

**MONTHLY REPORT**

**COMMUNITY COMPONENT – FOR FACILITATOR**

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| **Reference Period :** |  |
| **Project :** |  |
| **Name :** |  |
| **Area of intervention :** |  |

1. **OBJECTIVES FOR THE MONTH**

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| **OBJECTIVES** | **Achieved** | **In part** | **Not achieved** |
| 1. **Training and follow up of mothers on Mother-led MUAC** |  |  |  |
| 1. **Distribute tools to Community Health Workers (picture box, MUAC tapes)** |  |  |  |
| 1. **Support mass screening by trained mothers, supervised by CHW** |  |  |  |
| 1. **Monitor quality of MUAC measurements made by mothers** |  |  |  |
| 1. **Home visits** |  |  |  |
| 1. **Meetings to raise awareness** |  |  |  |
| 1. **Peer-educator mother groups held** |  |  |  |

1. **ACTIVITIES FOR THE MONTH**

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| **Objective number** | **ACTIVITIES** |
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1. **ACTIVITIES FOR THE MONTH IN DETAIL**
   1. **Introduction to Mother-led MUAC for mothers**

**Be careful not to double count – the women trained should not appear more than once in the TOTAL !**

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| **INTRODUCTION TO MOTHER-LED MUAC** | | **TOTAL** |
| Number of training sessions of Mother-led MUAC conducted **by facilitator + CHW** |  |  |
| Number of mothers trained in Mother-led MUAC and equipped with MUAC tape **by facilitator + CHW** | |
| Number of training sessions of Mother-led MUAC conducted  **by CHW alone** |  |  |
| Number of mothers trained in Mother-led MUAC and equipped with MUAC tape **by CHW alone** | |
| **TOTAL MOTHERS TRAINED IN MOTHER-LED MUAC** | |  |

**Narrative :**

* 1. **Screening in the community carried out during the reference period**
     1. **Reminder about screening activities**

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| **Medium used for reminder**  **(e .g. media, text message, public criers, village meetings, health centre)** | **Number of villages receiving reminders** |
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**Narrative :**

* + 1. **Quantitative screening data**

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| **TYPE OF SCREENING** | **TOTAL** |
| Number of mass screening sessions carried out by mothers and **supervised by the facilitator(s)** |  |
| Number of mass screening sessions carried out by mothers and **supervised by the CHW + the facilitator** |  |
| Number of mass screening sessions carried out by mothers and **supervised by the CHW alone** |  |
| **TOTAL SCREENING SESSIONS CARRIED OUT** |  |

**Narrative :**

* 1. **Mass screening sessions carried out by mothers and supervised by facilitator or CHW→ Documentation:**

**Child screening form to be included in annexe !**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of children screened** | | **CASES DETECTED** | | | **REFERRALS** |
| **M** | **F** | **Number MAM without complic.** | **Number SAM without complic.** | **Number MAM/SAM with complic.** |
| **Supervised by CHW + facilitator** |  |  |  |  |  |  |
| **Supervised by CHW** |  |  |  |  |  |  |
| **TOTAL** |  | |  |  |  |  |

**Narrative :**

* 1. **Tests on quality of MUAC measurements made by mothers and Refresher on Mother-led MUAC training for mothers**

**Refresher on mass training and training in small groups (peer-educator mothers) by Community Health Workers after 2 months of activity**

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| **Village** | Tests on MUAC measurements done 6 – 8 weeks after initial training – **Number of mothers tested** | **Test Results** | | **Refresher carried out if <75% of results satisfactory** |
| **Satisfactory result for 75% of mothers** | **Result satisfactory for < 75% of mothers** |
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**Narrative :**

* 1. **Home visits during the reference period**

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|  | **TOTAL** |
| **Number of defaulters or absentees noted by OTP** |  |
| **Number of home visits carried out** |  |
| **Number of screened children found** |  |

**Narrative :**

* 1. **Family awareness raising meetings on essential family practices, nutrition and WASH held during the reference period**
     1. **Summary of meetings**
        + **At village level**

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|  | **Number of meetings** | **Number of participants** | **PARTICIPANT TYPE** | | |
| **No.**  **Men** | **No.**  **Women** | **No. Children** |
| **AWARENESS RAISING MEETINGS HELD AT VILLAGE LEVEL** | | | | | |
| **By the**  **facilitator** |  |  |  |  |  |
| **With the CHW** |  |  |  |  |  |
| **By the CHW alone** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**Narrative :**

* **At health centre / health post**

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|  | **Number of meetings** | **Number of participants** | **PARTICIPANT TYPE** | | |
| **No.**  **Men** | **No.**  **Women** | **No. Children** |
| **AWARENESS RAISING MEETINGS HELD AT THE SC** | | | | | |
| **By**  **the facilitator** |  |  |  |  |  |
| **With the SC supervisor** |  |  |  |  |  |
| **With the health worker** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**Narrative**

* + 1. **Topics covered during the awareness raising meetings**
  1. **Groups of peer-educator mothers held to encourage IYCF practices, pre- and postnatal visits, and the psycho-emotional stimulation of children**

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| --- | --- | --- | --- |
|  | **Number of meetings** | **Number of participants** | **Topics shared during peer-educator mother groups** |
| **PEER-EDUCATOR MOTHER GROUPS HELD** | | | |
| **By**  **the facilitator** |  |  |  |
| **With the SC supervisor** |  |  |
| **With the health worker** |  |  |
| **TOTAL** |  |  |

**Narrative :**

* 1. **Other activities carried out during the reference period**
  2. **In conclusion**

1. **OBJECTIVES FOR THE COMING MONTH**

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| **OBJECTIVES** |
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