

Sample CLDDP Data Collection Form

CLDDP DATA FORM A

To be completed by village health team (VHT) member.

Person filling form _____ Position _____

Village _____ District _____

CLDDP INFORMATION

Date _____ Intended Start Time _____

Actual start time _____ End time _____

Was an IP staff present? (circle) _____ Yes No

Were any other organizations involved or contributing to this CLDDP? _____ Yes No

If yes, name of organization _____

Total Patients			
Ages	Male	Female	Total
0year-9years			
10-19 years			
20+ years			
Total			

List names of villages patients came from _____

Money Collected			
	Number of people	UGX per person	Total Collected
Adults			
Children			
Exceptions:			
Reduced payments			
Fees waived			
Total			

Explanation of any exceptions above _____

Money Distributed	
	Amount Distributed
Total given to HCWs	
Total given to VHTs	
Transporters	
Other Costs	
Total	

Explanation of other costs _____

Total Surplus (+) or Deficit (-): _____

CLDDP DATA FORM B

To be completed by clinical officer or equivalent.

Person filling form Position

Health Centre Village Date

CLDDP INFORMATION

Names of health workers who attended

Number of Health Workers									
Total Health Workers	Enrolled Midwives	Registered Midwives	Clinic Officer	Counselors	Lab Technician	Nursing Assistant	Enrolled Nurse	Registered Nurse	Other (specify)

Services offered:

- General Treatment
- Family Planning
- HIV Counselling/Testing
- ART Refills
- ANC/PNC
- Viral Load
- Other _____

Were there stockouts? (circle one) **Y / N**

What services were IMPACTED OR UNAVAILABLE due to stockouts?		
General Treatment	<ul style="list-style-type: none"> • Malaria treatment • Amoxicillin 	<input type="checkbox"/> Other _____
HIV/ART	<ul style="list-style-type: none"> • ART • Testing 	<input type="checkbox"/> Other _____
Family Planning	<ul style="list-style-type: none"> • Pregnancy tests 	<input type="checkbox"/> Other _____
ANC/PNC		

ANTI-RETROVIRAL TREATMENT (ART)

1. TB	
Diagnosed	Treated

2. Number of patients given each ART duration		
1 month	_____ months	
2 months	Total number of people	
3 months	Total no. months given	

3. Patients Receiving ART		
Age	Male	Female

0-9 year		
10-14 years		
20+ yrs		
Total		
4. Patients Newly Linked to Care		
Age	Male	Female
0-9 year		
10-19 years		
20+ yrs		
Total		
5. Viral Load Blood Samples Taken		
	Male	Female
Total		

CLDDP DATA FORM C

To be completed by clinical officer, nurse, or other health worker offering general treatment.

Person filling form

Health Centre Position

Village visited Date

OTHER SERVICES

Total Pregnant Women Served for any reason	Syphilis			Blood Pressure			Malaria		
	Total Tested	Tested Positive	Given Treatment	Total Tested	Tested High	Given Medication	Total Tested	Tested Positive	Given Medication

Diabetes Referrals	Child Check-ups	Patients Given Pain Relievers	Immunisations Given	Vitamins Given

	Worms	Fungal (Non-Candidiasis)	Candidiasis	Ulcers	Diarrhoea	Stomach Illness (Non-Diarrhoea)	Allergy	Chronic Respiratory Disease
Diagnosed								
Given Treatment								

	Measles	RTI	Malnutrition	Injuries	UTI	Gonorrhoea	Eye Infection
Diagnosed							
Given Treatment							

Additional treatments or tests given and number of patients for each

Additional comments/concerns (continue on back if necessary)

CLDDP FORM D

To be completed in collaboration between lab technicians and counsellors.

Person filling form

Health Centre Position

Village visited Date

HIV COUNSELLING AND TESTING (HCT)

Total No. of clients served		Counselled		HIV Test Results		Counselled & tested as couple	Received results as couple	Discordant results	Returned for viral load results	TB Suspect
Male	Female	Pre-test	Post-test	Total Positive	Total Negative					

New Positives		
Age	Male	Female
18 mos-4 years		
5 - 9 years		
10 - 14 years		
15 - 19 years		
20+Yrs		
Total		

Patients Tested for First Time		
Age	Male	Female
18 mos-4 years		
5 - 9 years		
10 - 14 years		
15 - 19 years		
20+ - years		
Total		

CLDDP DATA FORM E

To be completed by midwife.

Person filling form

Health Centre Position

Village visited Date

FAMILY PLANNING, MATERNAL & CHILD HEALTH

Total served	Male condom (# of patients)	Male Condom (# dispensed)	Oral Contraception (# of patients)	Oral Contraception (# of cycles)	Depo-Provera	Sayana Press	Other Injectable

Implanon	Jadelle	Other Implant	IUD	Emergency Contraception	Female Condom	FP referrals	FP counselling only

Other Family Planning Methods (name and number distributed)

Perinatal Health			
Total served	Antenatal Care (ANC)	Postnatal care (PNC)	Immunisation referral