

**WOZA MOYA CCGs's Monthly Evaluation Form**

1. How many FAMILIES you have attended to in this month? .....
2. How many CLIENTS have you attended to in this month? .....
3. How many children from 0-2 did you see and weigh this month? .....
4. How many children from 0-5 in total did you see this month? .....
5. How many children 0-5 needed interventions? .....

Explain 2 interventions that you did with children aged 0-5 years?

- 5.1 .....
- 5.2.....

6. How many RTH booklets did you check this month in total? .....
7. How many RTH booklets are up to date? ..... How many are not up to date? .....
8. Did you see any clients with disabilities?..... If so, how many?.....
9. How many Clients did you see older than 5 years? ..... How many needed interventions? ..... Explain 2 interventions that you did this month?

- 9.1.....
- 9.2.....

10. How many DAYS did you spend working for WM this month? .....
11. What was the AVERAGE time spent with each Client this month? .....
12. How many Families are producing their own food this month (Gardens/ Animals)?  
..... How are they doing this? .....
13. What was your most CHALLENGING visit this month?

Please give the details: Name. Date. Reason.

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14. What was your most SUCCESSFUL visit/intervention this month?

Please give the details: Name. Date. Reason.

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15. Please share one case study of your work this month

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