(Instructions: 1. To be used by IM monitors ONLY ; 2. All Male / Non local language speaking monitors to be accompanied by a female interpreter who can understand, speak the local language and enter Households 3. Filled template is to be used during evening review meeting (Ward and LGA) for corrective actions 4. Filled template should be submitted to the State Operations room after the activity 5. The assessment of completeness of immunization activity (table 1) and Verification of R and Rx categorization by team (table 3) to be conducted concurrently 6. Encircle the right options where ever necessary 7. Monitor should carry the microplan of that area with them)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ IPD round: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LGA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Code:\_\_\_\_\_\_\_\_\_\_\_\_ Name Team Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and exact address of the settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of area: Urban / Rural village / Rural Scattered / HTR / Border / Temp nomadic

Name of monitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation**:** Independent Monitor

**Is this Area mentioned as High Risk in the Microplan: YES / NO Is this Area mentioned as Hard to Reach in the Microplan: YES / NO Has the team started work started from 1st Household as mentioned in the Microplan YES / NO**

**1.Assessment of completeness of immunization activity:** *Visit and interview mothers / caregivers with eligible children in 10 "***√** *" or "unmarked" households and 5 “N” marked households , where the activity has been completed to check the vaccination status of any children < 5 years of age* ***not immunized*** *in this campaign.* ***Interview each mother (M) / caregiver (M) with eligible children separately and enquire about the immunization status of the children. Fill details of each unimmunized child below in table 2.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household number put by team on the wall / Head of Household and day of activity (D1, D2, D3, D4)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Total** | |
| House marking as put by the team (*“N” or "***√** *" or unmarked houses)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Mother / Caregiver interviewed in the household (M / C) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Number of children <5 years old vaccinated in this round physically seen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Number of children <5 years old **NOT** vaccinated in this round physically seen (fill details of every unimmunized child below) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Number of children <5 years old in this house that never received OPV before this round (zero dose) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Have you taken your youngest child for routine immunization (Y/N)  (check for immunization Card or BCG scar on child’s arm) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Y | N |
| How did you learn about the immunization campaign? (multiple answers permitted, see codes\* below ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Who influenced the decision to vaccinate? (multiple answers permitted, see codes\*\* below ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

\*1-Town Announcer; 2- Radio, 3- Traditional Leader, 4- Religious Leader/Imam, 5- Announcement from Mosque; 6-Newspaper; 7-poster/leaflets; 8-banner/hoarding; 9- relative/neighbor/friend; 10- Health Worker; 11-Community Worker/mobilizer; 12- Not aware

\*\* 1-Personal decision (Mother), 2-Husband/father, 3-Traditional leader, 4-Religious leader/imam, 5-Radio, 6-Neighbour/Friend, 7- Community Worker/Mobilizer, 8-Vaccinator

**2.** **Details of children not immunized in this round detected by monitors in "*N” or "*√ *"* or unmarked households:** (if more than 15 unimmunized children found in the 15 houses, use a 2nd form)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Serial number of the unimmunized children | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Household number put by team / Name of Head of Household |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age of the **child (in months)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reason child has not been immunized (select from codes below)\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* 1- area not in micro plan; 2- Household / area in micro plan but not visited by teams 3- Child was in playground, 4-Child was in Social event, 5- Child Was in Market, 6- Child was in Farm, 7-Child was in School, 8- Child was sick, 9-Too many or enough doses/rounds, 10-OPV has adverse effects (eg.can cause sterility), 11-Polio is not a common disease, 12-Polio can be cured, 13-There are other protection to prevent polio(e.g local remedies) 14-Religious belief, 15-Political difference, 16-Unhappy with vaccination team, 17-Did not receive PLUSES, 18-No water/health/basic facility in the community, 19-Father did not allow, 20- Security related issues

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Provide Total Number of children missed due to each reason** | | | | | | | | | | | | | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **3. Verify "R" and "Rx" categorization by team:** Visit 3-5 “R or Rx ” marked Households of team’s work of each day. **Encircle the appropriate condition in all the rows - as verified by the monitor and as indicated by team on the wall marking and tally sheet; (Category -** √ = All children < 5 Immunized;  N= No eligible <5 Children; R = Child Absent; Rx = Non compliant Household; NR - Not recorded)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Household number put by team on the house |  |  |  |  |  | **Number of HHs** | | | Category of the Household marked on the wall during household visit | **R / Rx** | **R / Rx** | **R / Rx** | **R / Rx** | **R / Rx** | **Correctly Categorized & Correctly Recorded in the Tally sheet** |  | | Category of the Household as assessed by the monitor | **√ / N / R / Rx** | **√ / N / R / Rx** | **√ / N / R / Rx** | **√ / N / R / Rx** | **√ / N / R / Rx** | **Incorrectly Categorized & Incorrectly / Not Recorded in the Tally sheet** |  | |  |  |
|  |  |
|  |  |

Signature of the Monitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_