



Traditional Healers' Weekly Reporting Form

Your Name:	Location/ Jurisdiction:
Dates of week covered in this report: Monday ____ - Friday ____ Month: _____ Year: _____	Phone Number:
<ul style="list-style-type: none"> Please complete this form every week to help us understand the number of individuals with disabilities who are being impacted by the work of Kuhenza. You can use space on back of form if you need it. Every month please return all weekly tracking forms to Kuhenza Office, along Malindi Road, near Oilibya, Gede. Alternatively please send a high quality picture of this form your community leader contact or a Kuhenza staff member Please do not hesitate to contact us if you require any further assistance 	

1) How many group speeches did you give about disability care, rights and inclusion this week? <i>Total number:</i> _____	A) Location of each speech	B) Number of people	C) Gathering Type
2) How many individuals who do not have disabilities did you speak to about disability care, rights and inclusion this week? <i>Total number:</i> _____	A) Names of persons		B) Type / title of persons
3) How many people impacted by disability did you counsel this week? <i>(please include both the number of people with disabilities and their caregivers or family members)</i> <i>Total number:</i> _____	A) Names of persons		B) Type / title of persons
4) How many children with disabilities did you refer to schools this week? <i>Total number:</i> _____	A) Child names	B) School names	C) Did they attend?

<p>5) How many children with disabilities did you refer for medical care this week?</p> <p><i>Total number:</i> _____</p>	<p>A) Child names</p>	<p>B) Facility names</p>	<p>C) Did they attend?</p>
<p>6) How many families of disabled children did you refer to parent support groups this week?</p> <p><i>Total number:</i> _____</p>	<p>A) Names of persons</p>		<p>B) Did they attend?</p>
<p>7) How many family members impacted by disability did you invite to attend a community event this week?</p> <p><i>Total number:</i> _____</p>	<p>A) Names of persons</p>		<p>B) Did they attend?</p>
<p>8) How many family members impacted by disability did you invite to join a Community Disability Outreach Committee this week?</p> <p><i>Total number:</i> _____</p>	<p>A) Names of persons</p>		<p>B) Did they join?</p>
<p>9) How many pregnant women did you refer to a health facility for care this week?</p> <p><i>Total number:</i> _____</p> <p>10) How many did you accompany to the facility?</p> <p><i>Total number:</i> _____</p>	<p>A) Names of persons</p>		<p>B) Did they attend?</p>

Additional Comments

Challenges you faced or situations that prevented you from taking action:

Follow up from previous weeks referrals/counselling/support groups etc.:

Are there any individuals who require additional assistance from Kuhenza? (Please describe and provide contact details)