

Name of Clinic / CHC: _____ Month / year reviewed: _____

To be completed **monthly** by the **Operational Manager** or a **Senior Professional Nurse**

Data Element	Tick Register	Summary Report	DHIS	Comments
Child under 5 diarrhoea with dehydration new				
Child under 5 with pneumonia new				
Child under 5 with Severe Acute Malnutrition new				
Child under 5 with Moderate Acute Malnutrition new				
Vitamin A dose 12 - 59 months				
Immunised fully under 1 year new				
Measles second dose				
Infant exclusively breastfed at Hep B 3 rd dose				
DTaP-IPV-HB-Hib (Hexa) 3 rd dose				
Infant PCR test around 10 weeks				
Infant PCR test around 10 weeks positive				
Infant PCR test around 6 months				
Infant PCR test around 6 months positive				
Infant PCR test around 18 months				
Infant PCR test around 18 months positive				
Infant PCR test 6 weeks post cessation of breastfeeding				
Infant PCR test around 6 weeks post cessation of breastfeeding positive				

Operational Manager name in PRINT: _____

Operational Manager signature: _____

Data Capturer name in PRINT: _____

Data Capturer signature: _____

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