

**Group Discussion  
Monthly Summary Report**

Name of PSSC: \_\_\_\_\_ Facility \_\_\_\_\_ Referrals \_\_\_\_\_

Date	Topic	Total # participants			Referrals				
		Pregnant women	Lactating women	Male partners	ANC (c to f)	Nutrition counselling	Community follow-up (defaulter tracing)		Others
							Exposed babies to cc	HIV+ mothers	

Number of women counselled individually on infant feeding:	
Accomplishments (What are you most proud of this month?):	
Challenges/additional information needed:	
Other referrals/activities	

NAME & SIGNATURE: PSSC \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

