**CCRDA/CORE Group Polio Project Monthly Reporting Formats for Project Field Officers**

**Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of PFO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Woreda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T. Kebeles \_\_\_\_\_\_\_ T. PWs \_\_\_\_\_\_\_\_\_ T. Newborn \_\_\_\_\_\_\_\_\_\_\_ < 1 years \_\_\_\_\_\_\_\_\_\_\_\_ <5 years \_\_\_\_\_\_\_\_\_\_**

**No. of HC \_\_\_\_\_\_\_\_ No. of HP \_\_\_\_\_\_\_\_\_\_ N0 of HEWs \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of CVs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SN** | **Activities** | **Plan (monthly)** | **Achievements** | **Remark/justification** |
| **1** | **General Activities** |  |  |  |
| 1.1 | Number of HPs with full documentation  |  |  |  |
| 1.2 | Number of CVs reporting to HEWs in the reporting month |  |  |  |
| 1.3 | Number of CVs report verified by the project officer |  |  |  |
| 1.4 | Number review meetings conducted at kebele level |  |  |  |
|  1.5 | Number of Review meeting conducted at woreda level  |  |  |  |
|  1.6 | Number of joint supportive supervision conducted at woreda level  |  |  |  |
| 1.7 | Number of training conducted  |  |  |  |
| **2** | **Routine Immunization (RI)** |  |  |  |
| 2.1 | Number of defaulters traced and immunized during RI |  |  |  |
| 2.2 | Number of pregnant women tracked and referred to the facilities  |  |  |  |
| 2.3 | Number of newborns tracked and immunized for polio 0 |  |  |  |
| 2.4 | Number of EPI monitoring chart updated  |  |  |  |
|  2.5 | Amount of fuel distributed (liter)  |  |  |  |
| **3** | **Supplementary Immunization Activities (SIAs)** |  |  |  |
| 3.1 | Number of CVs participated during SIA  |  |  |  |
| 3.2 | Number of target children in the SIAs  |  |  |  |
| 3.3 | coverage of SIAs  |  |  |  |
| **4** | **Surveillance**  |  |  |  |
| 4.1 | Number of AFP case(s) reported by CVs/staff |  |  |  |
| 4.2 | Number of Measles case(s) reported by CVs/staff |  |  |  |
| 4.3 | Number of NNT case(s) reported communities /staff |  |  |  |

**5. Monitoring and Supervision**

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| **5.1 CVs supervised by Project Officer**  |
| Date of supervision | Name of CVs | Kebele | Villages | Reporting format available(Y/N) | IEC material available(Y/N) | No HH visited last month | No of AFP cases reported last month | No people received heath education last month | Knowledge of polio/AFP (poor, average, good, Excellent) |
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| **5.2 HP supervised by Project Officer** |  |  |  |  |  |
| Date of supervision | Name of HP | Name of HEWs contacted | Name of Keblele | List of CVs available (Y/N) | Minute of CVs meeting available (Y/N) | Report file available (Y/N) | Monitoring chart updated  | AFP cases reported last month | No. Functional Cold Chain |
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**6. General Comment**

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