# FORM – B Comprehensive Social Mobilization Monthly Reporting Form – Block level Month & year: Date of report:

Block/BMC Area Name of the BMC:

District:

Subrepor	t 1: CMC List		Γ)	otal HRA	СМС	covered HR	AsUnc	overed HRAs	)
Work	CMC Work Ar	ea		the CMC		lender	Joined on		A Adopted
Area							(Month & ye		nth & year)
code	(B1)		(B	32)		(B3)	(B4)		(B5)
A									
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				CMC sun	nmary				
Total Male		.2 .1		Duration 7 to 9 month	. 0			Duration	.0.1
CMC	СМС	< 3 month	4 to 6 month	/ to 9 month	>9 month	<3 month	4 to 6 month	7 to 9 month	>9 month
Sub Repor	t 2: CMC Register	: (Based on s	subreport 1 of	Form C)		. 1			.1 \$7
Work Area	Total houses	8	Total X houses	Total XR houses		pected pulation	<5 Yea childre		<1 Year Children
code	(C2)		(C3)	(C4)		(C5)	(C6)		(C7)
А						<u> </u>			
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Total									
				1			1		

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

Work												
Area code	Pre-Round IPC	During round IPC	IPC in X houses	IPC for RI								
	(C3)	(C4)	(C5)	(C6)								
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Subreport 4:Community meetings in CMC area (Based on subreport 3 of Form C)

Work	Ту	pe of community meeting	Total participants	X/XR Participants	
Area code	Mothers meetings (C2)	Muslim Women meetings (C3)	Neighborhood Meetings (C4)	(C5)	(C6)
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						t 4 of Form (						
Work	Polio	Rally	Bulawa	Total	Mosqu	Number of	Number	Total	Announc	Announc	Announc	Total
Area code	class		Tolis	number of	e with PA	Mosque where	of Mosque	Mosque	ement on booth	ement on Friday	ement during	taqrir
code				Mosque	system	announcem	where	announce ment	day	гпаау	team	program
				Wosque	system	nt happened	Taqrir	ment	uay		activity	
							held					
	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)	(C9)	(C10)	(C11)	(C12)	(C13)
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10141												

## 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 vaccin	nated children
	(Ors/Mena/Maza/Oran Pravesneec)	Religion	Caste		
			Total		
				Total children	Total children
				immunized in Urs/Mazar/M	immunized in marriages and
				ela	other function

		01 01	10.5	<u></u>			ted Ch					Availability of Vaccine P.W, N.B. & birthdose Birth Registration and Antigen wise vac							vacci																			
sode	ned	р									•	tions								u		c.	RI		u												but	q
Work Area code	Sessions planned	Sessions held	BCG	OPV 1	OPV 2	OPV 3	1 JPT 1	DPT 2	DPT 3	Vitamin A	Measles	Number of sessions CMC Participated	DPT	BCG	Measles	ΤΤ	OPV	Vitamin A	All Vaccine	Identified Pregnant Women	Identified Newborn	Birth dose through SIA	Birthdose through RI	No dose	Birth registration	BCG	OPV 1	OPV 2	OPV 3	DPT 1	DPT 2	DPT 3	Vitamin A	Measles	TT 1	TT 2	OPV to the missed children of last round	Fully Immunized
	(B1)	(B2)	(B3)	(B4)	(B5)	(B6)	(B7)	(B8)	(B9)	(B10)	(B11)	(C1)	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)	(C3)	(C10)	(C11)	(C12)	(C13)	(C14)	(C15)	(C16)	(C17)	(C18)	(C19)	(C20)	(C21)	(C22)	(C23)	(C24)	(C25)	(C26)	(C27)
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# Subreport 6: CMC Support to ANM Scheduled Routine immunization (Based on subreport 5 of Form C)

Sub F	Ab Report 7: Monitoring quality and effectiveness of CMC Quality of CMC Activities												f CMC activities (Based on monitoring checklists) Effectiveness of CMC work												
rea	Fie	eld	Con	-		AC A	Ctiviti Lo		Supp	ort in	-					EII	lectiv	eness	OI CA	MC W	OFK				
Work Area code	Bo	ok	fam	th	with	local encer	mobi o activ	lizati n	Supp R	I		lled	sited	lren	lren cases		t CMC	ledge and n	lio vaccine	ccinate	ot both ORS	ot only ORS	ot only Zinc	got other	d not get any
	Number of times checked	Total Yes	Number of times checked	Total Yes	Number of times checked	Total Yes	Number of times checked	Total Yes	Number of times checked	Total Yes	-	Total forms filled	Total house visited	Total <5 children	Total diarrhoea cases	Quality of survey	Knowledge about CMC	CMC activity knowledge and participation	Knowledge about polio vaccine	Willingness to vaccinate	Number of children got both ORS and zinc	Number of children got only ORS	Number of children got only Zinc	Number of children got other medicines	Number of children did not get any treatment
	(B1)	(B2)	(B3)	(B4)	(B5)	(B6)	(B7)	(B8)	(B9)	(B10)		(B11)	(B12)	(B13)	(B14)	(B15)	(B16)	(B17)	(B18)	(B19)	(B20)	(B21)	(B22)	(B23)	(B24)
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Total																									

### New CMC 1 day training (field) Old CMC training Old CMC training (on Partners training (number of the job) participants) Topics covered Evaluation Topics covered Total trained CMC Report submitted Vaccinator team Number trained A (80% and above) B (50% and above) Date Recruited Trained Resource Map Field book and Revenue Education I.C.D.S N.G.O C (Below 50%) Field book P.R.I Other Work Plan Partnership P.D Other VENTIS IPC IPC B1 B2 B3 B4В5 B6 B7 **B**8 B9 B10 B11 B12 B13 B14 B15 B16 B17 B18 B19 B20 B21 B22 B23 B24 Total

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

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 BMC ......Date.....

# Additional Information

# To be filled by BMC

List of CMC who did not identify any newborn thi	
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)

> No dose (C13) Identified Newborn (C10) X 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)

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

(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	

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

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