



Health Access Connect

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Linking Ugandans in remote areas
with healthcare resources

OUTREACH CLINIC DATA FORM A

To be completed by Local Community Association (LCA) Members/VHT

Person filling form KASIRYE ABINSON Position FOCAL PERSON

LCA name (if Applicable) NAMUKUPA HEALTH GROUP

Village NAMUKUPA District MUKONO

OUTREACH CLINIC INFORMATION

Date 27-02-2024

Intended Start Time 10.00AM

Actual start time 12.00 P.M

End time 6.00 P.M

Was an HAC worker present? (Circle)

Yes ☒ No ☐

Were any other organisations involved or contributing to this outreach?

Yes ☐ No ☒

If yes, name of organisation

Total Patients			
Ages	Male	Female	Total
0-28 days			
29 days-4 years	02	3	4
5 years-9 years	03	4	07
10 years-18 years	02	02	04
19 years-24 years	00	02	02
25 years-59 years	04	11	15
60 years and up	03	05	08
Total	14	27	41

List names of village's patients came from

NAMUKUPA VILLAGE

Money Collected			
	Number of people	UGX per person	Total Collected
Adults	26	2000	52,000
Children	15	1000	15,000
Exceptions:			
Reduced payments	00	00	00
Fees waived	00	00	00
Total	41	2000	82,000

Explanation of any exceptions above

Money Distributed	
	Amount Distributed
Total given to HCWs	60,000/-
Total given to VHTs/LCA Member	10,000/-
Transporters	20,000/-
Other Costs	
Total	90,000/-

Explanation of other costs

Total Surplus (+) or Deficit (-): 4

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Staff

Ssenalala Pascal



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OUTREACH CLINIC DATA FORM B

To be completed by a clinical officer or equivalent.

Person filling form NAMULI SYLVIA

Position RIN

Health Centre KYABAZAALA

Village NAMUKUPA

Date 27/2/24

OUTREACH CLINIC INFORMATION

Names of health workers who attended

WANYANA MAGGIE BIANTAWO FRANCIS
NASSALI ROSIE

Number of Health Workers									
Total Health Workers	Enrolled Midwives	Registered Midwives	Clinic Officer	Counselors	Lab Technician	Nursing Assistant	Enrolled Nurse	Registered Nurse	Other (specify)
<u>03</u>	<u>01</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>01</u>	<u>00</u>	<u>00</u>	<u>01</u>	<u>00</u>

Services offered:

- ☒ General Treatment
☒ Family Planning
☒ HIV
☒ Counselling/Testing

- ☐ ART Refills
☐ ANC/PNC
☐ Viral Load
☒ Immunization

☐ Other _____

Were there stockouts? (circle one) Y / (N)

What services were IMPACTED OR UNAVAILABLE due to stockouts?		
General Treatment	<input type="checkbox"/> Malaria treatment	<input type="checkbox"/> Other <u>00</u>
	<input type="checkbox"/> Amoxicillin	
HIV/ART	<input type="checkbox"/> ART	<input type="checkbox"/> Other <u>00</u>
	<input type="checkbox"/> Testing	
Family Planning	<input type="checkbox"/> Pregnancy tests	<input type="checkbox"/> Other <u>00</u>
ANC/PNC		

ANTI-RETROVIRAL TREATMENT (ART)

1. TB	
Diagnosed	Treated
<u>00</u>	<u>00</u>

2. Number of patients given each ART duration			
1 month	<u>00</u>	months	<u>00</u>
2 months	<u>00</u>	Total number of people	<u>00</u>
3 months	<u>00</u>	Total no. months given	<u>00</u>

3. Patients Receiving ART		
Age	Male	Female
0-1 year	<u>00</u>	<u>00</u>
2-4 years	<u>00</u>	<u>00</u>
5-14 yrs	<u>00</u>	<u>00</u>
15 and up	<u>00</u>	<u>00</u>
Total	<u>00</u>	<u>00</u>

4. Patients Newly Linked to Care		
Age	Male	Female
0-1 year	<u>00</u>	<u>00</u>
2-4 years	<u>00</u>	<u>00</u>
5-14 yrs	<u>00</u>	<u>00</u>
15 and up	<u>00</u>	<u>00</u>
Total	<u>00</u>	<u>00</u>

5. Viral Load Blood Samples Taken		
	Male	Female
Total	<u>00</u>	<u>00</u>

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OUTREACH CLINIC DATA FORM C

To be completed by a clinical officer, nurse, or other health worker offering general treatment.

Person filling form NAMULI SYWIA

Health Centre KYABAZAATA HCU Position R/m

Village visited NAMUKUPA Date 27/2/24

OTHER SERVICES

Total Pregnant Women Served at Outreach for any reason	Syphilis			Hypertension			Malaria		
	Total Tested	Tested Positive	Given Treatment	Total Screened	Diagnosed	Given Medication	Suspected Fever	Tested Positive	Given Medication
00	00	00	00	07	07	07	33	11	11

Diabetes Referrals	Child Check-ups	Patients Given Pain Relievers	Immunisations Given	Vitamins Given
00	10	29	06	00

	Intestinal Worms	Fungal (Non-Candidiasis)	Candidiasis	Ulcers	Diarrhoea	Gastro-Intestinal Disorders (Non-Diarrhoea)	Allergy	Chronic Respiratory Disease
Diagnosed	00	00	05	05	00	00	01	08
Given Treatment	00	00	05	05	00	00	01	08

	Measles	RTI	Malnutrition	Burns	Injuries	UTI	Gonorrhoea	Other STIs	Eye Infection
Diagnosed	00	08	00	00	00	03	00	04	01
Given Treatment	00	08	00	00	00	03	00	04	01

Additional treatments or tests given and number of patients for each

We have all started to do Assessment of CAC to both Negative and Positive HIV clients in our

Additional comments/concerns (continue on back if necessary)

Family Planning Services were done.

Got 6 clients one on long term

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Ssewatala

Paul

Staff

Community
5 clients
Layana
Pess

OUTREACH CLINIC DATA FORM D

To be completed in collaboration between lab technicians and counsellors.

Person filling form *Maulung: Asumptu*

Health Centre *Kyampisi MCH* Position *E/M*

Village visited *Kacang B* Date *18/01/2024*

HIV COUNSELLING AND TESTING (HCT)

Total No. of clients served		Counselled		HIV Test Results		Counselled & tested as couple	Received results as couple	Discordant Results	Returned for viral load results	TB Suspect
Male	Female	Pre-test	Post-test	Total Positive	Total Negative					
04	04	05	05	00	08	01	00	00	00	01

New Positives		
Age	Male	Female
18 mos-4 years	00	00
5 - 9 years	00	00
10 - 14 years	00	00
15 - 18 years	00	00
19 - 49 years	00	00
50 and up	00	00
Total	00	00

Patients Tested for First Time		
Age	Male	Female
18 mos-4 years	00	00
5 - 9 years	01	00
10 - 14 years	00	00
15 - 18 years	00	01
19 - 49 years	02	02
50 and up	02	02
Total	03	05



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OUTREACH CLINIC DATA FORM E

To be completed by a midwife.

Person filling form Namuli Sylidwa

Health Centre Kyagabwala MCH

Village visited Hammukupa

Position ELM

Date 27/02/2024

FAMILY PLANNING, MATERNAL & CHILD HEALTH

Total served	Male condom (# of patients)	Male Condom (# dispensed)	Oral Contracept. (# of patients)	Oral Contracept. (# of cycles)	Depo-Provera	Sayana Press	Other Injectable
02	00	0132	00	00	00	02	00

Implanon	Jadelle	Other Implant	IUD	Emergency Contraception	Female Condom	FP referrals	FP counselling only
00	00	00	00	00	00	00	00

Other Family Planning Methods (name and number distributed)

[Handwritten signature]

Perinatal Health			
Total served	Antenatal Care (ANC)	Postnatal care (PNC)	Immunisation referral
00	00	00	00

COVID 19 Vaccinations

Total Number of covid 19 Clients vaccinated?

Male

00

Female

00

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Ssexuala / 10061