Facility Reporting Format

| Name of the District: | |
|-----------------------|--|
| Name of the Facility: | |

Health facility level activities:

| No. of under-five-children treated with cough and cold in OPD | |
|--|--|
| No. of under-five-children treated with Pneumonia in OPD | |
| No. of under-five-children treated with Severe Pneumonia by ad-mission | |
| No. of under-five-children administered medical oxygen | |
| No. of Skill Station functional against approval | |
| Number of infants given PCV-1 vs number of infants given Penta-1 | |
| Number of infants given PCV-Booster vs number of infants given MR-1 | |

(Signature of Medical Officer)