

# WEEKLY REPORT\_FORM 005 SUMMARY SHEET

M&E Week: [1] [2] [3]

Date: \_\_\_\_\_

S/N	THEMATIC GROUPS	Actual Value at HCP	Denominator (ITEMS ON FORM 005)	Significant Comments
[1]	<b>Medical Records</b>			
a.	Manpower		2	
b.	Material		16	
[2]	<b>Waiting and Reception Area</b>		9	
[3]	<b>Consulting Room</b>		10	
[4]	<b>Treatment Room</b>		17	
[5]	<b>Emergency tray &amp; contents</b>		10	
[6]	<b>Resuscitative Equipment</b>		5	
[7]	<b>Obstetrics &amp; Gynaecology</b>		64	
[8]	<b>Surgery</b>		15	
[9]	<b>Casualty (Accident &amp; Emergency)</b>		5	
[10]	<b>Ward</b>		20	
[11]	<b>Pharmacy</b>			
a.	Manpower		1	
b.	General Outlay		8	
c.	Drug Information Unit		13	
d.	Record Keeping		8	
[12]	<b>Radiography</b>		20	
[13]	<b>Physiotherapy</b>		41	
[14]	<b>Dental</b>			
a.	Manpower		2	
b.	Equipment		25	
[15]	<b>Internal Medicine</b>		10	

[16]	<b>ENT</b>		13	
[17]	<b>Paediatrics</b>			
a.	Premises		8	
b.	Paediatric Clinic		15	
c.	EPU		13	
d.	SCBU		12	
e.	NRU		5	
[18]	<b>Ophthalmology</b>		34	
[19]	<b>Laboratory</b>			
a.	Capacity		5	
b.	Equipment		23	
[20]	<b>Family Planning Services</b>		4	
[21]	<b>Child Welfare Services</b>		2	
[22]	<b>Ambulance</b>			
a.	Crew		3	
b.	Equipment		13	