**A-1: Monthly Report by Payam Assistant (PA)**

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| --- | --- | --- |
| **Name of Payam Assistant:** | **Reporting Month** | **Implementing partner:** |
| **Payam:** | **County:** | **State:** |

**Visits to Key Informants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name of KI** | **Date of planned visit** | **Date of actual visit**  | **If visit not conducted explain why?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |

**Community awareness sessions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Location of meeting (Boma)** | **Date of planned meeting**  | **Date of actual meeting conducted** | **# of participants**  | **Participants category**  | **If meeting not conducted explain why?**  |
| **M** | **F** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |

**Summary of monthly activity in the Payam**

|  |  |
| --- | --- |
| **Total # of KIs** |  |
| **# KI visited during the month** |  |
| **% of KI visited during the month**  |  |
| **# Planned community awareness sessions** |  |
| **# Conducted community awareness sessions** |  |
| **% of community awareness sessions conducted** |  |
| **# of Participants who attended community awareness sessions** | M | F |
|  |  |

**Suspected AFP cases reported during the month**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | 1 | 2 | 3 |
| **Name** |   |   |   |
| **Age (in month)** |   |   |   |
| **Village** |   |   |   |
| **Boma** |   |   |   |
| **Payam** |   |   |   |
| **County** |   |   |   |
| **State** |   |   |   |
| **Reported by:** | **Key informants** |   |   |   |
| **Others (specify)** |  |  |  |
| **Date of onset of paralysis** |   |   |   |
| **Date reported by KI to PA** |  |  |  |
| **Date of visit of PA to the case** |  |  |  |
| **Reported Case is Suspect AFP? (Yes/No)** |   |   |   |
| **Date of referral by PA to CS** |  |  |  |
| **Date of visit of CS to the Case** |  |  |  |

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

|  |  |
| --- | --- |
| **# Cases reported by KIs**  |  |
| **# Reported cases found to be suspect AFP cases** |  |
| **# Cases referred to CS within 48 Hours of initial report**  |  |

**Other activities implemented during the month**

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| --- |
|  |

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| --- | --- |
| **Challenges experienced during the month** | **Actions taken** |
|  |  |

**Suggested** **recommendation**

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|  |