



# JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

# HOW TO COMPLETE THE REPORTING FORMS

## LYMPHATIC FILARIASIS & ONCHOCERCIASIS (IVERMECTIN & ALBENDAZOLE)

### ON THE FRONT COVER OF THE COMMUNITY REGISTER

- County
- District
- Health Facility
- Community
- CDD's name
- CDD's sex

MINISTRY OF HEALTH  
NEGLECTED TROPICAL DISEASES PROGRAM

COMMUNITY DIRECTED TREATMENT WITH  
IVERMECTIN & ALBENDAZOLE  
COMMUNITY REGISTER

COUNTY \_\_\_\_\_

DISTRICT \_\_\_\_\_

HEALTH FACILITY \_\_\_\_\_ COMMUNITY \_\_\_\_\_

CDD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_

### INSIDE THE COMMUNITY REGISTER

#### SECTION 1, PART 1 (MDA DETAILS):

- District
- Clan
- Community
- Household number



NEGLECTED TROPICAL DISEASES (NTDs)  
MECTIZAN & ALBENDAZOLE TREATMENT REGISTER

DISTRICT \_\_\_\_\_ CLAN \_\_\_\_\_ COMMUNITY \_\_\_\_\_ HOUSEHOLD NO. \_\_\_\_\_

NAMES (CAPITAL LETTERS)	SEX	AGE	DOSAGE GIVEN BY TREATMENT YEAR												REMARKS					
			2019		2020		2021		2022		2023		2024							
			MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB						

KEY FOR SEX: 'F'-FEMALE 'M'-MALE  
NEGLIGIBLE: 'BF'-Breastfeeding 'U'-Under Age 'VS'-Very Sick 'R'-Refused 'A'-Absent 'P'-Pregnant  
CLINICAL STATUS: 'SS'-Scrotum Swelling 'EL'-Elephantiasis 'BL'-Blindness 'SD'-Skin Disorder

#### SECTION 1, PART 2 (TREATMENT RECORD):

Record the following information for every individual treated:

- Name
- Sex
- Age
- Number of tablets given in this year (MTZ & ALB)
- Any remarks



NEGLECTED TROPICAL DISEASES (NTDs)  
MECTIZAN & ALBENDAZOLE TREATMENT REGISTER

DISTRICT \_\_\_\_\_ CLAN \_\_\_\_\_ COMMUNITY \_\_\_\_\_ HOUSEHOLD NO. \_\_\_\_\_

NAMES (CAPITAL LETTERS)	SEX	AGE	DOSAGE GIVEN BY TREATMENT YEAR												REMARKS							
			2019		2020		2021		2022		2023		2024									
			MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB	MTZ	ALB								

KEY FOR SEX: 'F'-FEMALE 'M'-MALE  
NEGLIGIBLE: 'BF'-Breastfeeding 'U'-Under Age 'VS'-Very Sick 'R'-Refused 'A'-Absent 'P'-Pregnant  
CLINICAL STATUS: 'SS'-Scrotum Swelling 'EL'-Elephantiasis 'BL'-Blindness 'SD'-Skin Disorder

*NB: Remember sometimes people will be hidden in a household, for example because they have a disability or are sick. Remember to ask questions about if everyone is really recorded or identified to you. Reassure people that you won't tell other people who is in their household.*



## BACK PAGE OF THE COMMUNITY REGISTER

### SECTION 1 (SUMMARY):

Summarise the following information for the community:

- Total number of households census
- Total number of households treated
- Total number refused treatment
- Total number of males census
- Total number of females census
- Total number of males treated
- Total number of females treated
- Total number absent
- Number of people reporting side reactions
- Mode of drug distribution
- Period of drug distribution
- Summary of non-eligibility for treatment:
  - Number of people unable to be treated because they were pregnant
  - Number of people unable to be treated because they were under 5 years of age
  - Number of people unable to be treated because they were very sick
  - Number of people unable to be treated because they were breastfeeding for less than 7 days
- Summary of clinical status:
  - Number of people with scrotum swelling
  - Number of people with Elephantiasis (Big Foot)

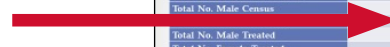


Back Page of community register			
SUMMARY 201		Coverage	
		Community Name(s)	Therapeutic
Total No. of Households Census		Geographical	
Total No. of Households Treated			
Total No. Refused Treatment			
Total No. Male Census			
Total No. Female Census			
Total No. Male Treated			
Total No. Female Treated			
Total No. Absent			
No. Reporting Side Reactions			
Mode of Distribution			
Period of Distribution			
Non Eligibility		HEIGHT (CM)	NUMBER OF TABLETS
No. Pregnant		90 - 119	A 1
No. Under 5 years		120 - 140	B 2
No. Very Sick		141 - 158	C 3
Breast feeding >7Days		158 & ABOVE	D 4 *
Clinical Status			
Scrotum Swelling			
Elephantiasis (Big foot)			

### SECTION 2 (COVERAGE):

Complete the following information for each community treated:

- **Community Name**
- **Geographical coverage:** To calculate this, you should take the total number of households treated in the community and multiply this by 100. You should then divide that number by the total number of households in the community.
- **Therapeutic coverage:** To calculate this, you should take the total number of persons treated in the community and multiply this by 100. You should then divide that number by the total population within the community.



Back Page of community register			
SUMMARY 201		Coverage	
		Community Name(s)	Therapeutic
Total No. of Households Census		Geographical	
Total No. of Households Treated			
Total No. Refused Treatment			
Total No. Male Census			
Total No. Female Treated			
Total No. Absent			
No. Reporting Side Reactions			
Mode of Distribution			
Period of Distribution			
Non Eligibility		HEIGHT (CM)	NUMBER OF TABLETS
No. Pregnant		90 - 119	A 1
No. Under 5 years		120 - 140	B 2
No. Very Sick		141 - 158	C 3
Breast feeding >7Days		158 & ABOVE	D 4 *
Clinical Status			
Scrotum Swelling			
Elephantiasis (Big foot)			



# JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

## COMMUNITY SUMMARY FORM

### SECTION 1 (MDA DETAILS):

The community summary form is used to summarise the treatment data for the whole community, based on the completed community register. The first part is to record the MDA details.

- Year
- Start and end date
- Project, County, District, Health Facility, Town/Village
- Latitude & Longitude
- Onchocerciasis treatment cycle (what number round is this?)
- Lymphatic Filariasis treatment cycle (what number round is this?)



Republic of Liberia  
Regional Technical Director: MTZ

**COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT**

Year: \_\_\_\_\_ Period from: \_\_\_\_\_ to \_\_\_\_\_

Identification Project: \_\_\_\_\_ County: \_\_\_\_\_  
District: \_\_\_\_\_ Health Facility: \_\_\_\_\_  
Town/Village: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Oncho-Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
LF-Treatment cycle: 1 2 3 4 5 6

Census

Number of Males: _____	Total Children less than 5 years: _____
Number of Females: _____	Persons more than 5 years: _____
<b>Total Population:</b> _____	<b>Total number of Households:</b> _____

Treatment

Number of Males: _____	Number of Households treated: _____
Number of Females: _____	
<b>Total persons treated:</b> _____	

Coverage

Therapeutic	MTZ	ALB	Geographical	MTZ	ALB
Total persons treated X 100			(Number of Households treated X 100)		
Total population:			Total number of Households:		

Not treated

Number of absences	MTZ	ALB
Number of refusals		
Total number of pregnant women		
Total Children less than 5 years		
Total Breastfeeding women less than 7 days		
Total number of very sick people		

Adverse events

Total number:	MTZ	ALB	Number of cases referred to Health Facility:	MTZ	ALB
---------------	-----	-----	--	-----	-----

Drugs Management

Description	Quantity	
	Mevitran	Albendazol
	Number of tablets ordered	
	Number of tablets received	
	Number of tablets distributed	
	Number of tablets lost	
	Number of tablets expired	
Number of tablets remaining		
Number of tablets returned to Health Facility		

Number of CDDs:

Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?	Number of households who motivated CDD	Amount (Cash / Equivalent)
				Yes / No		

Date, Name and Signatures: \_\_\_\_\_  
CDD: \_\_\_\_\_ Officer in Charge / Health Worker: \_\_\_\_\_

### SECTION 2 (CENSUS DATA):

The second section of the summary form is to record the census data for the whole community.

- Number of males
- Number of females
- Total population (Males + females)
- Total children less than 5 years of age
- Total persons more than 5 years of age
- Total number of households



Republic of Liberia  
Regional Technical Director: MTZ

**COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT**

Year: \_\_\_\_\_ Period from: \_\_\_\_\_ to \_\_\_\_\_

Identification Project: \_\_\_\_\_ County: \_\_\_\_\_  
District: \_\_\_\_\_ Health Facility: \_\_\_\_\_  
Town/Village: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Oncho-Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
LF-Treatment cycle: 1 2 3 4 5 6

Census

Number of Males: _____	Total Children less than 5 years: _____
Number of Females: _____	Persons more than 5 years: _____
<b>Total Population:</b> _____	<b>Total number of Households:</b> _____

Treatment

Number of Males: _____	Number of Households treated: _____
Number of Females: _____	
<b>Total persons treated:</b> _____	

Coverage

Therapeutic	MTZ	ALB	Geographical	MTZ	ALB
Total persons treated X 100			(Number of Households treated X 100)		
Total population:			Total number of Households:		

Not treated

Number of absences	MTZ	ALB
Number of refusals		
Total number of pregnant women		
Total Children less than 5 years		
Total Breastfeeding women less than 7 days		
Total number of very sick people		

Adverse events

Total number:	MTZ	ALB	Number of cases referred to Health Facility:	MTZ	ALB
---------------	-----	-----	--	-----	-----

Drugs Management

Description	Quantity	
	Mevitran	Albendazol
	Number of tablets ordered	
	Number of tablets received	
	Number of tablets distributed	
	Number of tablets lost	
	Number of tablets expired	
Number of tablets remaining		
Number of tablets returned to Health Facility		

Number of CDDs:

Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?	Number of households who motivated CDD	Amount (Cash / Equivalent)
				Yes / No		

Date, Name and Signatures: \_\_\_\_\_  
CDD: \_\_\_\_\_ Officer in Charge / Health Worker: \_\_\_\_\_

### SECTION 3 (TREATMENT NUMBERS):

In this section you should record a summary of the total treatments delivered within the community.

- Number of males treated with MTZ
- Number of females treated with MTZ
- Total persons treated with MTZ (males + females)
- Number of males treated with ALB
- Number of females treated with ALB
- Total persons treated with ALB (males + females)
- Number of households treated with MTZ
- Number of households treated with ALB



Republic of Liberia  
Regional Technical Director: MTZ

**COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT**

Year: \_\_\_\_\_ Period from: \_\_\_\_\_ to \_\_\_\_\_

Identification Project: \_\_\_\_\_ County: \_\_\_\_\_  
District: \_\_\_\_\_ Health Facility: \_\_\_\_\_  
Town/Village: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Oncho-Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
LF-Treatment cycle: 1 2 3 4 5 6

Census

Number of Males: _____	Total Children less than 5 years: _____
Number of Females: _____	Persons more than 5 years: _____
<b>Total Population:</b> _____	<b>Total number of Households:</b> _____

Treatment

Number of Males: _____	Number of Households treated: _____
Number of Females: _____	
<b>Total persons treated:</b> _____	

Coverage

Therapeutic	MTZ	ALB	Geographical	MTZ	ALB
Total persons treated X 100			(Number of Households treated X 100)		
Total population:			Total number of Households:		

Not treated

Number of absences	MTZ	ALB
Number of refusals		
Total number of pregnant women		
Total Children less than 5 years		
Total Breastfeeding women less than 7 days		
Total number of very sick people		

Adverse events

Total number:	MTZ	ALB	Number of cases referred to Health Facility:	MTZ	ALB
---------------	-----	-----	--	-----	-----

Drugs Management

Description	Quantity	
	Mevitran	Albendazol
	Number of tablets ordered	
	Number of tablets received	
	Number of tablets distributed	
	Number of tablets lost	
	Number of tablets expired	
Number of tablets remaining		
Number of tablets returned to Health Facility		

Number of CDDs:

Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?	Number of households who motivated CDD	Amount (Cash / Equivalent)
				Yes / No		

Date, Name and Signatures: \_\_\_\_\_  
CDD: \_\_\_\_\_ Officer in Charge / Health Worker: \_\_\_\_\_



# JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

## SECTION 4 (COVERAGE):

In this section, you should record the coverage percentages for the community.

- **Therapeutic coverage for MTZ:** To calculate this, you should take the total number of persons treated with MTZ in the community and multiply this by 100. You should then divide that number by the total population within the community.
- **Therapeutic coverage for ALB:** To calculate this, you should take the total number of persons treated with ALB in the community and multiply this by 100. You should then divide that number by the total population within the community.
- **Geographical coverage for MTZ:** To calculate this, you should take the total number of households treated with MTZ in the community and multiply this by 100. You should then divide that number by the total number of households within the community.
- **Geographical coverage for ALB:** To calculate this, you should take the total number of households treated with ALB in the community and multiply this by 100. You should then divide that number by the total number of households within the community.



COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT									
Year: _____					Period from: _____ to _____				
<b>Identification</b>		Project: _____			County: _____			District: _____	
		Town/Village: _____			Health Facility: _____			Latitude: _____ Longitude: _____	
		Date-Treatment starts: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			Date-Treatment ends: 1 2 3 4 5 6				
<b>Census</b>		Number of Males: _____		Total Children less than 5 years: _____		Number of Females: _____		Persons more than 5 years: _____	
		Total Population: _____		Total number of Households: _____					
<b>Treatment</b>		Number of Males: _____		Number of Households treated: _____		Number of Females: _____		Total persons treated: _____	
		Total persons treated: _____		Total number of Households: _____					
<b>Coverage</b>		Therapeutic			Geographical				
		Total persons treated X 100			(Number of Households treated X 100)				
		Total population: _____			Total number of Households: _____				
<b>Not treated</b>		Number of absentees		Number of refusals		Total number of pregnant women		Total Children less than 5 years	
		Total Breastfeeding women less than 7 days		Total number of very sick people					
<b>Adverse events</b>		Total number: _____		Number of cases referred to Health Facility: _____					
		Description		Quantity					
				Mevizan		Albendazol			
<b>Drug Management</b>		Number of tablets ordered		Number of tablets received		Number of tablets distributed		Number of tablets lost	
		Number of tablets remaining		Number of tablets returned to Health Facility					
<b>Number of CDDs:</b>		Male		Female		Number drop-out		Number selected this year	
		CDD motivated by the community? Yes/No		Number of households who motivated CDD		Amount (Cash/Equivalent)			
Date, Name and Signature: _____									
CDD: _____ Officer in Charge / Health Worker: _____									

## SECTION 5 (NON-TREATMENT NUMBERS):

In this section you should record a summary of the people not treated within the community, and the reasons why. The following information should be recorded separately for MTZ and ALB:

- Number of people not treated because they were absent
- Number of people not treated because they refused
- Number of women not treated because they were pregnant
- Number of children not treated because they were less than 5 years of age
- Number of women who were not treated because they were breastfeeding for less than 7 days
- Number of people who were not treated because they were very sick



COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT									
Year: _____					Period from: _____ to _____				
<b>Identification</b>		Project: _____			County: _____			District: _____	
		Town/Village: _____			Health Facility: _____			Latitude: _____ Longitude: _____	
		Date-Treatment starts: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			Date-Treatment ends: 1 2 3 4 5 6				
<b>Census</b>		Number of Males: _____		Total Children less than 5 years: _____		Number of Females: _____		Persons more than 5 years: _____	
		Total Population: _____		Total number of Households: _____					
<b>Treatment</b>		Number of Males: _____		Number of Households treated: _____		Number of Females: _____		Total persons treated: _____	
		Total persons treated: _____		Total number of Households: _____					
<b>Coverage</b>		Therapeutic			Geographical				
		Total persons treated X 100			(Number of Households treated X 100)				
		Total population: _____			Total number of Households: _____				
<b>Not treated</b>		Number of absentees		Number of refusals		Total number of pregnant women		Total Children less than 5 years	
		Total Breastfeeding women less than 7 days		Total number of very sick people					
<b>Adverse events</b>		Total number: _____		Number of cases referred to Health Facility: _____					
		Description		Quantity					
				Mevizan		Albendazol			
<b>Drug Management</b>		Number of tablets ordered		Number of tablets received		Number of tablets distributed		Number of tablets lost	
		Number of tablets remaining		Number of tablets returned to Health Facility					
<b>Number of CDDs:</b>		Male		Female		Number drop-out		Number selected this year	
		CDD motivated by the community? Yes/No		Number of households who motivated CDD		Amount (Cash/Equivalent)			
Date, Name and Signature: _____									
CDD: _____ Officer in Charge / Health Worker: _____									



# JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

## SECTION 6 (ADVERSE EVENTS):

In this section you should record information on adverse events within the community:

- Number of adverse events due to MTZ
- Number of adverse events due to ALB
- Number of cases referred to the health facility due to MTZ
- Number of cases referred to the health facility due to ALB



COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT									
Year: _____					Period from: _____ to _____				
Identification		Project: _____			County: _____				
		District: _____			Health Facility: _____				
		Town/Village: _____			Latitude: _____			Longitude: _____	
		D/Ds-Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			L/Treatment cycle: 1 2 3 4 5 6				
Census		Number of Males: _____		Total Children less than 5 years: _____		Number of Females: _____		Persons more than 5 years: _____	
		Total Population: _____		Total number of Households: _____					
Treatment		MTZ ALB		Number of Households treated		MTZ ALB			
		Number of Males: _____							
		Number of Females: _____							
		Total persons treated: _____							
Coverage		Therapeutic		Geographical		MTZ ALB		MTZ ALB	
		Total persons treated X 100		(Number of Households treated X 100)					
		Total population: _____		Total number of Households: _____					
Not treated		MTZ ALB							
		Number of absentees							
		Number of refusals							
		Total number of pregnant women							
		Total Children less than 5 years							
		Total Breastfeeding women less than 7 days							
		Total number of very sick people							
Adverse events		Total number: _____		Number of cases referred to Health Facility: _____		MTZ ALB			
Drugs Management		Description		Quantity		Mectizan		Albendazole	
		Number of tablets ordered							
		Number of tablets received							
		Number of tablets distributed							
		Number of tablets lost							
		Number of tablets expired							
		Number of tablets remaining							
		Number of tablets returned to Health Facility							
Number of CDDs:		Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?	Number of households who motivated CDD	Amount (Cash / Equivalent)	
						Yes No			
Date, Name and Signature: _____									
CDD: _____					Officer in Charge / Health Worker: _____				

## SECTION 7 (DRUG MANAGEMENT):

The following information should be recorded separately for Mectizan and Albendazole:

- Number of tablets ordered
- Number of tablets received
- Number of tablets distributed
- Number of tablets lost
- Number of tablets expired
- Number of tablets remaining
- Number of tablets returned to health facility



COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT									
Year: _____					Period from: _____ to _____				
Identification		Project: _____			County: _____				
		District: _____			Health Facility: _____				
		Town/Village: _____			Latitude: _____			Longitude: _____	
		D/Ds-Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			L/Treatment cycle: 1 2 3 4 5 6				
Census		Number of Males: _____		Total Children less than 5 years: _____		Number of Females: _____		Persons more than 5 years: _____	
		Total Population: _____		Total number of Households: _____					
Treatment		MTZ ALB		Number of Households treated		MTZ ALB			
		Number of Males: _____							
		Number of Females: _____							
		Total persons treated: _____							
Coverage		Therapeutic		Geographical		MTZ ALB		MTZ ALB	
		Total persons treated X 100		(Number of Households treated X 100)					
		Total population: _____		Total number of Households: _____					
Not treated		MTZ ALB							
		Number of absentees							
		Number of refusals							
		Total number of pregnant women							
		Total Children less than 5 years							
		Total Breastfeeding women less than 7 days							
		Total number of very sick people							
Adverse events		Total number: _____		Number of cases referred to Health Facility: _____		MTZ ALB			
Drugs Management		Description		Quantity		Mectizan		Albendazole	
		Number of tablets ordered							
		Number of tablets received							
		Number of tablets distributed							
		Number of tablets lost							
		Number of tablets expired							
		Number of tablets remaining							
		Number of tablets returned to Health Facility							
Number of CDDs:		Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?	Number of households who motivated CDD	Amount (Cash / Equivalent)	
						Yes No			
Date, Name and Signature: _____									
CDD: _____					Officer in Charge / Health Worker: _____				



# JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

## SECTION 8 (CDD INFORMATION):

In this section you should record information on the CDDs involved in the community treatment.

- Total number of CDDs
- Number of male CDDs
- Number of female CDDs
- Number of CDDs who dropped out
- Number of CDDs selected this year
- Whether the CDDs were motivated by the community
- Number of households who motivated the CDD
- Amount provided (cash or equivalent)



Republic of Liberia  
Regional Tropical Diseases MTZ

### COMMUNITY SUMMARY FORM FOR MTZ/ALB TREATMENT

Year: \_\_\_\_\_ Period from: \_\_\_\_\_ to: \_\_\_\_\_

**Identification** Project: \_\_\_\_\_ County: \_\_\_\_\_  
District: \_\_\_\_\_ Health Facility: \_\_\_\_\_  
Town/Village: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Orals Treatment cycle: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
I/Treatment cycle: 1 2 3 4 5

**Census**

Number of Males:		Total Children less than 5 years:	
Number of Females:		Persons more than 5 years:	
<b>Total Population:</b>		<b>Total number of Households:</b>	

**Treatment**

	MTZ	ALB	Number of Households treated	MTZ	ALB
Number of Males:					
Number of Females:					
<b>Total persons treated:</b>					

**Coverage**

	Therapeutic	MTZ	ALB	Geographical	MTZ	ALB
Total persons treated X 100				(Number of Households treated X 100)		
Total population:				Total number of Households:		

**Not treated**

	MTZ	ALB
Number of absentees		
Number of refusals		
Total number of pregnant women		
Total Children less than 5 years		
Total Breastfeeding women less than 7 days		
Total number of very sick people		

**Adverse events**

Total number:	MTZ	ALB	Number of cases referred to Health Facility:	MTZ	ALB
---------------	-----	-----	--	-----	-----

**Drugs Management**

Description	Quantity	
	Mevitan	Albendazol
Number of tablets ordered		
Number of tablets received		
Number of tablets distributed		
Number of tablets lost		
Number of tablets expired		
Number of tablets remaining		
Number of tablets returned to Health Facility		

Number of CDDs:	Male	Female	Number drop-out	Number selected this year	CDD motivated by the community?		Number of households who motivated CDD	Amount (Cash/Equivalent)
					Yes	No		

Date, Name and Signature: \_\_\_\_\_  
CDD: \_\_\_\_\_ Officer in Charge / Health Worker: \_\_\_\_\_

ONCE YOU HAVE COMPLETED AND CHECKED ALL SECTIONS OF THE COMMUNITY SUMMARY FORM, YOU SHOULD SIGN THE FORM AND SUBMIT IT TO THE HEALTH FACILITY. THE OFFICER IN CHARGE OR HEALTH WORKER SHOULD ALSO SIGN.