## C-5: Monthly report by Partner

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| **Implementing Partner:** | **Reporting Month:** |

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| Total number of assigned counties |  |  | Total number of payams in the assigned counties |  |
| **Total number of County Supervisors (CS) on the job** |  |  | **Total number of assigned Payam Assistants (PA) on the job** |  |
| Percent (%) of counties with a CS |  |  | Percent (%) of payams with PAs |  |

**List of counties assigned (with Code Numbers)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Name of County** | **Code** | **Name of County** | **Code** | **Name of County** | **Code** | **Name of County** | **Code** | **Name of County** |
| **C1** |  | **C4** |  | **C7** |  | **C10** |  | **C13** |  |
| **C2** |  | **C5** |  | **C8** |  | **C11** |  | **C14** |  |
| **C3** |  | **C6** |  | **C9** |  | **C12** |  |  |  |

***-Please use the same code for the same county every month***

**1. Partner Supervision**

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| **Sn** | **INDICATOR (use “Total number of CS and PA on the job” as the denominator)** | **Number** | **%** |
| 1. | Number **and** % of CS supervised by the **Partner Supervisor** during the month using the CS checklist (B-7) |  |  |
| 2. | Number **and** %of PA supervised by the **Partner Supervisor** during the month using the PA checklist (A-7) |  |  |

**2. Compilation of monthly activities by Payam Assistants**

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| County code (see list above) | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 | C13 | C14 | Total |
| Total # of KIs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # KI visited during the month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of KI visited during the month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Planned community meeting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Conducted community meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of community meeting conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**3. Compilation of monthly activities by County Supervisors**

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| County code (see list above) | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 | C13 | C14 | Total |
| Total # of PAs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # PAs visited during the month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of PA visited during the month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Planned county level meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Conducted County-level meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of county-level meeting conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**4. Budget Summary**

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| County code (see list above) | | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 | C13 | C14 | Total |
| Amount of Budget expected in this Quarter | Salary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ops |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative funds RECEIVED this Quarter by end of month | Salary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ops |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative funds SPENT this Quarter by end of the month | Salary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ops |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cumulative BALANCE for the Quarter at the end of this month | Salary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ops |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**5. Summary of suspect AFP cases reported during the month**

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| County code (see list above) | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 | C13 | C14 | Total |
| # Cases reported by KIs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Cases found to be suspect AFP case |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of cases referred to CS within 48 Hours of initial report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Referred cases visited by CS within 24 hours of receiving report by PA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Cases excluded by CS (old cases) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Cases referred to WHO by CS (recent cases) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Cases referred to WHO within 96 Hours of initial report by KI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**6. Challenges & Actions Taken**

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**7. Partner Supervision Plan for next month**

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| **County of Planned Supervision** | **Designation of Supervisor** | **Planned Dates** | **Remarks** |
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