

FORM – B

Comprehensive Social Mobilization Monthly Reporting Form – Block level

District:
Block/BMC Area
Name of the BMC:

Month & year:
Date of report:

Subreport 1: CMC List

(Total HRA.....CMC covered HRAs.....Uncovered HRAs.....)

Work Area code	CMC Work Area (B1)	Name of the CMC (B2)	Gender (B3)	Joined on (Month & year) (B4)	HRA Adopted (Month & year) (B5)
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					
Q					
R					
S					
T					

CMC summary

Total Male CMC	Total Female CMC	CMC Duration				HRA Duration			
		< 3 month	4 to 6 month	7 to 9 month	>9 month	<3 month	4 to 6 month	7 to 9 month	>9 month

Sub Report 2: CMC Register (Based on subreport 1 of Form C)

Work Area code	Total houses (C2)	Total X houses (C3)	Total XR houses (C4)	Expected Population (C5)	<5 Year children (C6)	<1 Year Children (C7)
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						
Total						

Subreport 3:Door to door counseling (Based on subreport 2 of Form C)

Work Area code	Families visited for			
	Pre-Round IPC	During round IPC	IPC in X houses	IPC for RI
	(C3)	(C4)	(C5)	(C6)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
Total				

Subreport 4:Community meetings in CMC area (Based on subreport 3 of Form C)

Work Area code	Type of community meetings			Total participants (C5)	X/XR Participants (C6)
	Mothers meetings	Muslim Women meetings	Neighborhood Meetings		
	(C2)	(C3)	(C4)		
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					
Q					
R					
S					
T					
Total					

Subreport 5: Local mobilization activities (Based on subreport 4 of Form C)

Work Area code	Polio class	Rally	Bulawa Tolis	Total number of Mosque	Mosque with PA system	Number of Mosque where announcement happened	Number of Mosque where Taqir held	Total Mosque announcement	Announcement on booth day	Announcement on Friday	Announcement during team activity	Total taqir program
	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)	(C9)	(C10)	(C11)	(C12)	(C13)
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
Total												

Sub Report 5A: Children immunized during Urs and small congregation

Date	Event where vaccination has been done (Urs/Mela/Mazar/Grah Pravesh etc)	Religion and Caste (Not applicable for Urs/Mela/Mazar)		Total vaccinated children
		Religion	Caste	
Total				
				Total children immunized in Urs/Mazar/Mela
				Total children immunized in marriages and other function

Sub Report 8: Training/capacity building of SMNet CMC & block level partners

Date	New CMC 1 day training (field)							Old CMC training			Old CMC training (on the job)				Partners training (number of participants)									
	Recruited	Trained	Report submitted	Topics covered				Total trained CMC	Evaluation			Number trained	Topics covered				Vaccinator team	P.R.I	I.C.D.S	Revenue	Education	N.G.O	P.D	Other
				Resource Map	IPC	Field book and survey	Work Plan		A (80% and above)	B (50% and above)	C (Below 50%)		Field book	IPC	Partnership	Other								
X	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23	B24
Total																								

Sub Report 10: Comments on Social Mobilization activities during the month in the BMC area

Innovation & success stories

Coordination and partnership

Issues for action & any other information

Note:

Submit this report by 3rd of every month.

Certified that the above reports fully or partially based on CMC submitted form C. All copies of form C are with me, and can be made available for reference if required.

Signature of BMCDate.....



Additional Information

To be filled by BMC

1. List of CMC who did not identify any newborn this month

Name of the CMC	Reason for not identifying any newborn (if any)

2. % Newborn did not receive birth dose in your area

(To calculated take the sum of column C10 and C13 of subreport 6 and use the following formula)

$$\frac{\text{No dose (C13)}}{\text{Identified Newborn (C10)}} \times 100$$

3. % Mosque did not make announcement for polio in your area

(To calculated take the sum of column C6 and C7 of subreport 5 and use the following formula)

$$100 - \left\{ \frac{\text{Mosques made announcement (C7)}}{\text{Total mosques with PA system (C6)}} \times 100 \right\}$$

4. (a) Number of houses visited by CMC for pre-round information (Column C3 subreport 3)

(b) Number of guest children found in these houses

(BMC extract this information from CMC register)

To be filled by DMC

1- Number of house monitored by you in BMC area

2- Number of houses for which CMC survey was found correct

3- Number of new (<3 months old) CMC who were terminated/left the job, recruited by this BMC

4. Did you give any follow-up suggestion to this BMC to improve quality of work? Please describe.

5- Has the BMC followed-up suggestions given by you? Please describe.