Appendix Div. Monthly reporting form - sub-district level (example from Ethiopia)

Reported up to district level - form Dv

Routine Vitamin A Supplementation, and Deworming and Nutritional Screening Zonal Reporting Format																																
	Region:		;	Zone _			Reported Woreda								ate of Report/ Reported by (Name & Signature)										_							
			Child	ren 6-59	months :	Supplem	nented wi	th Vitar	nin A	Child	ren 24-59	m de-w	ormed	Nutritional Screening for children 6- 59 months and PLW																		
S no	Name of Health Centers	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			Target Childre n 24- 59m	e 24-59 months Dewormed			with bilateral				# of Children 6-59mn screened with no odema & MUAC 11 to <12cm M F		# of Children 6 59mn screened		Tot.# childre n 6- 59mn screen ed	Screen			Targe t PLW	# of PLW screen ed >=23c m	screene d	coverage	counsell	# of PLW referred to TSFP	
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