



REPUBLIC OF NAMIBIA
Ministry of Health and Social Services

**Monthly/Quarterly Vital Event
& Activity Report Form**



Catchment Area: _____ Reporting submission date: ____ / ____ / ____ Reporting month: _____

Name of HEW: _____ Signature: _____

Name of Supervisor: _____ Signature: _____

No.	Vital Event/Activity	Number		
		Male	Female	Total
1	MATERNAL HEALTH			
1.1	Pregnant mothers			
1.2	Pregnant mothers with birth plan			
1.3	Prenatal danger sign			
1.4	Total births			
1.5	Home delivery			
1.5	Live birth (home delivery)			
1.6	Still birth (home delivery)			
1.7	Premature birth (home delivery)			
1.8	Mothers who are visited by HEW within 24-48 hours after birth			
1.9	Postnatal danger sign			
2	NEONATAL HEALTH			
2.1	Neonatal danger sign			
2.2	Low birth weight babies (for home delivery)			
2.3	Neonatal deaths (for death occurred at home)			
3	CHILD HEALTH			
3.1	Babies who are exclusively breast fed at six months of age			
3.2	Under five years deaths (for death occurring at home)			
3.3	Pneumonia detected and treated			
3.4	Pneumonia referred			
3.5	Diarrhea detected and managed			
3.6	Serious diarrhea and dehydration			
3.7	Serious illness with fever			
3.8	Serious cough or difficulty of breathing			
3.9	Serious ear or throat problem			
3.10	Moderate malnutrition			
3.11	Severe malnutrition			
3.12	Serious nutrition problem			
3.13	Incomplete immunization detected and referred			
4	HIV & AIDS			
4.1	Clients who received HIV counseling only			
4.2	Clients who received HIV counseling and testing			
4.3	Clients with positive HIV test			
4.4	HIV + clients on ART identified			
4.5	ART defaulters identified and referred			
5	TB			
5.1	Suspected TB cases identified and referred			
5.2	TB treatment defaulters identified and referred			
5.3	Patients supported with DOT			
5.4	TB contacts traced and referred			
6	SOCIAL WELFARE			
6.1	Family violence detected			
6.2	Family violence referred			
6.3	Violence against elderly detected			
6.4	Violence against elderly referred			
6.5	Eligible HHs not receiving social grant			
6.6	Substance abuse detected			
6.7	Substance abuse referred			
6.8	Suicidal thoughts/behavior detected			
6.9	Suicidal thoughts/behavior referred			
6.10	Parent-child relationship problem detected			
6.11	Parent-child relationship problem referred			
7	MALARIA			
7.1	HHs sprayed with residual DDT			
7.2	Children sleeping under ITN			
7.3	Pregnant mothers sleeping under ITN			
8	DISABILITY PREVENTION AND REHABILITATION			
8.1	People with disabilities detected			
8.2	People referred for assistive devices			
8.3	People referred for rehabilitation services			
9	HEALTH PROMOTION	Individual	Group	Total
9.1	Number of health promotion activities conducted			
10	HEALTH SERVICE MANAGEMENT			
10.1	Total referral cases			
10.2	Referral cases who received services at health facilities			
10.3	Household visits (First visits)			
10.4	Household visits (Follow-up visits)			
10.5	Supportive supervisions received from DHO/HF			
11	ACTIVITIES TO BE REPORTED QUARTERLY & ANNUALLY			
11.1	Number of new hand washing facilities completed in the quarter			
11.2	Number of new latrines completed in the quarter			
11.3	Number of HHs using hand washing facility			
11.4	Number of HHs using latrine			
11.5	Number of pregnant mothers who are visited by HEW at least 4 times before delivery			
11.6	Number of HHs sprayed in malarious areas			
11.7	Number of other community health care providers (CHCPs) in the catchment area (disaggregated by type)			
11.7.1				
11.7.2				
11.7.3				
11.7.4				
11.7.5				
11.7.6				

Observations, opinions and suggestions in the month: