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| **POLIO NID/SNIDS Monitoring Form (Out of House Survey)** | | | | | | | | | | | | | | | | | |
| *This form should be filled by TRAINED external monitors, UN Agency/NGO and senior non-polio MoH staff)* | | | | | | | | | | | | | | | | | |
| Date: | | Round: | State: |  | County: |  |  | Payam: | |  |  | Boma: | |  | Village: | |  |
| Cluster number: | |  |  | Type of SIAs (check 1): | | Mop-up |  | SNIDs |  | NIDs |  | Area type | | Urban |  | Rural |  |
| Monitor name: | |  |  | Survey category (Tick one): | | | School |  | Market |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  |
| Monitor Phone Number: | | |  |  |  | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INSTRUCTIONS: Check as much as possible a number of under 5 years children in school or market selected randomly for PCE. Ask all questions below for every child. If you find 3 or more children not vaccinated, a vaccination team must be sent back to recheck the area of their residence.** | | | | | | | | | | | | | | | | | |
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| **A** | **Child Serial #** | | |  | **Instructions** | **Example** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Total** |
| **B** | How old is this child? (write "**Y**" as per age group of this child) | | | 0-11 M | Write Y | *Y* |  |  |  |  |  |  |  |  |  |  |  |
| 12-59 M | Write Y |  |  |  |  |  |  |  |  |  |  |  |  |
| **C** | Is this child vaccinated? (write "**Y**" as per age group of this child) | | | 0-11 M | Write Y/N | *Y* |  |  |  |  |  |  |  |  |  |  |  |
| 12-59 M | Write Y/N |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** | Does this child have finger mark? (If yes, write "**Y**" per age group of this child) | | | 0-11 M | Write Y/N | *Y* |  |  |  |  |  |  |  |  |  |  |  |
| 12-59 M | Write Y/N |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please write any other details about why children were missed, families refused, where children were if not at home, suspected AFP cases or other important information on back of the form. Information for suspected AFP cases must include child's name, father's name, age of child, when paralysis began, village, and community leader. | | | | | | | | | | | | | | | | | |
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