FORM 5.1

PARISH VHT SUMMARY REPORT

Date of submission ……/……./……. Reporting period Month ……..…Year……..……

District:…….. Health Sub District…….. Name of Sub county:…….. Name of Parish:……..

Name of Health facility ……. Name of Facility in charge……..……. Telephone contact…….

Name of officer compiling report……. Telephone contact…….

Supervisor: Use the this form to summarise the VHT register in a given reporting period.

Section 1: Children 2 months to 5 years | ***Section 2: New Borns*** | ***Section 3: Stock outs***

S/N	Name of Village	VHT Number	Names of active VHTS	Number of reports received	GENERAL INFO: Number children 2mths-5 yrs seen	SEX: Male	SEX: Female	Number assessed for fast breathing	RDT Results: Positive	RDT Results: Negative	PROBLEM: Diarrhoea	PROBLEM: Fast breathing	PROBLEM: Fever	PROBLEM: Danger sign	Treatment within 24 hours: Diarrhoea	Treatment within 24 hours: Fast breathing	Treatment within 24 hours: Fever	TREATMENT (Given by VHT): Diarrhoea: ORS	Diarrhoea: ZINC: 0-6 months (1/2 tablet)	Diarrhoea: ZINC: 7months-5 years(1 tablet)	Fast Breathing: AMOXICILLIN: 4-11 months (Red)	Fast Breathing: AMOXICILLIN: 1-5 years (Green)	Fever: ACT: 4 months-2 years (Yellow)	Fever: ACT: 3-5 years(Blue)	Pre referral treatment: ORS	Pre referral treatment: Amoxicillin	Pre referral treatment: ACT	Pre referral treatment: Rectal Artesunate	Referred	OUTCOME: Recovered	OUTCOME: Died	OUTCOME: Bad medicine reaction	OUTCOME: Unknown	NEW BORNS: Sex: Male	NEW BORNS: Sex: Female	NEW BORNS: Home Visit by VHT: Day 1	NEW BORNS: Home Visit by VHT: Day 3	NEW BORNS: Home Visit by VHT: Day 7	NEW BORNS: Danger sign	NEW BORNS: Referred	STOCK OUTS (Tick if VHT had a stock out): ORS	ZINC	Amoxicillin (Red)	Amoxicillin (Green)	ACT (Yellow)	ACT (Blue)	Rectal Artesunate	RDTs
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Total VHT reports expected			**Totals from all VHT reports**																																													