

## MALAWI CERVICAL CANCER CONTROL PROGRAM MONTHLY REPORTING FORM

District: \_\_\_\_\_ Facility Name: \_\_\_\_\_ Year: \_\_\_\_\_ Month: \_\_\_\_\_

| Indicator # | Name of Indicator   | Value |
|-------------|---|-------|
| 1           | Number of clients screened for cervical cancer disaggregated by age |       |
| 1.1         | <25 years   |       |
| 1.2         | 25-29 years   |       |
| 1.3         | 30-44 years   |       |
| 1.4         | 45-49 years   |       |
| 1.5         | >49 years   |       |

|     |   |  |
|-----|---|--|
| 2   | Number of Clients screened for Cervical cancer disaggregated by HIV status          |  |
| 2.1 | Positive on ART   |  |
| 2.2 | Positive <b>NOT</b> on ART  |  |
| 2.3 | Negative (Tested less than 1 year)  |  |
| 2.4 | Unknown (HIV- > 1 year ago, Inconclusive, Prefers not to Disclose, or Never Tested) |  |

|     |  |  |
|-----|--|--|
| 3   | Number of Clients attending Cervical Cancer Services disaggregated by reason for visit |  |
| 3.1 | Initial screening  |  |
| 3.2 | Postponed treatment  |  |
| 3.3 | 1- year subsequent check-up after treatment  |  |
| 3.4 | Subsequent screening   |  |
| 3.5 | Referral   |  |
| 3.6 | Problem visit after Treatment  |  |

|     |  |  |
|-----|--|--|
| 4   | Number of Clients screened disaggregated by screening method |  |
| 4.1 | VIA  |  |
| 4.2 | Pap Smear  |  |
| 4.3 | HPV DNA  |  |
| 4.4 | Speculum Exam  |  |

|      |   |  |
|------|---|--|
| 5    | Cervical cancer screening results (HIV+)  |  |
| 5.1  | Number of clients with VIA-               |  |
| 5.2  | Number of clients with VIA+               |  |
| 5.3  | Number of clients with suspect cancer     |  |
| 5.4  | Number of clients with PAP Smear normal   |  |
| 5.5  | Number of clients with PAP Smear abnormal |  |
| 5.6  | Number of clients with HPV-               |  |
| 5.7  | Number of clients with HPV+.              |  |
| 5.8  | Number of clients with visible lesion     |  |
| 5.9  | Number of clients with No Visible lesion  |  |
| 5.10 | Number of clients with other gynae        |  |

|     |  |  |
|-----|--|--|
| 6   | Cervical cancer screening results (HIV- / unknown) |  |
| 6.1 | Number of clients with VIA-                        |  |
| 6.2 | Number of clients with VIA+                        |  |

| Indicator # | Name of Indicator                         | Value |
|-------------|---|-------|
| 6.3         | Number of clients with suspect cancer     |       |
| 6.4         | Number of clients with PAP Smear normal   |       |
| 6.5         | Number of clients with PAP Smear abnormal |       |
| 6.6         | Number of clients with HPV-               |       |
| 6.7         | Number of clients with HPV+               |       |
| 6.8         | Number of clients with visible lesion     |       |
| 6.9         | Number of clients with No visible lesion  |       |
| 6.10        | Number of clients with other gynae        |       |

|     |   |  |
|-----|---|--|
| 7   | Cervical Cancer suspects disaggregated by age |  |
| 7.1 | <25 Years                                     |  |
| 7.2 | 25-29 Years                                   |  |
| 7.3 | 30-44 Years                                   |  |
| 7.4 | 45-49 Years                                   |  |
| 7.5 | >49 Years                                     |  |

|     |                                 |  |
|-----|---------------------------------|--|
| 8   | Total number of clients treated |  |
| 8.1 | Same day treatment              |  |
| 8.2 | Postponed treatment             |  |
| 8.3 | Postponed treatment performed   |  |
| 8.4 | Referral                        |  |

|     |   |  |
|-----|---|--|
| 9   | Number of clients treated disaggregated by treatment option |  |
| 9.1 | Cryotherapy   |  |
| 9.2 | Thermal Coagulation   |  |
| 9.3 | LEEP  |  |
| 9.4 | Other   |  |

|      |  |  |
|------|--|--|
| 10   | Number of clients referred disaggregated by referral reasons |  |
| 10.1 | Large lesion (>75%)  |  |
| 10.2 | Further investigation & Management                           |  |
| 10.3 | Suspect cancer   |  |
| 10.4 | No treatment   |  |
| 10.5 | Other gynae  |  |

|      |  |  |
|------|--|--|
| 11   | Number of clients with referral feedback |  |
| 11.1 | Number of clients with feedback          |  |

|      |                                  |  |
|------|----------------------------------|--|
| 12   | Offered family Planning Services |  |
| 12.1 | Yes                              |  |
| 12.2 | No                               |  |
| 12.3 | N/A                              |  |

*Report to be submitted by 5th of every month*

Report Prepared by: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Report Approved by: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_