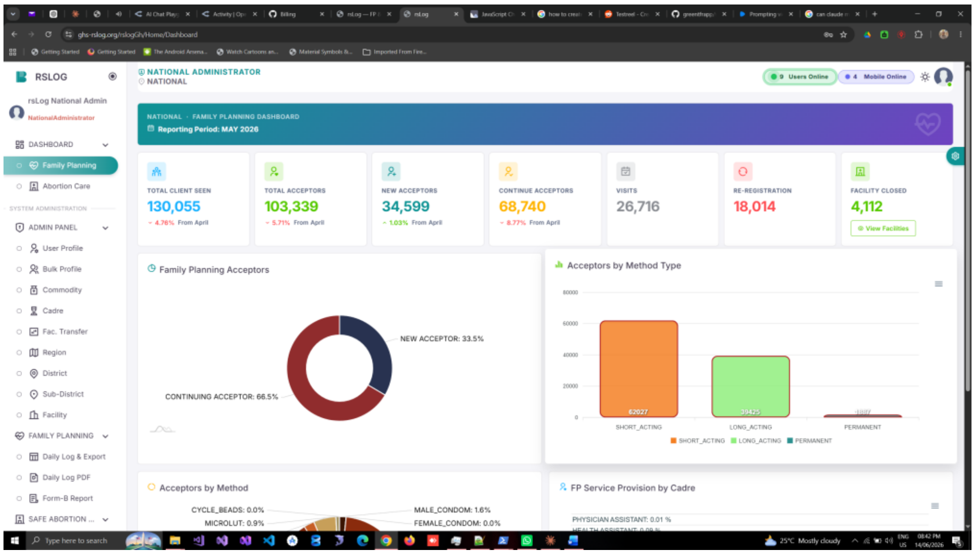
Accounts are not self-service. They are provisioned by district-level administrators, so a new facility staff member contacts their District Health Information Officer to request access and receives permissions appropriate to their role. After choosing a portal, a credentials page appears where you enter your assigned username and password and click LOGIN.



The rsLog web login page.

The dashboard

Once you sign in, the system loads a dashboard that turns the records entered at facilities into a clear picture. What you see depends on your access level, so a national administrator and a facility provider do not see the same view. The example below is a national level account user overseeing facility wide FP analytics for May 2026 reporting period.

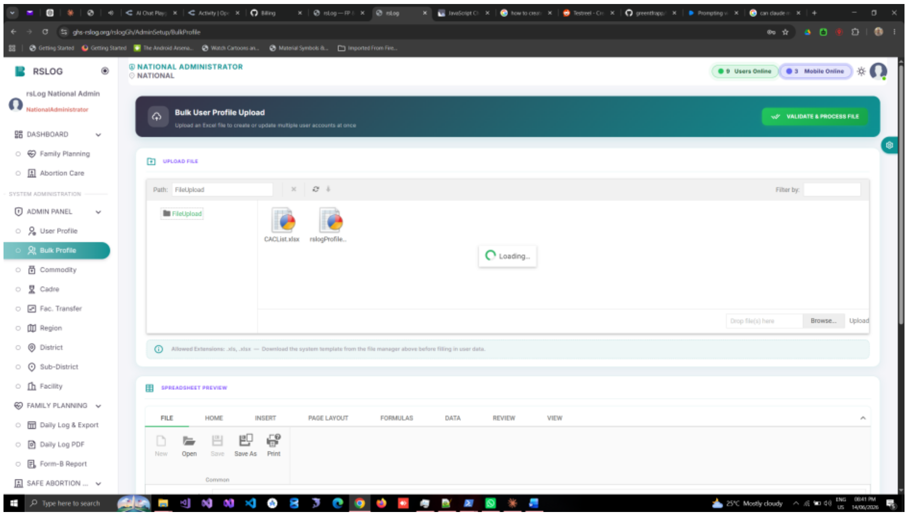


A live facility family planning dashboard, showing the reporting period, headline figures, and method breakdowns.

Across the top sit the headline figures for the month, each with its change from the previous month: total clients seen, total acceptors, new and continuing acceptors, visits, re-registrations, and whether the facility has closed its month. Below them, the charts make the method picture immediate. One shows the split between new and continuing acceptors. Another groups acceptors into short-acting, long-acting, and permanent methods. A third breaks acceptance down by individual method, and a fourth shows which cadres provided the services — which is what makes task-sharing visible.

8. National Administration

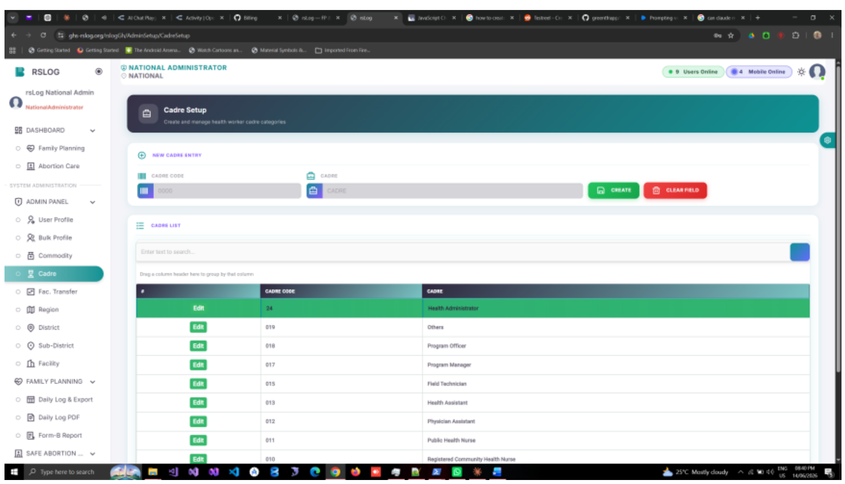
The national administrator's page is where the system is configured and maintained. Clicking ADMIN PANEL in the left pane opens the controls. From here an administrator can create user profiles with defined roles, configure new commodities, set up staff cadres, create or change regions, districts, sub-districts, and facilities, and reset passwords for users who have forgotten theirs.



The System Administration panel, the hub for all national setup tasks.

8.1 Cadre Setup

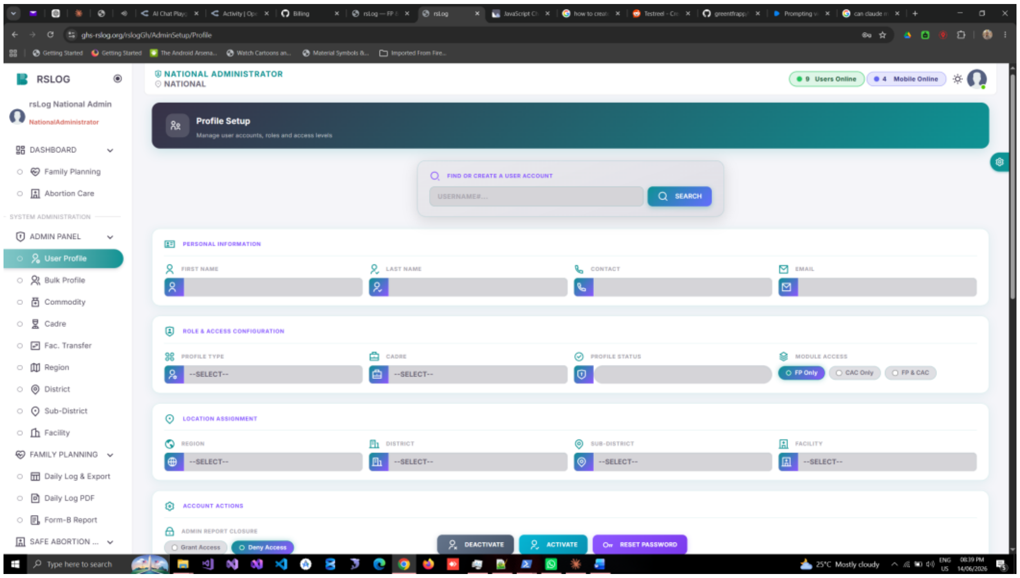
Cadres are set up first because they are needed for user profiles. A cadre is simply a category of staff. List all the staff cadres in the service, assign a four-digit code to each one, enter them one at a time, and click Create to save each. The Clear button removes an entry before you save it.



Cadre setup, where each staff category is given a four-digit code.

8.2 Profile Setup

Profiles define who can use the system and what they can do. The national administrator creates profiles for providers, regional administrators, district administrators, and report viewers. Search the username field first to confirm no account already exists. Then enter the first name, last name, contact number, and email address; select the staff cadre and one profile type (Provider, Regional Admin, District Admin, or Report Viewer); indicate which module the person may access (FP only, CAC only, or both); and set the geographic scope to match the role. Wherever you stop in the geographic hierarchy, click Save. A confirmation message tells you the account was created.

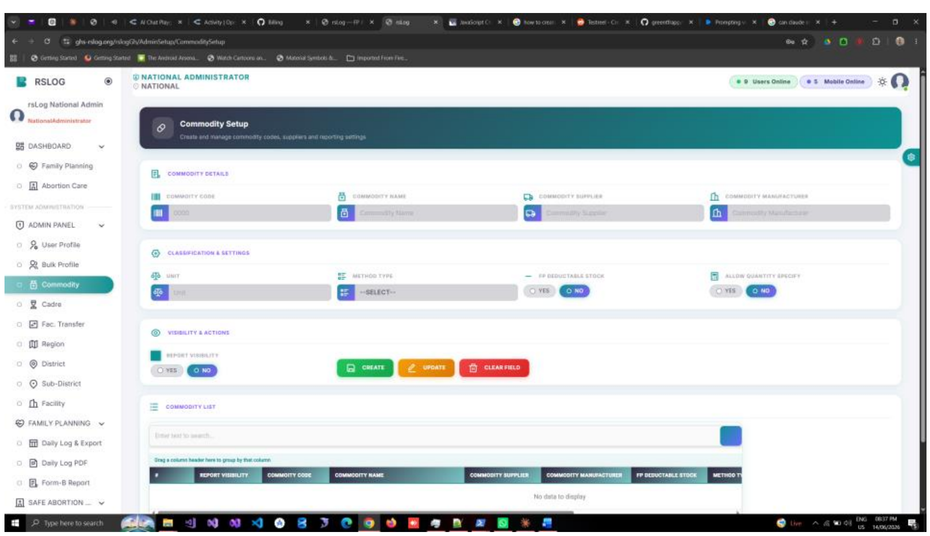


Profile setup, where a user's details, role, module access, and geography are defined.

A few controls on the profile page handle the rest of an account's life. Admin Report Closure should only be granted to the specific facility person responsible for closing monthly reports. The Deactivate and Reactivate controls switch a profile off and back on. Reset Password returns a user's password to the default (123456), and the user is required to change it on first use. Update Account edits a profile when someone moves roles.

8.3 Commodity Setup

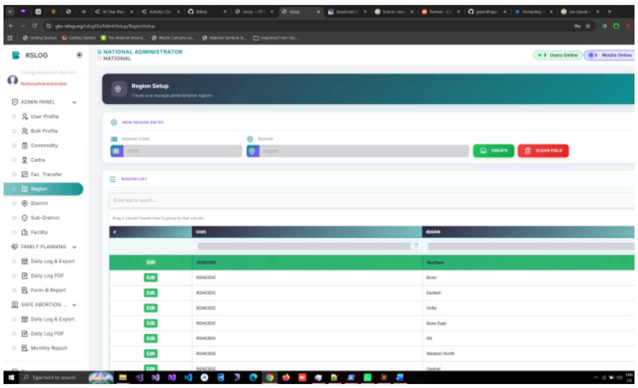
List all FP commodities in use, assign each a unique four-digit code, and enter the code, commodity name, supplier (GHS or Non-GHS), manufacturer, unit of dispensing, and the method the commodity belongs to from the drop-down list. Click Create to save, and repeat for every commodity. Use Update to edit an existing commodity after searching for it.



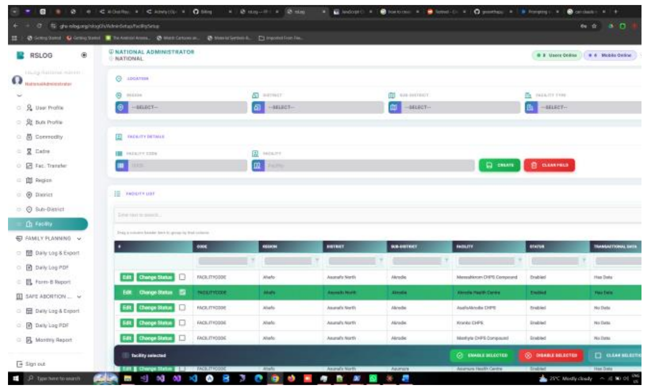
Commodity setup, where each method and product is registered with its own code.

8.4 Geographic Setup

The system mirrors the structure of the health service: regions contain districts, districts contain sub-districts, and sub-districts contain facilities. Continue the code numbering from the last code used, enter the name, and click Create. For facilities, also select the facility type.



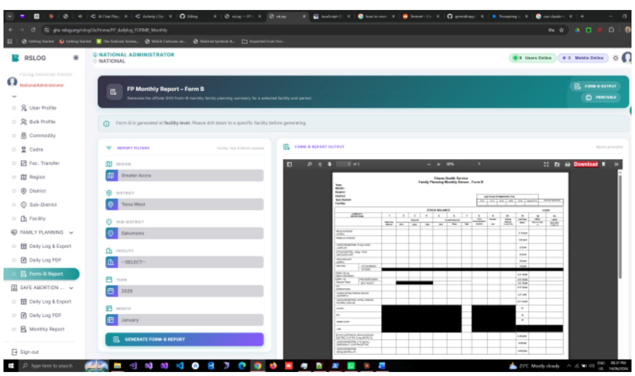
Region setup — district, sub-district, and facility setup follow the same pattern.



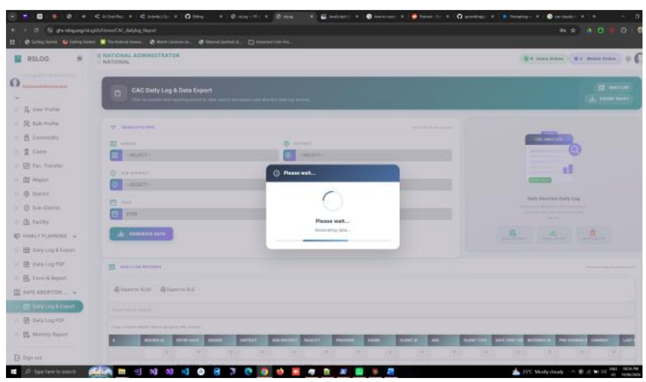
Facility setup, the most detailed level of the geographic hierarchy.

8.5 Reports on the Web

The web portal generates reports including the daily log sheet, Form B for family planning, and equivalent reports for comprehensive abortion care. Select the Region, District, Sub-District, Facility, Year, and Month, then click Generate Data. The same steps apply to CAC reports.



Choosing a report type. Each Proceed button opens the parameter page.



Setting report parameters by region, district, sub-district, facility, year, and month.

9. Facility Data Entry: The Mobile Application

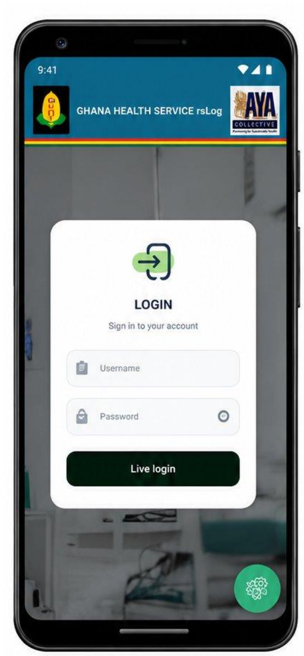
The mobile application is where transactional data is captured. It is downloaded from the Google Play Store and is designed to mirror the paper daily log sheets, so a provider entering data sees a familiar layout. The point that matters most for low-connectivity settings is that the app works offline.

> How offline works You need an internet connection to sign in and, later, to sync. Once you are signed in, you can enter data with no connection at all. The app stores it on the device. When a connection is available, you manually sync the stored data to the server. Syncing happens after the month's data has been closed by the person responsible. In short: no internet is needed to capture data, but internet is needed to sync it to the server.

Beyond offline entry, the app sends push reminders as reporting deadlines approach and when stock runs low, lets a user generate the monthly report and view the PDF inside the app, and supports secure sharing of reports and data. It is available for both Android and iOS, and carries the same role-based permissions as the web portal.

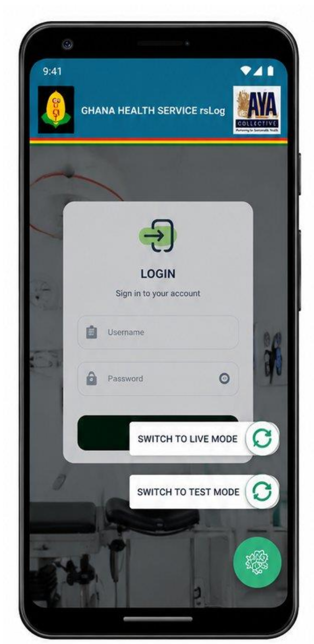
9.1 Logging In

Launch the app as you would any other. The rsLog splash screen appears briefly while the app loads.

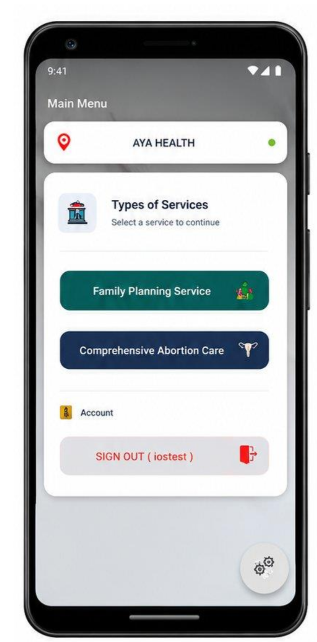


The rsLog splash screen on launch. *The login screen, showing the Live Login button.*

The login screen shows your Live Login button by default. If you tap the small settings icon in the bottom right, you get the option to switch between Live Mode and Test Mode. Use Test Mode for practice or training — no real programme data is affected. Use Live Mode to enter actual service data. Enter your assigned username and password, then tap Live Login (or Test Login). You must be online at this step.



The mode switch, accessible via the settings icon.



The main menu, showing the facility name and types of service offered.

On first login you are required to change your password from the default. Choose one you will remember but that is still secure. If you forget it later, your district administrator can reset it.

After a successful login, the main menu shows your facility name at the top. If you do not see your own facility, stop and contact your district administrator immediately, otherwise you would be entering data against the wrong facility. The main menu then presents the Types of Service the facility provides — Family Planning and Comprehensive Abortion Care. You select whichever services your facility offers, or both. From here you can also Sign Out.

9.2 Family Planning

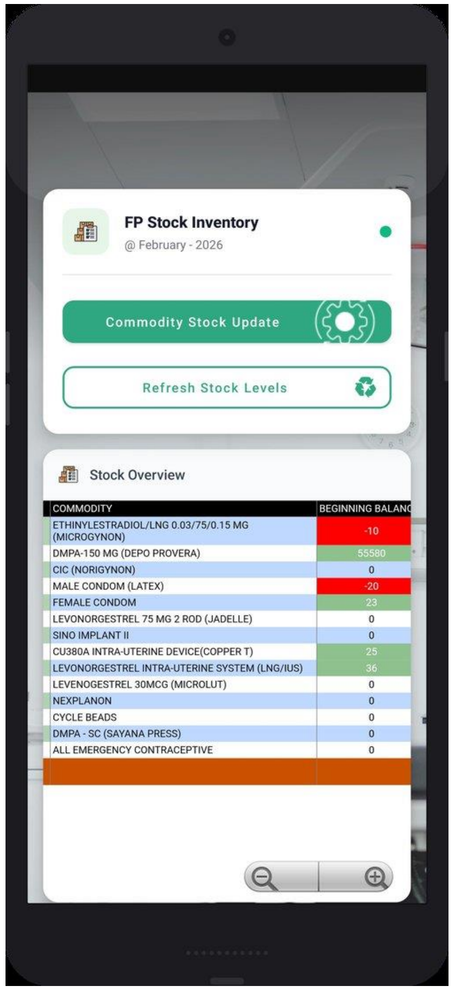
Selecting Family Planning Service opens the FP menu. When you first arrive there are three active options: Enter Daily Log, Re-Registration, and Stock Management. As you enter data, two additional items appear: Manage Saved Dailylog Data (showing a count of unsynced records) and Manage Saved Stock Data. At the bottom, the Sync to Server button becomes active once there are records ready to send. The REPORT MENU button in the bottom right opens reporting and administrative options.

The Family Planning menu, with data management, sync, and report menu options visible.

Stock Management

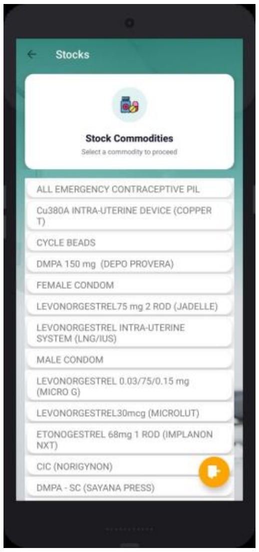
Although entering the daily log is the natural starting point, family planning services use and issue commodities, so it makes sense to set up Stock Management first. That way the system can account for commodities correctly in the reports, including Form B.

Stock Management opens a Stock Inventory screen showing every FP commodity registered in the system, with their current beginning balances displayed in a colour-coded table. Rows highlighted in red or orange indicate negative or zero balances that need attention. You can tap Commodity Stock Update to enter new stock transactions, or Refresh Stock Levels to pull the latest data from the server.

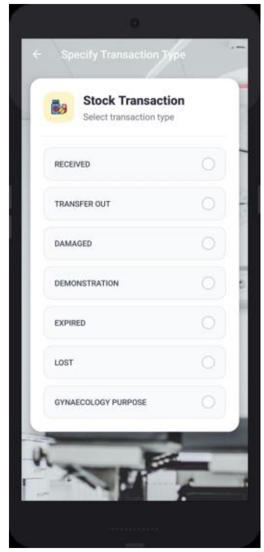


The FP Stock Inventory overview, showing all commodities and their current beginning balances.

To record a stock transaction, tap Commodity Stock Update. A scrollable list of all registered FP commodities appears. Select the commodity you want to update.

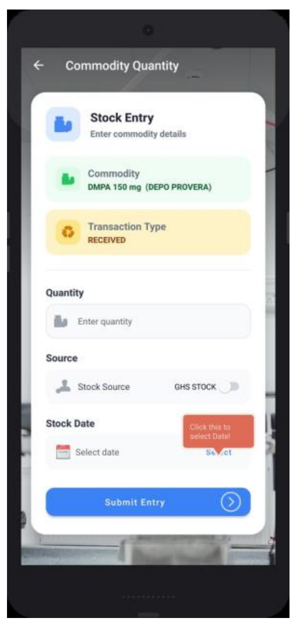


Selecting a commodity from the full list.



Choosing the transaction type for that commodity.

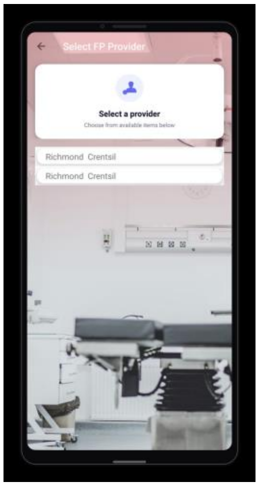
After selecting a commodity, choose the transaction type: Received, Damaged, Demonstration, Expired, or Lost. Each type has its own fields. For Received, you enter the quantity, the date received, and the source (GHS or Non-GHS). Tap the GHS/Non-GHS toggle to mark the stock source correctly. Use the calendar icon to select the date, then tap Submit. Repeat for each commodity that has a transaction to record.



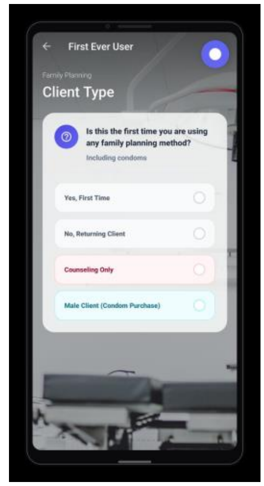
Entering commodity quantity, source, and date — with quick-select buttons for common quantities.

Enter Daily Log

With stock set up, you can record client services from the daily log sheets. The flow moves through a series of screens, each capturing one piece of information. Enter data exactly as it appears on the paper log sheet.

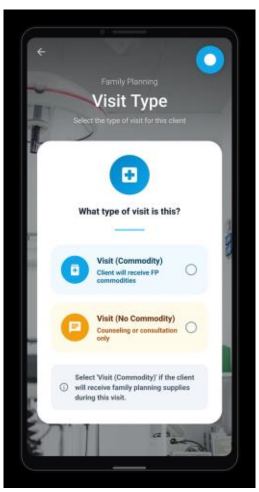


Step 1: Select the provider who rendered the service.

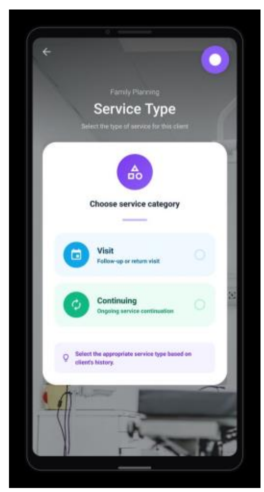


Step 2: Client Type — first-time user, returning client, counselling only, or male condom purchase.

First, select the provider in whose name the data should be recorded. The app lists all providers at the facility. This provider-level recording is what allows the system to monitor service provision by individual provider and support task-sharing reporting. Then select the client type. The options are: Yes, First Time (the client has never used any family planning method including condoms); No, Returning Client; Counselling Only; and Male Client (Condom Purchase).

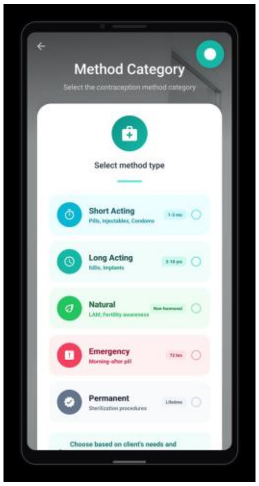


Step 3: Visit Type — commodity visit or counselling/consultation only.

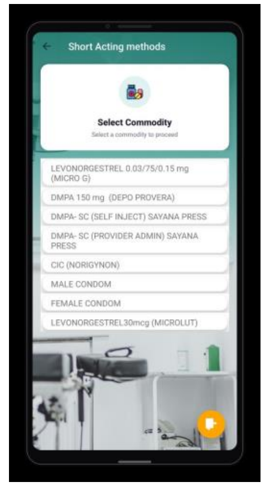


Step 4: Service Type — visit (follow-up) or continuing service.

Visit Type asks whether the client will receive a commodity. Select Visit (Commodity) if the client is taking family planning supplies home. Select Visit (No Commodity) for counselling or consultation only. Service Type then asks whether this is a follow-up/return visit or a continuing service arrangement.

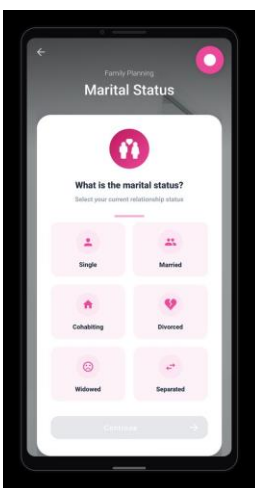


Step 5: Method Category — Short Acting, Long Acting, Natural, Emergency, or Permanent.

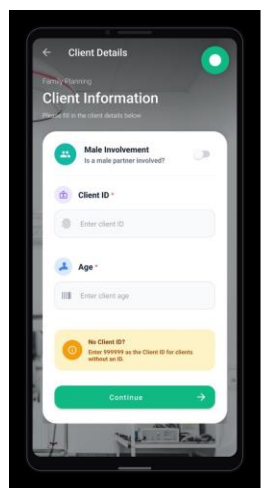


Step 6: Select the specific commodity within that category.

Method Category presents five options with the duration of protection shown for each: Short Acting (1–3 months, covering pills, injectables, and condoms), Long Acting (3–10 years, IUDs and implants), Natural (non-hormonal, LAM and fertility awareness), Emergency (72 hours, morning-after pill), and Permanent (lifetime, sterilisation procedures). After selecting a category, the next screen shows the specific commodities within it. Select the one the client received.

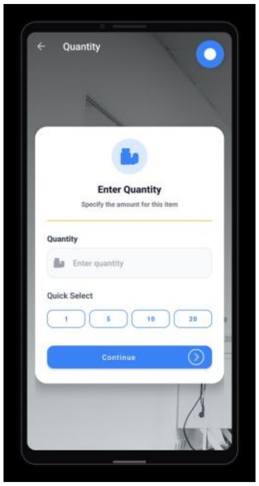


Step 7: Marital status — six options including cohabiting and separated.

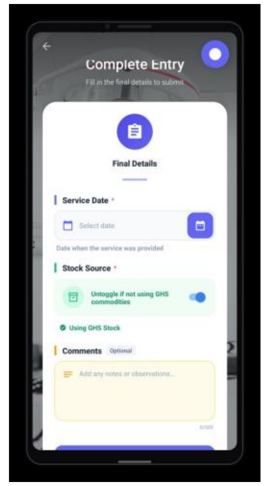


Step 8: Client Information — Client ID, age, and male involvement toggle.

Marital Status offers six options: Single, Married, Cohabiting, Divorced, Widowed, and Separated. Client Information collects the Client ID and the client's age. A toggle records whether a male partner was involved in the consultation. If the client has no national ID, enter 999999 as a placeholder — the system accepts this standard substitute.



Step 9: Enter the commodity quantity — with quick-select buttons for 1, 5, 10, or 20.

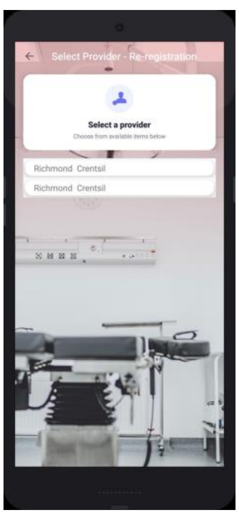


Step 10: Complete Entry — service date, stock source (GHS or Non-GHS), and optional comments.

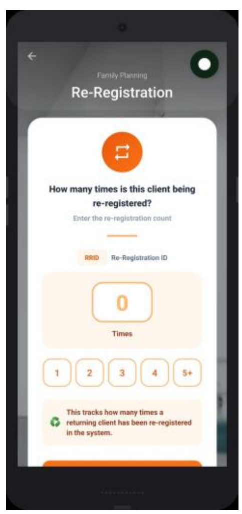
The quantity screen asks for the number of units dispensed. Quick-select buttons for 1, 5, 10, and 20 let you tap without typing for the most common amounts. The Complete Entry screen is the last step. Choose the service date from the calendar, confirm whether the commodity came from GHS or Non-GHS stock using the toggle, and add any optional notes. Tap Submit to save the record to the device.

Re-Registration

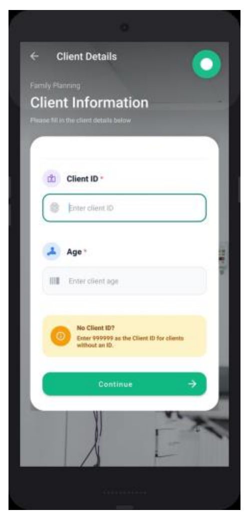
Re-registration covers clients who are returning after a break of 12 months or more, or who are changing method. The flow is very similar to the daily log but begins with a count of re-registrations.



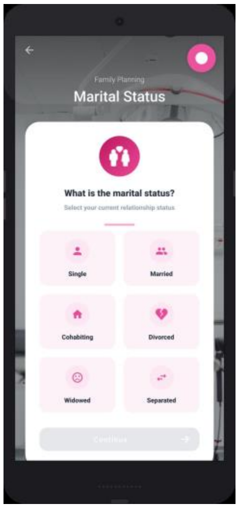
Step 1: Select the provider.



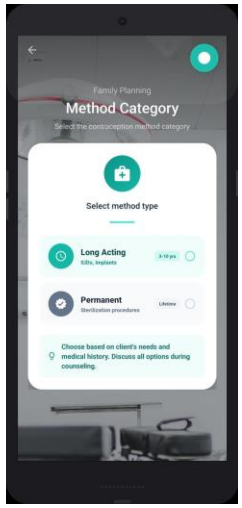
Step 2: Enter the number of re-registrations for this session.



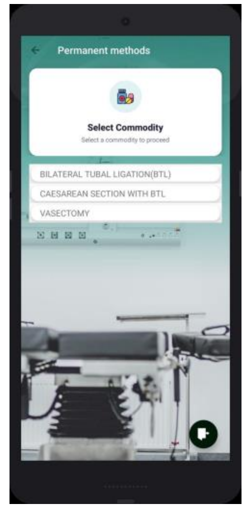
Step 3: Client ID and age.



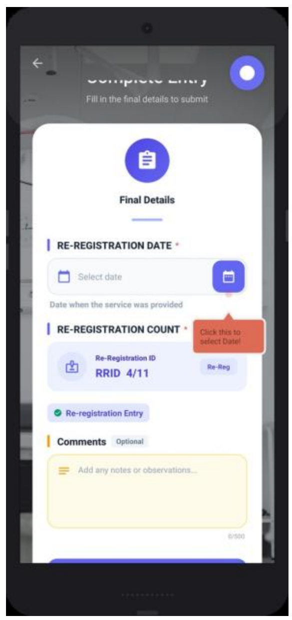
Step 4: Marital status.



Step 5: Method category.



Step 6: Select commodity within category.



Step 7: Complete Entry — service date, stock source, and optional comments, then Submit.

Managing Saved Data

Once records have been entered, Manage Saved Dailylog Data and Manage Saved Stock Data become active in the FP menu, each showing a count of unsynced records. These screens let you review what is stored on the device before syncing.

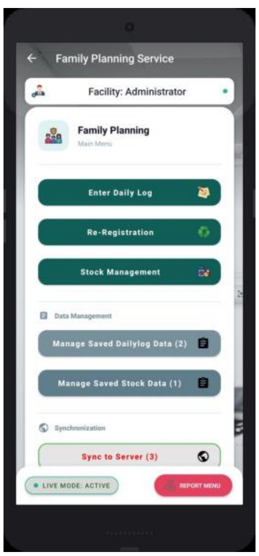
Saved daily log entries, showing each record with date, provider, and method details.

Saved stock entries, showing commodity, quantity, and date for each transaction.

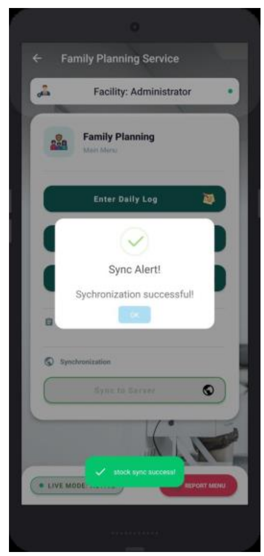
From either saved data view you can delete individual records using the bin icon if an error was made. Be careful: deleted records cannot be recovered and would need to be re-entered. Use the delete function only when you are certain a record is wrong.

Syncing to Server

Once data has been entered, the Sync to Server button activates at the bottom of the FP menu, showing a count of records waiting to be sent. You need an internet connection to sync. Tap the button and the app sends all pending records to the server. A success message confirms when the sync is complete, and the pending count resets to zero.



FP menu showing 3 unsynced records and an active Sync to Server button.

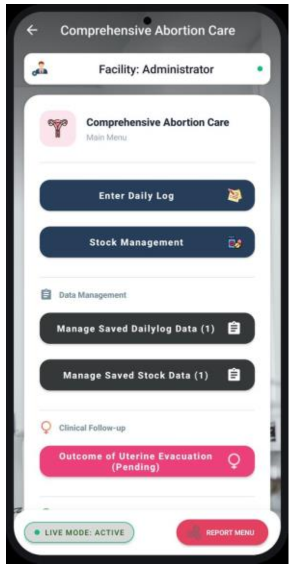


Sync completed successfully — the pending count has cleared.

> Sync as often as you can — at the end of every session if possible. Data that exists only on the device is at risk if the phone is lost, damaged, or reset. The monthly close and report cannot be generated until all records are synced.

9.3 Comprehensive Abortion Care

Selecting Comprehensive Abortion Care from the main menu opens the CAC section. The CAC module records comprehensive abortion care services at the same level of clinical detail required for the national CAC monthly return. The daily log entry is more detailed than the FP version, reflecting the complexity of care episodes.

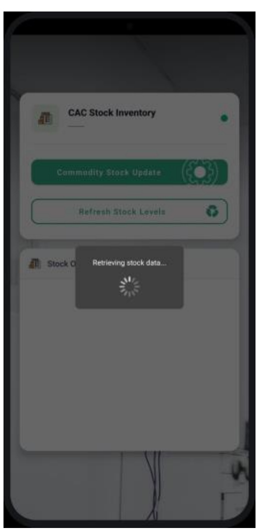


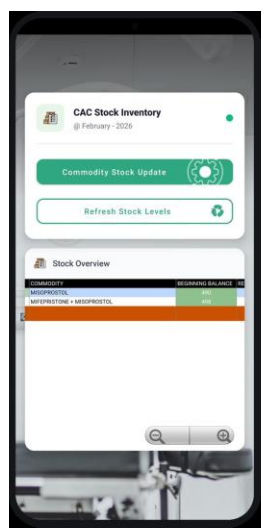
The CAC main menu, showing Stock Management and Enter Daily Log alongside data management and sync options.

CAC Stock Management

Unlike the earlier version of rsLog, the CAC module now includes Stock Management for CAC medicines. This lets facilities track misoprostol and mifepristone-plus-misoprostol stock alongside the daily log, and the quantities feed directly into the stock section of the CAC monthly report.

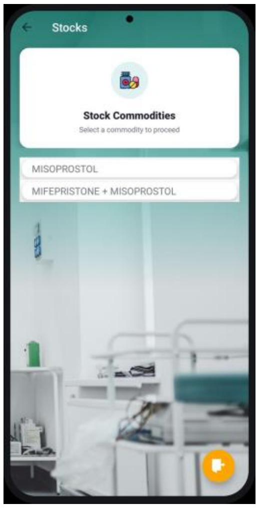
Stock Management opens the inventory loading screen, which retrieves current stock levels from the server. Once loaded, the Stock Overview shows all registered CAC commodities and their current balances. Tap a commodity to record a transaction.



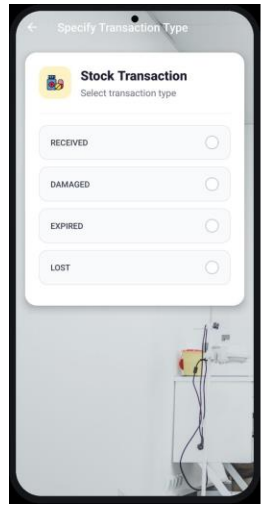


The stock inventory loading while it retrieves levels from the server.

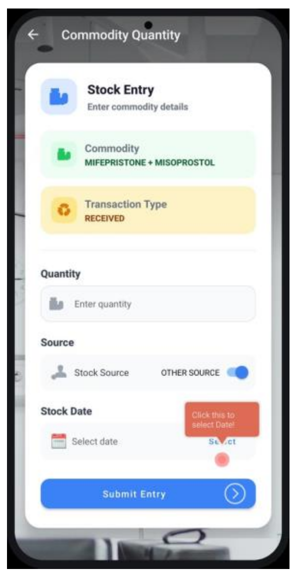
Stock Overview showing all CAC commodities and current balances.



Select a commodity from the list to begin a stock entry.



Choose the transaction type: Received, Damaged, Demonstration, Expired, or Lost.

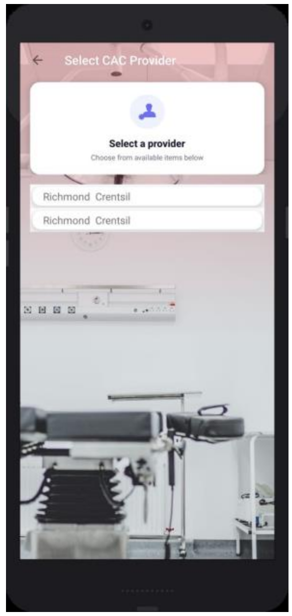


The stock entry screen: enter quantity, source, and date, then Submit.

Enter CAC Daily Log

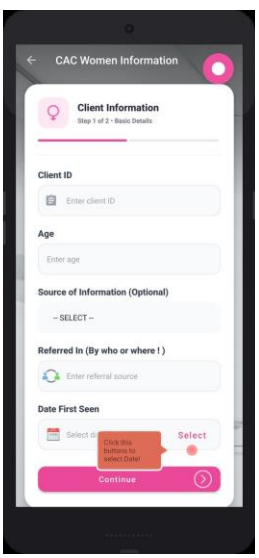
The CAC daily log captures the full care episode from first contact to outcome. Each step corresponds to a field group in the national CAC monthly reporting form. Enter data exactly as it appears on the paper log for each client.

Step 1 — Select Provider. Choose the provider who delivered the care. This links the record to the correct individual for task-sharing and monitoring purposes.

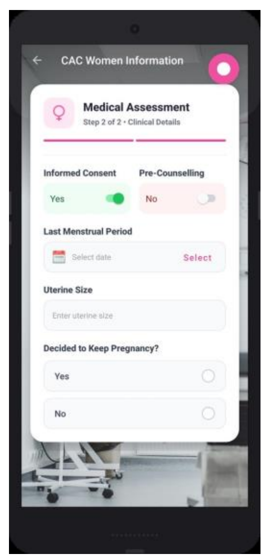


Select the provider who delivered the care.

Steps 2 and 3 — Client Information. The first screen (Step 1 of 2: Basic Details) collects the Client ID, age, source of information, referral source, and date first seen. A tooltip guides you to use the Select button to open the calendar for the date field. The second screen (Step 2 of 2: Clinical Details) records Informed Consent (toggle), Pre-Counselling (toggle), Last Menstrual Period, Uterine Size, and whether the client decided to keep the pregnancy.

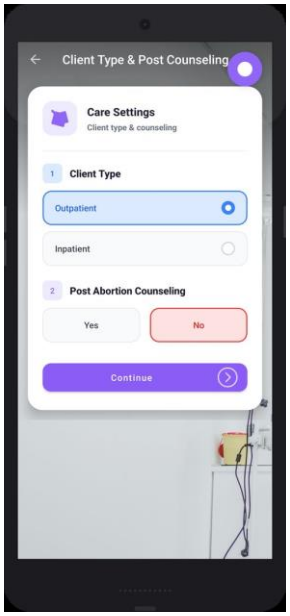


Client Information Step 1 of 2: basic details and date first seen.



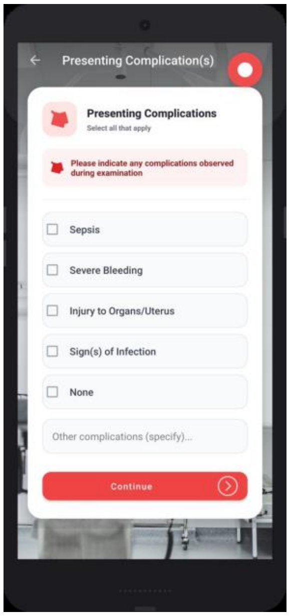
Client Information Step 2 of 2: consent, counselling, LMP, uterine size, and decision on pregnancy.

Step 4 — Client Type and Post Abortion Counselling. Select whether the client is an Outpatient or Inpatient. Record whether post-abortion counselling was provided.



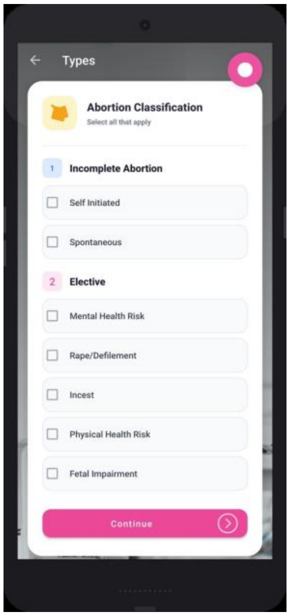
Client Type (outpatient or inpatient) and Post Abortion Counselling.

Step 5 — Presenting Complications. Check all complications observed on examination. The options are Sepsis, Severe Bleeding, Injury to Organs/Uterus, Sign(s) of Infection, and None. There is also a free text field for any other complication not on the list. At least one option must be selected before you can continue.



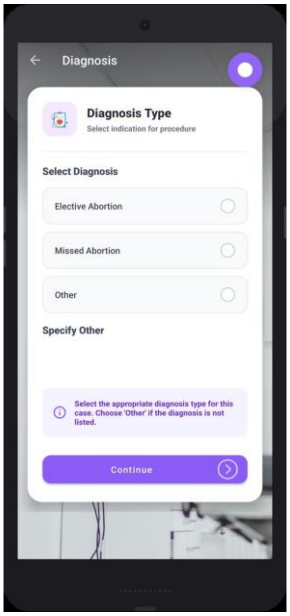
Presenting Complications — select all that apply, with a free text field for others.

Step 6 — Abortion Classification. Select whether this is an Incomplete Abortion (self-initiated or spontaneous) or an Elective Abortion. For elective abortions, select the indication: Mental Health Risk, Rape/Defilement, Incest, Physical Health Risk, or Fetal Impairment. Multiple items can be selected.



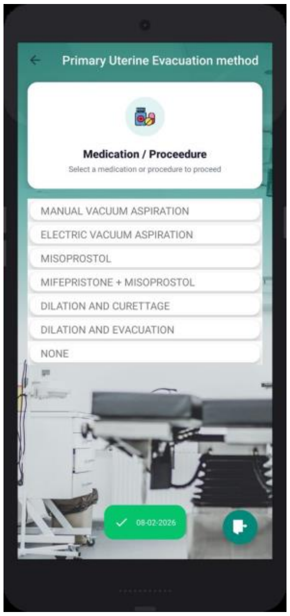
Abortion Classification: Incomplete (self-initiated or spontaneous) or Elective (with indication).

Step 7 — Diagnosis Type. Select the diagnosis: Elective Abortion, Missed Abortion, or Other (with a free text field). This corresponds to the diagnosis column in the national CAC form.



Diagnosis Type — Elective Abortion, Missed Abortion, or Other.

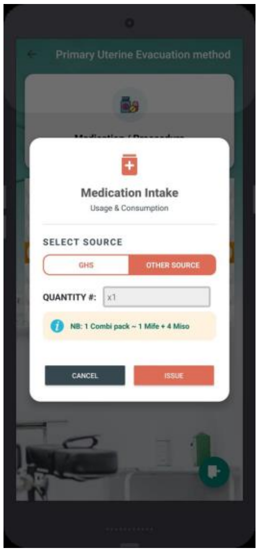
Step 8 — Primary Uterine Evacuation Method. Select the primary method or procedure used. The options are Manual Vacuum Aspiration, Electric Vacuum Aspiration, Misoprostol, Mifepristone + Misoprostol, Dilation and Curettage, Dilation and Evacuation, and None.



Primary Uterine Evacuation Method — select the medication or procedure used.

Step 9 — Secondary Uterine Evacuation Method. If a secondary method was used, select it here from the same list. This is optional and should only be completed if more than one evacuation method was employed.

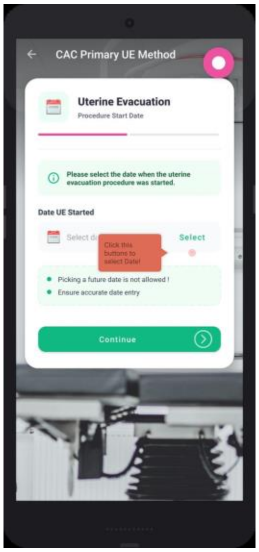
Secondary UE method selection (optional).



Medication intake dialog — confirm intake details for the selected medication.

When a medication is selected, a dialog appears to confirm the intake details before proceeding. Review the information and confirm to continue.

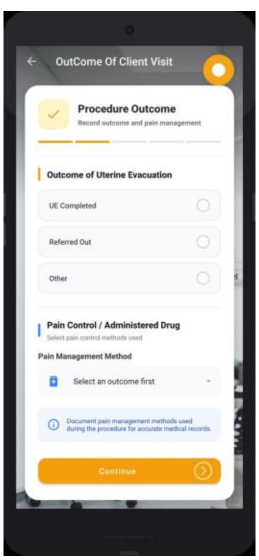
Steps 10 and 11 — Procedure Dates. The UE Procedure Start Date screen records when the uterine evacuation began. Tap the Select button to open the calendar picker. Navigate to the correct month and year, then tap the date.

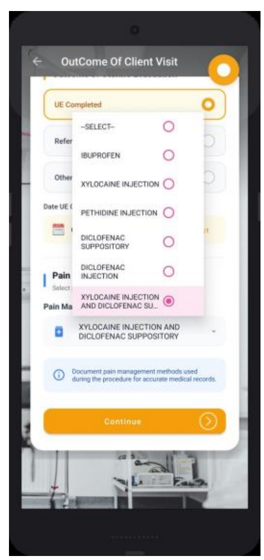


Procedure Start Date — tap Select to open the calendar.

The calendar date picker — tap a date to select it.

Step 12 — Outcome of Client Visit. Select the outcome of the uterine evacuation: UE Completed, Referred Out, or Other. Then select the Pain Control / Administered Drug method used during the procedure from the dropdown — the dropdown only activates after you select an outcome.

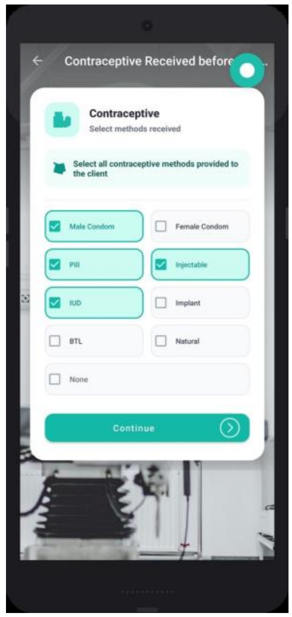




Procedure Outcome and Pain Control — select the outcome first to unlock the pain management dropdown.

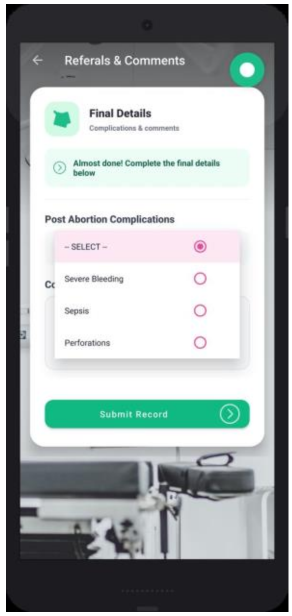
Pain Management Method dropdown, showing available options.

Step 13 — Contraceptive Received Before Discharge. Select all contraceptive methods provided to the client before discharge: Male Condom, Female Condom, Pill, Injectable, IUD, Implant, BTL, Natural, or None. Multiple selections are allowed.



Contraceptive Received — select all methods provided to the client before discharge.

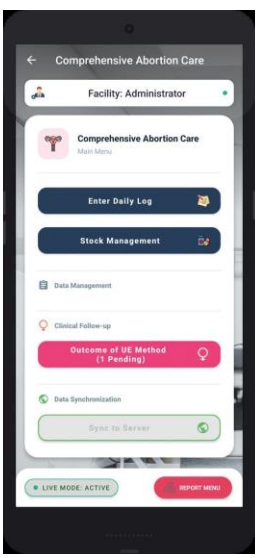
Step 14 — Referrals and Final Details. This is the final screen. Select any post-abortion complications from the dropdown (Severe Bleeding, Sepsis, Perforations, or others). Add any comments or referral notes. When all fields are complete, tap Submit Record to save the entry to the device.



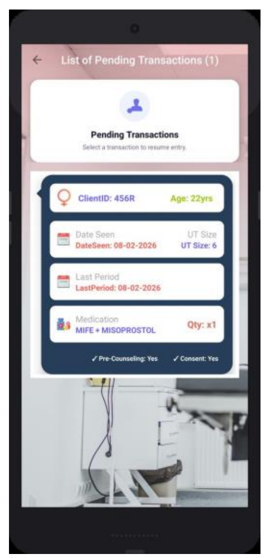
Referrals and Final Details — post-abortion complications and comments, then Submit Record.

Pending Transactions

If a CAC record was started but not completed — for example, if you were interrupted mid-entry — it is saved as a pending transaction. The CAC main menu shows a pending count when incomplete records are waiting. Tap the pending indicator to see the list.

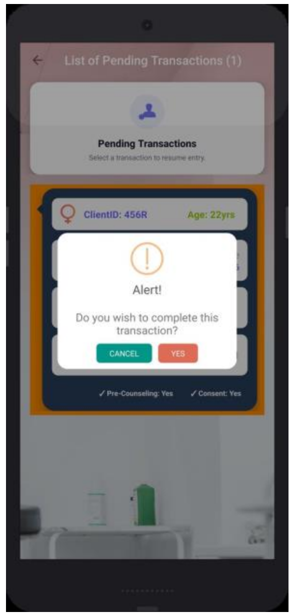


The CAC main menu showing one pending transaction.



The pending transactions list, showing key details of each incomplete record.

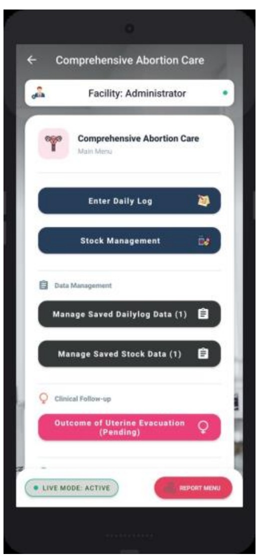
Each pending record shows the Client ID, age, date seen, last menstrual period, uterine size, and the medication selected so far. Tap a record to resume entry from where you left off. A confirmation prompt checks that you want to continue with that record before reopening it.



Confirm prompt before resuming a pending transaction.

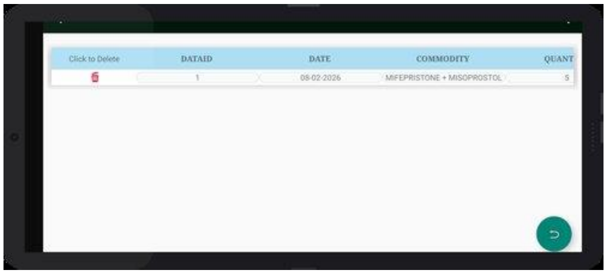
Managing Saved CAC Data

Once CAC records are on the device, Manage Saved Dailylog Data and Manage Saved Stock Data appear in the CAC menu with counts of unsaved records. Tapping either opens a tabular view of what is stored.



CAC main menu showing saved data and stock records waiting to sync.

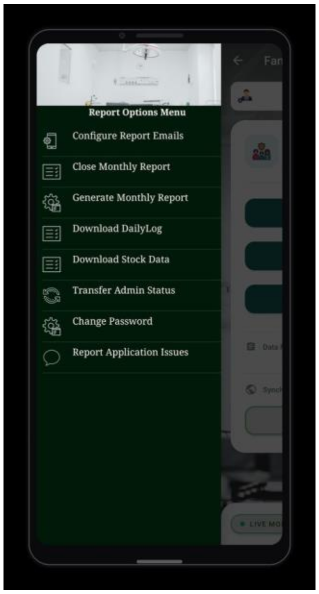
Saved CAC daily log entries in table format — date, provider, medications, and outcome.



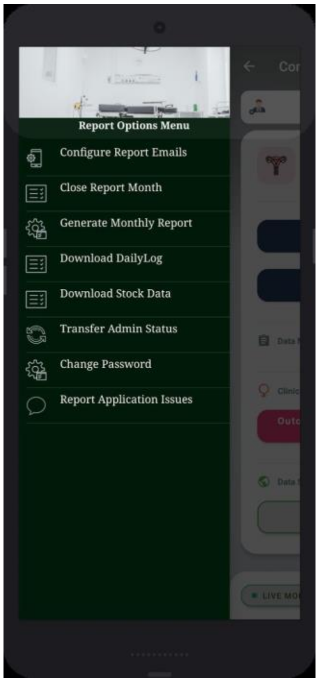
Saved CAC stock entries in table format — commodity, quantity, date, and source.

10. Report Configuration and Operations

The Report Menu is accessible from the bottom of both the FP and CAC screens. Tap the REPORT MENU button to open the Report Options Menu. Both FP and CAC share the same report menu structure: Configure Report Emails, Close Report Month, Generate Monthly Report, Download DailyLog, Download Stock Data, Transfer Admin Status, Change Password, and Report Application Issues.



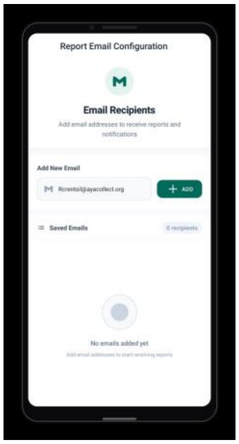
The FP Report Options Menu.



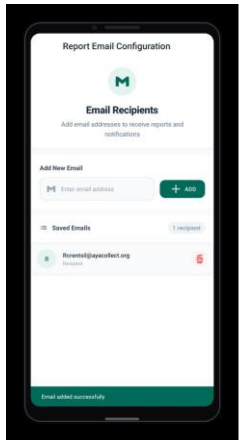
The CAC Report Options Menu — same structure as FP.

10.1 Configure Report Emails

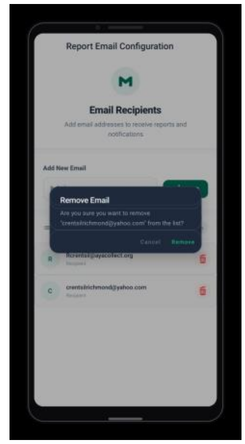
This is where you add the email addresses that should receive the facility's reports. You can add as many recipients as you need. The empty state shows no recipients configured. Tap the field, type an email address, and tap Add to save it. The address appears in the list. To remove a recipient, tap the bin icon beside their address and confirm the removal.



No recipients configured yet.



A recipient has been added — their address appears in the list.

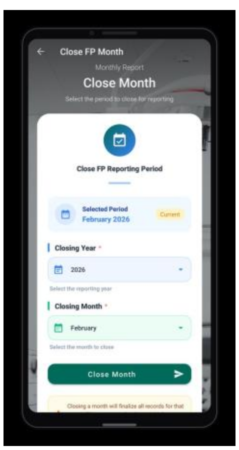


Confirm before removing a recipient.

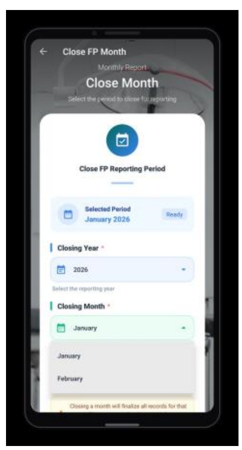
Recipients typically include the facility in-charge, the sub-district in-charge, the District Health Information Officer, and any partner monitoring the facility's data. At month end, when the report is generated, it is automatically sent to everyone on this list as a PDF attachment.

10.2 Close the Report Month

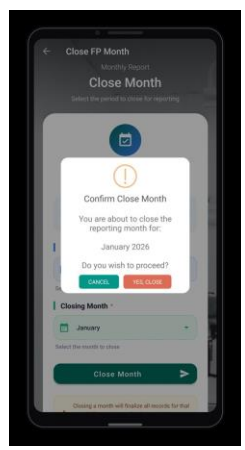
Closing the month is a required step before a report can be generated. All entered data for the period must be synced to the server first. Records still pending at close are carried into the following month and counted there.



The current reporting period is shown before you close.

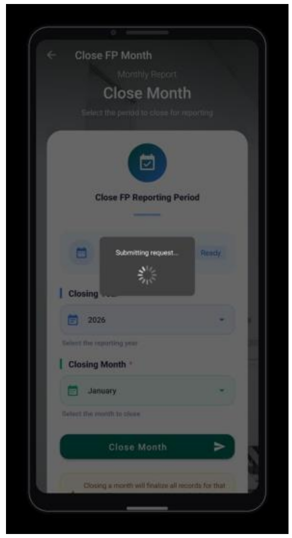


Use the year and month selector to choose the period to close.



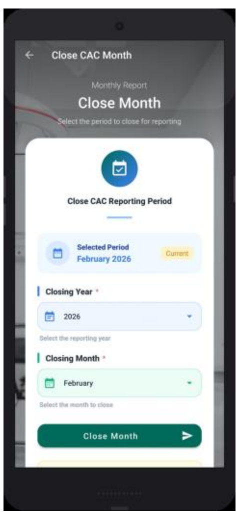
Confirm the closure — this cannot be undone.

Select the correct year and month using the sliders, then tap Submit Request. A confirmation prompt appears. Review the period carefully before confirming — this action cannot be undone. A submitting indicator appears briefly while the request processes.

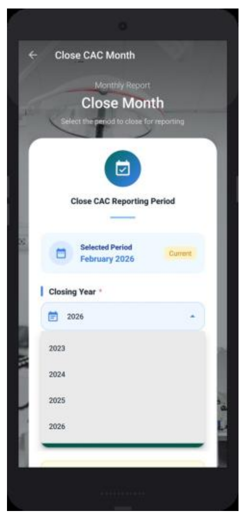


Submitting the close request — a brief loading indicator appears while it processes.

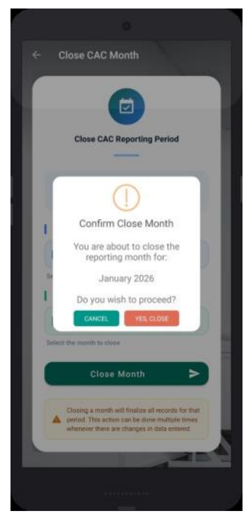
The CAC module follows exactly the same flow: open the Report Menu, select Close Report Month, choose the year and month, and confirm.



CAC Close Month — current period shown.



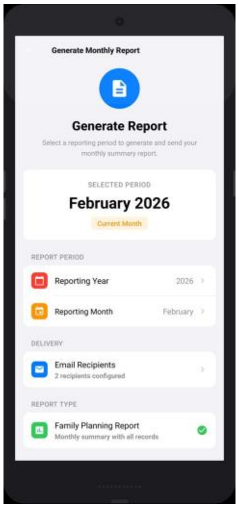
Select year and month to close.



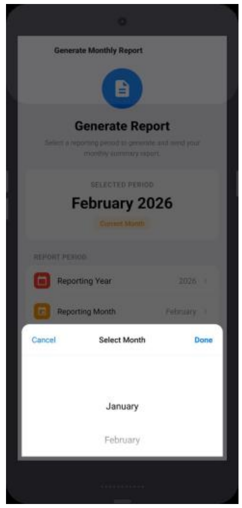
Confirm the CAC month closure.

10.3 Generate the Monthly Report

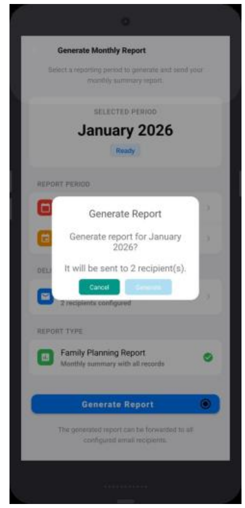
Once the month is closed and at least one email recipient is configured, you can generate the monthly report. If either condition is missing, the system alerts you before proceeding.



Generate Report screen — select year and month.



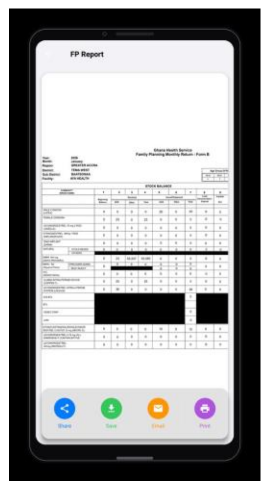
Month selector for the reporting period.



Confirm generation — report is then compiled and sent.

Select the year and month using the sliders, then tap Submit Request and confirm. The system compiles the report from all records entered for that period and emails it as a PDF to everyone on the recipient list. A full-screen preview of the generated report appears in the app.

Report preview showing new and continuing acceptors by method.



Report preview showing the commodity stock balance section.

From the report preview, you can share, save, or email the report directly from the app.

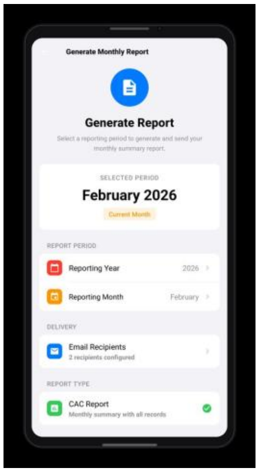
Email the report directly to a recipient.

Share via any app on the device (WhatsApp, Google Drive, etc.).

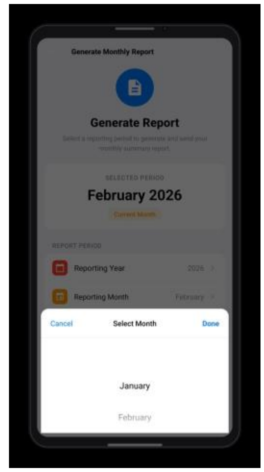
Save as PDF preview before saving to Downloads.

Save report to the device's Downloads folder for offline access.

The CAC Generate Monthly Report flow is identical: open the Report Menu, select Generate Monthly Report, choose the period, confirm, and view the preview.



CAC Generate Monthly Report screen.

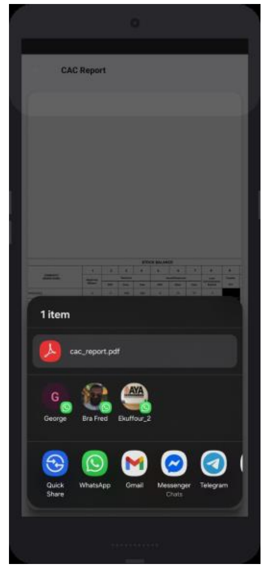


CAC month selector.

CAC report preview — partial view.

Full CAC monthly report preview within the app.

CAC report stock balance page.



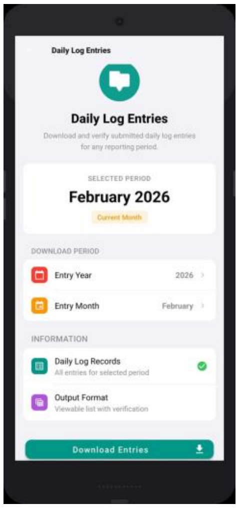
Android share sheet for distributing the CAC report.

Save CAC report as PDF preview.

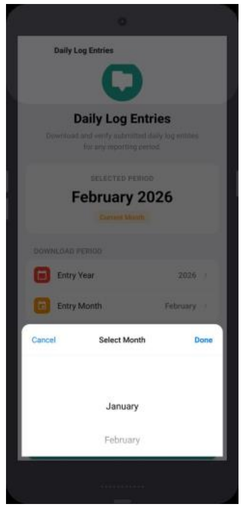
Save CAC report to Downloads.

10.4 Download Daily Log Entries

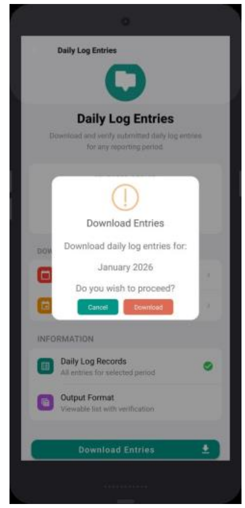
This option lets you download a record of all daily log entries for a chosen period, so you can review what was submitted and cross-check against paper records.



Daily log entries screen — tap Download to begin.



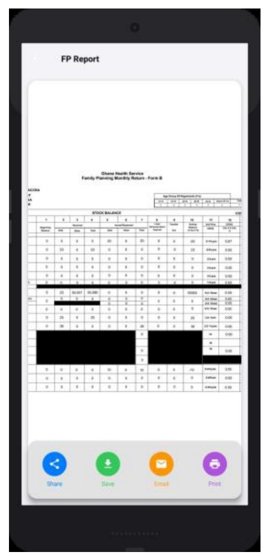
Select the month to download.



Confirm the download request.

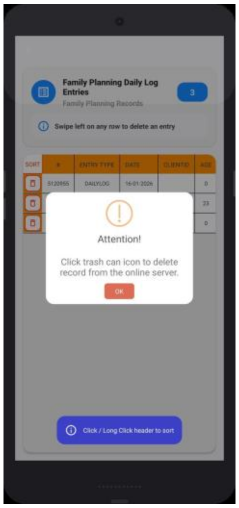
Select the month, confirm, and the entries are compiled and made available. A submitting indicator shows while the request processes. Once downloaded, the entries are presented in a table that you can share or review.

The download submitting in progress.

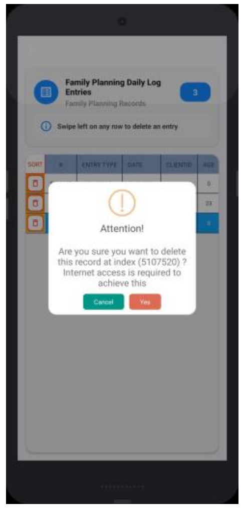


FP report with stock balances, generated alongside the daily log download.

You can also delete individual entries from the download list using the bin icon, followed by a deletion confirmation prompt.



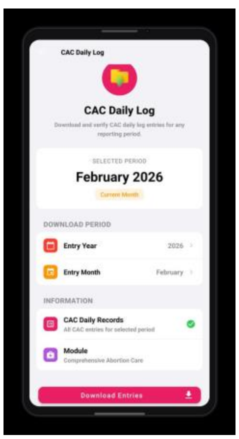
Bin icon available against each entry.



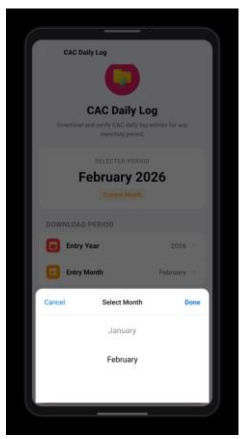
Confirm deletion of a selected entry.

The list after the entry has been removed.

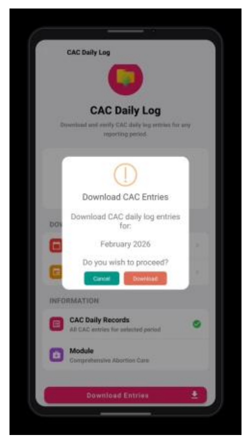
The CAC module has an equivalent Download DailyLog option with the same flow.



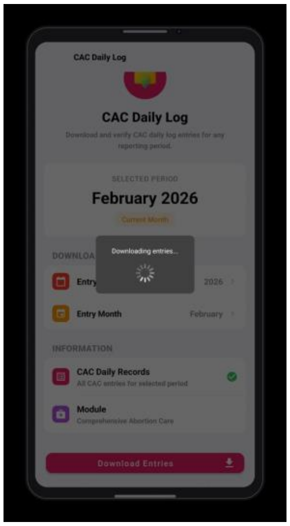
CAC daily log download screen.



Select month for CAC daily log download.

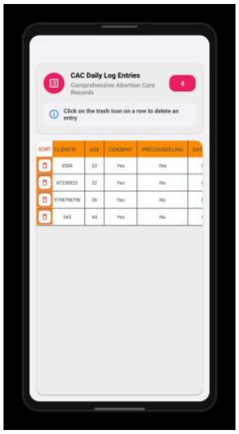


Confirm CAC download.

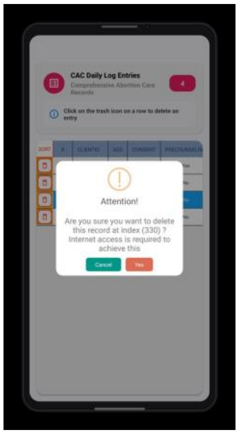


CAC daily log download in progress.

Daily log records for CAC can also be viewed and managed from the CAC Records section.



CAC daily log records list.



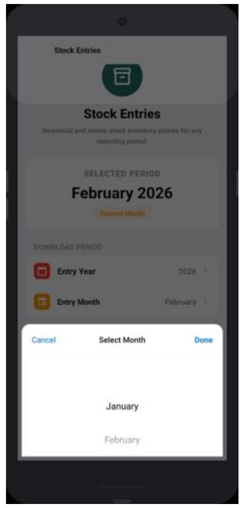
Delete confirmation for a CAC record.

The list after deletion.

10.5 Download Stock Entries

Download Stock Entries works the same way as Download Daily Log but for commodity transactions. Select the month, confirm, and the stock entries for that period are compiled and made available for review. This is useful for reconciling what is in the system against physical stock counts or bin card records.

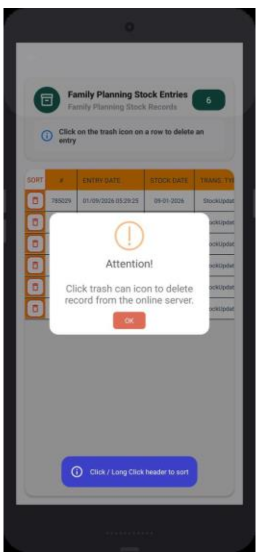
FP stock entries screen.



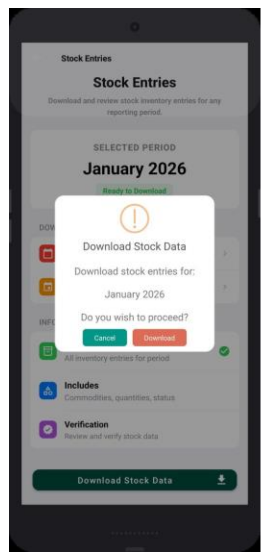
Select month for stock entries download.

Stock entries listed by commodity.

Individual stock entries can also be deleted using the same bin-and-confirm flow as daily log entries.

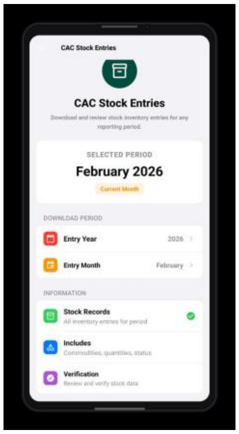


Bin icon to delete a stock entry.

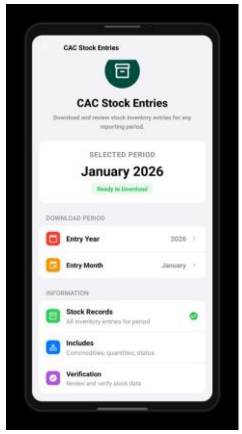


Confirm download of stock entries.

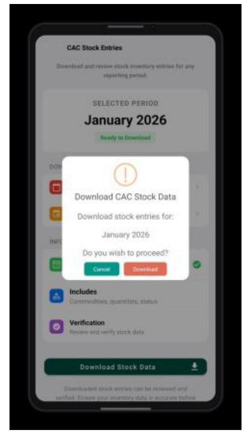
CAC Stock Entries follow the same structure.



CAC stock entries — current month.

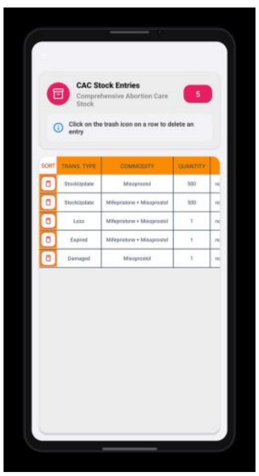


Ready to download.

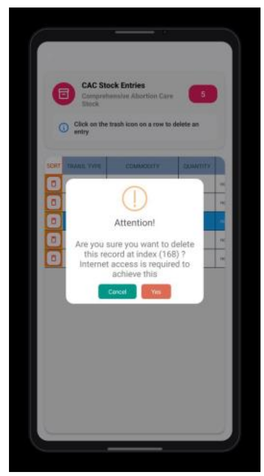


Confirm CAC stock download.

CAC stock records can also be viewed and deleted from the CAC Stock Records section.



CAC stock records list.



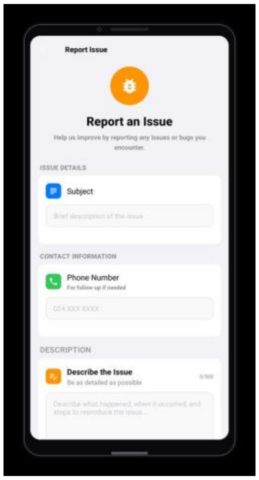
CAC stock delete confirmation.

10.6 Transfer Admin Status

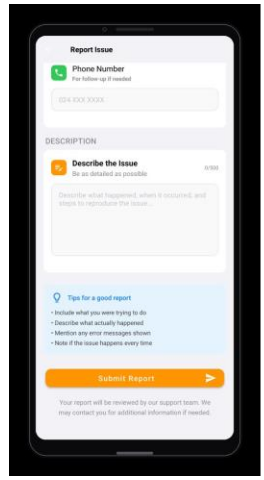
Transfer Admin Status allows the current facility administrator to transfer their administrative privileges — including the ability to close the report month — to another registered user at the same facility. This is used when staff change roles or when administrative responsibility needs to move to a different person without requiring a full account change at district level. Select the option from the Report Menu to initiate the transfer.

10.7 Report an Application Issue

This is how users flag any problem with the system so administrators can address it quickly. It does not matter whether the issue seems large or small. Enter the issue subject, your contact number, and a description of the problem, then tap Report Issue. The issue is attended to and a response comes back by phone call.

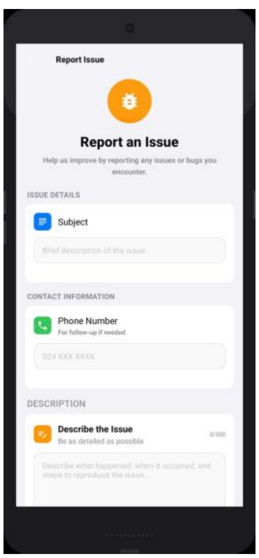


The application issue form — subject and description fields.

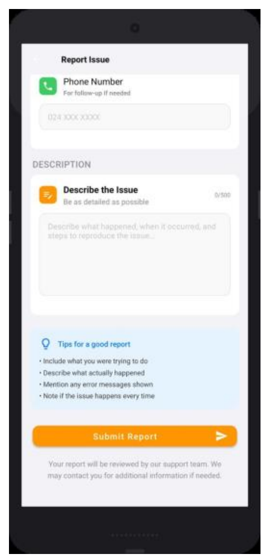


The submit button at the bottom of the form.

The CAC module has the same form and the same process.



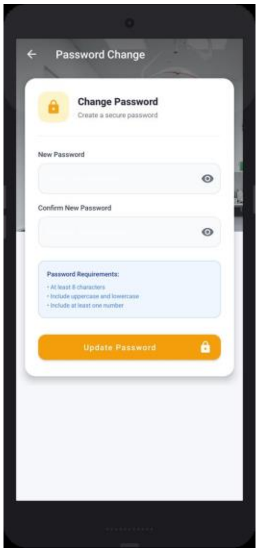
CAC issue report form.



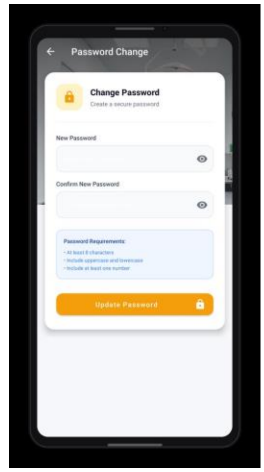
Adding a description before submitting.

10.8 Change Password

To change your password, select Change Password from the Report Menu. Enter the new password in the New Password field, repeat it in Confirm New Password, and tap Submit. You are asked to confirm. After the change, you are logged out and must sign in again with the new password.



FP Change Password screen.



CAC Change Password screen.

11. What the Monthly Reports Contain

The reports rsLog produces are not summaries it invents. They are the standard national return forms, filled automatically from the service and stock records that providers enter through the month. Two are worth showing in full, because they make plain how much detail the system captures and why the data is useful. Both carry the same instruction at the foot of the form: they are to be submitted no later than the fifth day of the month to the District Director of Health Services.

11.1 Family Planning Monthly Return (Form B)

Form B is the family planning return. It opens with the facility's identifiers (region, district, sub-district, facility, year, and month) and a count of new registrants broken down by age band, from 10 to 14 years through to above 35.

Ghana Health Service
Family Planning Monthly Return - Form B

Year:	2026
Month:	May
Region:	GREATER ACCRA
District:	SHAI-OSUDOKU
Sub District:	DODOWA
Facility:	SHAI OSUDOKU HOSPITAL

Age Group Of Registrants (Yrs)						
10-14	15-19	20-24	25-29	30-34	Above 35 Yrs	Total New Registrants
1	18	57	130	137	122	465

STOCK BALANCE												COST	
COMMODITY (BRAND NAME)	1	2	3	4	5	6	7	8	9	10	11	12	13
	Beginning Balance	Received GHS	Received Other	Received Total	Issued/Dispensed GHS	Issued/Dispensed Other	Issued/Dispensed Total	Loss/ Demonstration/ Expired	Transfer Out	Ending Balance (1+4)-(7+8)	Unit Price CEDIS	CEDIS COL 5 X COL 11	CEDIS SDHS 50% X COL 12
MALE CONDOM (LATEX)	50	0	0	0	0	0	0	0	0	50	0.1/3 pcs	0.00	0.00
FEMALE CONDOM	60	0	0	0	0	0	0	0	0	60	0.03 pcs	0.00	0.00
LEVONORGESTREL 75 mg 2 ROD (JADELLE)	73	30	0	30	18	0	18	0	0	85	2.0 pcs	36.00	18.00
ETONOGESTREL 68mg 1 ROD (IMPLANON NXT)	68	32	0	32	15	0	15	0	0	85	2.0 pcs	30.00	15.00
SINO-IMPLANT (ZARIN)	0	0	0	0	0	0	0	0	0	0	2.0 pcs	0.00	0.00
NATURAL – CYCLE BEADS	0	0	0	0	0	0	0	0	0	0	1.0 pcs	0.00	0.00
NATURAL – OTHERS													
DMPA 150 mg (DEPO PROVERA)	311	266	0	266	68	0	68	28	0	481	0.5 / Dose	34.00	17.00
DMPA - SC (Sayana Press) – PROVIDER ADMIN	0	0	0	0	0	0	0	0	0	0	0.5 / Dose	0.00	0.00
DMPA - SC (Sayana Press) – SELF INJECT					0	0	0				0.5 / Dose	0.00	0.00
CIC (NORIGYNON)	37	20	0	20	5	0	5	0	0	52	0.5 / Dose	2.50	1.25
Cu380A INTRAUTERINE DEVICE (COPPER T)	60	20	0	20	5	0	5	1	0	74	2.0 / Unit	10.00	5.00
LEVONORGESTREL INTRA-UTERINE SYSTEM (LNG/IUS)	0	0	0	0	0	0	0	0	0	0	2.0 / Cycle	0.00	0.00
C/S BTL							52				10	520.0(	260.0(
BTL											10		
VESECTOMY							0				10	0.00	0.00
LAM							436						
ETHINYLESTRADIOL/IRON/LEVONORGESTREL 0.03/75/0.15 mg (MICRO G)	10	162	0	162	22	0	22	46	0	104	0.2/Cycle	4.40	2.20
LEVONORGESTREL 0.75 mg (ALL EMERGENCY CONTRACEPTIVE	0	0	0	0	0	0	0	0	0	0	2.0/Pack	0.00	0.00
LEVONORGESTREL 30mcg (MICROLUT)	112	0	0	0	0	0	0	0	0	112	0.2/Cycle	0.00	0.00

Form B, page 1: registrants by age and the full commodity stock ledger.

The largest part of the form is a commodity ledger. For every contraceptive — from male and female condoms through Jadelle, Implanon NXT, Sino-Implant, DMPA Depo Provera, DMPA-SC Sayana Press, the pills, IUDs, and the surgical and natural methods — it records the beginning balance, quantities received (split into GHS and other sources), quantities issued or dispensed, losses, demonstration or expired stock, transfers out, and the ending balance. It also carries unit prices and works out the cost in cedis, including a column for the district's share.

	ACCEPTORS														VISITS						
	NEW ACCEPTORS							CONTINUING ACCEPTORS													
COMMODITY (BRAND NAME)	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35 > Years	Total	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35 > Years	Total	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35 > Years	Total
MALE CONDOM (LATEX)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FEMALE CONDOM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LEVONORGESTREL 75 mg 2 ROD (JADELLE)	0	1	1	1	2	0	5	0	3	10	12	17	18	60	0	0	0	0	0	0	0
ETONOGESTREL 68mg 1 ROD (IMPLANON NXT)	0	0	1	1	1	0	3	0	0	7	12	17	10	46	0	0	0	0	0	0	0
SINO-IMPLANT (ZARIN)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NATURAL – Cycle Beads	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NATURAL – Other																					
DMPA 150 mg (DEPO PROVERA)	0	2	0	3	0	0	5	0	2	3	3	8	14	30	0	0	5	7	9	12	33
DMPA - SC (Sayana Press) – Provider Admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DMPA - SC (Sayana Press) – Self-Inject	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CIC (NORIGYNON)	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	1	2	4
Cu380A INTRAUTERINE DEVICE	0	0	0	1	0	0	1	0	0	1	1	5	7	14	0	0	0	0	0	0	0
LEVONORGESTREL INTRA-UTERINE SYSTEM (LNG/IUS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C/S BTL	0	0	0	0	0	15	15	0	0	0	1	5	31	37	0	0	0	0	0	0	0
BTL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VESECTOMY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LAM	1	15	55	124	134	107	436	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ETHINYLESTRADIOL/ LNG 0.03/75/0.15 mg (MICRO G)	0	0	0	0	0	0	0	0	0	0	2	1	1	4	0	0	0	1	0	3	4
LNG 0.75 mg (ALL EMERGENCY CNT. PILLS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LEVONORGESTREL 30mcg (MICROLUT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Form B, page 2: new and continuing acceptors by method, age band, and visits.

The next part counts acceptors by method and age band, keeping new acceptors separate from continuing ones, and records visits. A further table classifies all acceptors, new and continuing, by marital status across the age bands, alongside those who were counselled only. The form ends with spaces for the names and designations of the person who completed it and the person who authorised it.

11.2 CAC Monthly Reporting Form

The comprehensive abortion care return follows the same header structure and then records each part of the care episode against the client's age group, from 10 to 14 through to 40 and above. The variables it captures show how complete the clinical picture is: counselling before and after the procedure and informed consent; type of presentation (self-initiated, spontaneous, or elective); presenting complications; primary and secondary evacuation methods; referrals in and out; the diagnosis (elective, incomplete, or missed abortion); client type (inpatient or outpatient); post-abortion family planning; and post-abortion complications including any deaths.

A short stock section tracks the CAC medicines — misoprostol and the mifepristone-plus-misoprostol combination — on the same beginning-balance to ending-balance basis as Form B. As with the family planning return, the form records who completed and authorised it, and it is due by the fifth of the month.

For a funder or a health system weighing this kind of investment, these two forms are the proof of concept. They show that the data entered at the point of care is complete enough to manage commodities, monitor providers, and understand the clinical realities of abortion care — all without asking a provider to do month-end arithmetic by hand.

12. Considerations for Adoption in Other Settings

Teams in other countries often ask what it actually takes to run a system like rsLog. A few lessons from Ghana's experience are worth carrying forward.

Design for offline first

The decision to let data entry work without a connection is what makes the system usable in facilities with poor or no internet. Connectivity is needed only to sign in and to sync. Any team replicating this should treat offline capability as a starting requirement, not an add-on.

Complement the national system, do not compete with it

rsLog earns its place by feeding DHIMS2 rather than duplicating it. Positioning a new system as complementary, and generating the exact reports the national system expects, lowers resistance and improves the quality of national data at the same time.

Separate live, test, and training environments

Keeping an identical test environment for all training protects live facility data from practice entries. The clear TEST ENVIRONMENT marker is a small detail that prevents real mistakes.

Build roles and geography into the core

Profiles tied to cadre, module access (FP, CAC, or both), and a clear geographic scope (facility, district, region, national) keep data clean and give each user exactly the view they need. The same structure makes provider-level monitoring and task-sharing reporting possible.

Plan for the hard problem: a unique client identifier

rsLog already records individual-level data, which opens the door to following clients across visits. A reliable unique client identifier is the remaining challenge. Any country pursuing true continuity of care should plan for this early rather than treat it as a finishing touch.

Invest in training and support

More than 4,000 providers were trained to reach near-universal coverage. A built-in way for users to report issues, with a real response, keeps the system trusted and in use.

13. Technical Foundation

rsLog was built by a team with broad experience across modern web, mobile, desktop, and integration technologies. The summary below is intended to give technical evaluators a sense of the capabilities behind the system, rather than to prescribe a specific stack.

Web platform: ASP.NET MVC 5 with C#, backed by SQL Server (ADO.NET, no ORM). Frontend uses Bootstrap and Vue for UI components and interactivity, DevExpress for advanced grid/control elements, and Crystal Reports for reporting.

Mobile platforms: native Android (Java / Kotlin) for field-level data capture, and Flutter/Dart for cross-platform mobile delivery. Local storage on mobile uses SQLite for offline-first sync.

Databases: SQL Server (primary, server-side) and SQLite (mobile offline storage).

API layer: RESTful API built on ASP.NET Web API, enabling mobile-to-web sync and supporting interoperability.

Dashboards and analytics: interactive dashboards and data visualizations built with JavaScript libraries such as Chart.js, AMChart.js and DevExpress charting, supporting real-time decision-making for health program monitoring.

Infrastructure: deployed across a multi-server farm environment (load balancer, IIS application servers, dedicated database server, backup server), with session-based authentication.

14. A Note on What rsLog Represents

rsLog shows what becomes possible when a national health service and a committed partner build a tool around the real work of providers rather than around a reporting requirement. By capturing services, commodities, and clients in one place, working offline where it has to, and feeding the national system instead of competing with it, rsLog has turned reproductive health data in Ghana from a monthly burden into something providers and decision-makers can actually use.

It is a working example of digital health investment that has reached national scale. It is a model that can be studied and adapted. Most importantly, for the providers who use it every day, it is the difference between hours of arithmetic and time spent with clients.

Ghana Health Service and AYA Collective