Appendix Diii. Monthly reporting form - health centre level (example from Ethiopia) Reported up to sub-district level - form Div

Routine Vitamin A Supplementation, and Deworming and Nutritional Screening Zonal Reporting Format															$\overline{}$																	
	Region:		; Zone				; Wor					orted		Date of Report				/_		Reported by (Name & Signature)												
			Children 6-59 months Supplem				nented wi	th Vitan	nin A	Children 24-59m de-wormed				Nutritional Screening for children 6- 59 months and PLW																		
S	Name of Health Posts	Target Children 6 59mn	(A) 6- 11months supplemented with Vit A M F		(B) 12-59 months supplemented with Vitamin A M F		(A+B) # of children 6-59 months supplementd with VAS M F						Dewor ming Coverag e (%)	# of Children 6- 59mn screened with bilateral odema M F		# of Children 6- 59mn screened with no odema & MUAC <11cm M F		# of Children 6-59mn screened with no odema & MUAC 11 to <12cm M F		# of Children 6 59mn screened with no odema 8 MUAC >= 12cm M F		screen	Screen ing				# of PLW screen ed >=23c m	screene d	Sc reening coverage PLW (%)	counsell	# of PLW I referred to TSFP	
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