



Evaluation of the *Nigeria Community Infant and Young Child Feeding (C-IYCF) Counselling Package*

Annex 8

MONITORING FORMS

JUNE 2018



CV Monthly Summary Form

Reporting Month/Year: _____

Community: _____

LGA: _____ State: _____

Name of Community Volunteer: _____

Name of Support Group(s): _____

Number of **Support Groups** that Met at Least Once this Month:

Total Number of **Support Group Meetings** Conducted this Month:

Total Number of **Contacts** Made during Support Group Meetings Conducted this Month:

Number of Unique People Who Participated in a Support Group Meeting for the **First Time** this Month:

Number of **Unique People** Who Attended Support Group Meetings this Month:

Number of **Unique People** Who Attended Support Group Meetings this Month, by Category:













Total Number of **Contacts** Made during One-on-One Counseling this Month:

Number of Unique People Counseled One-on-One for the **First Time** this Month:

Number of **Unique People** Counseled One-on-One this Month:

Number of **Unique People** Referred to PHC this Month:

Facility-Level C-IYCF Monthly Summary Form







Facility Name: _____		Ward: _____		Reporting Month/Year: _____												
LGA: _____		State: _____														
S/N	[A] Name of Community Volunteer	[B] Community	[C] Number of Support Groups Managed by CV that Met at Least Once this Month	[D] Number of Support Group Meetings Held in the Month	[E] Number of Times Supervised in the Month	[F] Total Number of Contacts Made during Support Group Meetings Conducted this Month	[G] Number of Unique People Who Attended Support Group Meetings this Month, by Category					[H] Number of Unique People Who Attended Support Group Meetings this Month	[I] Number of People Who Attended a Support Group Meeting for the First Time in the Month	[J] Number of Unique People Counseled One-on- One in the Month	[K] Number of People Counseled One-on-One for the First Time in the Month	[L] Number of Unique People Referred to the PHC in the Month
							Pregnant woman	Mother of child < 6 months	Mother of child 6-23 months	Women of child bearing age	Grand- mothers					
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
TOTAL																
Report Compiled by: _____																
Phone No.: _____																

LGA-Level C-IYCF Monthly Summary Form

LGA: _____		State: _____				Reporting Month/Year: _____												
S/N	[A] Name of Facility	[B] Ward	[C] Number of CVs Reporting in the Month	[D] Number of Support Groups Managed by CV that Met at Least Once this Month	[E] Number of Support Group Meetings Held in the Month	[F] Number of Times Supervised in the Month	[G] Total Number of Contacts Made during Support Group Meetings Conducted this Month	[H] Number of Unique People Who Attended Support Group Meetings this Month, by Category						[I] Number of Unique People Who Attended Support Group Meetings this Month	[J] Number of People who Attended a Support Group Meeting for the First Time in the Month	[K] Number of Unique People Counseled One-on-One in the Month	[L] Number of People Counseled One-on-One for the First Time in the Month	[M] Number of Unique People Referred to the PHC in the Month
								Pregnant woman	Mother of child < 6 months	Mother of child 6-23 months	Women of child bearing age	Grand-mothers	Men					
1																		
2																		
3																		
4																		
5																		
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17																		
18																		
19																		
20																		
TOTAL																		
Report compiled by																		
Designation																		
Phone No.																		
										Signature & Date								

C-IYCF Individual Counseling Register

Community Volunteer _____ Community _____
 LGA _____ State _____

S#	[A] Date of First Counseling Session	[B] Name of Person Counseled	[C] Phone # (if available)	[D] Category of Person Counseled*						[E] Counseling Sessions, by Month						[F] Referrals by Month					
				 Pregnant Woman	 Mother of child < 6 months	 Mother of child 6-23 months	 Woman of child bearing age	 Adult male	 Grandmo ther	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
1																					
2																					
3																					
4																					
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* If a participant falls into more than one category, only tick one category as follows: If a participant is pregnant and has a child, tick the column for "pregnant woman". If a participant is a mother of child < 6 and a child 6-23, tick the column for "mother of child <6." If a participant is pregnant and also a grandmother, tick the column for "pregnant woman." If a participant is a mother of a child <6 months or a child 6-23 months and also a grandmother, tick the column for "mother of a child..." If a participant transitions from one category to another, record a tick in the column corresponding with the new category. In addition, the date of Support Group meeting when the new category was first noticed should be recorded along with the tick. This is not the actual date when the person transitioned from one category to another (i.e., when she became pregnant).



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