

FORM 1A

VILLAGE CLINICS MONTHLY REPORT FORM FOR UNDER FIVES

Village clinic _____
 GVH _____
 TA _____
 District _____
 Village clinic catchment population _____

Month _____ Year _____
 HSA name _____ Date of reporting _____
 Do you stay in the catchment area _____
 Nearest Health facility _____

CM Cases report summary

Condition	New cases				Referrals with danger signs				Referrals made because of Drug stockout				Deaths (within 7 days of receiving treatment 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 m RDT test (m RDT Positive)																
m RDT negative																
	2- 11 months			12- 59 months	TOTAL	2- 11 months			12- 59 months	TOTAL	2- 11 months			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						Invalid m RDT			

Supplies management Table

Name of Drug/ Supply	Unit of Issue	(A)	(B)	(C)	(D)		(E)	(F)	(G)	(H)
		Quantity on Hand at the beginning of the month	Quantity Dispensed	Losses	Adjustment	Quantity received	New stock on Hand	No. of days out of stock in the month	Did the 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

Name of Approving officer _____

How many times were you mentored in the month

Signature _____

* Report should be sent to the H/Facility by 2nd of each month

* To be completed in duplicate, copy for the village clinic and another to the health facility

FORM 1B

VILLAGE CLINICS MONTHLY CONSOLIDATED REPORT - Health facility Level

Health Facility _____

Month _____

Year _____

District _____

Total number of CCM HSAs staying in their catchment area _____

Number of village clinics that have reported this months _____

Total population in Hard to reach areas _____

Total number of functional village clinics within the catchment area _____

CCM Cases report summary

Condition	New cases				Referrals with danger signs				Referrals made because of Drug stockout				Deaths (within 7 days of receiving treatment 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 months			TOTAL	2- 11 months			TOTAL	2- 11 months			TOTAL	2- 11 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				Invalid mRDT				

Supervision schedule for the month

n HSAs with Village clinics		n village clinics planned visits		n village clinic visits done		n Hsas supervised in CCM		n HSAs who had their skills reinforced by case observation, case scenarios during supervision	
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Supervision summary

Theme	Case management	Information-Decision-Treatment Consistency	Data quality	Logistics	Availability of drugs	Availability of supplies	Community involvement	Water and sanitation
HSAs who got correct scores on the following per checklist								

Supplies management Table

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	Adjustment	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	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 been supervised in the month _____

Number of HSAs reported to have been mentored in the month _____

Name of village clinics not reported _____

Name of Approving officer _____

Signature _____

* Report should be sent to the DHO by 5th of each month

* To be completed in duplicate, copy for the health facility and another copy should be sent to DHO

FORM 1C

VILLAGE CLINICS MONTHLY CONSOLIDATED REPORT - District Level

District _____ Month _____ Year _____
 Number of village clinics that have reported this month _____ Total number of CCM HSAs staying in their catchment area _____
 Total number of functional village clinics in the district _____ Total population in Hard to reach areas _____

CCM Cases report summary

Condition	New cases				Referrals with danger signs				Referrals made because of Drug stockout				Deaths (within 7 days of receiving treatment 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 (positive cases)																
m RDT negative																
		2- 11 months	12- 59 months	TOTAL		2- 11 months	12- 59 months	TOTAL		2- 11 months	12- 59 months	TOTAL		2- 11 months	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			Invalid mRDT		
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Supervision schedule for the month

n HSAs with Village clinics		n planned visits		n visits done	n Hsas supervised in CCM		n HSAs who had their skills reinforced by case observation, case scenarios during supervision	
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Supervision summary

Theme	Case management	Information-Decision-Treatment Consistency	Data quality	Logistics	Availability of drugs	Availability of supplies	Community involvement	Water and sanitation
HSAs who got correct scores on the following per checklist								

Supplies management Table

Name of Drug/ Supply	Unit of Issue	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
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LA 6X1	Tablet									
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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 been supervised in the month Number of HSAs reported to have been mentored in the month

Number of village clinics not reported

Name of Approving officer _____

Signature _____

* Report should be sent to the IMCI Unit by 10th of each month

* To be completed in duplicate, copy for the DHO and another copy should be sent to IMCI Unit