

Monthly Report Format -Management of Severe Acute Malnutrition

Program Start Date (mm/yyyy)	Month:	Year:	Report Date (dd/mm/yyyy)
Province			Report Period (mm/yyyy) Month: Year
District			Report Prepared by Designation
Name of Facility			Contact Phone # Email
Facility Level			Type of service Inpatient Outpatient

Age Group	Total beginning of the month (A)	New Admissions							Total admissions C=(B1+B2+B3+B4+B5+B6)		Discharges (D)				Total discharges E = (D1+D2+D3+D4)	Transfer to ITP or OTP (F)	Total end of the month G = (A+C-E-F)
		Oedema (B1)	MUAC <11.5 cm, WFH < -3SD and/or WFA <60% (B2)	Others (B3)	Re-admission after defaulting (B4)	Relapse (B5)	Transfer in from ITP/OTP (B6)	Non-Responder (B7)	Total (C)	By gender		Cured (D1)	Death (D2)	Defaulter (D3)			
									M	F							
<6 Months																	
6-59 months																	
5-14 years																	
Total		-	-	-		-	-	-	-	-	-	-	-	-	-	-	-

Performance indicators 6-59 months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Target	> 75%	< 10%	< 15%	

Additional Patient Data (For New admissions only)							
Age group	HIV Status			No. of HIV Exposed Children	On ART		
	HIV +ve	HIV -ve	Unknown Status		M	F	Total
< 6 months							-
6-59 months							-
5 - 14 years							-
Total	-	-	-	-	-	-	-

Cure rate = (D1/E) X 100
 Death rate = (D2/E) X 100
 Defaulter rate = (D3/E) X 100

Stock Monitoring								
Commodities	Packaging & Unit	Stock on first day of month (H)	Stocks received in the month (I)	Total in Stock (J =H+ I)	Quantity distributed (K)	Quantity wasted (L)	Stock end of month (M = J-K-L)	Quantity requested for next month
F 75	Sachets			-			-	
F 100	Sachets			-			-	
RUTF	Sachets			-			-	
CMV	Tins			-			-	
ReSoMal	Sachets			-			-	
Others				-			-	
Others				-			-	

Report Certified By:.....

General Remarks:

Reason(s) for loss