

NATIONAL FAMILY PLANNING PROGRAMME

MINISTRY OF HEALTH

REPORT & REQUEST FOR CONTRACEPTIVES

Region: _____ District: _____

Facility Type / Name: _____

Report for Period Beginning _____ Ending _____

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to clients
Microgynon							
Lo-Femenal							
Marvelon							
Microlut							
Microval							
Depo-Provera							
Norplant							
Copper T							
Condoms							
Neosampoon							
Conceptrol							
Gloves							

CPWL

Prepared by: _____

Checked by: _____

Explanation of Losses to be attached.

Document 3 - 8: IDSR District weekly Form 3 (b)

Form for health facility to report weekly new cases/ deaths
Send completed form to district level

Name of District:

Week no / starting Date year

Number of health facilities reporting Total facilities

No	Diseases	< 5 YEARS		> 5 YEARS	
		Cases	Death	Cases	Deaths
1	Cholera				
2	Acute flaccid paralysis (AFP)				
3	Measles				
4	Cerebral spinal meningitis (CSM)				
5	Plague				
6	Yellow fever				
7	Animal / dog bites				
8	Rabies				
Date of filling form					
Has this form been discussed/reviewed at the health facility? Y/N					
Name of health facility in charge:					
Name of reporting officer:					
Title:					
Signature					

Date received at Region

Received at Region on time (T) or Late (L)?

T/L

	HF/Facility	District	Target 0-11men	WCBA	Pregnant Women							
2. Disease Surveillance 2.1 Number of cases this month 2.2 Cumulative cases (since Jan 1st) 2.3 Number of deaths this month 2.4 Cumulative deaths (since Jan 1st) 2.5 Please indicate number of cases which have been reported to the District on this month:												
Measles Cases												
AFP Cases												
NT Cases												
3. Vaccination Coverage Monthly Target Population												
0-11 MONTHS				PREG WOMEN								
Cumulative Target Population												
0-11 MONTHS				PREG WOMEN								
3.1 Number immunized this month	DPT-HB1	%	DPT-HB2	%	DPT-HB3	%	TT1	%	TT2+	%		
3.2 Cumulative No. immunized children												
3.3 Number immunized this month	BCG	%	MEASLES	%	OPV0	%	OPV1	%	OPV2	%	OPV3	%
3.4 Cumulative No. immunized children												
3.5 Drop-out rate (%)	DPT-HB1/DPT-HB3											
	BCG/MEASLES											
3.6 Health Facility Performance this month (number of Villages)	DTP/HB3 > 80%				50% DTP/HB2 > 70%				DTP/HB3 > 80%			
4. Vaccines, Vaccination, VITA												
ROUTINE ONLY	Children/Women vaccinated					Health Facility Vaccine Stock						
	Total doses administered this month	Cumulative total (since Jan 1st)			Total doses ISSUED this month	Balance of doses at month end						
BCG												
OPV												
DTP - HB												
Measles												
Tetanus Toxoid												
Vitamin A												
5. Social Mobilization and AEFI reports 5.1 Reported Adverse Events Following Immunization												