

CMW Monthly Report

Month _____

Year _____

Section 1: Identification							
1	CMW ID						
2	Reporting Facility ID						
3	CMW Name						
4	Catchment Area Population						
5	Address of CMW						
6	Union Council						
7	Tehsil						
8	District						
9	Signature of CMW:						
10	Name, & Signature of Health Facility In-charge:						
11	Name, & Signature of Lady Health Supervisor:						

Section 2: Community Based Data (From CMW Register and also check CMW MIS)			Total		Total
1	First Ante Natal Care visits (ANC-1)			15	No. of Ante partum Hemorrhage (APH) cases referred by CMW
2	Ante Natal Care visits two & three (ANC 2 & 3)			16	No. of Postpartum Hemorrhage (PPH) cases referred by CMW
3	Fourth Ante Natal Care visit (ANC 4)			17	No. of Pre-Eclampsia/ Eclampsia cases referred by CMW
4	Pregnant women received TT 2vaccine			18	No. of Septicemia/puerperal sepsis cases referred by CMW
5	Pregnancy Outcome	Deliveries		19	No. of prolonged/ obstructed labor cases referred by CMW
6		Abortion		20	Total number of maternal complicated cases referred
7		Still birth		21	No. of neonatal complicated cases referred by CMW
8		Maternal death		22	Number of clean delivery kits used
9	Neonate	Low Birth Weight (<2.5 Kg)		23	Number of cases referred by LHW to CMW
10		Referred for BCG and Polio Vaccination			
11		Brest feeding initiated within one hour			
12		Referred for Complications			
13.		Neonatal deaths			
14	Total Post Natal Care (PNC) visit				

Section 3: Family Planning Services		Total
(From CMW Register)		
1	Family Planning visit	
2	Family Planning commodities provided	
A	Oral Pills	
B	Condoms	
C	Injectable	
D	IUCD	

Section 4: Stock out: <i>(From Stock Register for Medicine/ Supplies)</i>		
Name of Item		Number of days
1	FP Supplies	
	• Condom	
	• Pills	
	• Injection	
2	Injection Oxytocin	
3	Injectable Antibiotic	
4	Safe Delivery Kits	
	• 1 absorbent disposable delivery mat	
	• 1 infant receiver	
	• 2 pairs of sterile gloves	
	• 2 cord clamps	
	• 1 mucus extractor	
	• 1 scalpel blade	
	• 1 bottle of methylated spirit	
	• 1 antiseptic soap	
	• 1 pack of cotton wool	
	• 1 bottle of olive oil	
	• 1 bottle of disinfectant	
	• 5 pieces of gauze	

	<ul style="list-style-type: none"> • 10 pieces of maternity pads 	
	<ul style="list-style-type: none"> • Immunization calendars 	

Section 5: Supervisory visit: <i>(From supervisory visit register)</i>			
Name of Item		Yes	No
1	LHS supervisory visit held this month		
2	Technical supervisory visit held this quarter		

User Guide for CMW Monthly Report

Write the name of month and year.

Section 1: Identification

- CMW ID means the identification number allotted to CMW by MNCH-MIS.
- Reporting facility ID means the identification number allotted to reporting health facility by MNCH-MIS.
- Number 3 to 9 are self-explanatory.
- CMW submits her monthly report to the district focal person through health facility In-charge with name and signature of the health facility In-charge as mentioned in number 10.
- Lady health supervisor is an administrative officer of CMW and she also gives her name with her signature as mentioned in number 11.

Section 2: Community Based Data

- CMW register is provided by MNCH-MIS and CMW fills the register and gives number of clients/patients against each indicator.
- Community based data will be recorded from CMW register as given in this section against each indicator mentioned in the list.

Section 3: Family Planning Services

The figures present in the CMW register will be given against each indicator.

Section 4: Stock Out

The number of days of stock out of items given in the list will be recorded against each item.

Section 5: Supervisory Visits

Check from supervisory visit register whether LHS supervisory visit during this month and technical supervisory visit by CMW tutor during this quarter has been held or not.