Mothers’ club ..............................................................; Village of ......................................................................; Municipality: ................................................................................

Programme/Project: ........................................................................................, Project code: ..................; National Society officer: ..........................................; Date: .................

### MONTHLY MONITORING SHEET FOR MOTHERS' CLUB ACTIVITIES

1. **Activities carried out**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Activities carried out during the month** | **Number of sessions** | **Number of people reached or participating** | **Comments** |
| **Women from MC** | **Women** | **Men** | **Total** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Comments**: ..................................................................................................................................................................................................................................................................................**

|  |  |
| --- | --- |
| **Are activity sheets completed?** | 🞎 Yes; 🞎 No; 🞎 Partially |
| **Is participant information included in the books?** | 🞎 Yes; 🞎 No; 🞎 Partially |
| **Is monthly planning of activities done?** | 🞎 Yes; 🞎 No; 🞎 Partially |

Comments**:...................................................................................................................................................................................................................................................................**

1. **Funds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funds** | **Amount at the beginning of the month (A)** | **Input (B)** | **Output (C)** | **Balance at the end of the month (A+B) - C** | **Comments** |
| 1. **IGA/Resilience fund**
 |  |  |  |  |  |
| 1. **Health Solidarity Fund**
 |  |  |  |  |  |
| 1. **Operating fund**
 |  |  |  |  |  |
| **Total** |  |  |  |  |  |

Comments**:...................................................................................................................................................................................................................................................................**

|  |  |
| --- | --- |
| **Is participant information included in the books?** | 🞎 Yes; 🞎 No; 🞎 Partially  |
| **How many women have unpaid dues?** |
| IGA/Resilience Fund: \_\_\_\_\_\_\_\_\_\_ | Health Solidarity Fund: \_\_\_\_\_\_\_\_\_\_ | Operating fund: \_\_\_\_\_\_\_\_\_ |

1. **Monitoring of materials**

|  |  |
| --- | --- |
| **Is the monthly equipment monitoring sheet updated?** | 🞎 Yes; 🞎 No; 🞎 Partially  |
| **Number of materials in poor condition: .....................** **Specify:......................................................................................................................................................................................................................................................................................................................** |

Comments**:...................................................................................................................................................................................................................................................................**

1. **Status of loans**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funds** | **Loans granted (CFA francs)** | **Number of beneficiaries of loans** | **Repayment at the end of the month (CFA francs)** | **Late repayments** | **Comments** |
| **Loans** | **Interests** | **Total** | **Number** | **Amount** |
| **IGA / Resilience Fund** |  |  |  |  |  |  |  |  |
| **Health Solidarity Fund** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

General comments *(notification of disputes, changes in the implementation of activities, cash situation, loans...):*

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**On the ......................................................**

**Red Cross officer** *(name and signature)***:**