

MOH MONTHLY REPORT FOR COMMUNITY HEALTH WORKERS' ACTIVITIES										
Report done from:		<input type="checkbox"/> Village <input type="checkbox"/> Cell Year: <input type="checkbox"/> Cooperative		Community health workers	Active	Reporting				
Village:	ANNUAL POPULATION FIGURES** once a year by CHWs with support from supervisors			Binôme						
Cell:	Total population in village:			ASM						
Health center:	Number children 0-5 years:									
District:	Number women 15-49 years:									
A. Treating sick children (c-IMCI by binôme)				Total	Treated	Referred				
						Directly	After Tx			
1	Number of sick children under 5 years old seen by the CHW									
2	Cases 6-59 months with fever/malaria presenting within 24 hrs									
3	Cases 6-59 months with fever/malaria presenting after 24 hrs									
4	Cases seen with diarrhea (2-59 months of age)									
5	Cases seen with pneumonia (2-59 months of age)									
6	Number of counter-referral forms received [by the CHW]									
				Total	Positive	Negative	Invalid			
7	Number of RDTs carried out									
B1. Nutrition (during community monthly growth monitoring session)				MUAC (6-59)	Weight/age (6-59)	Total				
8	Number of children in green									
9	Number of children in yellow									
10	Number of children in red									
11	Number of children with oedema									
12	Number of children referred to FOSA for possible malnutrition									
13	Number of children receiving RUTF or SOSOMA followed up by CHW's									
B2. Vaccination and nutritional supplementation				6-11 MONTHS	12-59 MONTHS	Total				
16	Number of children between 9 and 12 months who did not complete vaccinations									
D1. Maternal health (ASM)				Number						
17	Number of pregnant women newly identified by ASM [confirmed pregnant]									
18	Number of currently pregnant women									
19	Number of women within 4 months of pregnancy referred by ASM to ANC									
20	Number of pregnant women with danger signs referred by ASM to ANC									
21	Total number of home deliveries									
22	Total number of health facility deliveries									
23	Number of women accompanied by ASM to deliver at the health facility									
24	Number of women and child (alive) pairs accompanied to postnatal visit within 24 hours of home delivery									
25	Number of women referred to health center for PMTCT									
26	Number of children < 2 months referred to a health facility due to danger signs									
D2. Community-based nutrition				Number						
27	Number of breastfeeding women (< 6 months) with MUAC < 21cm									
28	Number of pregnant women with MUAC < 21cm									
E. Family Planning				Female	Male	J. Drugs and supplies				
29	Number of FP clients new to the CHW (after being seen at FOSA)					Original stock	Received	Dispensed	Spilled/Damaged	Remaining
30	Number of consultations for FP clients continuing in the CBP program									
31	Number of clients discontinuing FP in the CBP program					OCP				
F. Mortality				FOSA	Community	Cycle beads				
32	Number of maternal deaths (during pregnancy or within 42 days of delivery [termination of pregnancy, from pregnancy-related causes])					Condom				
33	Number of under-1 deaths (all)					Injectables (DMPA)				
34	Number of under-5 deaths (all)					Misoprostol				
35	Number of neonatal deaths (up to 28 days) (subset of all U5 deaths)					Primo red				
G. Disease follow-up				Number		Primo yellow				
36	Number of persons suspected to have TB referred to the health center					Zinc				
37	Number of TB patients receiving DOTS at home					ORS				
38	Number of polio suspects referred to the health center					Amoxicillin				
39	Number of measles suspects referred to the health center					Mebendazole				
40	Number of people referred to health center for VCT					Sur' eau				
H. Supervision and meeting/IEC participation				Number		Vitamin A				
41	Number of individual supervision visits received by the CHW from a health center staff					Bed nets				
42	Number of individual supervision visits received (by the CHW) from the cell supervisor					RDT				
43	Number of mass education sessions in the community (mass IEC)					Gloves				
I. Community IMCI financial transactions		Payments received	Debt incurred	Debt recovered	Debt remaining					
Name and signature:										
Date filled in:/...../.....		Name and signature:			Date received: / /.....					