

# Monthly Reporting Form – Zambia

## NUTRITION ASSESSMENT, COUNSELLING AND SUPPORT (NACS)

### MONTHLY REPORT

Person reporting: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicator	Department/clinic/corner						
	ART	TB	HTC	OPD	MCH		
					ANC	Under 5	PMTCT
1. Total number of clients during the month							
2. Number of clients who received nutrition assessment							
a. Number of clients with <b>SAM</b>							
b. Number of clients with <b>MAM</b>							

Client category	Number		Number of clients found malnourished				Number of clients receiving specialized food products		Number of clients exiting, by reason				Referrals		
	Assessed		Counselled on nutrition	Follow-up		New (this month)		Follow-up	New (this month)	Graduated (cured)	Defaulted	Died	Transferred out	Clinical (e.g., further medical assessment, inpatient SAM treatment, HIV testing)	Community
	Follow-up	New (this month)		SAM	MAM	SAM	MAM								
<b>Female</b>															
<1															
1 to 4 years															
5 to 9 years															
10 to 14 years															
15 to 18 years															
18+															
Pregnant/ postpartum															
<b>Total female</b>															
<b>Male</b>															
<1															
1 to 4 years															
5 to 9 years															
10 to 14 years															
15 to 18 years															
18+															
<b>Total male</b>															
<b>GRAND TOTAL</b>															

Remarks:

### Stock

Commodity	Stock (number of packets) on 1st day of the month (A)		Number of packets received during the month (B)	Number of packets in stock (C) = A + B	Number of packets distributed (D)	Number of packets damaged or expired (E)	Stock on last day of the month (F) = (C-D-E)		Number of packets requested for the following month
RUTF									
FBF or RUSF									

Report verified by:

Signature:

Designation:

Date: