



## Referral Slip Community Screening

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**Child's Name:**

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**Family Name:**

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**Name of Mother/Caregiver:**

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**Place of Origin:**

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**Referral Health Facility:**

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**Date of Outreach:**

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**Bilateral Pitting Oedema:** ☐Yes ☐No

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**MUAC:** mm

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**Other Findings:**

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**Community Outreach Worker's Name:**

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**Signature:**

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## Home Visit Record

Reason for Home Visit: *Absence* Y N *Defaulter* Y N *Dead* Y N *Non-response to treatment* Y N *Other:*

Registration Number:

Date:

Site:

Community:

Locality:

Child's Name:

Age:

Sex: ☐ Male ☐ Female

Family Name:

Name of Mother/Caregiver:

Address:

Date of Visit:

Findings:

Community Outreach Worker's Name:

Signature:





## Community Outreach Reporting Template

<b>Communities:</b>		<b>Locality/State:</b>	
<b>Reporting Period:</b>		<b>Date:</b>	
<b>Supervisor/Coordinator Name and Position:</b>			
<b>CATCHMENT AREA</b>	Number of communities in catchment area:		
	Number of children under 5:		Expected number of children under 5 with SAM:
	Number of CMAM outpatient sites:		Number of CMAM inpatient sites:
<b>HUMAN RESOURCES</b>	Number of community outreach workers that are MOH staff:		Number of community outreach volunteers:
<b>TRAININGS</b>	Number of community outreach workers, including volunteers trained and active:		Number of community representatives oriented:
<b>COMMUNITY MOBILIZATION</b>	Number of communities targeted and involved:		Number of community meetings:
<b>COMMUNITY OUTREACH</b>	Number of community screening sessions conducted:		Number of children with SAM identified and referred for treatment:
	Number of community home visits for problem cases:		Number of community health and nutrition education sessions held:
<b>COVERAGE &amp; SERVICE PROGRESS</b>	Coverage of CMAM:		
	Barriers to access and utilization:		
	Causes of death:		
	Reasons for absenteeism and defaulting:		
	Reasons for non-response to treatment:		
<b>Identified Problems:</b>			
<b>Action for Improvement and/or Resolving Encountered Problems:</b>			
<b>Brief Summary of Achievements:</b>			
<b>Success Stories and/or Lessons Learned:</b>			