



TP= 2018 14564

FEDERAL MINISTRY OF HEALTH - NIGERIA
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
Daily Implementation Work plan (DIP) for the Integrated Campaign Services

002



Integrated campaign

TICK ALL THAT APPLY

State: KANO

Name of Ward/Local Government: BAKURDI

Name of the Vaccinator 1/Team Supervisor: ACHINNA TAYI H

Name of the Vaccinator 2:

Name of the Vaccinator 3:

Name of the Recorder 1:

Name of the Recorder 2:

Name of the Recorder 3:

Total Population: 14564

Target Population: 2018

Measles	Vitamin A	RI
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

LGA: UNDOGO

Ward: BACHINNA

Name of Health Facility Take-off Point: BACHINNA H.C.

DSM: 1802240015

Team Code:

Name of the Recorder 2: DSM:

Name of the Recorder 3: DSM:

Team Arrangement/How to House Hold by: ACHINNA TAYI

DSM:

Cover controller 2: DSM:

Vaccination Post/Cover Location		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Name of the Settlement(s)		GIJAWU	GRAN MALIYAN	GRAN MALIYAN	LI-A-DALUOI	LI-ICAH-YALO	C-CAIS	LI-M-KALASH
Distance between take-off point (TP) and VP		2 Km	1 Km	1 Km	1 Km	1 Km	1 Km	1 Km
Order/Distance between VPs		1 Km	1 Km	1 Km	1 Km	1 Km	1 Km	1 Km
Type of Transport Required		KOOL	KOOL	KOOL	KOOL	KOOL	KOOL	KOOL
Settlement Profile - Indicate profile of the settlement from the type suggested below		Urban	Urban	Urban	Urban	Urban	Urban	Urban
List of schools (other places to be covered in a day and target population)								
Social Events								
Measles	Measles Target Population to be covered (75% Total Population 5-14 years)	120	120	120	120	120	120	120
	Measles Vaccine Doses Required	120	120	120	120	120	120	120
	Measles Vaccine Required	120	120	120	120	120	120	120
	Measles Recombination vaccine (2nd) required	120	120	120	120	120	120	120
	Measles AD (2nd) vaccine required	120	120	120	120	120	120	120
Vitamin A Supplementation	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
Routine Immunization	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
	Salicylates (2nd) vaccine required	120	120	120	120	120	120	120
Profile the settlements as urban, rural, scattered, border settlement, remote, forest, riverine/settlement		Urban	Urban	Urban	Urban	Urban	Urban	Urban
List of school/other places to include: Government, Islamic, Nursery, Primary, Secondary, Tertiary, etc. with Motor path								
Playground/Water Pans/Picnic & Recreation Area/7/8/9								
Type of Transport Required: Walk, Motorcycle, Boat, Bicycles, Jeep, Boat								



Muscles	Vitamin A	Rt
✓	✓	✓

Total Population 1246

104: 2/NGG

Want Barthelemy

North of Health Facility/ Take-off Point: BATH HEALTH CLINIC

08111440428

Exam Code: D09

Name of the Recorder: _____

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 105–112

CSM

Current controller: 2

[illegible]



006



TP= 2019

MAILING AREA

FEDERAL MINISTRY OF HEALTH - NIGERIA
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
Daily Implementation Work plan (DIP) for the Integrated Campaign Services

005



Integrated campaign: Measles
TICK ALL THAT APPLY
State: Kano
Name of Ward/Focal Person: Umaru Aliyu
Name of the Vaccinator 1/Team Supervisor: Umaru Aliyu
Name of the Vaccinator 2: _____
Name of the Vaccinator 3: _____
Name of the Recorder 1: _____
Name of the Recorder 2: _____
Name of the Recorder 3: _____
Total Population: 11,571
Target Population: 2,015

Measles	Vitamin A	RI
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

LGA: Ungogo

Ward: Ungogo

Name of Health Facility/ Take-off Point: BACHIRAYLA HEALTH CLINIC

GSM: 08033712341

Team Code: _____

Name of the Recorder 2: _____

GSM: _____

Name of the Recorder 3: _____

GSM: _____

Team Appointment/Return to House Mobilizer: _____

GSM: _____

Covered controller 2: _____

GSM: _____

Vaccination Post Code Location: <u>MAILING AREA DOG</u>		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Name of the Settlement(s): <u>MAILING AREA DOG</u>		G-MAILING	G-S-FAIR	G-MAIDOKA	EMIN KACHO	G-BACHIRAYLA	AMBA CHA	G-MAIDOKA
Distance between take-off point (H) and VP: <u>> 1 km</u>		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
Distance/Time between VP: <u>> 1 km</u>		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
Type of Transport Required: <u>> 1 km</u>		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
Settlement Profile - Indicate profile of the settlement from the type suggested below (<u>1000</u>)		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
*List of schools/other places to be covered in a day and target population		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
Serial Events		MAILING	S-FAIR	MAIDOKA	KACHO	BACHIRAYLA	AMBA CHA	MAIDOKA
Measles	Measles Target Population to be covered (75% Total Population < 15 years)	200	200	200	200	200	200	200
	Measles Vaccine Doses required	200	200	200	200	200	200	200
	Measles Vaccine required	200	200	200	200	200	200	200
	Measles Reconstitution syringes (2ml) required	200	200	200	200	200	200	200
	Measles AD 0.5ml syringes required	200	200	200	200	200	200	200
Vitamin A Supplementation	Vitamin A Target Population 6-59 months (75% of Total Population)	160	160	160	160	160	160	160
	Oral capsules (100,000 IU)	160	160	160	160	160	160	160
	Oral capsules (250,000 IU)	160	160	160	160	160	160	160
	Number of children	160	160	160	160	160	160	160
	Oral capsules (100,000 IU) required	160	160	160	160	160	160	160
Routine Immunization	DTaP Target Population 12-23 months (75% of Total Population)	40	40	40	40	40	40	40
	DTaP Vaccine Doses required	40	40	40	40	40	40	40
	DTaP Vaccine Vials required	40	40	40	40	40	40	40
	DTaP Vaccine Syringes required	40	40	40	40	40	40	40
	DTaP Vaccine Vials required	40	40	40	40	40	40	40
	DTaP Vaccine Syringes required	40	40	40	40	40	40	40
	DTaP Vaccine Vials required	40	40	40	40	40	40	40
	DTaP Vaccine Syringes required	40	40	40	40	40	40	40
	DTaP Vaccine Vials required	40	40	40	40	40	40	40
	DTaP Vaccine Syringes required	40	40	40	40	40	40	40
Profile the settlements as urban, rural, scattered, Border Settlement, Remote, Favela, Riverbank		URBAN	URBAN	URBAN	URBAN	URBAN	URBAN	URBAN
List of schools/other places to be covered: Government, Islamic, Nursery, Primary, Junior High School, Senior High School, Technical, Vocational, etc.		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Type of Transport Required: Road, Motorcycle, Boat, KAYAK, Jeep, Boat		N/A	N/A	N/A	N/A	N/A	N/A	N/A



$T_p = 2552$

003

FEDERAL MINISTRY OF HEALTH - NIGERIA
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
Daily Implementation Work plan (DIP) for the Integrated Campaign Services

Masses	Vitamin A	R ₁
✓		

LGA: UN25050

Word: Boduraws

Name of Health Facility/ Take-off Point: Badirowa PHC

Q2W 07030931879

Team Cost

Name of the Recorder: _____

1000

value of the function, $f(x)$

Integrated campaign

TICK ALL THAT APPLY

KANC

Name of Host Fiscal Person: Ibrahim Sami

1. Trichostema radicans

Name of the Recorder/Turn Supervisor: Sam L. (C. D.) Address: C. D.

Name of the Vassal: _____
Name of the Vassal: _____

Name of the Recipient: _____

Name of Diesel controller (Screen): 3.1.2 GSM:

Total Population 9,155

[illegible]



004 mm Cms 2.5m

Name of Health Facility/ Take-off Point: Bahia Llanos, A.T.

Team Code: 004

Name of the Recorder: _____

Name of the Recipient: _____

2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 26

There Assistant/ House to House Mobilize

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Target Population: 1863

[illegible]



003 KT HPOST

LGA: Unlabeled

Word: B. Act. CHD 4-5-78

Name of Health Facility Take-off Point: *Bar Hillson BHC*

GEM 050 733 515 42

Test Code: 002

None of the Recipients. *

Names of the Respondents

Source: Adapted from *Journal of Management Education*, 20(1), 1996, pp. 10-11.

new

Figure 10.10

[illegible]