

Logistics and Transport planning Form

Name of District / Block / Urban Area: _____

Round: _____

Name of the Area	Logistics for Supervisors			Other logistics						Transport for supply of vaccine and logistics				Transport for transit point, mela/ bazaar, mobile teams				Transport for supervision			
	Check lists	P sweep tally sheet	Reporting formats	Vaccinator tally sheets	OPV vial openers	Chalk/ Geru	Indelible ink marker pen	Aprons for transit point team members only	Armbands/ Identity cards	Vehicles required	Vehicles available	Addnl. Vehicles needed	Specify type	Vehicles required	Vehicles available	Addnl. Vehicles needed	Specify type	No. of supervisors	No. of supervisors using own transport	Addnl. vehicles required for supervisors	Specify type
Total																					

Booth planning template

Name of District / Block / Urban Area: _____

Round: January 2013

Name of Supervisor: _____

Booth Number	Booth Location	Name of Team Members	Name of local influencer/s

Template for House to House planning

District: _____ Block/ Urban area: _____ Planning Unit: _____ Round: January 2013

Name & Mobile No of Supervisor _____ Designation: _____ Name and Mobile No of MOIC: _____

Team No	Name of vaccinator		Day 1	Day 2	Day 3	Day 4	Day 5
	Designation	Name and description of the area to be covered					
		Is this an identified HRA?	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
		If yes, type of HRA	Urban slum / nomads / Brick kiln/ Construction site / Others/ Settled HRA	Urban slum / nomads / Brick kiln/ Construction site / Others/ Settled HRA	Urban slum / nomads / Brick kiln/ Construction site / Others/ Settled HRA	Urban slum / nomads / Brick kiln/ Construction site / Others/ Settled HRA	Urban slum / nomads / Brick kiln/ Construction site / Others/ Settled HRA
	Mobile No	Name & address of first house owner with landmarks					
		Special landmarks in the area & detailed route description (via)					
	Name of vaccinator	Via					
		Name & address of last house owner with landmarks					
	Designation	Meeting point before afternoon activity					
		No of houses in the area					
	Mobile No	Name and mobile no of the influencer/s					

Area specific Routine Immunization information

Name of Sub centre					
Name of A.N.M					
Location of site where RI session is held					
Day of RI					
Name of ASHA/ local mobilizer/ link worker supporting RI session					
Name of AWW supporting RI session					

Signature of Supervisor

Signature of Medical Officer I/C

Template for Transit Point/ mela site/ bazaar planning

Name of District/ Block/ Urban area: _____

Date: _____

Day: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 10 / 11 / 12

Round: _____

Name and address of Transit point/ mela/ market/ bazaar etc.		Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6
	Timing of the shift						
	Name of team member/s						
	Name of supervisor						
	Timing of the shift						
	Name of team member/s						
	Name of supervisor						
	Timing of the shift						
	Name of team member/s						
	Name of supervisor						
	Timing of the shift						
	Name of team member/s						
	Name of supervisor						
	Timing of the shift						
	Name of team member/s						
	Name of supervisor						

Note: Teams should preferably work in four hourly shift. Starting time and ending time should be indicated in the row of Timing of the shift.

Template for special area planning (brick kilns, construction sites, nomadic population groups etc.)

Name of District/ Block/ Urban area: _____ Name & Mobile No of Medical Officer I/C _____ Name & Mobile No of Supervisor: _____

Team No: _____ Team members: 1. _____ 2. _____ Round: _____

		Site 1	Site 2	Site 3	Site 4
Day 1	Timing of visit				
	Address of area				
	Is this a HR site?	Yes / No	Yes/ No	Yes/ No	Yes/ No
	Type of site	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other
	Is this site linked to RI session site	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Site specific Routine Immunization information					
Name of Sub centre					
Name of ANM					
RI session site					
Day of RI session					
Supporting ASHA/ link worker/ mobilizer					
AWW supporting the session					
Day 2	Timing of visit				
	Address of area				
	Is this a HR site?	Yes / No	Yes/ No	Yes/ No	Yes/ No
	Type of site	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other
	Is this site linked to RI session site	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Site specific Routine Immunization information					
Name of Sub centre					
Name of ANM					
RI session site					
Day of RI session					
Supporting ASHA/ link worker/ mobilizer					
AWW supporting the session					
Day 3	Timing of visit				
	Address of area				
	Is this a HR site?	Yes / No	Yes/ No	Yes/ No	Yes/ No
	Type of site	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other	Nomad / Brick kiln / Construction site / Other
	Is this site linked to RI session site	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Site specific Routine Immunization information					
Name of Sub centre					
Name of ANM					
RI session site					
Day of RI session					
Supporting ASHA/ link worker/ mobilizer					
AWW supporting the session					

Note: Each site should be visited at least twice during the SIA. Starting time and ending time should be indicated in the row of "Timing of visit"

Signature of Supervisor

Signature of Medical Officer I/C

Daily Miking Format

Block: _____

S. No.	Type of Vehicle	Description of the area to be covered					
	Time						
	Name of person monitoring miking						
	Time						
	Name of person monitoring miking						
	Time						
	Name of person monitoring miking						

Intensified Pulse Polio Immunization Programme Checklist for Preparing / Reviewing Microplans

District / Block / Urban Area: _____

Round : _____

Date: ___ / ___ / ___

MICRO PLANNING CHECKLIST	YES	NO
Estimated correctly children below 5 years		
Estimated correctly number of vaccination booths / houses		
Calculated correctly total OPV doses and vials required each round		
VACCINATORS		
Reliable and motivated vaccinators identified by name		
All vaccinators trained / briefed by supervisors		
Vaccination booth / area assigned to teams		
Vaccinators assigned well defined day-wise allocation of areas with boundaries (in house to house		
Reasonable workload distribution (in terms of houses and geography) to vaccination teams		
SUPERVISION		
Reliable and motivated supervisors identified by name		
All supervisors trained		
Supervisors assigned well defined area for supervision		
Supervisors assigned teams		
Supervisory maps and day wise itinerary of supervisors prepared		
MAPS		
Map of block/urban area with essential information marked		
Demarcation of area to be overseen by a supervisor		
Supervisor's map with day-wise demarcation of area to be covered by each team		
Demarcation of area to be covered daily by each vaccinator team		
VACCINE AND COLD CHAIN		
Vaccine distribution centers identified and marked on map		
Cold chain equipment identified (required, available, functioning)		
Plan for re-freezing of ice packs / supply of ice		
Identification of ice pack freezing sites / ice source		
Day-wise plan for supply of vaccine, cold chain equipment and other logistics to teams		
LOGISTICS		
Inventory of required supervisors checklists, vaccinators tally sheets, OPV vial openers, chalk / geru, 5%		
Plan for procurement/supply of logistics to vaccination teams		
TRANSPORT		
Inventory of available and required vehicles		
Firm arrangements made for the procurement/hiring of vehicles		
Transport arranged for supply of vaccine and logistics		
Transport arranged for mobile teams that require it		
Independent mobility / transport arranged for each supervisor		
Daily vehicle movement / route chart prepared for each vehicle for vaccine delivery/supervision		
AREAS AT INCREASED RISK AND SPECIAL POPULATIONS		
Identification and listing of areas at increased risk and groups of special populations		
Identification of existing obstacles and constraints in these areas / populations		
Strategy to overcome these obstacles and address the constraints		
SOCIAL MOBILIZATION		
IEC plan through mike announcements, inter-personal communication and cable TV		
Plans to tackle non-acceptors of vaccine		
Plans for briefing media (district and State level)		
SCHEDULE		
Work plan with time-line, activities/task, time to be completed and person responsible		

Supervisor's Checklist for Supervising Booth Activity

Name of Supervisor: _____

Name of District / Block / Urban Area: _____

Booth Number					
Booth Location					
Note: Write Y (Yes) or N (No) in answer to each question	Y / N	Y / N	Y / N	Y / N	Y / N
Is the booth situated in a strategic place?					
Does the booth have an IEC material (like banner) displayed prominently?					
Have all team members reported to work? If no, arrange for replacement					
Is the team clear on the work they are supposed to do today?					
Does the team have sufficient OPV vials? If no, arrange to supply					
Does the team have sufficient vaccine carrier, frozen ice packs, ice? If no, arrange to supply					
Does the team have sufficient tally sheets, vial opener? If no, arrange to supply					
Are there any exceptionally long queues at the booth?					
Is the team giving OPV to all children below five?					
Is the team removing one vial at a time from vaccine carrier and keeping the carrier lid closed?					
Does the team have correct knowledge about VVM?					
Is the team reading VVM before administering OPV?					
Do they have any vaccine with VVM in Stage 3 or 4? If yes, remove and give replacement					
Is the vaccine carrier and the currently used OPV vial protected from sunlight?					
Is the team marking the left little finger of the children correctly?					
Is the team marking the tally sheet correctly and after each child immunized?					
Are the team members / volunteers mobilizing children from the community to the booth?					
Are the team members / volunteers proactively seeking children walking past the booths?					
Corrective actions taken					
Comments					

Supervisor's tally sheet

Round: _____

Name of supervisor: _____

Supervisor shall check and immunize any 0-5 years old child found un-immunized outside of houses in their team areas. Put a tally for each child.

No. of children checked outside of houses in team areas		Total
No. of children found un-immunized outside of houses in team areas		
No. of children immunized by supervisor today outside of houses in team areas		

Supervisor shall visit every 10th 'P' marked house and immunize any child missed by the vaccination teams

Name of village/urban area: _____										Team number: _____		Total
No. of house visited												
No. of children found immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children detected un-immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children immunized by supervisor today												
Less than 2 years												
2-5 years of age												

Name of village/urban area: _____										Team number: _____		Total
No. of house visited												
No. of children found immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children detected un-immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children immunized by supervisor today												
Less than 2 years												
2-5 years of age												

Name of village/urban area: _____										Team number: _____		Total
No. of house visited												
No. of children found immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children detected un-immunized by supervisor												
Less than 2 years												
2-5 years of age												
No. of children immunized by supervisor today												
Less than 2 years												
2-5 years of age												

Total no. of houses checked by supervisor Number of OPV vials used by supervisor

Total no. of P houses with unimmunized children detected by supervisor

Total no. of 0-5 years children immunized by supervisor today in houses

Sheet Number: _____

Form 8 A

Intensified Pulse Polio Immunization Programme

NID/SNID Tally Sheet

Name of District / Block / Urban Area: _____

Name of Supervisor: _____

Team No: _____ Name of Team Members: _____

Name of Booth / Team Location: _____

Date: ___ / ___ / ___

Day (Circle): 1/2/3/4/5/6/7

Activity (Circle): Booth / H-t-
Round :

- Note:**
1. Use fresh tally sheet each day.
 2. Continue in the next sheet, if required.
 3. Mark a ✓ in the appropriate square for each child immunized and each house visited

Number of children below 5 years immunized																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	139	140	141	142	143	144	145	146	147	148	149	150
																								Total	

years and above immunized					
1	2	3	4	5	
6	7	8	9	10	
11	12	13	14	15	
16	17	18	19	20	
21	22	23	24	25	
26	27	28	29	30	
				Total	

Name and address of first house owner with landmarks																									
Houses visited																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	139	140	141	142	143	144	145	146	147	148	149	150
																								Total	

Name and address of last house owner with landmarks

OPV Vials	Received	Returned
Full		
Partially used		
Empty		

NID/SNID

Form 8C

Tally Sheet for Booth/ Transit point/ Mela sites/ Bazaars/ Mobile teams

Block/Urban area: _____

Date: _____

Name of supervisor: _____

Team No.: _____ Name of team members: _____

Name of location: _____

- Note: (1) Use fresh tally sheet for each day Time: _____ to _____
 (2) Continue in the next sheet, if required
 (3) Mark a ✓ in the appropriate square for each child immunized

Number of children below 5 years immunized

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175
176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225
226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250
251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275
276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

Number of children above 5 years immunized				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
Total				

OPV Vials	Received	Returned
Full		
Partially used		
Empty		

Total number of children under 5 years old immunize

Signature of team members

Signature of supervisor

Tally Sheet for House to House activity

Please use one fresh tally sheet for each day

Area: _____

Block: _____

Name of team members: 1 _____ 2 _____

Date: _____

Team No.: _____

3 _____ 4 _____

Teams should make an active effort to immunize children outside of houses while doing house-to-house activity. Put a tally mark for each child immunized outside of houses.

Total

No. of children immunized in streets		
No. of children immunized in schools/ playgrounds/ fields		
Total number of children immunized outside of houses:		

After visiting the house enter the no. of children immunized under the square for that house. If any child in the house has not received OPV doses and is left unimmunized or house is locked, mark a 'X' along the house number

Name and address of first house owner with landmarks:	Total															
No. of house visited	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	29	30	31	32	33	34	35	36	37	38	39	40	41	42		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	43	44	45	46	47	48	49	50	51	52	53	54	55	56		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	57	58	59	60	61	62	63	64	65	66	67	68	69	70		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	71	72	73	74	75	76	77	78	79	80	81	82	83	84		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	85	86	87	88	89	90	91	92	93	94	95	96	97	98		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	99	100	101	102	103	104	105	106	107	108	109	110	111	112		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
No. of house visited	113	114	115	116	117	118	119	120	121	122	123	124	125	126		
Total no. of children from 0-5 years in the house																
No. of children from 0-5 years immunized at home today																
Name and address of last house owner with landmarks:																

Total

Number of houses visited	
Number of children immunized in houses	
Number of children immunized outside of houses	

OPV vials	Received	Returned
Full		
Partially used		
Empty		

Signature of team members 1. _____ 2. _____ Signature of supervisor: _____ Signature of Medical Officer I/C: _____

Tally Sheet for vaccination of children inside running trains

Division: _____ Train name: _____ Boarded at: _____ De-boarded at: _____

Date: _____ Train number: _____ Time of boarding: _____ Time of de-boarding: _____

Team No.: _____ Name of team members: _____

For every child checked and immunized, mark ✓ on tally sheet. Continue in the next sheet, if required.

Number children checked

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240

Number children immunized

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210

Full OPV vials received

Partially used OPV vials received

Empty vials returned

Full OPV vials returned

Partially used OPV vials returned

Total children checked

Total children immunized

Signature of vaccinators: _____

Signature of supervisor: _____

Intensified Pulse Polio Immunization Programme
Consolidated State Reporting Format
 (to be sent by SEPIO to DC(CH), fax: 011-2436 6115 immediately after the activity)

State _____

Round: _____

Report Date: _____

S. No.	Name of District	Booth coverage	House-to-House coverage										No. of children vaccinated outside of houses by Supervisor	No. of children vaccinated in transit points/ mela sites/ bazaars	Total children vaccinated	Total OPV vials used
		Total children vaccinated in booth	Total houses visited by team	No. of children vaccinated in houses by teams	No. of children vaccinated outside of houses by teams	No. of 'X' houses generated by team	No. of 'X' houses converted to 'P'	No. of children vaccinated in 'X' houses	No. of 'X' houses left at the end of the activity	No. of P-Houses checked by Supervisor	No. of P-Houses with unvaccinated children detected by Supervisor	No. of children vaccinated in P-houses by Supervisor				
		(1)		(2)	(3)		(4)					(5)	(6)	(7)		
	Total															

Name of SEPIO _____

Signature _____