

**Monthly summary of CHW's performance at the level of the health area**

**Month:**

**District :**

**Health area :**

N°	Name and Surname of the CHW (As in the National ID Card)	Date of submission of the report	Number of home visits done	Number of suspected cases of malaria	Number of suspected cases of malaria tested	Nber of confirmed cases of simple malaria treated	Number of confirmed cases of severe malaria referred	Number of cases of respiratory infections treated	Number of cases of Diarhoea treated	Number of pregnant women referred for ANC	Number of households with children U5 given vouchers for LLINs	Number of pregnant women who received at least 2 subsequent doses of SP	Number of Vouchers sent by CHW for collection if LLINs
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
<b>TOTAL</b>													

The Chief of Center or supervisor

The DMO

The RTG-malaria