COMMUNITY HEALTH MOBILIZER

MONTHLY REPORTING FORMAT

NCD Screening & Telehealth Kiosk Programme

MONTHLY NARRATIVE REPORT

To be submitted by the last working day of the month

Month & Year:.....

Name of Mobilizer: .....

Block:.....

PHC(s) Covered:.....

A. Summary of Field Activities

1. Total Villages / Schools / PHCs Visited (this month):.....

2. Total Community Meetings Conducted: Total Participants — M: _____ F: _____.....

3. Total NCD Screening Camps Supported: Total Screened: _____.....

4. Total Telehealth Kiosk Consultations Facilitated:.....

B. Key Achievements This Month

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C. Key Challenges & Learnings

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D. Support Required from Program Team

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Mobilizer Signature: _____ Date: _____

Reviewed by (Program Manager): _____