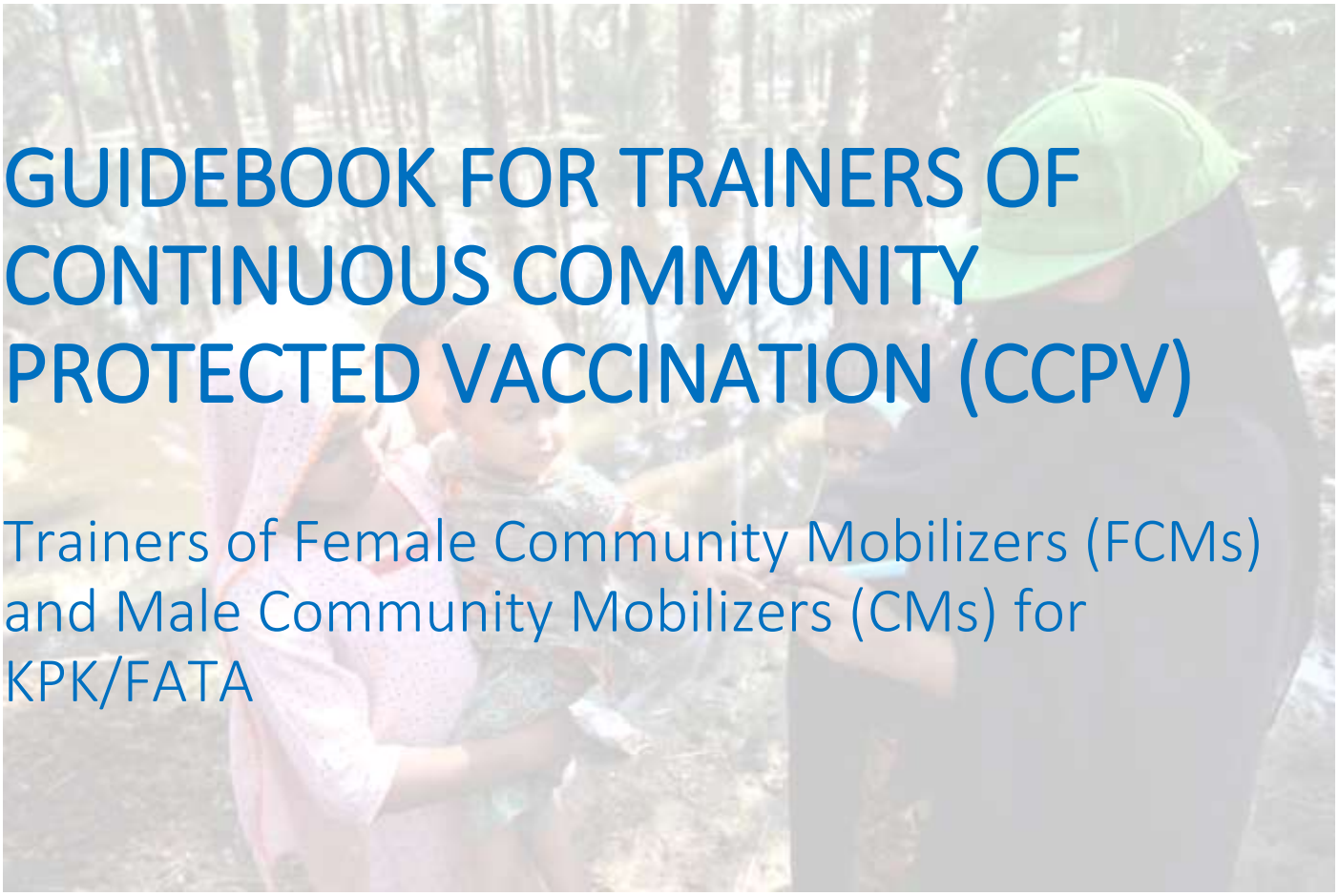


GUIDEBOOK FOR TRAINERS OF CONTINUOUS COMMUNITY PROTECTED VACCINATION (CCPV)

Trainers of Female Community Mobilizers (FCMs) and Male Community Mobilizers (CMs) for KPK/FATA

Contents

Introduction

Objective of the guidebook for Trainers of FCM/CMs:

This guide is intended to provide the master trainers with a simple, easy to use reference book that they can refer to during the training of the Female Community Mobilizers and Community Mobilizers male (FCM/CM). This guide includes the necessary information to ensure every FCM/CM can reach every child with polio vaccine.

Who will use the guidebook?

This guidebook is for the master trainer's to use while conducting the training for FCM/CMs.

Additional training material to be used with this guide:

- **Flash cards:** The flash cards should be used to train the FCM/CMs in an interactive manner. They can also be used as a tool for testing their existing knowledge.

  The flash cards are a learning tool that can be used as a question/answer for testing of the knowledge acquired, e.g. divide the participants in two or more teams or pairs and do a competition. The facilitator questions all the participants and each gets a point for correct answer.

- **Training Videos:** Amidst development and will be available before the October 2015 campaign. The videos will be used for training purposes and will cover topics such as IPC skill, guidelines for conducting community meetings and also to highlight the key moments of the work of a frontline worker.

- **Counselling Cards:** The counselling cards will be used to train the FCM/CMs in topics related to health, nutrition, breast feeding, polio etc. The FCM/CMs will receive counselling cards to use in the field during community meetings or at the door-step.

Important Abbreviation:

- *Female Community Mobilizer: FCM*
- *Community Mobilizer: CM*
- *Continuous Community Protected Vaccination: CCPV*
- *Social Mobilizer: SM*
- *Union Council Communication Officer: UCCO*

These abbreviations will be used throughout the manual

Important steps for FCM/CMs while conducting a community meeting

STEP 1: What are the objectives of the meeting?	 
STEP 2: Arranging the logistics	
STEP 3: Identifying the relevant community members and inviting them to the meeting	   

STEP 4: Preparation for the meeting	   
STEP 5: On the day of the meeting	   

STEP 6: Conducting the meeting	
STEP 7: Follow-up and feedback	 

Major Tasks of a Female Community Mobilizer and Community Mobilizer (FCM/CM)		
Pre-Campaign Tasks	**During Campaign Tasks**	**After Campaign Tasks**
Each FCM/CM will be assigned certain number of households in his/her community of residence that can be conveniently covered by him/ her during a month. **T**he FCM/CM will list all children under 5 years of age in a field book with name, sex, date of birth, name of parents and physical address as can be identified by the member of each household /community in the area assigned and record the total number. This will feed into the micro plan. **F**CM/CM will also list pregnant/ lactating women to promote ANC, TT vaccination and institutional delivery also ensure the cohort of new born are followed with all Routine Immunization antigens. **U**pdate the list before each campaign with information of arrival of new children in the area or there is birth (this will be used to compare the tally sheet vaccination coverage after each campaign with his/her list to ensure all children are covered). FCM/CM will collect the team number and names of members with phone contact (if available) assigned to cover his/her area and work in close coordination with vaccination teams assigned to their area for: a. Supporting updation of micro plans,	**S**upport vaccination team in the conversion/coverage of all refusals and missed children through joint planning. **R**eport to SM/ UCO and engage key influencer for refusal or household mobilization where team cannot gain access. **R**etrieve from vaccination team the list of all missed houses/refusals daily and at the end of the campaign. **F**acilitate the coordination with vaccination team, revisit of all missed houses and children day after the campaign and record number converted/covered. **R**etrieve the list of all missed houses/children and refusals and share with SM/ UCO from vaccination team.	**F**acilitate vaccination team's re-visit of remaining missed houses/children and refusals and encourage caregivers to go to the nearest health facility/immunization site. **P**repare a list of all children due/defaulter for other vaccines in the area assigned and visit their homes: Provide information about location, day/date and time for the routine immunization session and what vaccines that child needs to be given. **C**oordinate with health worker in charge of immunization site to provide them list of children due for vaccination and ensure all children are vaccinated. **B**e available at the immunization session for the area assigned through coordination with vaccinators and LHWs. **C**ompare the children vaccinated with the list made

b. Sharing of field movement plans of vaccination teams, c. Developing and finalizing joint vaccination plan where required, d. Finalized vaccination plans will be agreed to and signed off by the respective supervisor and copies will be shared with the supervisor and the team. **F**CM/CM will meet with the team before the campaign and move with them from house to house during campaign days, as needed, to ensure vaccination of children with low/no vaccine coverage. **F**CM/CM will also identify location of the nearest health facility to her/his assigned area to make referrals of children and pregnant or lactating women; the name and phone contact of the health worker administering routine vaccination at the center. FCM/CM will identify key influencers in his/her community and involve them in refusal conversion. **F**CM/CM will develop a monthly plan to conduct house to house mobilization for polio, polio plus and routine immunization. **House-to-House mobilization for Polio & polio plus:** Caregiver/mother/father and community is informed of exact date of next campaign; state importance of OPV (only means to prevent children from paralysis; polio is incurable and cannot be treated); hand washing at critical times to avoid contracting the germ that causes polio; accept all vaccines,		and record any changes in vaccination status. **V**isit those who did not turn up and encourage them to come during subsequent rounds. Identify the chronic / stubborn refusals, list them and report to the supervisor. **F**CM/CM should have updated data on: a) Immunization center (preferably government or may be others as well), contact details on immunization center staff; b) Vaccinator contact details and master tour plan; c) LHWs and their contact details; and d) Area TBAs, LHVs, Dais list and contact details and should be in contact with them to have updated information on new births in the area.

including OPV for your child; and promote key health and hygiene practices such as ORS, exclusive breastfeeding (if 6 months or younger), girl child/mother nutrition, complementary feeding, preventive measures and referral of diarrhea and pneumonia, etc. **F**CM/CM will visit all the missed children HHs (if needed involve influencers) and take the necessary steps to resolve refusals/not available in the catchment area, and either guide vaccination team to visit them or to attend the nearest health facility for vaccination. **House-to-House mobilization for Routine immunization:** Give information about the nearest health facility/immunization site where they can give other vaccines to their children (especially if they missed OPV during last campaign and new born or any children identified being zero dose); Give information about day/date and time of vaccination; Encourage them to take their children for vaccination to the vaccination center to prevent vaccine preventable childhood diseases. Share date/ venue (either health house or someone's house) of outreach session in that area and ensure that due/defaulter children are brought for routine vaccination and also share information on area's LHW. **F**CM/CM will be in regular contact with the health officer/ immunization staff for immunization referrals.		

AGENDA

Sr.	Topics	Duration
1	Session 1: Introduction	10 minutes
2	Session 2: Protecting children from diseases	30 minutes
3	Session 3: Interpersonnel Communication (IPC)	40 minutes
4	Session 4: Vaccine Vial Management	20 minutes
5	Session 5: Cold Chain Management	20 minutes
6	Session 6: Administering Polio Drops	20 minutes
7	Session 7: Finger Marking	20 minutes
8	Session 8: Door Marking	45 minutes
9	Session 9: Tally Sheet	45 minutes
10	Session 10: Field Book for FCM/CMs	45 minutes
11	Session 11: Micro planning and Team Movement for FCM/CMs	30 minutes
12	Session 12: Security Briefing	30 minutes
13	Session 13: Conducting Effective Community Meetings	45 minutes

Session 1: INTRODUCTION

Time Duration: 10 minutes

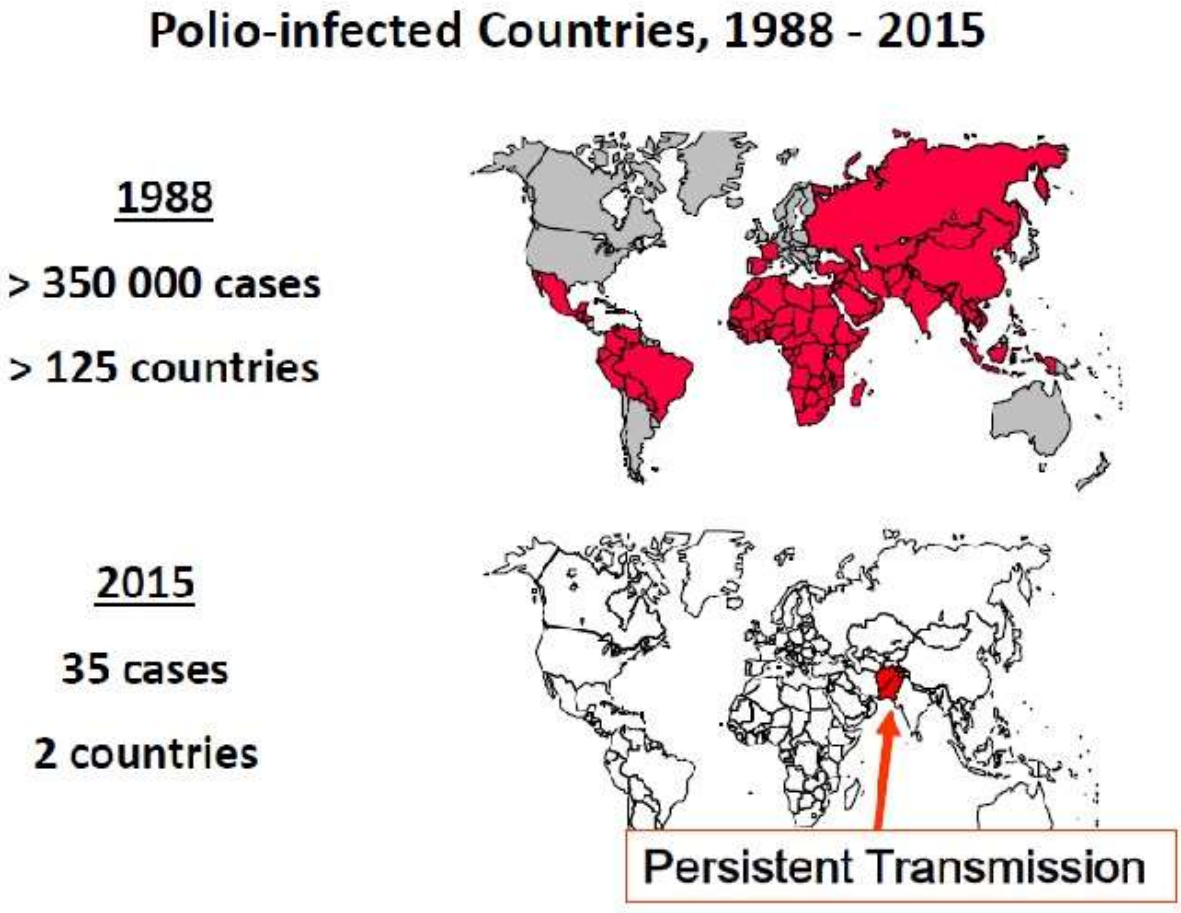
Method: Energetic, welcoming speech to the FCM/CMs, round of names and role of participants.

Good morning. Welcome to the Polio Eradication programme! You have one of the most important jobs in your community, because you are helping to protect children from a lifetime of paralysis.

Did you know that polio causes permanent paralysis? Did you also know that Pakistan is one of only 2 countries left in the entire world with polio? Only Afghanistan and Pakistan have polio in their environment. But almost all of the world's polio-affected children now come from Pakistan alone.

With your help, we will reach every child with polio vaccine and protect our community from this terrible and preventable disease.

Today, we will help you to become protector of your community's children. We rely on you to help protect your children's generation from preventable disease, and every other generation to come after them.



Session 2: PROTECTING CHILDREN FROM DISEASE

(Preventable Diseases, Routine Immunization, Vaccination, Polio Basics)

Time Duration: 30 minutes

Training Material Required Training: Comic book (pages 1-5), flashcards (Q4, Q5, Q6, Q7, Q8, Q11, Q13, Q15, and Q27), FAQ brochure and handouts (RI Schedule attached), counselling cards

Training Methodology: Reference to the comic book. Group discussion on the FAQ brochure provides and also the RI schedule shared. Also reference to the counselling cards should also be made as these counselling cards will be used during community meetings as well.

Group activity using flashcards and FAQs: Facilitator can ask the questions provided in the flashcards related to RI and polio from the randomly selected participants and provide the right answers (as per the flashcard)

Important Points to Remember and discuss with the participants:

While training the FCM/CMs, the following questions should be asked by the facilitator using the flash cards, comic book and FAQ brochure provided. The facilitator should ensure that he/she provides proper answers for each question to the participants so that they are clear about their responses - check page 2-4 of the comic book.

• **What is vaccine?** Vaccine is a substance that is given to prevent people and children from getting disease *(Q 13 of flashcard)*

• **What are vaccine preventable diseases?** Vaccine preventable diseases are the diseases/illnesses which can be prevented by getting proper vaccination against those diseases. *(Refer to page 2 of comic book)*

- **What is polio?** Polio is a preventable disease that attacks the nervous system. It causes permanent paralysis for life. There is no cure for polio. It can only be prevented. *(Q4 of flashcard)*

• **What are the symptoms of polio?** Pain of stiffness in the arm of leg, neck pain or stiffness, vomiting, fatigue, paralysis *(As provided in the FAQ's)*

• **How is polio spread?** Polio is usually spread through polluted water and food. We encourage people to wash hands before cooking, eating and using toilets (rafa-e-hatat) to prevent the spread of disease. Children who are weak (have not had routine immunization) are more vulnerable *(Q7 of flashcard)*

- **Why is IPV being introduced in addition to OPV drops in some places**? IPV is introduced in addition to OPV in areas with intense polio transmission. If IPV is used alongside OPV, it provides maximum protection against the polio virus *(To be added to FAQs)*

- When a CM/FCM visits the caregiver's household during a campaign or on normal days, he/she should ask the parents whether their children have been vaccinated for polio and other routine immunizations. It is important that the children are immunized against all the 9 preventable diseases which are:

1. Tuberculosis; 2. Diphtheria; 3. Hepatitis; 4. Tetanus; 5. Measles; 6. Polio (poliomyelitis); 7. Pertussis; 8. Hib (Haemophilus Influenza type b); 9. Pneumonia.

- Reinforce the importance of asking about routine immunization to the caregiver's.
- Redirect the caregiver to the nearest Basic Health Unit (BHU).
- In case the caregiver's literacy level is low, the CM/FCM should revisit the house and tell the caregiver when the vaccination dates are due.
- Re-visits to a house again and again shows the caregiver that the Community Mobilizer (male or female) cares about the wellbeing of their children**.**

Session 3: INTERPERSONAL COMMUNICATION

(Communication skills, Addressing Refusals)

Time Duration: 40 minutes

Training Material Required: Copies of checklist, copies of visit plan, white board, flip charts, markers, flashcards (Q18, Q19, Q22, Q26, Q28, and Q30) and comic book (Pages 7-9)

Training Methodology: Role play suggested below, group activity using flash cards, discussion using the comic book, decision of correct and incorrect on the table of do's and don'ts (below).

The way the CM/FCM interacts and communicate with the caregiver will influence the acceptance or refusal in vaccinating their children. The important points to know are as follows:

What to do "Before" visit to a household?

• Make sure you are dressed cleanly and neatly. Wash your hands with soap before beginning your duties.

- Make sure you have knowledge of the area to visit, through your area map.

• Learn about the polio virus and vaccine to be able to confidently answer the caregiver's questions. This information is included in your package of materials.

Have the appropriate material with you that will help you explain to parents why their children should be vaccinated. This will include

- ✓ A checklist of what you must do once you knock on the door. On the back of this sheet is information that will help you answer frequently asked questions.
- ✓ Your clipboard, with the 8 questions to ask at the doorstep, the greeting and your good-bye
- ✓ Fatwa booklet to address refusals (in select areas).

What to do "During" a visit?

The face to face conversation or verbal communication play an important role in changing mind sets. **During a visit, the Male or Female Community Mobilizers uses all types of communication: written (using pamphlets, brochures etc.), verbal (face to face communication) and non-verbal (body language, attitude and empathy).**

Some important points to note here are:

• **Greet** the caregiver

- ✓ Smile and introduce yourself. Tell them your name, that you are staff member from Department of Health, and that you would like to speak to the caregiver of the household.
- ✓ Make sure to be polite and warm in your introduction and genuinely ask about how everyone in the household is doing.

- ✓ Observe the body language of the caregiver towards yourself, their tone of voice and attitude towards yourself.

• **Ask** the IPC questions to identify how many children need to be vaccinated:

1. **How many married couples are there in the house hold?**
2. **What is the number of under 5 year children in the house?**
3. **Are there any under 6 month's old children?**
4. **What is the number of under 40 day's child in the house hold?**
5. **Is any child sleeping child and or sick?**
6. **Is there any child not available at home?**
7. **Is there any paralyze children in the house hold -15 years of age?**
8. **Are there any guests at home?**

- ✓ If the children are not immunized, ask the reason why they have not been immunized.
- ✓ Ask the caregiver if the children are experiencing any health issues.
- ✓ If it is a refusal house, ask the household why they have chosen not to immunize their children.
- ✓ Let the caregiver speak and attentively listen to him/her.
- ✓ Ask as many open ended questions as possible i.e. questions which are not just answered with yes or no-but rather require an explanation and show your concern for their children.

• **Tell** after listening closely and attentively and asking the correct questions:

- ✓ If a caregivers refuses to vaccinate their children, respond to the reasons of the caregiver's refusal.
- ✓ Answer the question asked by the caregiver recalling what you learnt during this training, and the materials you carry. In case you do not know how to answer, be honest (do not miscommunicate) and be proactive in searching for solutions to the caregiver questions after the visit. Ask your AIC or an influencer on your micro plan, and return to the house to inform the caregiver.
- ✓ Ensure that you return and provide the answer as this improves the credibility of the polio team member and shows that he/she care about the caregiver's concerns.
- ✓ Tell the caregiver the importance of immunizing the child and the reasons for repeated campaigns. The reason of repeated campaigns is because every dose provides additional protection against the polio virus. Without every dose, a child may not be completely protected.
- ✓ It is very important to be friendly and clear about the answers you are providing hence having a good knowledge of the polio virus and its vaccine is mandatory.

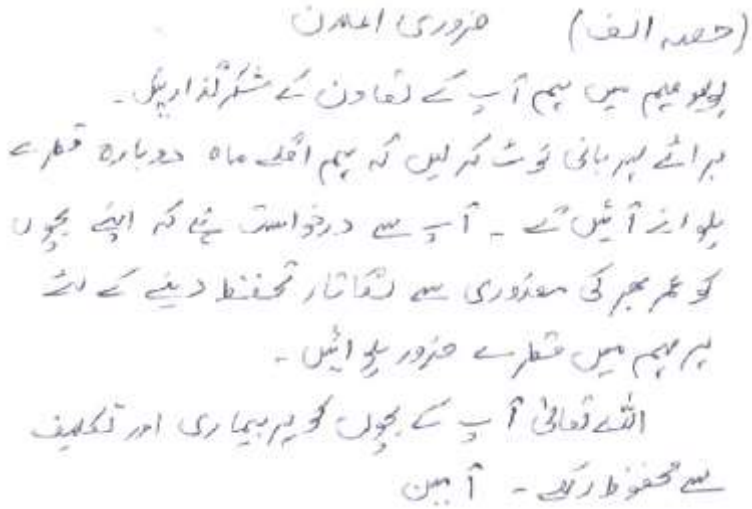
- **Help, Explain, Return:**

  - ✓ Read your farewell message thanking the caregiver and informing that you will return in one month. Always remember to thank the caregiver for their time and consideration no matter what the outcome of the visit is and politely conclude the visit.
  - ✓ Tell the caregiver where the nearest health facility, fixed/transit site or any clinic/hospital is located in case anyone in their household has missed a vaccination.
  - ✓ Remember to give right information, be respectful and answer the questions honestly and appropriately.

Some important points to remember for non-verbal communication are as follows:

Facial Appearance		**Clothes & Grooming**		**Body Language**	
Do's	**Don'ts**	**Do's**	**Don'ts**	**Do's**	**Don'ts**
Smile	Frown	Dress clean	Use strong perfume	Look Calm	Tap your foot (impatience)
Nod in agreement naturally	Show disagreement	Dress professional	Wear too much makeup	Look attentive and interested	Avoid scratching
Look interested	Look distracted	Culturally sensitive	Wear loud colors	Look organized	Rock back and forth
Appear honest and reliable	Appear intimidating/ unapproachable	Grooming (clean hands, hair, nails, teeth)	Oil in the hair	Look neutral	Avoid disagreement

Visit Plan to a Household During a Campaign for FCM/CM

Before…	Is the timing of the visit appropriate (as per the culture of the area)?
	What materials are needed for this visit? (Tally sheet, Clip board, markers, chalk, fatwa books, IEC Material-brochure, pamphlets etc.).
	Is there a history of this household or area that the FCM/CMs should know? There could be a security issue or a refusal issue. If there is a security concern, do you know what your plan is? We will discuss this in the next sessions. If there is a refusal concern, do you know the reasons? Are you prepared to address them (either with information or influencers).
	Since the FCM/CM is local to the community, he/she should know the area well.
During…	**The Important IPC Questions to Remember**
	Greet the family, smile and introduce yourself. Say you are working for the Department of Health and show your badge if necessary. Give the following message 
	How many married couple are there in the house hold?
	What is the number of under five year children for every married couple?
	Are there any under 6 month's old children?
	What is the number of under 40 day's child in the house hold?
	Is any less than 5 year old child sleeping child and/or sick?
	Have children till the age of two completed their EPI schedule?
	Is there any child away from home (For eg: gone to school). If yes, when will he/she return?
	Are there any under five year old children of a guest or a servant at home?
After…	Complete all the sections of the field book and give the field book to the supervisor (Social Mobilizer or Union Council Communication Support Officer (UCCO)) at the end of each day.

Activity: Role Play / participants do a simulation on the situations presented

Scenario 1 – Believes polio vaccines are not safe	**Scenario 2 - Repeated Campaigns**
Female Community Mobilizer + mother The caregiver refuses to vaccinate her children because she does not think the polio drops are safe. The motivation of the refusal was that she heard on the radio that three children got sick and one eventually died after vaccination. Q1. What type of refusal is presented here? Q2. How should the Female Community Mobilizer respond in this situation? **Possible Response: A1**: This is a vaccine safety refusal (mistrust and misconception). A2: Appropriate response: The FCM should politely listen to the caregiver and say something as follows: "I can see how you would feel this way. I've felt this way too, with the children in my family. But then I found out that the vaccine is completely safe, and I've never seen any child get ill from taking the vaccine. The worst thing that can happen is a slight fever, which is normal and a sign that body is using the vaccine to become immune to polio. We've been giving the vaccine for years in this village and all of the children are fine. If you think about it, you already know so many people that take it whenever we come by, and they don't have any problems. You probably know most of them very well too - your [community leaders] and [religious leaders] have also given their children this exact vaccine and they are perfectly healthy. That's because we all know that it is completely safe. We're fortunate that there is such an easy way to prevent this disease." Tip: If necessary, offer to take some of the vaccine itself, to show that it is only helpful, not harmful.	**Male Community Mobilizer + father** The caregiver does not allow their children to be vaccinated because he does not understand why the polio teams visit the house so frequently and this causes distrust. The caregiver says he is frustrated because the teams come every week and ask for the children. Q1. What type of refusal are we facing here? Q2. How should the Male Community Mobilizer respond in this situation? **Possible Response:** A1: This is a repeated campaign refusal. A2: The Male Community Mobilizer should empathize with the caregiver and say that he understand the caregiver's frustration. "I can see how you would feel this way. I felt this way too with the children in my own children, but then I found that it's a good thing that we continue to protect our children against polio together. It turns out that for polio to be stopped entirely, we must continue to protect our children until the virus is no longer detected in local water, where it can live and keep infecting new, unvaccinated children for almost 6 months. That's why we keep bringing the vaccine. If we all work together to protect each other, we can eliminate the disease entirely! Please help us, and please help your neighbors and family understand this."

Ask for other possible solutions amongst the participants and if one of them already faced a similar situation. Open space for peer learning and dialogue based on problem solving base and sharing of experiences.

Session 4: VACCINE VIAL MANAGEMENT (VVM)

Time Duration: 20 minutes

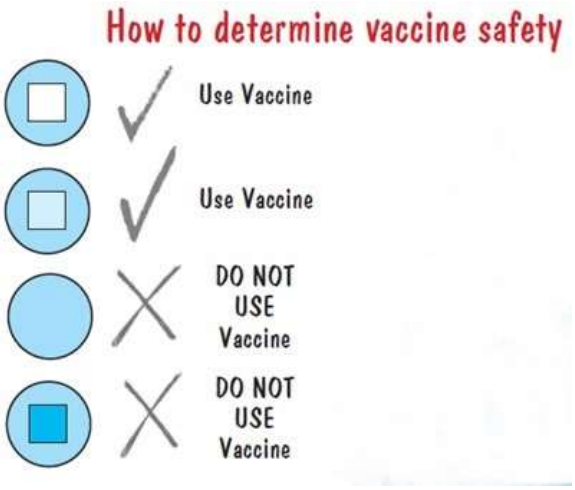
Training Material Required: Vaccine vials to show the participants, flash cards, white board, marker and copies of handout 4.1 for participants

Training Methodology: Practical exercise. The facilitator should ensure that actual vaccine vials at different stages are available.

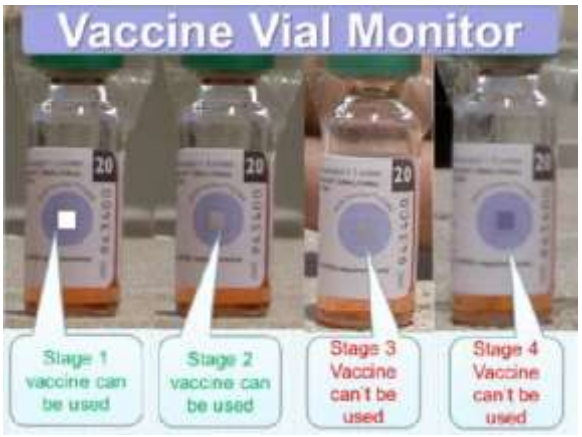
Participants are grouped and are asked to identify the following in the vaccine vials presented to them: i. What is the stage of the vaccine vial shown to them? ii. Is the vaccine vial usable at that stage?

Important Points to Note and Practice:

The Community Mobilizer (male or female) need to check the vaccine vial before use to ensure that the vial has not expired.



- If the inner square is lighter than the outer circle, the vaccine may be used.
- If the inner square is the same color, or darker than the outer circle, the vaccine must not be used.
- Vaccine should be kept in a plastic pouch inside the vaccine carrier to keep the temperatures controlled.
- The vaccine vial and the vaccine carrier should always be protected from direct sun light.



Session 5: COLD CHAIN MANAGEMENT

Time Duration: 20 minutes

Training Material Required: white board, flip charts, markers, different **vaccine carrier, ice packs, vaccine vial.**

Training Methodology: Discussion and practical demonstration using the vaccine carrier, ice packs and vaccine vials.

What to do at the Health Center

Check the vaccine vial for the following

- Physical appearance. Vaccine should not be frozen. It should be in liquid form.
- Label is intact and not torn.
- Seal and intact is not open.
- VVM condition is valid (stage 1 and stage 2).
- Vial is not wet.
- Vial has a valid expiry date.
- Type of vaccine (bOPV, mOPV, tOPV) as per the plan of the campaign and team type.
    - Fixed Site Team: Always used only tOPV.
    - Mobile Teams: Depends on the type of the campaign being launched.

Steps to do on cold chain management

- As soon as you receive the vial, enter the number of vials collected in tally sheet.
- Make sure vial is in the plastic bag (plastic bag should be provided).
- Avoid sunlight and place the vial in vaccine carrier which already contains ice-packs (conditioned/cold).
- Take as many droppers as the vials collected.
- In case of North/South Waziristan and Khyber agency where security is compromised; the male Community Mobilizer (CM) can carry the vial in a carrier other than the regular vaccine carrier. However; the important point to note here is that they have to ensure that the cold chain is not compromised**.**

While Using the Vaccine:

- Open the seal of the vaccine, remove stopper and attach the dropper (separate dropper for every vial).
- Administer the vaccine to the child in the shade.
- Immediately after administering the drops, put the cap on the dropper and place the vial in the vaccine carrier to keep the low temperature of the carrier.
- Drain the water of the melting ice from the carrier regularly.
- Keep vaccine vial dry.
- Avoid placing the vaccine carrier in sunlight and opening the vaccine carrier unnecessarily.
- Keep the vaccine carriers lid closed all the time.

Shake the ice-packs often to ensure they are in good condition and evenly distributed. If you think they need to be replaced, then replenish them**.**

Note: The facilitator should ensure that he/she practically demonstrates to the participants the right manner of placing the vaccine vials in the vaccine carriers as shown in the pictures below.

Session 6: ADMINISTERING POLIO DROPS

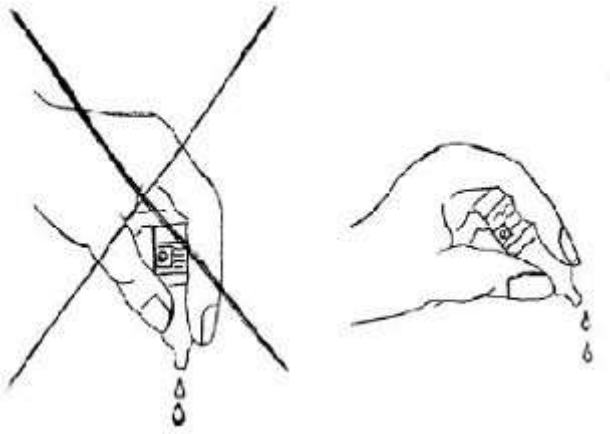
Time Duration: 20 minutes

Training Material Required: Polio vaccine vials (for practical exercise with the participants), droppers, flip charts and markers, flashcard (Q9, Q10, Q14, and Q29)

Training Methodology: Practical exercises using a vaccine vial and a dropper.

When you are administering polio vaccine to the child, make sure that you are treating the child gently and with concern.

- One vial should be open at a time.
- A new dropper should be used for each OPV vial.
- The vial should be held at 45 degree angle to ensure that 2 drops are administered to the child correctly.
- The dropper should be squeezed with little pressure and stop the pressure after 2 drops.
- Administer the drops in the open mouth of the child and must not touch the lips or tongue of the child. In case this happens, the dropper needs to be replaced before administering OPV to another child.
- If the child is vomiting or spitting, the 2 drops should be administered again.



Session 7: FINGER MARKING

Time Duration: 20 minutes

Training Material Required: White board, markers, flashcards (Q2, Q3 and Q21) and comic book (Page 5)

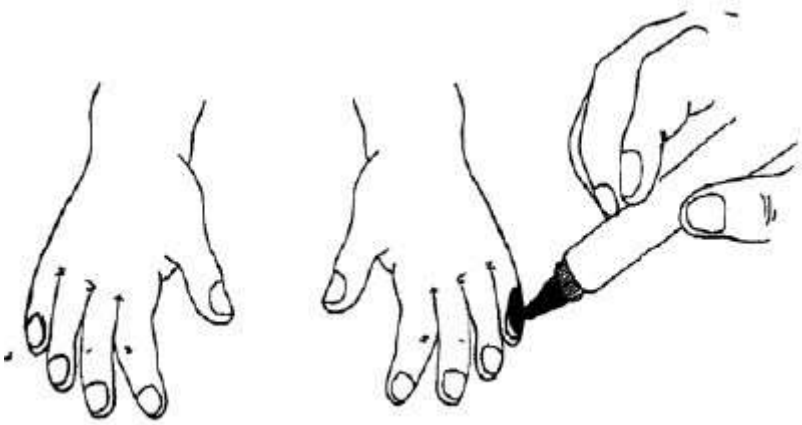
Training Methodology: Review the information points below. Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

For Finger Marking Activity: In pairs, ask the participants to mark the finger of his/her respective group member to ensure proper finger marking technique.

Important Points to Remember and discuss with the participants:

Finger Marking

- The purpose of marking the finger is to identify if a child has been vaccinated or not.
- This is important because during a campaign the neighborhood is often chaotic, and it is difficult to remember if a child has been vaccinated or not.
- We mark the correct finger of the child immediately after (but not before) we give the drops.
- The "best before…"written on the marker means that the marker can be used during the month mentioned on the marker.
- Before applying the marker on the finger, it is necessary to clean the nail of the child before marking the finger and ensure that only the polio finger marker is used.
- Clearly mark the left little finger of the child including the nail, and wait few seconds for the ink to dry.
- It is necessary to put the cap back on the marker after each marking to avoid drying the marker.
- Keep the marker closed and in vertical position *(Upside down)* and do not place the marker in direct sunlight *(it will dry)* or in the vaccine carrier.



Session 8: DOOR MARKING

Time Duration: 45 minutes

Training Material Required: White board, markers, flashcards (Q2, Q12 and Q20) and comic book (Page 5)

Training Methodology: Review the information points below. Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

For Door Marking Activity: Provide the door marking scenarios given below to each polio team members and him/her to show proper door marking for that scenario on the white board. The rest of the members will tell whether the marking is correct or not.

After visiting each house, it is necessary to mark the door of the house visited with a piece of chalk. **The door marking gives information about the EPI, date, number of children in each house, how many were vaccinated and how many were not at home, the team that administrated the vaccine and their direction to the next house.**
This helps in keeping track of the houses visited. This way the social mobilizers will know if they need to return to the house to vaccinate any missed children or try to convince caregivers who have refused the vaccine.

Door marking is done as follows:

a. In multiple household compounds, each door should be marked separately with a permanent number which will remain the same in every campaign;

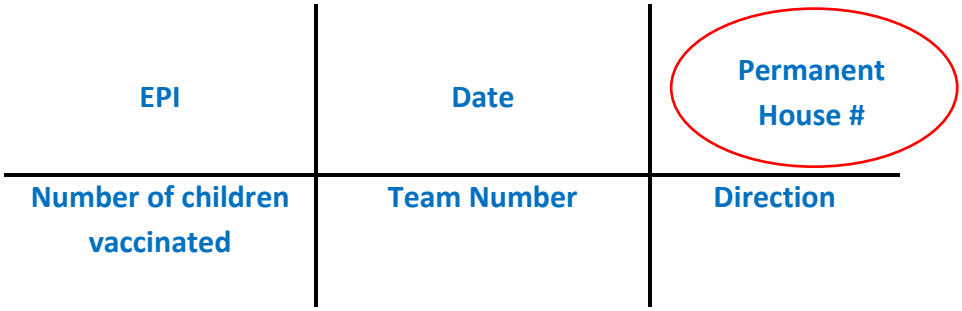
b. In multi-story buildings, each door will be assigned a permanent number which will remain the same in every campaign;

c. Single house with two or more portions including different families should be marked separately;

d. In a house with two or more entrance doors, only one door should be marked with all the information and the other door(s) should be chalked as double door (DD).

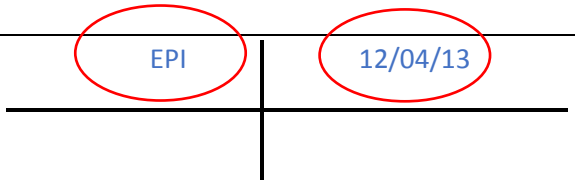
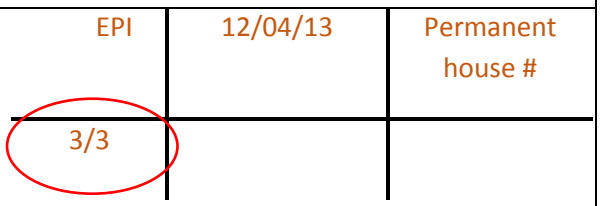
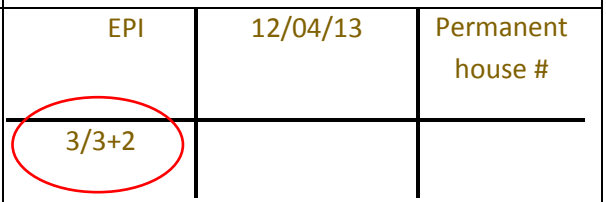
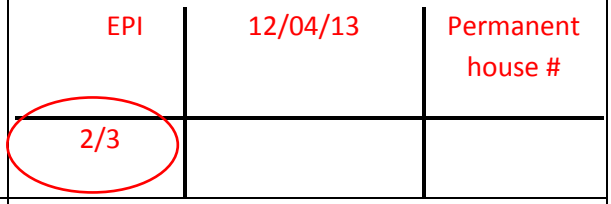
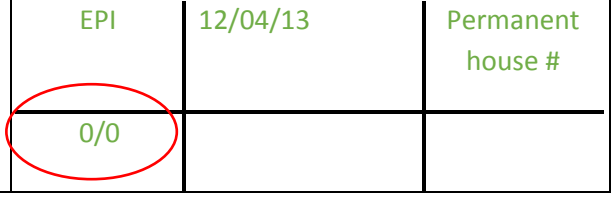
Important tips:

- Use chalk (not the finger marker) to mark the house.
- Choose an appropriate area where the chalk marking will not be erased easily.
- The door marking of locked house should specify the number of children under 5 years of age.



Each house will be assigned a permanent number, the house # will be remain the same during all campaigns

Door marking Scenarios to be used with CM/FCMs:

Sr. No	Examples	Door Marking
1	EPI Number and date	
2	Permanent House number which will remain the same for every campaign. *If the house # is 6, then it will remain 6 in every campaign.*	
3	Children below the age of 5 in the household: Total 3 children and all 3 vaccinated.	
4	This household has 3 children under 5 and 2 children of the guest.	
5	Out of 3 children under 5 years, one has not been vaccinated	
6	This household does not have any child under the age of 5	

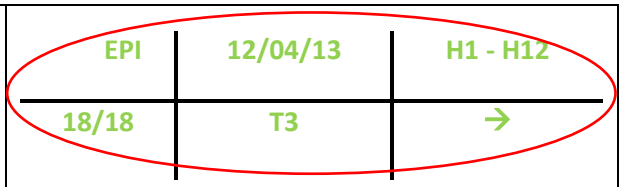
7	There are three children age less than 5 in the house but the house is locked.	EPI: L/3 — 12/04/13 — Permanent house #
8	Parent have refused	EPI: R — 12/04/13 — Permanent house #
9	Team 3 has vaccinated	EPI: 3/3 — 12/04/13: T3 — Permanent house #
10	Direction of the team	EPI: 3/3 — 12/04/13: T3 — Permanent house #: →

Door marking for double door:

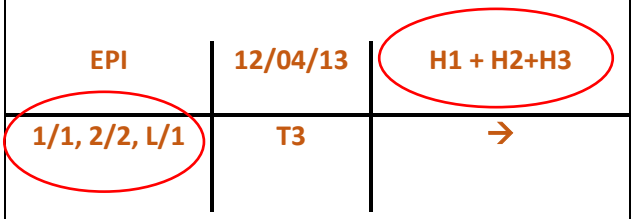
A house having double doors, the main door should be marked as described above and the other side of the house should be marked as double door	(Main Door)			(Double Door)
	EPI	12/04/13	Permanent House #	← DD 12/4/13
	3/3	T3	→	

Door markings for multi-story buildings- flats/ compounds:

For Multistory house/flat, the team should start from the top floor. Each door on each floor of the flat should be separately marked and given a separate house number. Also, if one house has two families (with separate kitchens) it should also be given a separate house number. Both the families will be marked separately in the tally sheet.	EPI: 2/3, 1/1 — 12/04/13: T3 — H6 + H7: →

After vaccinating each child of each family on each floor, a consolidated marking can be added on the entrance of the multi-story building/flat. Similarly for door marking of the compound, each door will be marked separately for each family. A consolidated marking (similar to the marking of flat/multistory building) will be made on the main door.	

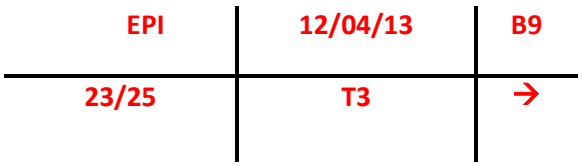
Door marking for double dwelling house:

For a house with one gate and two/three separate families living in upper, middle and lower story, the door marking will be as follows. All the families will be marked separately in the tally sheet. In case an extended family lives in the other portion of the house and utilizes one kitchen will be considered one and will be represented one in the tally sheet.	

Door marking for school / madrassa:

Each team should visit the school's first in their area and record their information. The child's name and details are recorded in the sheet titled "List of children vaccinated at school/madrassa" In the tally sheet, "S" for School and "M" for madrassa will be written in place of the number of married couple, and the total children vaccinated should be included.	

Door marking for brick kiln:

The house(s) in the brick kiln area will be marked with the usual door marking i.e. marking each door per family. The door of the brick kiln owner's house will have the consolidated marking of the total children of the brick kiln *(again the house # will remain the same during all campaigns)*	

Door marking for shops:

Usually shops are not marked during campaigns. If a child is vaccinated accompanied by his/her guardian in the shop the child is added in the section of children vaccinated in the street.

However, if the shop is attached or is part of the house, the house will be marked and not the shop.

Session 9: TALLY SHEET

Time Duration: 45 minutes

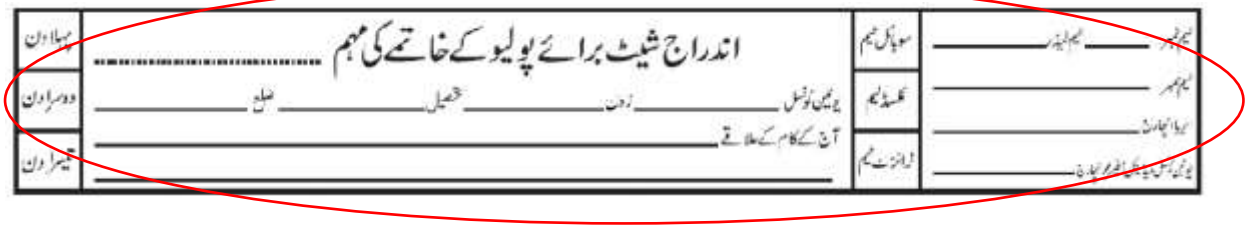
Training Material Required: Copies of previous campaign tally sheets, white board, flip charts, markers, flash cards (Q1, Q16, Q17, and Q23) and comic book (Page 6)

Training Methodology: Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

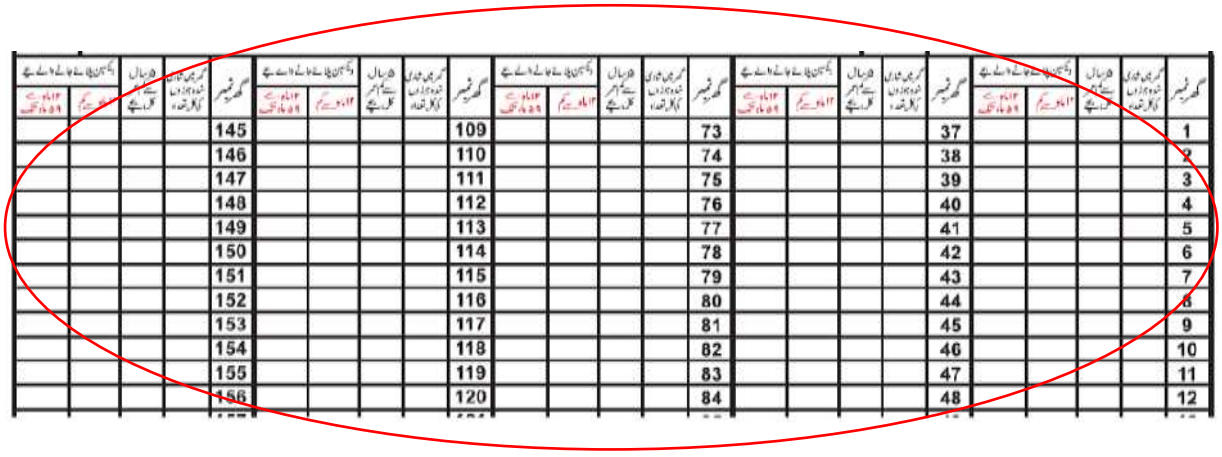
Group work: Divide participants into groups. Give a tally sheet of a previous rounds to each group and ask them to identify the mistakes made by the polio team members in filling of the tally sheet in the previous rounds.

Important Points to Remember and discuss with the participants:

- Identification of the team and the area assigned for the day as per the micro plan. It is very important for the polio team members to fill this section of the tally sheet.

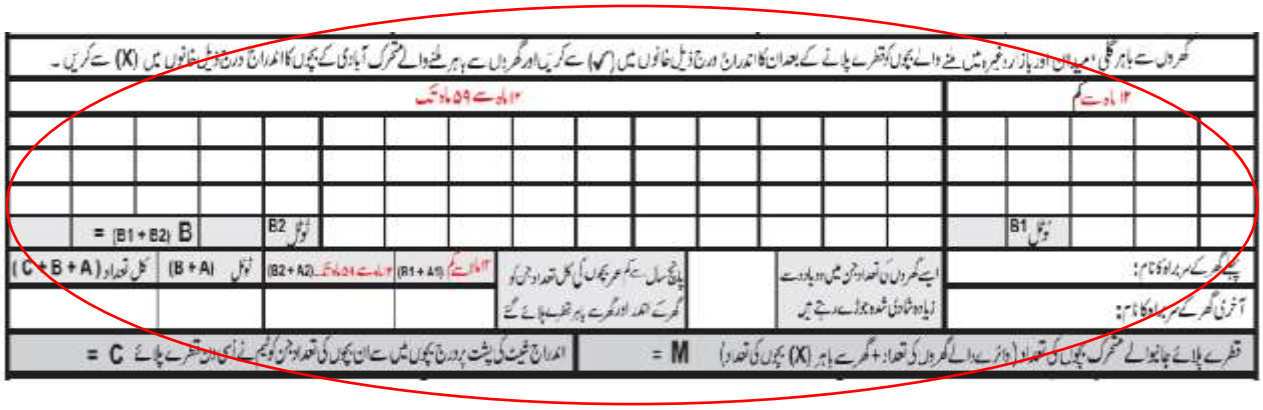


- Record the number of OPV vials received before leaving the team support center.
- Schools in the area of work should be visited at the beginning of the day and the revisited on the first half of the catch up day.
- Maintain a detailed record of the children missed and the reason: **NA (non-available), sick, asleep, door locked and refusal.**
- Record on the tally sheet for each house visited, the details of the married couples, total number of children under 5 years of age and total number of children vaccinated by the team according to the age (< 12 = 0 - 11 months and 29 days, 12 - 59 months= 12 month to 59 months) at the time of visit.

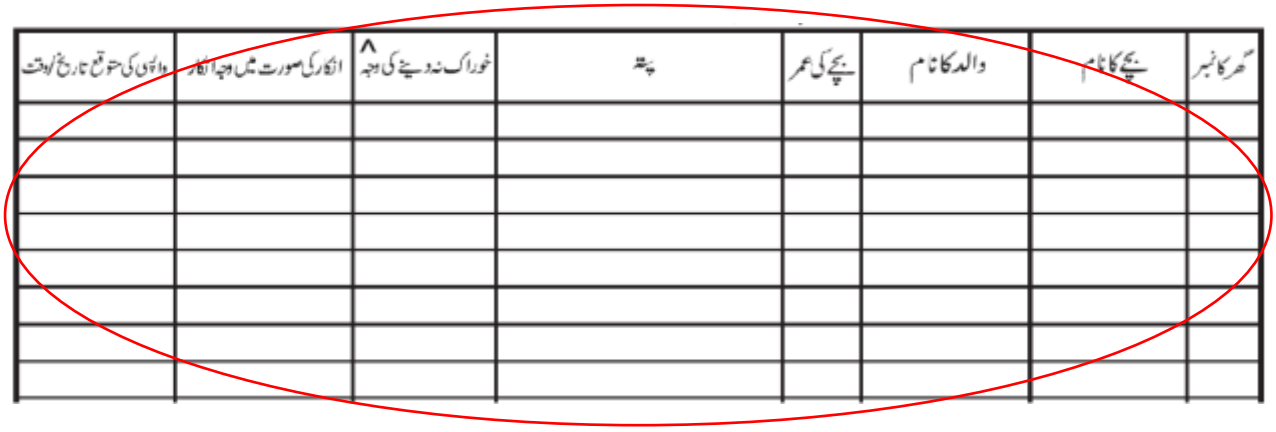


- Put a tick mark **(√)** on the house where the OPV vial has finished.

- Encircle the house number if the household visited belongs to the high risk mobile population *(nomads, people working in brick kiln, daily field laborer, industrial works, afghan population and IDPS – internally displaced people).*
- Vaccinate children playing outside their house, in their streets, found in the shops, or in the lap of the mother passing by. Record their information age wise in the respective columns with the help of a (√).
- Vaccinate children playing outside any house, in the streets or baggers who are nomadic and record their information age wise in the respective columns with the help of a (x).



- Fill the column that require the reason for missed children *(N.A, refusal and locked house).*



- Collect detailed information of the number of children under 5 years of age for locked house (from the neighbors, influencer and any person close by).
- Collect the information of the children under one who has not completed the routine EPI schedule.
- Inquire about any child in the house below the age of 15 years, suffering from paralysis in any part of the body for the last six months.

گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	پتہ

ہر گھر میں پوچھیں کہ کیا ان کے گھر یا پڑوس میں 15 سال تک کے کسی بچے کو گذشتہ چھ ماہ کے دوران جسم کے کسی حصے میں کمزوری یا فالج ہوا ہے اگر ایسا کوئی کیس ملے تو مندرجہ ذیل معلومات درج کریں۔

گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	کمزوری یا فالج کب ہوا	مکمل پتہ

- Revisit on the same day the houses of the missed children.
- Summarize and record the total number of children vaccinated, the number of children converted (*Column C in the tally sheet*), number of vaccine vial used and the remaining balance before submitting the tally sheet to AIC.

سامان کی تفصیل۔ درج ذیل Supply Inventory Summary روزانہ مکمل کریں اور اندراج شیٹ، غیر استعمال شدہ ویکسین، وٹامن اے اور دیگر اشیاء اپنے سپروائزر کو واپس کر دیں۔

سامان	وصول کیا	استعمال ہوا	بچا ہوا سامان
ویکسین کی بوتلیں			
وٹامن۔اے کے نیلے کیپسول			
وٹامن۔اے کے سرخ کیپسول			
قیچی			

کام مکمل ہونے پر AIC سے ملاقات سے پہلے

ٹیم لیڈر

نام .....

دستخط .....

Session 10: FIELD BOOK AND DATA COMPILATION FORM FOR FCM/CMs:

(Child Registration Book)

Time Duration: 45 minutes

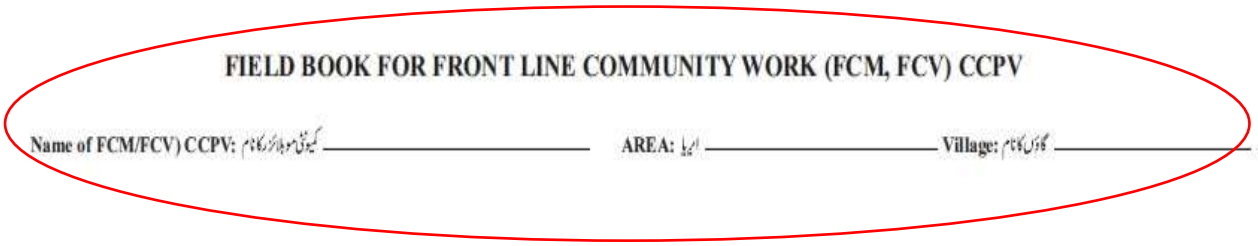
Training Material Required: Copies of the field book, copies of previously filled field books, white board, flip charts, and markers.

Training Methodology: Group discussion, practical exercises.

Group work: Divide participants into groups. Give field book of previous rounds to each group and ask them to identify the mistakes made by the FCM/CM (if any) in filling of the field book in the previous rounds.

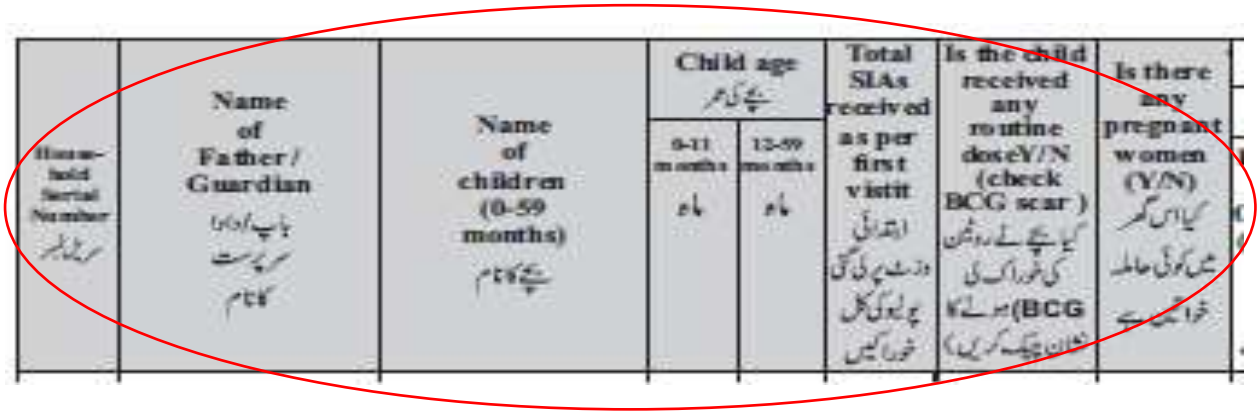
Important points to Remember and discuss with the participants as tasks of FCM/CM**:**

- Each FCM/CM will be assigned certain number of households in his/her community of residence that can be conveniently covered by him/her during a month.
- List all children under 5 years of age in a register with name, sex, date of birth, name of parents and physical address as can be identified by the member of each household/community in the area assigned and record the total number. This will feed into the micro plan.
- Also list pregnant/lactating women to promote ANC, TT vaccination and institutional delivery also ensure the-cohort of new born are followed with all routine immunization antigens.
- Update the list before each campaign with information of arrival of new children in the area or there is birth (this will be used to compare the tally sheet vaccination coverage after each campaign with his/her list to ensure all children are vaccinated.
- The first part of the field book for FCM/CMs contain information that needs to be filled such as name of the FCM/CM, area/village assigned to him/her.


FIELD BOOK FOR FRONT LINE COMMUNITY WORK (FCM, FCV) CCPV

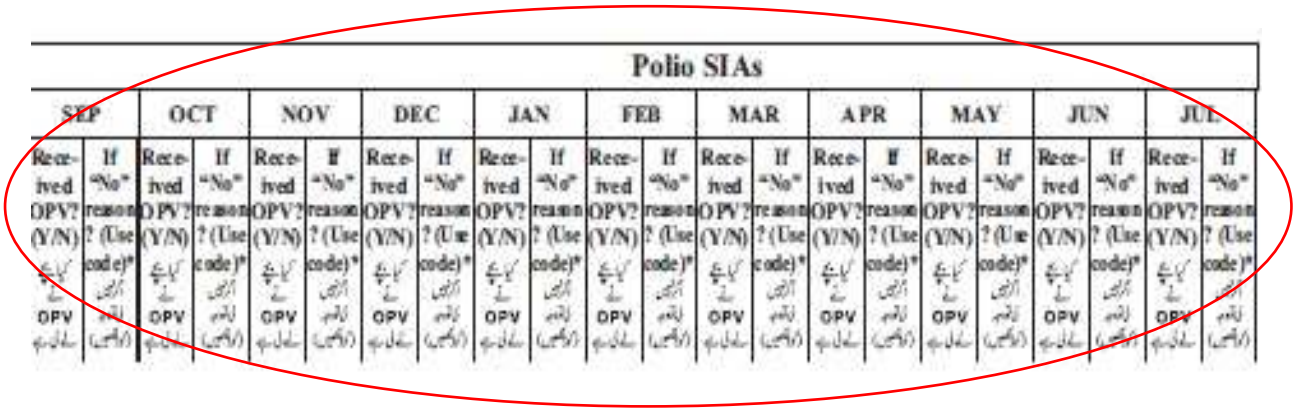
Name of FCM/FCV) CCPV: _____ AREA: _____ Village: _____

- The second section to be filled by FCM/CMs contain:
  - The permanent number of the household which remains the same in all campaigns;
  - Age of the child;
  - Total number of polio doses as per first visit;
  - Total number of polio doses received as per first visit;
  - Information about the routine immunization received by the child;
  - Information about any pregnant woman in the house.



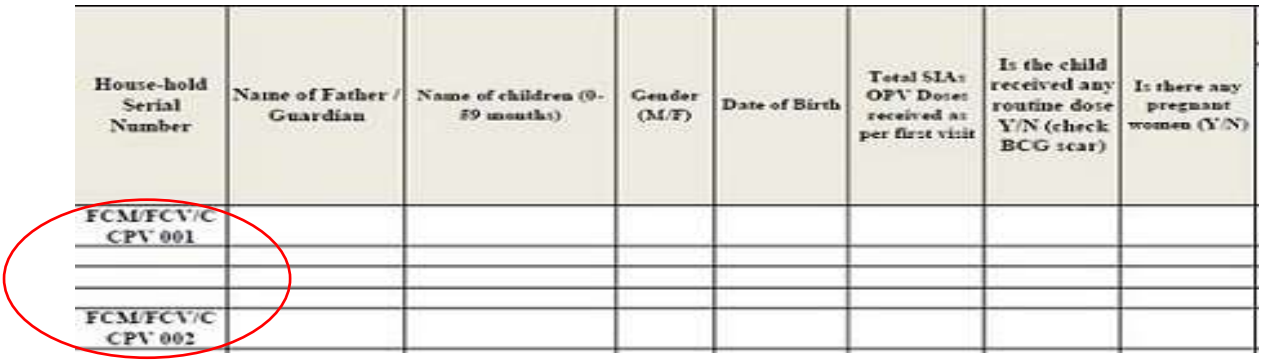
House-hold Serial Number	Name of Father / Guardian	Name of children (0-59 months)	Child age		Total SIAs received as per first visit	Is the child received any routine dose Y/N (check BCG scar)	Is there any pregnant women (Y/N)
			9-11 months	12-59 months			

- Detailed vaccination plan for the next 11 months: the FCM/CM will enter the details of the same child every month during the campaign. This will provide information about whether the same child has received vaccination during every campaign or not.



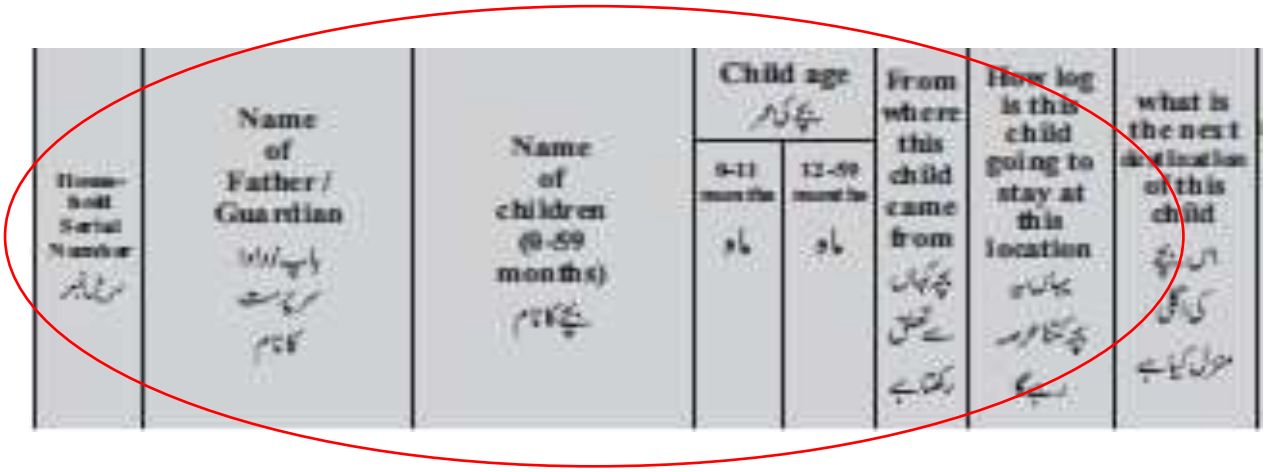
Polio SIAs																							
SEP		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN		JUL	
Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*	Received OPV? (Y/N)	If "No" reason? (Use code)*

- The FCM/CM will fill in the permanent number of the first house. Under it will come the name of the child below 5 years of age. If there are two children, then the second child name will come in the second line.
- A few lines will be left empty before entering the permanent number of the second house. This is useful in case the household entered has a new baby in the coming months.



House-hold Serial Number	Name of Father / Guardian	Name of children (0-59 months)	Gender (M/F)	Date of Birth	Total SIAs OPV Dose received as per first visit	Is the child received any routine dose Y/N (check BCG scar)	Is there any pregnant women (Y/N)
FCM/FCV/CCPV 001							
FCM/FCV/CCPV 002							

- In case of mobile population or a guest child, there are a few additional columns in the field book that needs to be filled:
    - Information about where the child came from;
    - How long will the guest child stay in the house (location);
    - What is the next destination of the guest child i.e. where will the child go after leaving the location.



- The FCM/CMs will work till the 15th day of the campaign to cover all the missed children. At the end of the 15 day, he/she will compile the information in the data compilation k and forward the form to their supervisor (SM/UCO). The UCO will form the data compilation form to the DHCSO who then ensures that the data is entered in the District Polio Control Room (DPCR).

- The first half of the compilation forms contains the following information
  - Total number of pregnant women;
  - Total number of new born;
  - Total number of households assigned to a FCM/CM;
  - Total number of households visited by FCM/CM;
  - Total number of children registered(0-59 months);
  - Total number of children vaccinated(0-59 months);
  - Total still missed(NA+REF+NT) children;
  - Total still missed covered

Month: ..... Province ..... District ..... UC: .....

FCM name	Area	Village	UC	SIAs Date	Total no. of pregnant women	Total No. of New born	Total No. of HH assigned	Total No. of HH visited	Total number of children (0-59 months) registered	Total number of children (0-59 months) Vaccinated	Total Still Missed (NA+REF+NT*)	Total still missed Covered
ABC	A1	V1	UC1		10	5	300	280	2455	2300	155	
XYZ	A2	V2	UC1		11	6	300	230	2450	2400	50	

- The second half of the compilation form contains the tracking information. The FCM/CM should fill in the following information for the 3 rounds of campaign
  - Not Available children;
  - Refusal;
  - Security;
  - No teams.

Not Available				Refusal				Security				No Team				
Still missed NA current SIA	Still missed in one (last) SIA	NA Missed in two SIAs	NA Missed in three SIAs	Still missed Refusal current SIA	Refusal missed in one (last) SIA	Refusal Missed in two SIA	Refusal Missed in three SIAs	Still missed Security current SIA	Security Missed in one (last) SIA	Security Missed in two SIAs	Security Missed in three SIAs	Still missed NT current SIA	No Team Missed in one (last) SIA	No Team Missed in two SIAs	No Team Missed in three SIAs	Total mobile population / guest children covered in current SIA
150				20								10		10		

Session 11: MICROPLANNING AND FCM/CM MOVEMENT

(Missed Children)

Time Duration: 30 minutes

Training Material Required: Copy of micro plan to show the participants, copy of area maps, comic book (page 10), flashcard (Q25),

Training Methodology: Use comic book (page 10) for pictorial reference. Discuss each point below

Group Work: In groups, Community Mobilizers (male/female) should be asked to update the maps of their area.

Important Points to Remember and discuss with the participants:

- FCM/CM will collect the team number and names of members with phone contact (if available) assigned to cover his/her area and work in close coordination with vaccination teams assigned to their area for:
    - Supporting updation of micro plans;
    - Sharing of field movement plans of vaccination teams;
    - Developing and finalizing joint vaccination plan where required;
    - Finalized vaccination plans will be agreed to and signed off by the respective supervisor and copies will be shared with the supervisor and the team.
- FCM/CM will meet with the team before the campaign and as needed move with them from house to house during campaign days to ensure vaccination of children with low/no vaccine coverage.
- FCM/CM will also identify location of the nearest health facility to his/her assigned area to make referrals of children and pregnant or lactating women; the name and phone contact of the health worker administering routine vaccination at the center. FCM/CM will identify key influencers in his/her community and involve them in refusal conversion.
- Supervisor of FCM/CM should ensure that area assigned is them is their own area i.e. they are locals of that area.

Components of a micro plan that FCM/CM should know

- Micro plan summary page/ Profile for area in charge and UC
- Team & area wise daily plan form(with 1st and last households numbers)
- Map of team, area and UC with clear boundaries between UCs, AICs and teams.
- Social mobilization plan
- Supervision plan for area in charge and UC
- Human resources involved in the campaign
- Vaccine daily distribution plan and balance (daily attendance sheet during campaign)
- Schools list and contact
- Influencers list and contact number
- Mosque list and contact
- Training plan for mobile, fixed and transit team
- High risk specific plan with list of list of high risk population and settlements.

- SM/UCO should ensure the teams, including FCM/CM, identified the high risk groups (mobile/migrant population, nomads, beggars, IDP's. priority groups) in their area.
- SM/UCO should confirm that the FCM/CM has the influencers list with him/her.
- SM/UCO should ensure that the map shared with the FCM/CM should consist of the route each team will follow.
- SM/UCO should discuss the components of the micro plan with the FCM/CM.
- SM/UCO should guarantee that each FCM/CM has the data of the missed children from previous polio round and the reason why they were missed.

Session 12: SECURITY BRIEFING

Time Duration: 30 minutes

Training Material Required: white board, flip charts, markers and comic book (page 11).

Training Methodology: Group discussion. Facilitator should encourage a group discussion by asking the following points presented and getting response from the FCM/CMs.

Inform the participants that their safety is the number one priority. Every effort is being taken to ensure all health workers are safe and protected by the Government. If they feel unsafe at any time, they should follow the instructions below. There are ways in which everyone can help increase their own security as well.

1. Basic information polio team members need to have:

1.1 FCM/CM should have the number of their supervisor i.e. SM/UCO.
1.2 FCM/CM should have the number of the police escort.
1.3 Police Escorts should have the number of both the SM/UCO and the FCM/CM.
1.4 FCM/CM should maintain visual contact with the police escorts while working in the field.
1.5 In the case of an incident, the FCM/CM should take necessary precautions to ensure their safety and call the police escort if present or else their respective supervisor.

2. Dressing:

2.1 Dress as per the culture of the area you will be working in.
2.2 Maintain low Profile.
2.3 Dress modestly.
2.4 Be clean and presentable.

3. Communication:

3.1 At least one member of the team **should have a mobile phone fully charged with sufficient balance**, using network that has **good signals.**
3.2 Female members if reluctant to share their number, they **should have other team member numbers** with her **including security escort.**
3.3 In case the supervisor (SM/UCO) phone is not getting connected, send a **TEXT message.**

4. Conduct while performing your duties

4. 1 In case a parent refuses the vaccine or becomes aggressive:
- 4.1.1 **Politely attempt to change their mind**
- 4.1.2 **Do not be aggressive or persistent**
- 4.1.3 **Adopt a non-aggressive posture**
- 4.1.4 **Do not argue or fight**
- 4.1.5 **Retreat to a safe area**
- 4.1.6 **Contact your security escort and supervisor as soon as possible**

4.2 In case a mob gathers or serious threats:
- 4.2.1 **Move away from the area to a safe area and let police handle the situation**
- 4.2.2 Contact your supervisor and security escorts

4.3 Enhancing security measures

4.3.1 **Be aware of the danger posted by strangers on motorcycles.**

4.3.2 **Keep an eye on abandoned bags and packages and inform the police escort and the supervisor as soon as possible.**

4.4 You should always try to **choose a safe point** where you can see miscreants approaching and have adequate cover if attacked. It can be the house of an influencer or a community leader.

4.5 People may be curious and wish to ask questions or even request vaccinations. You should **be observant as to how the situation can turn hostile**.

4.6 If you are in danger of **losing control of a situation** (eg. a mob begins to gather) you should immediately:

4.6.1 Retreat to a safe place. Contact police.

Some Additional Measures: Keep Watch for

- **Unattended** vehicles, motorbikes/bicycles
- Where **pillion riding** is banned look for those breaking the ban
- **Suspicious objects** (example shopping/trash bags, cardboard boxes, stray wires, etc.)
- **Suspicious people following you or your moves**
- Be mindful of **landmines.**

Session 13: GUIDELINES FOR CONDUCTING EFFECTIVE COMMUNITY MEETINGS

Time Duration: 45 minutes

Training Material Required: Projector, laptop, speakers, video and manual for "Guidelines for Conducting Effective Community Meetings", white board, markers, enough copies of Appendix 3

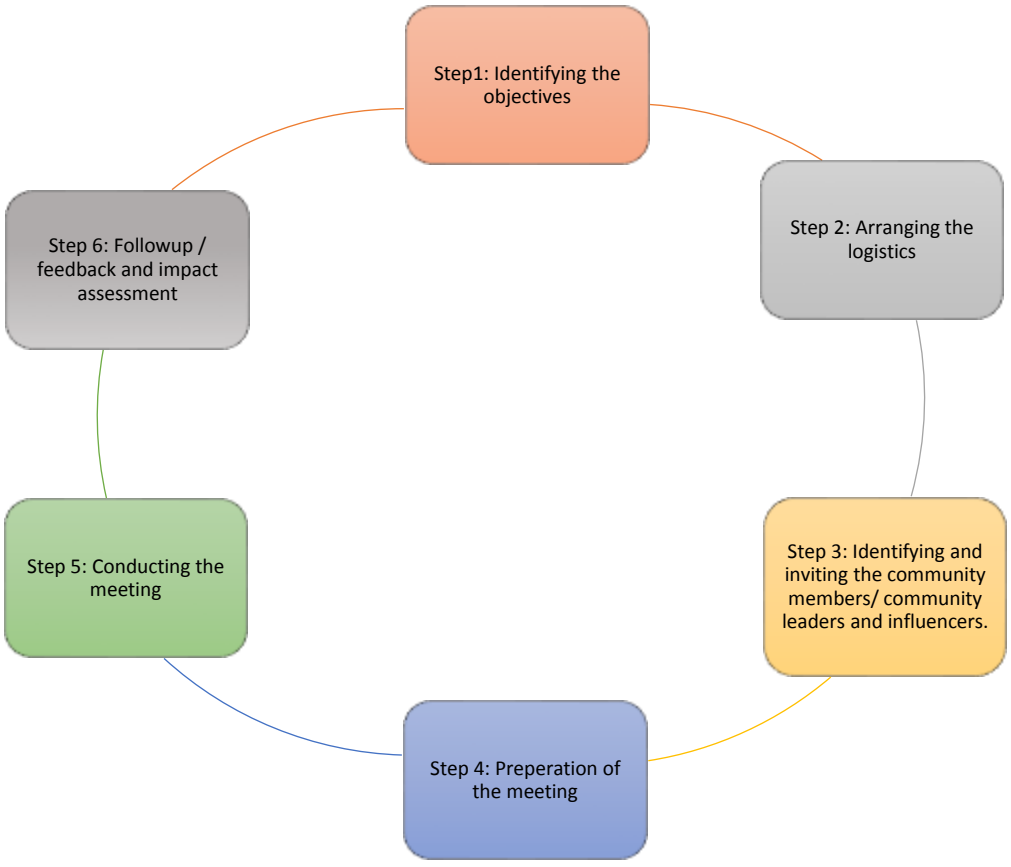
Training Methodology: Visual content (video), discussion, group activity.

Group Activity (15 mins): Divide the participants in group, each group receives a copy of Appendix 3 (Steps for conducting community meeting) and the cut out of the steps. Amongst their groups, the participants have to read the content of each cut out and decide which step does the content fall in. Right content of the cut out should be placed next to each step.

The objective of the group work is to identify what step the actions mentioned in the cut-outs belong.

Important Points to Remember and discuss with the participants:

The following steps should be considered while planning and implementing effective and interesting meetings that focuses on the needs of the community members



- **Step 1:** Identifying the objectives: involves establishing the objectives of the meeting. Ensuring that each objective is reasonable and answers communities concern.
    - Each FCM/CM should ensure that a minimum of two meetings per month should be held. The rest of the meetings depend on the need of the community but the need should be evidence based. For example: If the data of the previous campaign suggests an increase in missed children or refusal clusters etc. then the community meeting should be held based on these issues. Also there can be meetings held pre NID's or SNID's.

- **Step 2: Arranging the logistics: preparing** the right venue, the right schedule, duration of meeting and number of participants is critical for the success of a community meeting.

- **Step 3: Identifying and inviting the community members/ community leaders and influencers:** from the community for the particular meeting, these people should fall under the objectives identified for the meeting. For Example, if the meeting is about breast feeding, then all the lactating and pregnant mothers should be invited for the meeting. It is important to ensure that along with the participants, influencer and community leaders are also present in the meeting as their presence will add value.

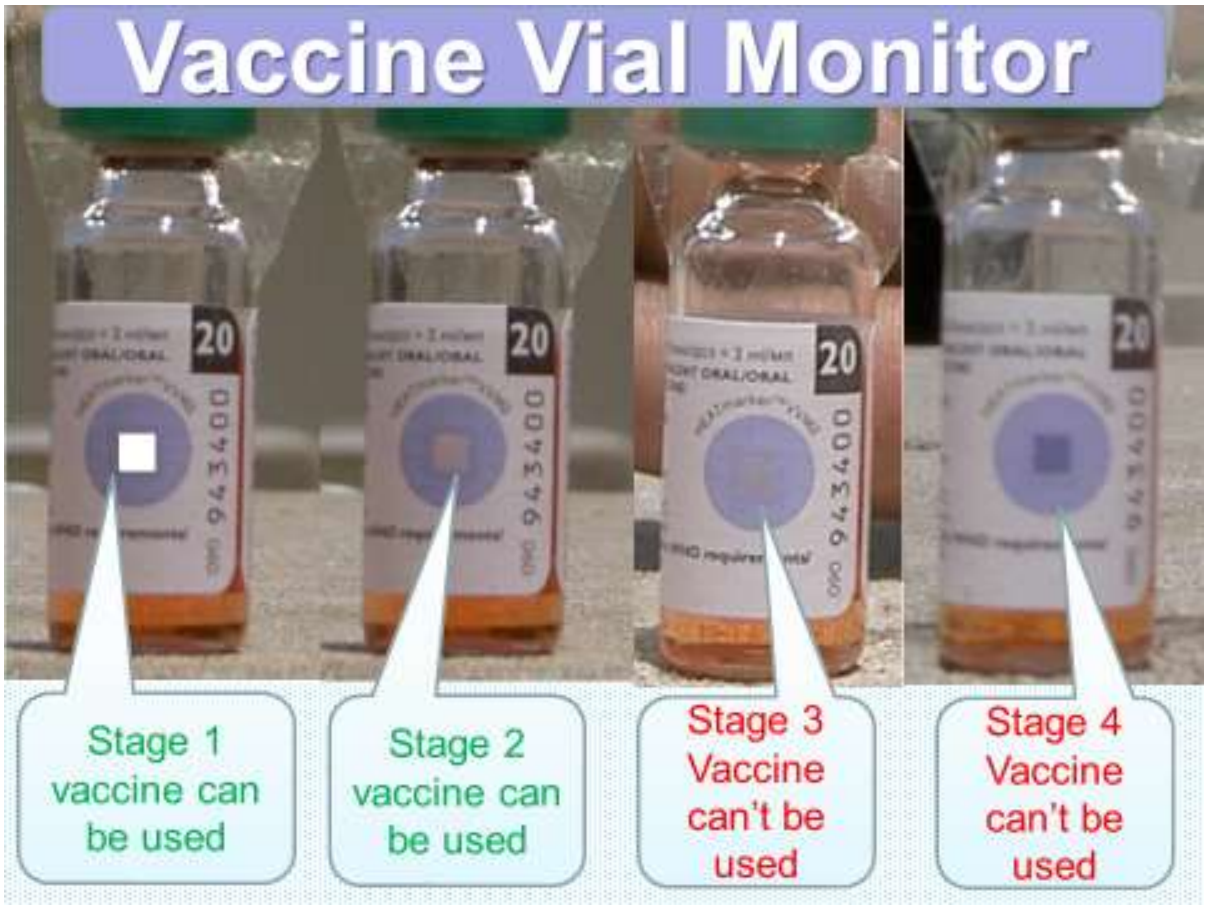
  Step 4: Preparation of the meeting: for preparing the meeting there will be the need of deciding what will be the content to be delivered and that the content is of the interest of the community, influencers to be invited, ensure that all the materials are available (fatwa books, counseling cards, brochures, pamphlets etc.). The success of the community meeting will depend on a good preparation.
- **Step 5: Conducting the meeting: for the meeting itself,** ensuring that the session is according to what the community members require. Getting to the venue on time, ensuring all the materials are available, the participants invited are arriving on time is part of a good meeting.

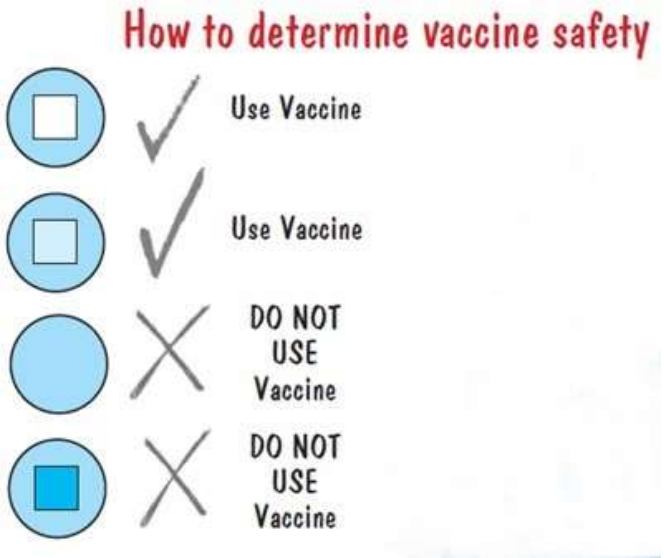
- **Step 6: Follow up / feedback and impact assessment: after the meeting,** prepare a report of the meeting and share it with your supervisor (SM/UCO). If there are any concerns from the community members, which the FCM/CM could not clear, then he/she should decide the date for the next meeting and ensure that he/she gets the right information from his/her supervisor.

Note: *Give a copy of the "Guidelines for Conducting Effective Community Meeting" manual to each participant.*

Appendix 1: ROUTINE IMMUNIZATION SCHEDULE

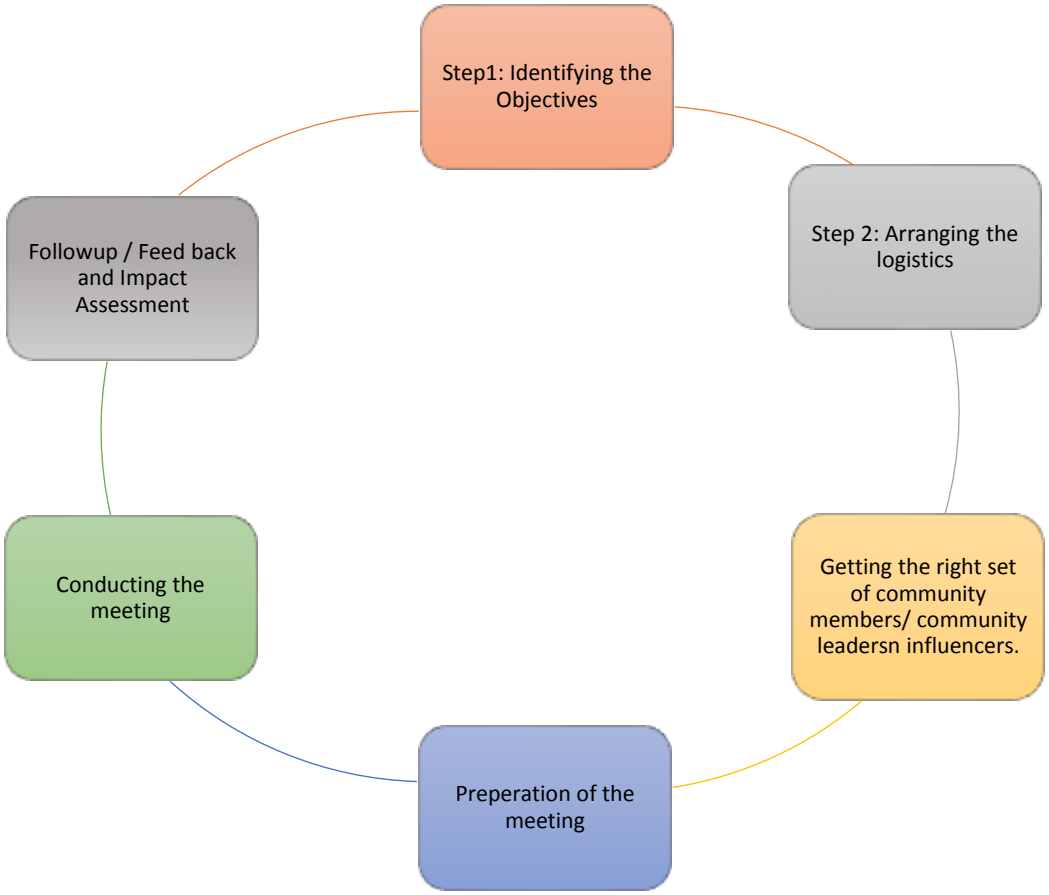
Appendix 2: VACCINE VIAL STAGES





Appendix 3: STEPS FOR CONDUCTING EFFECTIVE COMMUNITY MEETINGS

Group Activity for the participants:



Print and cut-up enough copies of the matrix below for each group, and distribute before the exercise.

Setting Objectives for the meeting	Deciding duration of the meeting
Selecting the appropriate venue	Visiting the household
Deciding the right set of people for the meeting	Finalizing the duration of the meeting
Inviting the influencer, community leader to the meeting	Preparing the topic being covered
Organizing relevant material for the meeting	Determining the target audience
Greeting the participants and asking about their well being	If possible, ensuring availability of audio/visual available
Telling the caregivers about the purpose of the meeting	Creating a report and sharing it with the supervisor
Reminding community members before the start of the meeting	Highlighting the key issues.

Appendix 4: PRE-POST TEST

کمیونٹی موبیلائیزر (مرد/ خواتین) کی تربیت کے لئے پری-پوسٹ ٹیسٹ

شرکت کرنے والے/والی کانام:----------

تربیت کار کا نام:----------صوبہ:----------

تربیت کی تاریخ:----------تربیت کا مقام:----------

پری ٹیسٹ : ☐ پوسٹ ٹیسٹ: ☐

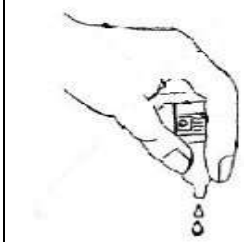
==========

نوٹ: برائے مہربانی درج ذیل ہر سوال کے لئے درست جواب پر ✓ کا نشان لگائیں

سوال 1-ہم بی سی جی اور زیرو ویکسین کب دیتے ہیں؟ برائے مہربانی درست جواب پر ✓ کانشان لگائیں۔

ویکسین BCG (Zero) OPV	A	پیدائش کے فوراً بعد
	B	6 ہفتے کی عمر میں (ڈیڑھ ماہ)
	C	10 ہفتے کی عمر میں (ڈھائی ماہ)

کانشان لگائیں۔ ✓. پولیو کے قطرے پلانے کی درست تیکنیک کیا ہے؟ برائے مہربانی درست جواب پر 2سوال

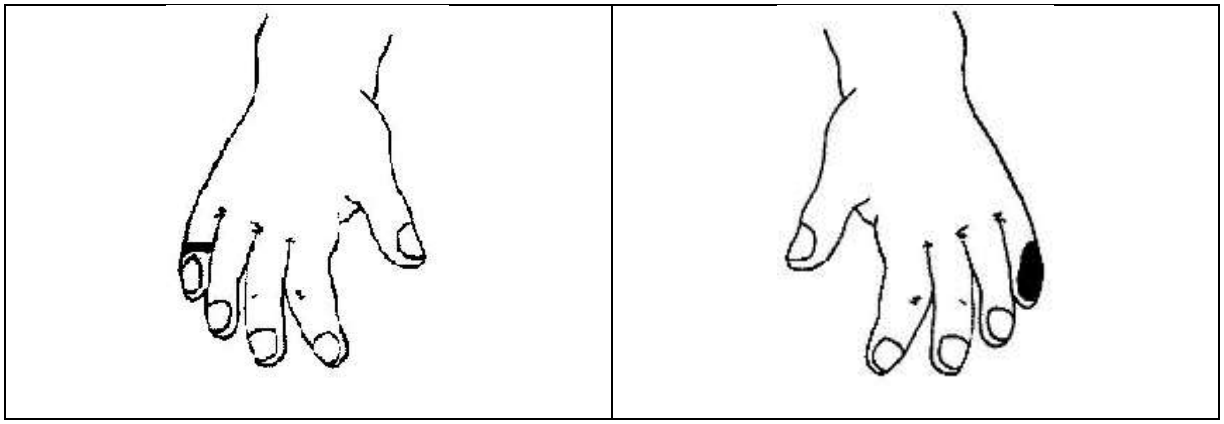
A.		**B.**	

سوال 3. ویکسین وائل مینجمینٹ: ان میں سے کون سی دو ویکسین وائلز قابلِ استعما ل ہیں؟ برائے مہربانی درست جواب پر ✓ کانشان لگائیں۔

A.		**B**	
C.		**D.**	

سوال 4. فنگر مارکنگ کے لئے درست تیکنیک کون سی ہے؟ برائے مہربانی درست جواب پر ✓ کانشان لگائیں

A. **B.**



سوال 5. ڈور مارکنگ کے لیے درست تیکنیک کون سی ہے؟برائے مہربانی درست جواب پر ✓ کانشان لگائیں

A. **B.**

EPI	Date	House #
# of children vaccinated	Team #	Direction

Date	EPI	House #
# of children vaccinated	Direction	Team #

سوال 6.ایک گھر میں اگر5 برس سے کم عمر 3 بچوں میں سے، تمام 3 کو ویکسین دے دی گئی ہے تو کون سی ڈور مارکنگ درست ہوگی؟برائے مہربانی درست جواب پر ✓ کانشان لگائیں.

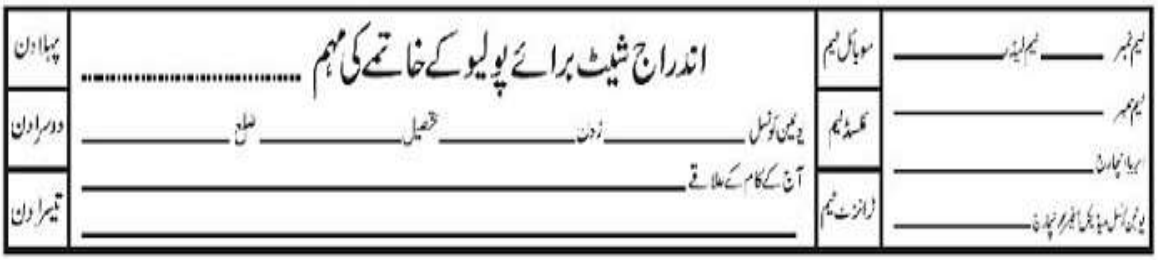
A. **B.**

EPI	12/04/13	H6
3/3	T3	→

EPI	12/04/13	H6
2/3	T3	→

سوال 7.ہم وصول ہونے والی وائلز کی تعداد کا اندراج ٹیلی شیٹ میں کہاں کرتے ہیں؟ برائے مہربانی درست جواب پر ✓ کانشان لگائیں.

A. یہاں



B. یہاں

سامان کی تفصیل ❖ درج ذیل Supply Inventory Summary روزانہ مکمل کریں اور اندراج شیٹ، غیر استعمال شدہ ویکسین، وٹامن اے اور دیگر اشیا ماہانہ سپروائزر کو واپس کر دیں۔

سامان	وصول کیا	استعمال ہوا	بچا ہوا سامان
ویکسین کی بوتلیں			
وٹامن۔اے کے نیلے کیپسول			
وٹامن۔اے کے سرخ کیپسول			
قطرہ			

کام مکمل ہونے پر AIC سے ملاقات سے پہلے

ٹیم لیڈر

نام .....

دستخط .....

سوال 8۔ٹیلی شیٹ میں پولیو کے قطرے پینے سے رہ جانے والے بچوں کا اندراج کہاں کیا جاتا ہے ؟ برائے مہربانی درست جواب پر ✓ کانشان لگائیں۔

A.

گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	پتہ	خوراک نہ دینے کی وجہ	انکار کی صورت میں وجہ انکار	والدین کی متوقع تاریخ واپسی

B.

نمبر شمار	گھر نمبر	نمبر شمار	گھر نمبر	نمبر شمار	گھر نمبر
1	37	73	109	145	
2	38	74	110	146	
3	39	75	111	147	
4	40	76	112	148	
5	41	77	113	149	
6	42	78	114	150	
7	43	79	115	151	
8	44	80	116	152	

سوال 9. ایک گھر سے دوسرے گھر جاتے ہوئے پولیو ٹیم کی کون سی موومنٹ درست ''نہیں'' ہے؟

A.	B.	C.