FORM 1A																	
	VILLAGE CLI	NICS MON	NTHLY REP	ORT FORM	FOR UND	ER FIVES											
Village clinic					Month_			Year	Date of rep		_						
GVH				HSA nar	ne			Date of rep	orting								
TA									Do you	stay in the	catchme	nt area					
District																	
Village clinic catchment population																	
	1				ſ	CM Cases re	eport summar	У	1				Deaths (withi	n 7 days o	f receiving	treatment at a	
Condition		New	cases		Re	ferrals with danger signs			Referra	ıls made ba	cause of Dru	g stockout	Deaths (within 7 days of receivin village clinic)			, treatment at a	
							36-59							5 - 35	36-59		
	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months	months	TOTAL	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	months	months	TOTAL	
Fever Cases	1																
Confirmed Malaria cases with m RDT test (m RDT Positive)																	
m RDT negative																	
			12- 59 months	TOTAL	2- 11 months		12- 59 months	TOTAL	2- 11 months		12- 59 months TOTAL		2- 11 months	1	12-59 months	TOTAL	
Diarrhoea	2- 11 months		12 33 months	35 months TOTAL		2- 11 IIIOIIUIS		TOTAL	2- 11 months		12 33 Months TOTAL		Z-11 mondis		montais	TOTAL	
Fast Breathing																	
Red eye																	
Malnutrition (Red MUAC and Swelling of both feet)																	
Palmar pallor																	
Other conditions																	
TOTAL																	
Grand total (Total Malaria +total oth	er cases			New cases by gender	ma	ales		fen	nales			Invalid m RD	т				
Grana total (rotal Malaria Ftotal otti	ici cases			by genuer		upplies ma	nagement								1		
Name of Drug/ Supply	Unit of Issue	(A)		(B)		(C)		(D)		(E)		(F)			(H)	(H)	
	Quantity on Hand at the beginning of the month					Losses	osses Adjustment		Quantity received		New stock on Hand		No. of days out of stock in the month	Dia the	ne Stock out last 7 continuous days or more (Y or N)		
							(+)	(-)									
LA 6X1	Tablet																
LA 6X2	Tablet																
Rectal Artesunate	Supp																
RDT	Kits																
paracetamol	Tablets																
ORS	Sachet																
Zinc	Tablet																
Cotrimoxazole	Tablet																
Eye ointment	Tube																
Dispoasable gloves	Pairs																
How many times were you supervised in the	month			]				re you mer	ntored in th	e month			]				
Name of Approving officer* Report should be sent to the H/Facility by 2nd	of each month			_		Signature_ * To be co	mpleted in	duplicate, c	opy for the v	 village clinic a	and another t	o the health fa	acility				

FORM 1B											_					
Health Facility				VILLA	GE CLINICS	MONTHLY	CONSOLIE	OATED RE	PORT - Heal Month	th facility L	.evel			Year		
District		_				MonthYear  Total number of CCM HSAs staying in their catchment area										
Number of village clinics that have	e reported	- this months									to reach areas		ciic dicu			
Total number of functional village	e clinics wit	hin the catch	nment area											_		
	1				1		CCM Cases rep	ort summar	<u>/</u>				1			
Condition		New cases 2-4 months 5 - 35 months 36-59 months				Referrals with					bacause of Drug stockout					t at a village clinic)
	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months	36-59 months	TOTAL
Fever Cases  Confirmed Malaria cases with mRDT test (m RDT positive)																
m RDT negative																
	2- 11	1 months	12-59 months	TOTAL	2- 11	months	12- 59 months	TOTAL	2- 11 r	months	12- 59 months	TOTAL	2- 11	L months	12- 59 months	TOTAL
Diarrhoea					2-11 monds											
Fast Breathing																
Red eye																
Malnutrition (Red MUAC and Swelling of both feet)																
Palmar pallor																
Other conditions																
TOTAL																
Grand total (Total Malaria +total o	har casas					New cases by gender	males		females			Invalid mRD	•			
Grand total (Total Malaria +total of	iller cases	ı					ision sched	le for the				IIIValiu IIIKD				
n HSAs with Village clinics		n village clinics planned visits  n village clinic visits  n village clinic visits  done  n Hsas supervised in CCM  supervision														
	1	1		1	1	1	Supervision	summary		1						_
			Information-Decision-Treatment			quality	Logistics	Aveilabili	af da	Availabilit	of supplies	Cait	y involvement	Makes	and sanitation	
	Theme Case management HSAs who got correct scores on the following per checklist		anagement	COIISIS	onsistency Data (		quanty Logistics		Availability of drugs		Availability	oi supplies	community involvement		Tracer and samedam	
						9	Supplies mana	gement Tabl	e							
Name of Drug/ Supply	Unit of Issue (A)			(B)			(D)		(E)		(F)		(C)		(H)	
		(A)		(D)		(C)	(0)		(E)		(F)					(I) number of HSA
		Quantity on Hand at the beginning of the month		Quantity D	ispensed	Losses	Adju	stment	Quantity received		New stock on Hand		number of HSAs reporting any stockout	number of HSAs reporting a stockout lasting for 7 continuous days or more		dove
							(+)	(-)								
LA 6X1	Tablet															
LA 6X2	Tablet							-								
Rectal Artesunate RDT	Supp Kits							-	-				1	-		
																-
Paracetamol ORS	Tablets Sachet										+		-			
Zinc	Tablet							-	-					-		
Cotrimoxazole	Tablet							-								
	Tube										+		-			
Eye ointment	Pair	-				-	1	-	-		+		+	-		
Disposable gloves  Number of HSAs reported to have beer		n the month		-	1		Number of F	SAs reporte	d to have been r	mentored in the	e month	1				1
Name of village clinics not reported							50. 011	sporto				L	_			
Name of Approving officer	of anch manth					Signature	atad in dunlicat	n conv for the		d another conv	should be sent to	DHO				

FORM 1C																			
					VILLAG	E CLINICS M	ONTHLY CON	ISOLIDATED F	REPORT - I	District Leve	el								
District		_						Month Year											
Number of village clinics that h							Total number of CCM HSAs staying in their catchment area												
Total number of functional villa	age clinics in	the district						Total populat	ion in Hard	l to reach are	as				=				
							CCM Cases	report summary											
Condition		CCM Cases report summary  New cases Referrals with danger signs Referrals made bacause of Drug stockout Deaths (within 7 days of receiving treatment													ing treatment a	a village clinic)			
	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months	36-59 months	TOTAL	2-4 months	5 - 35 months			2-4 months 5 - 35 months		36-59 months TOTAL				
Fever Cases																			
Confirmed Malaria cases with mRDT test (posive cases)																			
m RDT negative																			
	2- 1	1 months	12- 59 months	TOTAL	2- 11	months	12-59 months	TOTAL	2- 1	11 months	12- 59 months	TOTAL	2- 11 m	onths	12-59 months	TOTAL			
Diarrhoea																			
Fast Breathing																			
Red eye																			
Malnutrition (Red MUAC and Swelling of both feet)																			
Palmar pallor																			
Other conditions																			
TOTAL																			
Grand total (Total Malaria +total other cases						New cases by gender	males		females	3			Invalid mRDT						
·		•	-			Sı	pervision sch	edule for the m	onth	•		-			•				
n HSAs with Village clinics		n plann	ed visits		n visits done		n Hsas supervise			n HSAs who ha	d their skills reinfo	rced by case	observation, case scenario	os during supervision					
							Supervis	ion summary											
Theme Case management Treatmen			ation-Decision- ent Consistency	Data	quality	Logistics	Availab	bility of drugs	Availability o	f supplies	Community is	nvolvement	Wate	and sanitation					
HSAs who got correct scores on the following per checklist																			
	1	1				Supplie			1		1		1			1			
Name of Drug/ Supply	Unit of Issue	(A)		(B)		(C)	(D)		(E)		(F)		(G) (		H) (I)				
		Quantity on Hand at the beginning of the month		Quantity Dispensed		Losses	Adj	justment	Quant	Quantity received		on Hand	number of HSAs reporting any stockout	number of HSAs re lasting for 7 continu	porting a stockout lous days or more	number of HSA days stockout (addition of days stock out)			
							(+)	(-)											
LA 6X1	Tablet																		
LA 6X2	Tablet																		
Rectal Artesunate	Supp																		
RDT	Kits																		
paracetamol	Tablets																		
ORS	Sachet																		
Zinc	Tablet																		
Cotrimoxazole	Tablet																		
Eye ointment	Tube																		
Disposable gloves	Pair																		
Number of HSAs reported to have be Number of village clinics not reported Name of Approving officer * Report should be sent to the IMCI Unit			]		]	* To be complete		As reported to hav Signature py for the DHO and					]						