**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: (***From Stock Register for Medicine/ Supplies)* | | | |  |
| **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 |  |  | |
|  | * 10 pieces of maternity pads |  |  | |
|  | * Immunization calendars |  |  | |
|  |  |  |  | |
| **Section 5: Supervisory visit: (***From supervisory visit register)* | | |  | |
| **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.