

Daily summary form

Region: _____

District: _____

Health centre: _____

Team: _____

Date	Date	Date	Date	Date	Date	Totals
_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _	

a) Children immunized
(tally sheet)

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b) Children immunized after revisit
(missed children sheet)

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c) Total immunized: a + b

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d) Children still missing
(missed children sheet)

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e) Full OPV vials received*
(excluding unfinished vials)

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f) OPV vials returned*
(including unfinished vials)

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g) Vials used: e - f

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* Unfinished vials from the previous day, should be used the next day, but not be included in the number of vials received.

MONITORING AND RAPID ASSESSMENT FORM

For (inter)national/regional supervisors and monitors

Region: _____

District: _____

Village: _____

Date: ____/____/____

Supervisor: Regional superv.
Intern. Consultant

Nat. supervisor
Nat. consultant

Field supervisor

INSTRUCTION:

Use the same sheet only for 1 day and take a new sheet if you switch between rural and urban.

Questions for parents:

1. Was your household visited by the vaccinators?

1 = Yes 2 = No

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Can I see all children under 5 in the house, including guests?

a) Number of children under 5 actually seen

b) Number of children vaccinated with finger mark

c) Number of children vaccinated without finger mark

d) Number of children not vaccinated

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If any child(ren) was not immunized, why not?

More than 1 answer possible.

1 = Child was absent 3 = Child is sick/sleeping
2 = Refusal 4 = Team never came

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. How were you informed about this campaign?

More than 1 answer possible.

1 = Vaccination team 5 = Public crier
2 = Television or radio 6 = Church/Mosque
3 = Mobilisers 7 = Was not informed
4 = Posters 99 = Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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After leaving the household:

5. Is the housemark correct?

1 = Yes 2 = No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sheet for missed children

Province : _____

District: _____

Health centre: _____

Date: ____ / ____ / ____

Team: _____

1 House number	2 Nr of children missed	3 Names of missed children	4 Address	5 Reason for absence	6 Date of second visit	7 Nr of children immun., 2nd visit
Total						

CHECK LIST FOR MONITORING VACCINATION TEAMS

For (inter)national and regional supervisors

Province : _____

District: _____

Health centre: _____

Urban

Rural

Supervisor: Nat. superv.
Intern. Consultant

Region. Superv.
Nat. consultant

Date _____/_____/_____

INSTRUCTIONS :

Accompany a team until the completion of a household. Correct errors before leaving the household. Thank and encourage the team.

		1 = Yes, 2 = No				
		Team number				
1.	Are both team members present?					
2.	Is there at least one female team member (if appropriate)?					
3.	Is at least one team member recruited locally?					
4.	Were all team members trained?					
6.	The team has a map for its catchment area and an itinerary?					
7.	The team can locate itself on the map?					
8.	Was the map discussed during the training?					
7.	The team has sufficient stock of materials (sheets, crayon, etc.)?					
8.	The team has sufficient stock of OPV with VVM 1 or 2?					
9.	The team understands the VVM?					
10.	The VVM on the vial in use has state 1-2?					
11.	The team applies the rules on Inter Personal Communication?*					
12.	The team immunizes with the correct technique?					
13.	The teams marks the immunized children correctly?					
14.	The team marks the houses visited correctly?					
15.	The team was at least once a day visited by the supervisor?					
16.	The supervisor has left advice/corrections?					
17.	How many children were immunized that day at the time of the visit?					

Comments

* The team presents itself, explains the reason of its visit, explains about the next round (if there is any) and routine and thanks the parents when leaving