Appendix E. Monthly reporting form - district level (example from Ethiopia) Reported up to national level

Routine Vitamin A Supplementation and Deworming and Nutritional Screening Zonal Reporting Format															$\overline{}$																	
Region:; Reported ZoneDate of Report/ Reported by (Name & Signature)																			_													
			Children 6-59 months Supplemented with Vitamir					nin A	n A Children 24-59 m dewormed				Nutritional Screening for children 6-59 months and PLW																			
S Name o		Target Children 6-59m	with Vitamin A		(B) 12-59m supplemented with Vitamin A		supplemented with Vitamin A		Coverage	Children	n 24-59m dewormed		Deworming coverage	odema		# of children 6-59m screened with no odema & MUAC <11cm		# of children 6-59m screened with no odema & MUAC 11 to <12cm		# of children 6-59m screened with no odema & MUAC 11 to >= 12cm			Screening coverage	—— <u> </u>		Target	# of PLW screened	screened	Screening coverage	PLW	# of PLW referred	
no	Woreda	0-33111	М	F	М	F	M	F	(%)		М	F	(%)	M	F	М	F	М	F	М	F		(%)	М	F	PLVV	>=23cm	<23cm	PLW (%)	counselled	to TSFP	folate
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