Workbook for Rayon Centers of Public Health: Monitoring of Immunization Activities and Use of Vaccines at Rayon Level in Georgia

Fourth Edition, October 2004

Prepared by:

Ministry of Labor, Health and Social Affairs of Georgia

National Center for Disease Control

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Curatio International Foundation

Ministry of Labor, Health
and Social Affairs
National Center for Disease
Control and Medical Statistics

Curatio
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Foundation

PHR*plus*

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- *Design and implementation of health information systems for disease surveillance.*
- *Delivery of quality services by health workers.*
- *Availability and appropriate use of health commodities.*

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Abstract

This workbook, which accompanies training manuals for monitoring of immunization work in Georgia, is a tool designed primarily for personnel of rayon-level centers of public health and polyclinics to help them monitor and evaluate immunization work, use of vaccine and adequacy of cold chain on their services territories. It helps these workers to establish the link between MIS data and response, as well as to document the data analysis and utilization for management purposes.

The current version of the workbook has gone through numerous revisions and suggestions from the entire country. It is recommended for use nationwide.

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Acronyms

BCG	Bacillus, Calmette and Guerin Vaccine
CHP	Children's Polyclinic
CPH	Center for Public Health
CIF	Curatio International Foundation
CMSI	Center for Medical Statistics and Information
DoB	Date of Birth
DT	Diphtheria and Tetanus Toxoid combination
DPT	Diphtheria, Pertussis and Tetanus vaccine
FAP	Feldsher & Midwife Station
MIS	Management Information System
MMR	Measles, Mumps and Rubella vaccine
MoLHSA	Ministry of Labor, Health and Social Affairs
NCDC	National Center for Disease Control
PATH	Program for Appropriate Technology in Health
PAU	Polyclinic Ambulatory Unit
PHR*plus*	Partners for Health Reform*plus* Project
TB	Tuberculosis
Td	Tetanus and Diphtheria Toxoid
USAID	United States Agency for International Development
VDA	Village District Ambulatory

Contributors

This workbook has been prepared by the Ministry of Labor, Health and Social Affairs (MoLHSA) expanded working group headed by P. Imnadze, Director of the National Center for Disease Control (NCDC), with technical assistance received from USAID/PHR*plus* and Curatio International Foundation.

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1. Introduction

This workbook is a job aide accompanying the fourth edition of two training manuals for monitoring of immunization work at the facility and rayon levels in Georgia.[1] It consists of self-explanatory worksheets, tables, and graphs to assist rayon-level health workers at centers of public health (CPHs) and large polyclinics to better record, process, analyze, and utilize MIS data. It provides a detailed template in which critical data on population, vaccinations, contraindications, refusals, vaccine flow, use and balances, and cold chain equipment are recorded in a standardized format, typically on a monthly or quarterly basis. The workbook contains multiple copies of several forms, with the intention that there be a form for each of the antigens or months of the year. It is recommended that the worksheets, tables, and graphs within the job aide be completed for all critical immunization data in rayon.

[1] Ministry of Labor, Health and Social Affairs of Georgia and National Center for Disease Control. October 2004. *Reporting and Recording Documentation for Monitoring Immunization Work in Georgia – Level 1: Providers for Immunization Services*. Bethesda, MD: Partners for Health Reform*plus* Project, Abt Associates Inc.
Ministry of Labor, Health and Social Affairs of Georgia and National Center for Disease Control. October 2004. *Reporting and Recording Documentation for Monitoring of Work on Immunization – Level 2: Rayon Centers of Public Health and Polyclinics*. Bethesda, MD: Partners for Health Reform*plus* Project, Abt Associates Inc.

2. Worksheets and Tables

2.2 POPULATION BY AGE SUMMARY REPORT

in_____rayon, town (facility)_____(date)

Age groups	Year of birth	Population of the service area (FAP, VDA, uchastok, CHP, PAU):																									Total rural	Total urban	TOTAL
under 1*																													
1*																													
2*																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													
13																													
14																													
Total 0-14y11mo29d																													
15																													
16																													
17																													
18																													
19																													
15-19y11mo29d																													
20-29																													
30-39																													
40-49																													
50-59																													
60+																													
Total 20+																													
TOTAL on the territory																													

* Compiled once a year (in Oct) on the basis of Population by Age reports submitted by subordinated FAPs, ambulatories, polyclinics.

* Age group "under 1" comprises children born during the first eight (I-VIII) months of the current year plus children born in the last four months (IX-XII) of the previous year; "1 year" comprises children born in the previous calendar year (i.e. in 2003); "2 years" comprises children born in the year before the previous year (i.e. in2002); and so on.

2.3 PROSPECTIVE PLAN FOR IMMUNIZATIONS FOR THE NEXT YEAR_____
for_____rayon/town (facility)_____(date)

Type of immunization			Target (number of children) by health care facility (FAP, VDA, uchastok, CHP, PAU)																					
VACCINATIONS																								**TOTAL**
1	**BCG, Hepatitis B -1**	**under 1***																						
	BCG	12-24 m																						
2	Hepatitis B	12-24 m																						
3	**Polio, Pertussis, Diphtheria, Tetanus, Hepatitis B-3**	**under 1**																						
	Polio	1-15 y																						
	DTP	1-4 y																						
	DT	1-6 y																						
	Td	over 6 y																						
3	**Measles, Mumps, Rubella**	**1 y**																						
	Measles, Mumps, Rubella	2-3 y																						
	BOOSTERS																							
1	DTP-4	18-24 m																						
2	DT-4	18+ m																						
3	Polio 4	18-24 m																						
4	DT, Poilio, Measles, Mumps, Rubella	5y-5y11m29d																						
5	Measles, Mumps, Rubella	13y-13y11m29d																						
6	Td	14 y																						

Completed once a year in Oct.-Nov. on the basis of Prospective Plans for Immunizations from the service area.

*Total in the rayon summary form is based on the number of births during the preceding 12 months (Sept.-Aug.). It is the sum of home births and births at maternity house(s).

2.3 PROSPECTIVE PLAN FOR IMMUNIZATIONS FOR THE NEXT YEAR_____
for_____rayon/town (facility)_____(date)

Type of immunization			Target (number of children) by health care facility (FAP, VDA, uchastok, CHP, PAU)																					
VACCINATIONS																								**TOTAL**
1	**BCG, Hepatitis B -1**	**under 1***																						
	BCG	12-24 m																						
2	Hepatitis B	12-24 m																						
3	**Polio, Pertussis, Diphtheria, Tetanus, Hepatitis B-3**	**under 1**																						
	Polio	1-15 y																						
	DTP	1-4 y																						
	DT	1-6 y																						
	Td	over 6 y																						
3	**Measles, Mumps, Rubella**	**1 y**																						
	Measles, Mumps, Rubella	2-3 y																						
	BOOSTERS																							
1	DTP-4	18-24 m																						
2	DT-4	18+ m																						
3	Polio 4	18-24 m																						
4	DT, Poilio, Measles, Mumps, Rubella	5y-5y11m29d																						
5	Measles, Mumps, Rubella	13y-13y11m29d																						
6	Td	14 y																						

Completed once a year in Oct.-Nov. on the basis of Prospective Plans for Immunizations from the service area.

*Total in the rayon summary form is based on the number of births during the preceding 12 months (Sept.-Aug.). It is the sum of home births and births at maternity house(s).

Monthly assessment of IMMUNIZATION REPORTING TIMELINESS AND ACCURACY

in_____rayon/town _____year

Subordinated facilities	TIMELINESS														ACCURACY													
	*Mark "**X**" if immunization reports have been submitted by the 1st day of the following month*														*Mark "**X**" if the reports are complete, you have received clarifications (if needed) and reports have not revealed inaccuracies during verification with your own records*													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% reports	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% reports
Total																												
% of facilities																												

1st quarter, 200_ DATA ANALYSIS AND USE

Measures to improve timeliness/accuracy:
1
2
3
4

II quarter, 200_ DATA ANALYSIS AND USE

Did above measures work? Yes No Why not_____

Additional measures to improve timeliness/accuracy:
1
2
3
4

III quarter, 200_ DATA ANALYSIS AND USE

Did above measures work? Yes No Why not_____

Additional measures to improve timeliness/accuracy:
1
2
3
4

IV quarter, 200_ DATA ANALYSIS AND USE

Did above measures work? Yes No Why not_____

Additional measures to improve timeliness/accuracy:
1
2
3
4

Possible measures include: verbal or written instructions to facility personnel, seminars for facility staff, following up with facility director, request for clarifications, etc.

IMMUNIZATION COVERAGE (%) OF CHILDREN UNDER 1Y WITH DTP-3

Rayon/town (facility) _____ Year_____

4 quarters	100%																					
3 quarters	75%																					
2 quarters	50%																					
1 quarter	25%																					
	0%																					
coverage, %																						
4 quarters																						
3 quarters																						
2 quarters																						
1 quarter																						
Health setting (name)																						**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet)

IMMUNIZATION COVERAGE (%) OF CHILDREN UNDER 1Y WITH Polio-3

Rayon/town (facility) _____ Year_____

4 quarters	100%																					
3 quarters	75%																					
2 quarters	50%																					
1 quarter	25%																					
	0%																					
coverage, %																						
4 quarters																						
3 quarters																						
2 quarters																						
1 quarter																						
Health setting (name)																						**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet)

_____ IMMUNIZATION COVERAGE (%) OF CHILDREN AGED _____

Rayon/town (facility) _____Year_____

4 quarters	100%																					
3 quarters	75%																					
2 quarters	50%																					
1 quarter	25%																					
	0%																					
coverage, %																						
4 quarters																						
3 quarters																						
2 quarters																						
1 quarter																						
Health setting (name)																						**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet)

_____ IMMUNIZATION COVERAGE (%) OF CHILDREN AGED _____

Rayon/town (facility) _____Year_____

4 quarters	100%																					
3 quarters	75%																					
2 quarters	50%																					
1 quarter	25%																					
	0%																					
coverage, %																						
4 quarters																						
3 quarters																						
2 quarters																						
1 quarter																						
Health setting (name)																						**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet)

_____ IMMUNIZATION COVERAGE (%) OF CHILDREN AGED _____

Rayon/town (facility) _____Year_____

4 quarters	100%																					
3 quarters	75%																					
2 quarters	50%																					
1 quarter	25%																					
	0%																					
coverage, %																						
4 quarters																						
3 quarters																						
2 quarters																						
1 quarter																						
Health setting (name)																						**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet)

REFUSALS and CONTRAINDICATIONS TO DTP (%) by month in _____ (year) MONITORING SHEET

in _____rayon/town (facility)

	40%													
	35%													
	30%													
	25%													
	20%													
	15%													
	10%													
	5%													
	0%													
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Number of DTP 1-3 vaccinations given to children under 1 year this month **see Report on Immunization Practice**	1													
Total number of current contraindications to DTP 1-3 in children under 1 year (temporary, over 1 month and permanent)	2													
Number of current contraindications to DTP 1-3 in children under 1 year (over 1 month and permanent)	3													
Total number of refusals to DPT 1-3 in children under 1 year	4													
Total number of children that may (should) have received DTP 1-3 this month.	5=1+2+4													
% children under 1 year with contraindications to DTP	6=2:5													
% children under 1 year with ***long-term and permanent*** contraindications to DTP	7=3:5													
% of refusals in children under 1 year to DPT	8=4:5													

* This record is kept at the level of village ambulatories, polyclinics and rayon CPH for monitoring of the work.

EVALUATION OF THE WORK OF IMMUNIZATION FACILITIES

Health Facility	Date of visit	NUMBER OF QUESTIONS IN THE CHECK LIST																																						Number of answers "Yes"	% of answers "Yes"	Notes
		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			
TOTAL	No. of answers "Yes"																																										
	% of answers "YES"																																										

EVALUATION OF THE WORK OF IMMUNIZATION FACILITIES

Health Facility	Date of visit	NUMBER OF QUESTIONS IN THE CHECK LIST																																							Number of answers "Yes"	% of answers "Yes"	Notes
		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			
TOTAL	No. of answers "Yes"																																										
	% of answers "YES"																																										

2.4 COLD CHAIN EQUIPMENT INVENTORY BOOK

(at all immunization points of ________________________rayon/town (health facility) as of _________________

#	Health facilities (FAP, VDA, uchastok, CHP, PAU)	REFRIGERATOR(s)*			FREEZER(s)			COLD BOX(es)			VACCINE CARRIERS			
		Model	Volume** (l)	QTY / broken	Model	Volume** (l)	QTY / broken	Model	Volume** (l)	QTY / broken	Model	Volume** (l)	QTY / broken	Remarks
	TOTAL													

* among them refrigirators with freezers

** inner volume of the equipment is considered

WORKSHEET ON BCG IMMUNIZATIONS GIVEN in ________(year)
in __________________________________rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	BCG under 5d												BCG 6d-11mo29d												BCG over 1 year											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

WORKSHEET ON Hepatitis B-1 IMMUNIZATIONS GIVEN in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Hepatitis B-1 0- 24 hours												Hepatitis B-1 24h-11mo29d												Hepatitis B-1 over 1 year											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

WORKSHEET ON DTP, Polio and Hepatitis B-1 IMMUNIZATIONS GIVEN to children under 1 year in _____(year) in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	DTP - 1 2-12 months												Polio - 1 2-12 months												Hepatitis B-1 0-12 months											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

WORKSHEET ON DTP, Polio and Hepatitis B-2 IMMUNIZATIONS GIVEN to children under 1 year in _____(year) in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	DTP - 2 3-12 months												Polio - 2 3-12 months												Hepatitis B-2 2-12 months											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

WORKSHEET ON IMMUNIZATION COVERAGE OF CHILDREN UNDER 1 YEAR WITH DTP-3 in _____ in_____rayon/town (health facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Number of children under 1 y	No. of DTP-3 vaccinations given to children under 1				1st quarter		No. of DTP-3 vaccinations given to children under 1				2 quarters		No. of DTP-3 vaccinations given to children under 1				3 quarters		No. of DTP-3 vaccinations given to children under 1				4 quarters	
		J	F	M	**Total 1st quar**	Cum	DTP-3 coverage %	A	M	J	**Total 2nd quar**	Cum 1+2	DTP-3 coverage %	J	A	S	**Total 3rd quar**	Cum 1+2+3	DTP-3 coverage %	O	N	D	**Total 4th quar**	Cum 1+2+3+4	DTP-3 coverage %
TOTAL																									
Cumulative TOTAL																									

WORKSHEET ON _____IMMUNIZATION COVERAGE OF CHILDREN AGED ____ in ____(year)

in_____rayon/town (health facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Target	No. of _____ vaccinations given to children aged_____				1st quarter		No. of _____ vaccinations given to children aged_____				2 quarters		No. of _____ vaccinations given to children aged_____				3 quarters		No. of _____ vaccinations given to children aged_____				4 quarters	
		J	F	M	Total 1st quar	Cum	_____ coverage %	A	M	J	Total 2nd quar	Cum 1+2	_____ coverage %	J	A	S	Total 3rd quar	Cum 1+2+3	_____ coverage %	O	N	D	Total 4th quar	Cum 1+2+3+4	_____ coverage %
TOTAL																									
Cumulative TOTAL																									

WORKSHEET ON _____IMMUNIZATION COVERAGE OF CHILDREN AGED ____ in ____(year)

in_____rayon/town (health facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Target	No. of _____ vaccinations given to children aged_____				1st quarter		No. of _____ vaccinations given to children aged_____				2 quarters		No. of _____ vaccinations given to children aged_____				3 quarters		No. of _____ vaccinations given to children aged_____				4 quarters	
		J	F	M	Total 1st quar	Cum	_____ coverage %	A	M	J	Total 2nd quar	Cum 1+2	_____ coverage %	J	A	S	Total 3rd quar	Cum 1+2+3	_____ coverage %	O	N	D	Total 4th quar	Cum 1+2+3+4	_____ coverage %
TOTAL																									
Cumulative TOTAL																									

WORKSHEET ON _____IMMUNIZATION COVERAGE OF CHILDREN AGED ____ in ____(year)

in_____rayon/town (health facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Target	No. of _____ vaccinations given to children aged_____				1st quarter		No. of _____ vaccinations given to children aged_____				2 quarters		No. of _____ vaccinations given to children aged_____				3 quarters		No. of _____ vaccinations given to children aged_____				4 quarters	
		J	F	M	Total 1st quar	Cum	_____ coverage %	A	M	J	Total 2nd quar	Cum 1+2	_____ coverage %	J	A	S	Total 3rd quar	Cum 1+2+3	_____ coverage %	O	N	D	Total 4th quar	Cum 1+2+3+4	_____ coverage %
TOTAL																									
Cumulative TOTAL																									

WORKSHEET ON _____IMMUNIZATION COVERAGE OF CHILDREN AGED ____ in ____(year)

in_____rayon/town (health facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Target	No. of _____ vaccinations given to children aged_____				1st quarter		No. of _____ vaccinations given to children aged_____				2 quarters		No. of _____ vaccinations given to children aged_____				3 quarters		No. of _____ vaccinations given to children aged_____				4 quarters	
		J	F	M	Total 1st quar	Cum	_____ coverage %	A	M	J	Total 2nd quar	Cum 1+2	_____ coverage %	J	A	S	Total 3rd quar	Cum 1+2+3	_____ coverage %	O	N	D	Total 4th quar	Cum 1+2+3+4	_____ coverage %
TOTAL																									
Cumulative TOTAL																									

WORKSHEET ON DT 1-3 IMMUNIZATIONS GIVEN to children under 1 year in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	DT-1 2-12 months												DT-2 3-12 months												DT-3 4-12 months											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

WORKSHEET ON DT 1-2 IMMUNIZATIONS GIVEN to children over 1 year in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	DT-1 over 1 year												DT-2 over 1 year											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																								
Cumulative TOTAL																								

WORKSHEET ON Hepatitis B 1-3 IMMUNIZATIONS GIVEN to people in other age groups
in ________(year) in ________________________________rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Hepatitis B-1												Hepatitis B-2												Hepatitis B-3											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

Worksheet on EXTRA-PLANNED POLIO and Td immunizations given in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Polio others												Td others											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																								
Cumulative TOTAL																								

Worksheet on EXTRA-PLANNED MMR, MEASLES and MUMPS immunizations given in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	MMR others												Measles others												Mumps others											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																																				
Cumulative TOTAL																																				

Worksheet on EXTRA-PLANNED RUBELLA and MR immunizations given in _____(year)
in _____rayon/town (facility)

Health facilities (FAP, VDA, uchastok, CHP, PAU)	Rubella others												MR others											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL																								
Cumulative TOTAL																								

Worksheet to determine the proportion of children who receive their POLIO-4 BEHIND SCHEDULE (over 2 years of age) in_____rayon/town (health facility)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	No of Polio-4 vaccinations given to children over 2 y of age			1st quarter				No of Polio-4 vaccinations given to children over 2 y of age			2 quarters				No of Polio-4 vaccinations given to children over 2 y of age			3 quarters				No of Polio-4 vaccinations given to children over 2 y of age			4 quarters			
				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100
	Jan	Feb	Mar	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y	Apr	May	Jun	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y	Jul	Aug	Sep	Total 1 qu. Over 2 y	Total l qu., 18-24 mo	Sum (1+2)	% over 2 y	Oct	Nov	Dec	Total 1 qu. Over 2 y	Total 1 qu., 18-24mo	Sum (1+2)	% over 2 y
TOTAL																												
Cumulative TOTAL																												

Worksheet to determine the proportion of children who receive their DTP-4 BEHIND SCHEDULE (over 2 years of age)
in_____rayon/town (health facility)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	No of DTP-4 vaccinations given to children over 2 y of age			1st quarter				No of DTP-4 vaccinations given to children over 2 y of age			2 quarters				No of DTP-4 vaccinations given to children over 2 y of age			3 quarters				No of DTP-4 vaccinations given to children over 2 y of age			4 quarters			
				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100
	Jan	Feb	Mar	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y	Apr	May	Jun	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y	Jul	Aug	Sep	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y	Oct	Nov	Dec	Total 1 qu. Over 2 y	Total 1 qu., 18-24 mo	Sum (1+2)	% over 2 y
TOTAL																												
Cumulative TOTAL																												

Worksheet to determine the proportion of children who receive their _____ BEHIND SCHEDULE (over 6 years of age) in_____rayon/town (health facility)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	No of _____ vaccinations given to children over 6 y of age			1st quarter				No of _____ vaccinations given to children over 6 y of age			2 quarters				No of _____ vaccinations given to children over 6 y of age			3 quarters				No of _____ vaccinations given to children over 6 y of age			4 quarters			
				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100
	Jan	Feb	Mar	Total 1 qu. Over 6 y	Total 1 qu., 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Apr	May	Jun	Total I-II qu. Over 6 y	Total 1-2 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Jul	Aug	Sep	Total 1-3 qu. Over 6 y	Total 1-3 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Oct	Nov	Dec	Total 1-4 qu. Over 6 y	Total 1-4 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y
TOTAL																												
Cumulative TOTAL																												

Worksheet to determine the proportion of children who receive their _____ BEHIND SCHEDULE (over 6 years of age) in_____rayon/town (health facility)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	No of _____ vaccinations given to children over 6 y of age			1st quarter				No of _____ vaccinations given to children over 6 y of age			2 quarters				No of _____ vaccinations given to children over 6 y of age			3 quarters				No of _____ vaccinations given to children over 6 y of age			4 quarters			
				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100
	Jan	Feb	Mar	Total 1 qu. Over 6 y	Total 1 qu., 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Apr	May	Jun	Total I-II qu. Over 6 y	Total 1-2 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Jul	Aug	Sep	Total 1-3 qu. Over 6 y	Total 1-3 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Oct	Nov	Dec	Total 1-4 qu. Over 6 y	Total 1-4 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y
TOTAL																												
Cumulative TOTAL																												

Worksheet to determine the proportion of children who receive their _____ BEHIND SCHEDULE (over 6 years of age) in_____rayon/town (health facility)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	No of _____ vaccinations given to children over 6 y of age			1st quarter				No of _____ vaccinations given to children over 6 y of age			2 quarters				No of _____ vaccinations given to children over 6 y of age			3 quarters				No of _____ vaccinations given to children over 6 y of age			4 quarters			
				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100				1	2	3	4=1:3*100
	Jan	Feb	Mar	Total 1 qu. Over 6 y	Total 1 qu., 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Apr	May	Jun	Total I-II qu. Over 6 y	Total 1-2 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Jul	Aug	Sep	Total 1-3 qu. Over 6 y	Total 1-3 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y	Oct	Nov	Dec	Total 1-4 qu. Over 6 y	Total 1-4 qu. 5 - 5y 11mo 29d	Sum (1+2)	% over 6 y
TOTAL																												
Cumulative TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

WORKSHEET ON VACCINE USAGE AND FLOW IN HEALTH FACILITIES

of _____(rayon/town) in _____(month) _____ (year)

Health facilities: (FAP, VDA, uchastok, CHP, PAU)	BCG		Polio				DTP				Hep B				DT		Td		MMR				Measles		Mumps		Rubella	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

MONITORING SHEET: CONTRAINDICATIONS and REFUSALS OF DTP 1-3 in children under 1

in _____rayon/town (health facility) in_____ (year)

Health facilities: FAP, VDA, uchastok, CHP, PAU	Temporary contraindications to DTP 1-3												Long-term (over 1 mo) contraindications to DTP 1-3												Permanent contraindications to DTP 1-3												Refusals to DTP 1-3											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
TOTAL																																																

WORKSHEET ON CALCULATION OF VACCINE NEEDS AND SECURED VACCINE SUPPLIES

for_____rayon (town) in _____(year)

		Target for vaccination (persons)	Target for boosters (persons)	Planned number of injections	Wastage Coefficient	Reserve Coefficient	Annual need in vaccines (doses) and syringes	Balance on 31.12	Actual Need (doses)	Received from RPHC in the 1st quarter			Sum 1Q + Balance31.12	Cum%	Received from RPHC in the 2nd quarter			Sum 1+2	Cum%	Received from RPHC in the 3rd quarter			Sum 1+2+3	Cum%	Received from RPHC in the 4th quarter			Sum 1+2+3+4	Cum%	REMARKS
		A	B	C	D	E	F = C x D x E	G	H=F-G	Jan	Feb	Mar	I	J=I:F	Apr	May	Jun	K	L=K:F	Jul	Aug	Sep	M	N=M:F	Oct	Nov	Dec	O	P=O:F	
1	BCG			a+b	3	1.25																								
2	Polio			3a +b	1.3	1.25																								
3	DTP			3a +b	1.3	1.25																								
4	DT			3a +b	1.5	1.25																								
5	Td			b	1.5	1.25																								
6	MMR			a+b	1.3	1.25																								
7	Hepatitis B			3a	1.3	1.25																								
8																														
9	Syringe 0.5			c3+c4+c5+c6 +c7+c8+c9	1.05	1.25																								
10	BCG Syringe 0.05/0.1			c1	1.05	1.25																								
11	Dilutant Syringe (2.0)			F1:20	1.05	1.25																								
12	Dilutant Syringe (5.0)			F6:10	1.05	1.25																								
13	Safety boxes			(f9+f10+ f11+f12) :																										

* Annual amount for each type of vaccines (doses) and syringes is calculated using specific formula considering wastage and reserve.

WORKSHEET FOR COMPARING AVAILABLE BALANCES OF VACCINES WITH THE SAFETY MINIMUM in_____rayon (town) in _____(year)

		Annual need for vaccines (doses)	Safety minimum (15% of the annual need)	Combined balance of vaccines (in doses) in the Rayon CPH store and in all subordinated health facilities (to be taken from monthly report 2.8). REPLENISH THE STOCK OF VACCINES IMMEDIATELY IF THE AVAILABLE BALANCE FALLS BELOW THE SAFETY MINIMUM.											
		See previous worksheet		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	BCG														
2	Polio														
3	DTP														
4	DT														
5	Td														
6	MMR														
7	Hepatitis B														
8															
9															
10															