# Community Outreach Report Outline

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| **Community/District Name:** | | | **State/Region Name:** | |
| **Reporting Period:** | | | **Date:** | |
| **Supervisor/Coordinator Name and Position:** | | | | |
| **CATCHMENT AREA** | Number of communities in catchment area: |  |  |  |
| Number of children under 5: |  | Expected number of children under 5 with SAM: |  |
| Number of CMAM outpatient sites: |  | Number of CMAM inpatient sites: |  |
| **HUMAN RESOURCES** | Number of community outreach workers that are MOH staff: |  | Number of community outreach volunteers: |  |
| **TRAININGS** | Number of community outreach workers including volunteers trained and active: |  | Number of community representatives oriented: |  |
| **COMMUNITY MOBILIZATION** | Number of communities targeted and involved: |  | Number of community meetings: |  |
| **COMMUNITY OUTREACH** | Number of community screening sessions conducted: |  | Number of children with SAM identified and referred for treatment: |  |
| Number of community home visits for problem cases: |  | Number of community health and nutrition education sessions held: |  |
| **COVERAGE & SERVICE PROGRESS** | Coverage of CMAM: | | | |
| Barriers to access and utilization: | | | |
| Causes of death: | | | |
| Reasons for absentees and defaulting: | | | |
| Reasons for non-response to treatment: | | | |
| **Reasons why areas are not covered:** | | | | |
| **Success stories:** | | | | |
| **Identified problems:** | | | | |
| **Planned activities:** | | | | |