



Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report



(adapted from Form MOH-RSS-606)

Nodding Syndrome Alliance (NSA)

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(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
5.	Total no. of people found with: >1 seizures / fits over the last 1 year			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
6.	Total no. of people found with head nodding			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
8.	Total number of referrals made for other reasons (e.g. malnutrition, malaria...)				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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13.	Total number of people with epilepsy and epilepsy/Nodding Syndrome who visited a Health Facility since the last household visit				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs



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10.	Total no. of people with epilepsy and epilepsy/Nodding Syndrome visited				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report

(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
5.	Total no. of people found with: >1 seizures / fits over the last 1 year			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
6.	Total no. of people found with head nodding			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
8.	Total number of referrals made for other reasons (e.g. malnutrition, malaria...)				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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5.	Total no. of people found with: >1 seizures / fits over the last 1 year		<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs		
6.	Total no. of people found with head nodding		<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs		
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report

(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
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Comments by Recipient:		

Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report

(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
5.	Total no. of people found with: >1 seizures / fits over the last 1 year		<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs		
6.	Total no. of people found with head nodding		<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs		
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
8.	Total number of referrals made for other reasons (e.g. malnutrition, malaria...)				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
Household Visit Forms					Male			Female		
9.	Total no. of Household visits conducted by BHWs / HHPs / CHVs during the reported period									
10.	Total no. of people with epilepsy and epilepsy/Nodding Syndrome visited				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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10.	Total no. of people with epilepsy and epilepsy/Nodding Syndrome visited				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
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Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report

(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
5.	Total no. of people found with: >1 seizures / fits over the last 1 year			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
6.	Total no. of people found with head nodding			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
8.	Total number of referrals made for other reasons (e.g. malnutrition, malaria...)				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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5.	Total no. of people found with: >1 seizures / fits over the last 1 year			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
6.	Total no. of people found with head nodding			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
Referrals					Male			Female		
7.	Total number of referrals made for suspected epilepsy / Nodding Syndrome				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
8.	Total number of referrals made for other reasons (e.g. malnutrition, malaria...)				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
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9.	Total no. of Household visits conducted by BHWs / HHPs / CHVs during the reported period									
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12.	Total number of people with epilepsy and epilepsy/Nodding Syndrome visited reporting Adverse Effects to AED treatment				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs
13.	Total number of people with epilepsy and epilepsy/Nodding Syndrome who visited a Health Facility since the last household visit				<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs



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Nodding Syndrome Alliance (NSA)

BHT Supervisor Monthly Report

(adapted from Form MOH-RSS-606)

State:	County:	Name of BHT Supervisor:
Month:	Year:	Contact of BHT Supervisor:
Boma(s) covered by this report:		

DATA ELEMENTS					NUMBER BY GENDER					
BHWs / HHPs / CHVs					Male		Female			
1.	No. of BHWs / HHPs / CHVs who submitted their monthly reports on time (before 5 th)									
2.	No. of BHWs / HHPs / CHVs who submitted their monthly reports late (after 5 th)									
3.	Names of BHWs / HHPs / CHVs who did not submit their monthly report:									
Family Folders					Male			Female		
4.	Total number of new family folders									
5.	Total no. of people found with: >1 seizures / fits over the last 1 year			<5yrs	5 – 18 yrs	>18 yrs	<5yrs	5 – 18 yrs	>18 yrs	
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