VOICE OUTREACH UGANDA

PreTFa

Voice Outreach Uganda

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Our ref: PreTFa - VOU

HEALTH WORKERS REPORT FORMAT

Name of the Group _____

Name of the Farmer_____**Contact**_____

Village_____ **Parish**_____

Sub-County _____ **District**_____

USE the Score Sheet Grid.

*Score **100**, if a farmer has [**FH**]. Score **00**, if a farmer does not have [FDH]. Score **-35**, Farmers Has, But it's Damaged [**FH D**]. **Tick either** it's Permanent [**P**] or Temporal [**T**]). Score **-50**, if it's in a bad state & Needs Repairs [**ND R**]. Score **-25**, if It's Not Clean [**NTC**].*

More Questions: *Does a farmer keep some animals or Birds? [**DFKA/B**]. Does a farmer keep the birds in a separate house? [**DFKS H**]. Does a farmer belong to any other group [**DFBA G**]*

INSPECTIONS CARRIED OUT.

Insert the score If the Farmer Has					✓ (Tick)		Insert Scores		TOTAL SCORE			(Tick)	
S/N	**QUESTION**	**FH**	**FDH**	**FH D**	**P**	**T**	**ND R**	**NT C**		**REMARKS**	**More Qns**	**Y**	**N**
1	Toilet / Pit Latrine										DFKA/B		
2	Hand washing facility										DFKS H		
3	Rubbish Pit										DFBA G		
4	Bathroom												
5	Kitchen												
6	Plate Stand												
7	Store House												
8	Dwelling House												
Accumulated Total Scores													

General Remarks by Health worker_____

_____

Nane_____Signature_____Of This Date:_____

Name of the Farmer:_____Contact_____

Status of Land Ownership_____

Marital Status_____If married, Spouse Name_____No. Of Children_____

Farmer's Signature_____Date_____

APPROVALS AND RECOMMENDATIONS

Group Chairperson_____Sign_____Date_____

In-Charge Health_____Sign_____Date_____

Area Coordinator_____Sign_____Date_____

Director Comments & Sign_____