



# Questionnaire B4

## PRIMARY HEALTH CARE ACTIVITIES REPORTING FORM

Project No.		Project name		Reporting Year	
<b>Persons benefiting from primary health care services</b>					<b>T. Number</b>
400	Total number of persons with diarrhoea and dysentery treated				
401	Total number of persons with respiratory infection & bronchial asthma treated				
402	Total number of persons with malaria treated				
403	Total number of persons with Tuberculosis treated				
404	Total number of persons with AIDS or HIV treated with anti-retroviral drugs				
405	Total number of children who received at least one vaccination during the year				
406	Total number of women receiving ante-natal care				
407	Total number of women admitted for assisted child birth				
408	Total number of persons treated for dermatological problems including scabies				
409	Total number of persons with intestinal worms/parasites treated				
410	Total number of persons with anaemia treated				
411	Total number of persons with malnutrition treated				
412	Total number of persons with Leishmaniasis treated				
413	Total number of persons with schistosomiasis treated				
414	Total number of persons with yellow fever treated				
415	Total number of persons with Oncocerciasis treated				
416	Total number of persons with lymphatic filariasis treated				
417	Others (please explain)				
418	Others (please explain)				
419	Others (please explain)				
<b>If your project operates in many different areas, fill a separate form for each area.</b>					