Outreach Team Monthly Summary Form

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Team Leader name	Dr. S. Moosa	Reporting month/year	08/2014
Clinic *(DHIS name)*	Chiawelo CHC	Ward *(DHIS number)*	11
Team name *(DHIS name)*	Chiawelo Community Practice (Wits)		
Total number of HHs allocated to team	0	Number of CHWs per team	18

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
A Noxolo Tibane																
B Refiloe Ndou																
C Agrineth Ngwenya																
D Tumi Mohale																
E Nkosana Zwane																
F Songezo Mngezane																
G Busisiwe Kopase																
H Gabisile Hlongwane																
I Malwandla Hlongwane																
J Baby Moreu																
K Hellen Mthimkulu																
L Manti Ngwenya																
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:

Version 1.2
August 2012

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M Phindile Tyeda																
N Gundo Tshimange																
O Nkosinathi Makhubo																
P Sibongile Mtloung																
Q Tinyiko Ndimande																
R Zama Radebe																
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Comments: