**STRENGTHENING ROUTINE IMMUNIZATION**

**SIMPLE GUIDE FOR REACHING EVERY PUROK**

**FOR HEALTH CENTRES**

**Draft of 8 November 2014**

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**PURPOSE OF THIS GUIDE**

This guide is intended for Health Centre (HC) staff to help them reach every purok with routine immunization.

The Reaching Every Purok (REP) strategy was first introduced in 2013 as the next step after the Reaching Every Barangay (REB) strategy, and in response to continued significant immunity gaps among disadvantaged communities recognized at purok/block/sitio level.

This simple guide is built upon the opportunity provided by the September 2014 MR OPV mass immunization campaign. The guide shows:

* how to use the data collected from routine immunization status card checks in high risk puroks during the campaign,
* how to take action to reach every purok with immunization now and in the future
* how to continue to monitor progress in high risk puroks

**SOME URBAN IMMUNIZATION PROBLEMS WHICH CAN BE ADDRESSED BY THIS GUIDE**

* Uncertain urban population denominators resulting in incomplete TCL/registers
* Population movement and migration from other regions to urban areas
* Informal urban settlements not included in official population
* The high cost of transport to the health centre for the urban poor
* Urban population shared across regional borders; needing coordinated plans

**WHAT IS NEW ABOUT THE REACHING EVERY PUROK STRATEGY**

The Reaching Every Purok Strategy puts the focus on the community at purok/block/sitio level. The strategy is designed to be well suited to highly populated urban areas where service delivery and monitoring of immunization status must be done within the community.

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1. **FORM 1: MAKING A LIST OF BARANGAYS WITH HIGH RISK PUROKS IDENTIFIED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BARANGAY NAME** | **NAMES OF PUROKS** |  | **HIGH RISK PUROKS ENTER Y/N** | | | | |
| **Original list of high risk puroks from MR SIA plan** | **2014**  **MR SIA**  **Results of Card Check**  **Y/N/Not Done** | **QUARTER 1**  **2105**  **Card check** | **QUARTER 2**  **2105**  **Card Check** | **QUARTER 3**  **2105**  **Card Check** | **QUARTER 4**  **2105**  **Card Check** |
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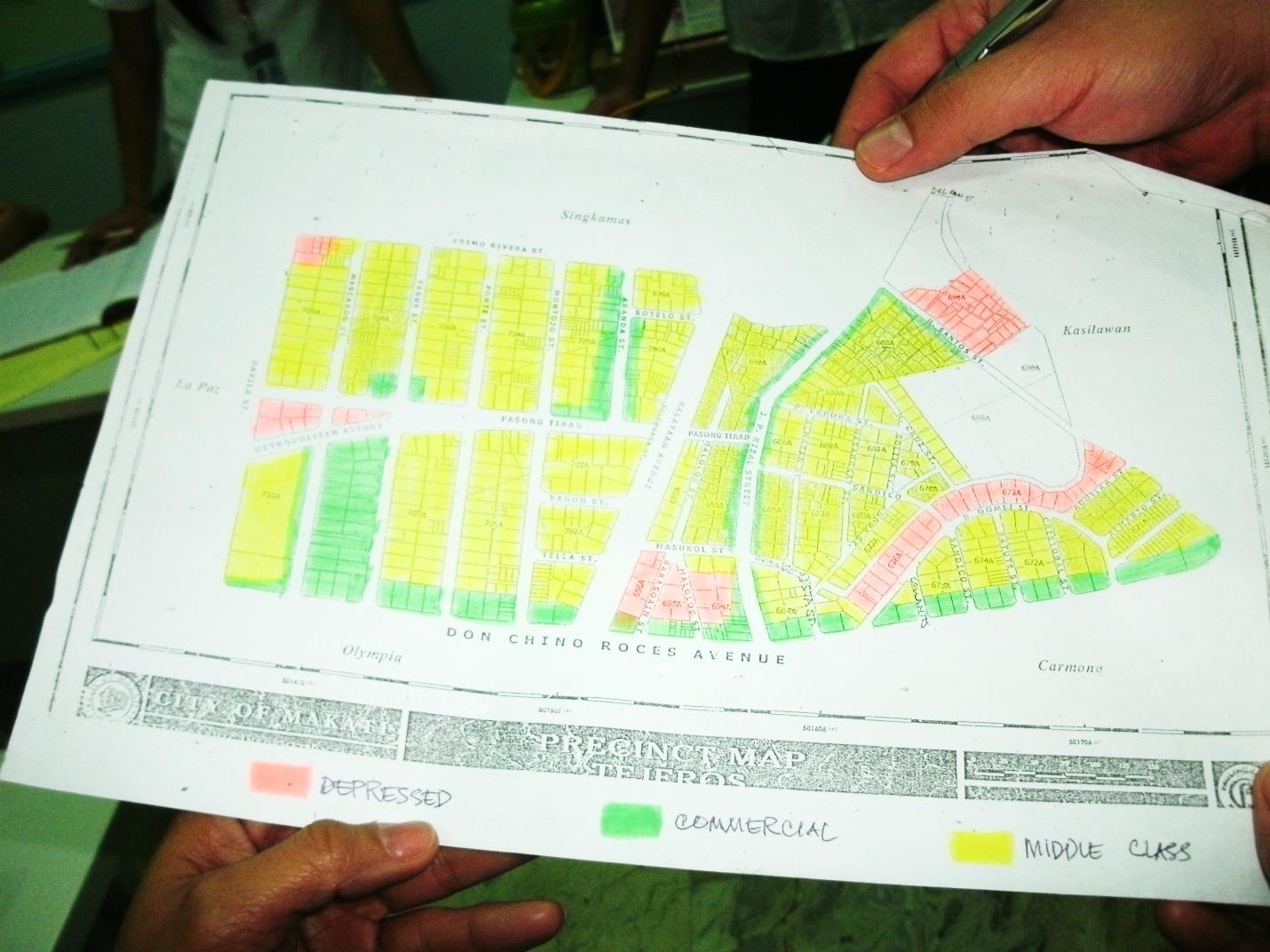
**Every Health Centre lists and displays its high risk puroks.**

* For each Barangay start with the list made during the planning for the 2014 MR SIA
* Next add the results from the RCA routine immunization card check during the 2014 MR SIA

Write: Yes/No/Not done (if no card check was done in this purok during the 2014 SIA write ’not done’

* Every quarter (Q1 to Q4) monitor the immunity gap in every high risk purok by doing a door to door card check (see Form 5).
* Based on the decision by the supervisor after the quarterly card check has been done, (see Form 6) enter the decision whether the purok is high risk or low risk.

1. **MAKE MAP OF BARANGAY SHOWING HIGH RISK PUROKS**



This is an example of a Barangay map that can be displayed on the wall of the Barangay Health Station. It shows high risk puroks shaded red.

1. **FORM 2: HEALTH CENTRE SESSION PLAN TO SHOW THE DATES AND LOCATION OF ALL SESSIONS PLANNED BY HEALTH CENTRE BY BARANGAY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF BARANGAY** | **LOCATION OF POST** | **DATES** | **VACCINATOR NAME** |
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1. **MANAGING THE TARGET CLIENT LIST (TCL) BY PUROK**

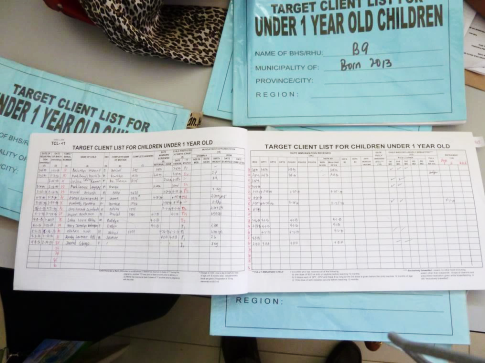
**The challenge for management of the TCL is the ability to find each child without difficulty when doing follow up work.**

**TCL OPTION1**

Sub-divide the pages of one TCL to dedicate separate pages to each Purok/Block/Sitio.

**TCL OPTION 2**

In urban areas where blocks have very large populations; dedicate a separate TCL to each block (see picture below). Begin a new year with a new TCL by registering the new year’s birth cohort by purok, month by month. Children born in the previous year can be followed up in that previous year’s TCL.



**TCL OPTION 3**

Use one TCL but ensure that the column for address in the TCL will be completely filled out (which should include block, street and purok or even landmark near the house of infant) to ensure easy tracking.

1. **MAKING A MASTER LIST OF CHILDREN TO INCLUDE IMMUNIZATION STATUS IN HIGH RISK PUROKS USING FORM 3**

**WHAT IS A MASTER LIST?**

A master list is a list of names of children including their exact address and the doses of vaccine they have received. The master list is made by going door to door purok by purok and asking for the immunization cards of children of a defined age (e.g. 1 to 23 months) and their mothers. The information gathered on the master list is then transferred into the TCL.

**WHEN TO USE A MASTER LIST?**

A master list is very useful when there are uncertainties about the true number of children in a purok, and when their true immunization status is not known.

* Example a): a big city may have a very mobile population who are not all registered in the TCL. In this case, making a master list is a good way to validate and update the TCL.
* Example b): after a natural disaster TCLs and other immunization records have been lost and have to be recreated.
* Example c): a catch up immunization is being planned and managers need to know the numbers of children and quantities of vaccines needed.

**Remember: making a master list needs training and supervision; the master list should be of good detailed quality and as complete as possible**.

**HOW TO USE THE MASTER LIST**

Each master list form is for one purok (Form3).

(If a TCL for the purok is available, it is useful to take the TCL to the purok and update it on the spot)

Go from door to door and ask if there is a child aged one month to two years in the house.

If yes, write the name of the child and mother and ask the mother for the immunization card.

Remember to write the exact address in the master list, so the child can be located again for follow up.

**If a card is available:**

Place a √ on the form against each vaccine that has been given from the record on the immunization card

**If no card available:**

**If the mother can remember well**, place √ against each vaccine on the form

Provide a new card, place √ on the card against vaccines already given (dates will not be known)

Try to find the name of the child in the TCL to validate the mother’s recall and add the dates that the vaccines were given.

**If the mother cannot remember**, try to find the name of the child in the TCL.

Provide a new card and enter the name in the TCL if it cannot be found.

**HOW TO USE THE DATA ON THE MASTER LIST**

* Transfer and update the names and immunization status to the TCL (this is easier when one section of the TCL is dedicated to each purok or if possible, one TCL per purok).
* When doing the door to door check, advise mothers where and when they should go to get their children fully vaccinated.
* Plan a catch-up immunization activity for the purok: use a variety of strategies:
  1. mobilization of mothers and children by volunteers
  2. temporary outreach sites conveniently located
  3. door to door vaccination if feasible

**OPTIONS IN URBAN AREAS WHERE THE POPULATION IS VERY MOBILE AND TCL IS INCOMPLETE**

* Keep and update the master list after a period of 1 to 3 months by returning to the same purok and updating the form with vaccination data from the same children
* Consider whether it is possible to do outreach vaccination at the same time as master listing.

**What to do for zero dose kids**

Some children aged 1 to 23 months may have no immunization records because they are lost or damaged by flood/fire etc.

**What vaccines can be given with complete confidence when no record is available?**

Health workers will be cautious about giving ‘too many doses’ if child is already vaccinated:

OPV and MCV: multiple doses are completely safe

Pentavalent DTP-HepB-Hib: in absence of any record, a single dose is safe

**If the mother can recall the doses given, provide missed doses and make a new card**

**If there is no recall and no record of vaccination:**

Make a new vaccination card

Enter the name and address in the TCL

Give : OPV (3 doses), MCV (2 doses), Penta (1 dose)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FORM 3: MASTER LIST OF CHILDREN (1 TO 23 MONTHS) | | | | NAME OF MIDWIFE: | | |  |  |  | |  |  |  |  |  | | |
| NAME OF BHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | NAME OF BHW | | |  |  |  | |  |  |  |  |  | | |
| BARANGAY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date of Completion : | | |  |  |  | |  |  |  |  |  | | |
| PUROK : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | |  |  |  |  |  | |  |  |  |  | |  |
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| **# HH Visited** | **Name of Child** | **Age** | **Name of Mother** | **Place √ if vaccine has been given** | | | | | | | | **Mother TT doses recall**  **√** | | | | **Remarks** | | |
| Penta  1 | Penta  2 | Penta  3 | OPV  1 | OPV  2 | OPV  3 | AMV | MMR | TT  <3 | TT  ≥3 | | |
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1. **FORM 4: LISTING CHILDREN FOR FOLLOW UP BASED ON TCL AND MASTER LIST (FORM 3)**

**Child Follow up List**

**Put names of children who need to be followed up to complete all doses**

BHS Name: Purok Name: Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Child’s name | Mothers name | Age in Months | Vaccine and doses needed | Date of Follow Up |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**Woman’s TT doses Follow up List** BHS Name: Purok: Date:

**Put names of women who had <3 doses of TT to follow up for next TT dose**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Woman’s name | TT Vaccination Status | TT dose needed | Date of Follow Up |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

These forms can be used to follow up children and mothers

Use the TCL and other lists including master lists to write the names of children and women who are due for their next scheduled doses

**FORM 5: QUARTERLY CARD CHECK IN HIGH RISK PUROK TO MEASURE RISK STATUS IN ONE PUROK WITH DOOR TO DOOR VISITS FOR CHILDREN AGED 12 TO 23 MONTHS**

**PUROK NAME DATE HC NAME BARANGAY NAME**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Door No | **Immunity Gap Card Check (12 to 23 months)** | | | | | **No Card** |
| No. of Children between 12-23 months | With card | Completely Immunized | Partially Immunized | Zero  Dose | No record  of vaccination |
| (3 doses of Penta plusMCV1 and MCV2) | (Any one dose of Penta or dose of MCV missed) | Card shows no  Doses given | Write name of child and check in TCL |
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| **TOTAL** |  |  |  |  |  |  |

**METHOD FOR DOING QUARTERLY CARD CHECK USING FORM 5**

**Try to check a minimum of 20 children in each high risk purok every quarter**

The quarterly card check is a means of monitoring progress in high risk puroks. It is not as detailed as the master list, but is easier to use because the target is children aged 12 to 23 months who should all be completely immunized already.

Every quarter visit every high risk purok and go door to door to check cards.

* Ask if there are any children aged between 1 and two years (12 to 23 months).
* If yes, ask the mother for the immunization card.
* Write the number of children aged 12 to 23 months in that door
* Write the number of children with card for that door

**If there is a card**

Check the card for immunization status:

* + Completely Immunized = 3 doses of Penta plus MCV1 and MCV2
  + Partially Immunized = any one dose of Penta or dose of MCV missing
  + Zero dose = card available but no doses marked on card

**If there is no card or no other record of vaccination**

* Write the name of this child for later checking validation in TCL

**How to use the quarterly card check data**

* These data will be used to decide whether the purok is still high risk, and needs catch up action, or if it has improved to become low risk
* Enter the findings in Form 6: CONSOLIDATED MONITORING OF QUARTERLY CARD CHECKING IN HIGH RISK PUROKS

**FORM 6: CONSOLIDATED MONITORING OF QUARTERLY CARD CHECKING IN HIGH RISK PUROKS**

**DATE HC NAME BARANGAY NAME**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUARTERLY CARD CHECK RESULTS**  **High Risk = <90% complete or >80% with no card** | | | | | | | | **SUPERVISOR DECISION** | | | | |
| **NAME OF**  **HIGH RISK PUROK** | **NAME OF BHW** | **DATE OF CHECK** | **CHILDREN CHECKED #** | **COMPLETE #** | **PARTIAL #** | **ZERO DOSE #** | **NO CARD** | **DECISION ON HIGH RISK OR LOW RISK** | **CATCH UP NEEDED?Y/N** | **DATE CATCH UP DONE** | **RESULTS OF CATCH UP** | |
| **#PENTA DOES GIVEN** | **#MCV**  **DOSES GIVEN** |
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**METHOD FOR CONSOLIDATING QUARTERLY CARD CHECK DATA FORM 6**

Enter the total results of the quarterly card check for each purok from Form 7A into Form 7B.

**SUPERVISOR DECISION**

The supervisor should review the quarterly results and make decisions:

* Decision on whether purok is high risk or low risk
  + (High Risk = <90% complete or >80% with no card)
* If still high risk: is a catch-up immunization activity needed?
* If catch up done: enter the date that the catch up was done
* When the catch has been completed, enter the results showing the total number of doses of Pentavalent and MCV given (no need to calculate coverage per purok)

**THE FOLLOWING INDICATORS FOR REACHING EVERY PUROK CAN BE MONITORED EVERY QUARTER BY USING FORM 6**

* High risk or low risk status of purok (High Risk = <90% complete or >80% with no card)
* Date of catch up immunization conducted in high risk purok (if needed)
* Number of doses of Pentavalent and MCV vaccines given during catch up if needed and done

1. **FORM 7: QUARTERLY SUPERVISORY CHECK LIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPONENT** | **WHAT TO CHECK** | **WHAT TO LOOK FOR** | **ENTER**  **YES OR NO** | **COMMENT** |
| **SERVICE DELIVERY** | Check TCL | * TCL divided by purok * TCL showing gaps * Lists of names for follow up doses |  |  |
| Map | * HC maps showing barangays |  |  |
| Lists of population | * Barangays listed with population of each * Names of puroks listed * High Risk Puroks identified |  |  |
| Session Plan | * Outreach sessions planned and monitored |  |  |
| **MONITORING** | Monitoring Chart | * Chart up to date * Magnitude of drop outs displayed |  |  |
| Card Checking in HR puroks | * Quarterly card checking planned and monitored * Results of card check documented |  |  |
| Low performing Barangays | * Coverage by Barangay recorded * Low performers investigated |  |  |
| **SURVEILLANCE** | Reports of suspected VPDs | * Suspected cases reported and investigated on time |  |  |
| Case definitions | * Case definitions available in HC |  |  |
| **COLD CHAIN LOGISTICS SUPPLY** | Check Refrigerator | * Ref. functioning, if not has report been made and follow up |  |  |
| Temperature monitoring | * Temperature record twice per day |  |  |
| Check vaccine supply | * Vaccine log book in use * Any stock out/over stock |  |  |
|  | Immunization Safety | * Any refilling or re-capping of syringes |  |  |
| **COMMUNICATION** | Poster with national schedule | * Immunization Schedule Poster displayed |  |  |
| Mothers knowledge | * Mothers correctly informed about next dose/visit |  |  |
| Names and phone numbers of BHWs | * List of BHWs names displayed |  |  |
| Session plan displayed | * Fixed and outreach sessions schedule displayed for public |  |  |
| **PLANNING AND SUPERVISION** | Microplan available | * Microplan shows activities for high risk puroks |  |  |
| Supervisory plan | * Schedule of supervisory visits |  |  |

1. **FORM 8: MANAGING VACCINE SUPPLIES ADD NEW VACCINES**

**9. Comparison of Vaccine Stocks Records to Physical Count.** *Please complete the following table for each item listed.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Monthly Needs | Complete the following using the Vaccine Stock Card/Drug Inventory. If expiry dates or lot # are not available in the stock register, then write “ **NA”** in the relevant column | | | Please write the actual number and other information indicated of the vaccines and other drugs available in the facility | | | | Calculate the number of months of available stock. Divide total vials counted by the calculated monthly or quarterly needs. |
| Total vials | Expiry date | Lot # | Status of VVM (1,2,3,4) | Total vials | Expiry dates | Lot # | Number of month(s) |
| BCG | TP x 2.7% x 2.5/20/12 = |  |  |  |  |  |  |  |  |
| PENTA | TP x 2.7% x 3 x 1.1/10/12 = |  |  |  |  |  |  |  |  |
| OPV | TP x 2.7% x 3 x 1.67 /20/12 = |  |  |  |  |  |  |  |  |
| Measles | TP x 2.7% x 2 /10/12 = |  |  |  |  |  |  |  |  |
| MMR | TP x 2.7% x 1.1 /5/12 = |  |  |  |  |  |  |  |  |
| HepB | TP x 2.7% x 1 x 1.1 /10/12 = |  |  |  |  |  |  |  |  |
| TT | TP x 3.5% x 2 x 1.67 /20/12 = |  |  |  |  |  |  |  |  |
| Syringes | TP x 2.7% x 9 x 1.1 /12 = |  |  |  |  |  |  |  |  |

TP=Total Population

**10. MONITORING PROGRESS BY PUROK**

**DATABASE TO MONITOR HIGH RISK PUROK PROGRESS AT PROVINCIAL LEVEL**

Use the original database from the MR SIA, as shown in the example below. Add the results of card checks in high risk puroks every quarter.

PUROK INDICATORS:

* + HIGH RISK: COMPLETE/WITH CARDS % <90%. OR >80% WITH NO CARD
  + LOW RISK: COMPLETE/WITH CARDS % ≥90%.
  + PUROK CATCH UP (IF NEEDED): DATE DONE, CATCH UP TOTAL DOSES PENTA GIVEN, TOTAL DOSES MCV GIVEN

**EXAMPLE OF PUROK MONITORING DATABASE**



|  |  |
| --- | --- |
|  |  |
| **FORM 9: QUARTERLY RHU COVERAGE MONITORING** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Data analysis every quarter for the RHU will identify barangays  with low coverage (with or without high risk puroks) where additional action including outreach immunization activities are needed | | | | | | | | | |
|  |  |  | | | | | | | | | | | | |  |  |  |  |  | | |  | |  | |  | |  | |  |
| **HC/BHS/ Barangay/Purok Name** | | | **Total Pop.** | **Target Pop.**  **< 1 year** | **Doses of Vaccines Administered** | | | | **Immunization Coverage (%)** | | | | |  | | | |  | |  | | |  | | | |  | |
| **Un-immunized (No.)** | | | | **Measles Cases** | | **Drop-out Rates (%)** | | | **Identify Problems** | | | | **Priority area** | |
| No. | No. | PENTA1 | PENTA3 | MCV 1 | MCV 2 | (D/C\*  100)  PENTA1 | | (E/C\*  100)  PENTA3 | (F/C\*  100)  MCV1 | (G/C\*  100)  MCV2 | C-E  PENTA3 | | C-F  MCV1 | | No. | | D-E  D  \*100  PENTA1-PENTA 3 | D-F  D \*100  PENTA1-MCV1 | | Good=if **H** is 95% above  Access | | Good= if **P** is bet.  -5 to 10  Utili-zation | |
| **A** | | | **B** | **C** | **D** | **E** | **F** | **G** | **H** | | **I** | **J** | **K** | **L** | | **M** | | **N** | | **O** | **P** | | **Q** | | **R** | | **S** | |
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| **TOTAL** | | |  |  |  |  |  |  |  | |  |  |  |  | |  | |  | |  |  | |  | |  | |  | |
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