Outreach Team Monthly Summary Form

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Team Leader name	Reporting month/year
Clinic *(DHIS name)*	Ward *(DHIS number)*
Team name *(DHIS name)*	
Total number of HHs allocated to team	Number of CHWs per team

CHW details		Household visit details			Household activity					*Referral Forms* given			Activity head count		Community activity	
		Type of visit														
CHW name	Number households allocated	Household registration visit	Follow-up visit	Supervised visit	Pregnancy	Postnatal	Under 5	Adherence support	Home-based care	Clinic	Social services	Home-based care	Clients UNDER 5 years	Clients 5 years and older	Support groups facilitated	Community campaigns
Total																
Total number of *Back-referral Forms* received from clinics this month																

Signature of Team Leader _____ Date *(dd/mm/yyyy)* _____

Signature of Facility Manager _____ Date *(dd/mm/yyyy)* _____

Signature of Data Capturer _____ Date *(dd/mm/yyyy)* _____

Comments: