



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

13

Integrated campaign
TICK ALL THAT APPLY

State: KADUNA
Name of Ward/Focal Person: KABIRU JALIA-JA

Measles Vitamin A RI

LGA: UNGODU

Ward: ZANGO

Name of Health Facility/ Take-off Point: DANIAMASHI

Name of the Vaccinator 1/Team Supervisor: _____
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: _____
Name of Crowd controller 1/Screeners: _____
Total Population: 10367

GSM: _____
Team Color: _____
Name of the Recorder 2: _____ GSM: _____
Name of the Recorder 3: _____ GSM: _____
Town Announcer/ House to House Mobilizer: _____ GSM: _____ Crowd controller 2: _____

Target Population: 1767

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Vaccination Post Code/ Location		G/BLIYAM	G/MAHAUTA	UNG/MAJEMA	L/MADAWA	L/MAI GRED	L/SHATAU	L/HABIRI
Name of the Settlement(s)		Z/RIMI	Z/RIMI	Z/RIMI	Z/RIMI	Z/RIMI	Z/RIMI	Z/RIMI
Distance between take-off point (HF) and VP		12.4 Km	12.4 Km	12.4 Km	12.4 Km	12.4 Km	12.4 Km	12.4 Km
Distance/Time between VPs		15m	25m	30m	35m	40m	45m	50m
Type of Transport Required		K/NAPEP	K/NAPEP	K/NAPEP	K/NAPEP	K/NAPEP	K/NAPEP	K/NAPEP
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		ZURUWA	G.C.S.S	M.S.D. P.E.I				
Social Events		NIL	NIL	NIL	NIL	NIL	NIL	NIL
Measles	Measles Target Population to be covered (175% Total Population 6-59 months)	286	290	294	263	254	208	207
	Measles Vaccine Doses required	290	282	282	220	260	210	210
	Measles Vials required	29	29	29	22	26	21	21
	Measles Reconstitution syringes (5ml) required	29	29	29	22	26	21	21
	Measles AD (0.5ml) syringes required	286	290	294	263	254	208	207
Vitamin A Supplementation	Safety boxes (AD syringes + reconstitution required)	3	3	3	3	3	3	3
	Vitamin A Target Population 6-59 months (15% of Total Population)							
	10-12 capsules (100,000 IU)							
	10-12 capsules (200,000 IU)							
	Number of children							
Routine Immunization	16 Target Population 6-23 months (15% of Total Population)							
	IPV Vaccine Doses Required							
	IPV Vaccine Vials required							
	Pentavalent Vaccine Doses Required							
	Pentavalent Vaccine Vials required							
	PCV Vaccine Doses Required							
	PCV Vaccine Vials required							
	10 Reconstitution syringes (5ml) required (X 3 RI vaccines)							
	AD (0.5ml) syringes required (X 3 RI vaccines)							
	Safety boxes (AD syringes + reconstitution required) (X 3 RI vaccines)							
	Measles Vaccine Vials required							
	10 Reconstitution syringes (5ml) required (X 3 RI vaccines)							
	AD (0.5ml) syringes required (X 3 RI vaccines)							
	Safety boxes (AD syringes + reconstitution required) (X 3 RI vaccines)							
Indicate the settlements as urban, rural, scattered, Border Settlement, Nomadic, Fulani, Riverbank/Desert								
Indicate the settlements to include Quarantine, Islamic, Nursery, Primary, market/Mosque/Church/Motor park								
Indicate the settlements to include Water Point/Private & Government Clinic/Farm								
Indicate the settlements to include Mosquito Net, Apts, NAEP, and, Boat								



Integrated campaign

TICK ALL THAT APPLY

State

Name of Ward/Focal Point

Name of the Vaccinator 1/Team Supervisor

Name of the Vaccinator 2

Name of the Vaccinator 3

Name of the Recorder 1

Name of Crowd controller 1/Screeners

Total Population

Target Population

Location Post Code/Location

Name of the Settlement(s)

Distance between take-off point (HP) and VP

Distance/Time between VPs

Type of Transport Required

Settlement Profile - Indicate profile of the settlement from the type suggested below

Number of schools/other places to be covered in a day and target population

Special Events

Measles

Vitamin A Supplementation

Routine Immunization

Settlements as urban, rural, scattered, Border Settlement, Nomadic, Fulani, Riverine/desert

Other places to include Quamranic, Islamic, Nursery, Primary, market/Mosque/Church/Motor park/

Water Point/Private & Government Clinic/Farm

Transport Required - Walk, Motorcycle, Kaka NAFEP, Jeep, Boat

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

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

LGA: Wazirwa

Ward: 270140

Name of Health Facility/ Take-off Point: Bassey's PHC

Address
GSM
GSM
GSM
GSM

GSM
Team Code
Name of the Recorder 2 GSM
Name of the Recorder 3 GSM
Town Approver/ House to House Mobilizer GSM
Crowd controller 2 GSM

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Measles Target Population to be covered (17% Total Population 1 - 15 years)	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Measles Vaccine Doses required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Measles Vials required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Measles Reconstitution syringes (5ml) required	300	300	300	300	300	300	300
Measles AD (0.5ml) syringes required	300	300	300	300	300	300	300
Safety boxes (AD syringes + reconstitution required)	3	3	3	3	3	3	3
Vitamin A Target Population 5-59 months (11% of Total Population)	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Blue capsule (100,000 IU)	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Red capsule (200,000 IU)	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Number of children	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Ri Target Population 0-23 months (7.5% of Total Population)	2,100	2,100	2,100	2,100	2,100	2,100	2,100
IPV Vaccine Doses Required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
IPV Vaccine Vials required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Penta Vaccine Doses Required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
Penta Vaccine Vials required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
PCV Vaccine Doses Required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
PCV Vaccine Vials required	2,100	2,100	2,100	2,100	2,100	2,100	2,100
AD (0.5ml) syringes required (3.3 Ri vaccines)	300	300	300	300	300	300	300
AD (0.5ml) syringes required (3.3 Ri vaccines)	300	300	300	300	300	300	300
Safety boxes (AD syringes + reconstitution required) (3.3 Ri vaccines)	3	3	3	3	3	3	3
MenA Vaccine Vials required							
Ri Reconstitution syringes (5ml) required (3.3 Ri vaccines)							
AD (0.5ml) syringes required (3.3 Ri vaccines)							
Safety boxes (AD syringes + reconstitution required) (3.3 Ri vaccines)							
Settlements as urban, rural, scattered, Border Settlement, Nomadic, Fulani, Riverine/desert							
Other places to include Quamranic, Islamic, Nursery, Primary, market/Mosque/Church/Motor park/							
Water Point/Private & Government Clinic/Farm							
Transport Required - Walk, Motorcycle, Kaka NAFEP, Jeep, Boat							

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

Measles	Vitamin A	RI
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LGA: UNOGUO

Ward: ZANIGI

Name of Health Facility/ Take-off Point: DANTIMWASHI

Address _____
GSM: _____
GSM: _____
GSM: _____
GSM: _____

GSM: _____
Team Code: _____
Name of the Recorder 2: _____ GSM: _____
Name of the Recorder 3: _____ GSM: _____

Town Announcer/House to House Mobilizer: _____ GSM: _____ Crowd controller 2: _____ GSM: _____

Code/ Location	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Code/ Location	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA
Take-off point (HP) and VP	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA	YAR ADUWA
Distance between VPs	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM
Required	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM	1.2 KM
Indicate profile of the settlement from the type suggested below	URBAN	URBAN	URBAN	URBAN	URBAN	URBAN	URBAN
Other places to be covered in a day and target population	URBAN	URBAN	URBAN	URBAN	URBAN	URBAN	URBAN
Measles							
Measles Target Population to be covered (17% Total Population 5 - Shomona)	230	269	262	252	248	186	185
Measles Vaccine Doses required	280	270	240	260	250	190	190
Measles Vials required	28	27	24	26	25	19	19
Measles Reconstitution syringes (5ml) required	28	27	24	26	25	19	19
Measles AD (0.5ml) syringes required	270	269	260	258	248	186	185
Safety Boxes (AD syringes + reconstitution required)	3	3	3	3	3	2	2
Vitamin A Target Population 6-59 months (1% of Total Population)							
Blue capsules (100,000 IU)							
Red capsules (200,000 IU)							
Number of sachets							
RI Target Population 8-23 months (7.5% of Total Population)							
PI Vaccine Doses Required							
PI Vaccine Vials required							
PI Vaccine Doses Required							
PI Vaccine Vials required							
PCV Vaccine Doses Required							
PCV Vaccine Vials required							
RI Reconstitution syringes (5ml) required (X 3 RI vaccines)							
AD (0.5ml) syringes required (X 3 RI vaccines)							
Safety Boxes (AD syringes + reconstitution required) (X 3 RI vaccines)							
Meas Vaccine Vials required							
RI Reconstitution syringes (5ml) required (X 3 RI vaccines)							
AD (0.5ml) syringes required (X 3 RI vaccines)							
Safety Boxes (AD syringes + reconstitution required) (X 3 RI vaccines)							
an, rural, scattered, Border Settlement, Nomadic, Fulani, Riverine/Desert							
include Quaternic Islamic, Herby, Primary, market/Mosque/Church/Motor park/							
e & Government Clinic/Farms							
a, Motorcycle, Kaka KAPER, Jeep, Boat							



9600
1632

[illegible]

Name of the Vaccinator: Christina Rodriguez

Name of the Vaccinator 2: _____

Name of the Recorder 1: _____

Name of the Recorder 2: _____

Name of the Recorder 3: _____

Name of the Recorder 4: _____

Name of the Recorder 5: _____

Name of the Recorder 6: _____

Name of the Recorder 7: _____

Name of the Recorder 8: _____

Name of the Recorder 9: _____

Name of the Recorder 10: _____

Name of the Recorder 11: _____

Name of the Recorder 12: _____

Name of the Recorder 13: _____

Name of the Recorder 14: _____

Name of the Recorder 15: _____

Name of the Recorder 16: _____

Name of the Recorder 17: _____

Name of the Recorder 18: _____

Name of the Recorder 19: _____

Name of the Recorder 20: _____

Name of the Recorder 21: _____

Name of the Recorder 22: _____

Name of the Recorder 23: _____

Name of the Recorder 24: _____

Name of the Recorder 25: _____

Name of the Recorder 26: _____

Name of the Recorder 27: _____

Name of the Recorder 28: _____

Name of the Recorder 29: _____

Name of the Recorder 30: _____

Measles
Vitamin A
PI

Name of Health Facility/ Take-off Point: San Francisco PHC

Name of the Vaccinator: Christina Rodriguez

Name of the Vaccinator 2: _____

Name of the Recorder 1: _____

Name of the Recorder 2: _____

Name of the Recorder 3: _____

Name of the Recorder 4: _____

Name of the Recorder 5: _____

Name of the Recorder 6: _____

Name of the Recorder 7: _____

Name of the Recorder 8: _____

Name of the Recorder 9: _____

Name of the Recorder 10: _____

Name of the Recorder 11: _____

Name of the Recorder 12: _____

Name of the Recorder 13: _____

Name of the Recorder 14: _____

Name of the Recorder 15: _____

Name of the Recorder 16: _____

Name of the Recorder 17: _____

Name of the Recorder 18: _____

Name of the Recorder 19: _____

Name of the Recorder 20: _____

Name of the Recorder 21: _____

Name of the Recorder 22: _____

Name of the Recorder 23: _____

Name of the Recorder 24: _____

Name of the Recorder 25: _____

Name of the Recorder 26: _____

Name of the Recorder 27: _____

Name of the Recorder 28: _____

Measles
Vitamin A
PI

Name of Health Facility/ Take-off Point: San Francisco PHC

Name of the Vaccinator: Christina Rodriguez

Name of the Vaccinator 2: _____

Name of the Recorder 1: _____

Name of the Recorder 2: _____

Name of the Recorder 3: _____

Name of the Recorder 4: _____

Name of the Recorder 5: _____

Name of the Recorder 6: _____

Name of the Recorder 7: _____

Name of the Recorder 8: _____

Name of the Recorder 9: _____

Name of the Recorder 10: _____

Name of the Recorder 11: _____

Name of the Recorder 12: _____

Name of the Recorder 13: _____

Name of the Recorder 14: _____

Name of the Recorder 15: _____

Name of the Recorder 16: _____

Name of the Recorder 17: _____

Name of the Recorder 18: _____

Name of the Recorder 19: _____

Name of the Recorder 20: _____

Name of the Recorder 21: _____

Name of the Recorder 22: _____

Name of the Recorder 23: _____

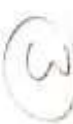
Name of the Recorder 24: _____

Name of the Recorder 25: _____

Name of the Recorder 26: _____

Name of the Recorder 27: _____

Name of the Recorder 28: _____



State KAN
Name of Third Fiscal Period 1541500 9/1/10 - 10/1/10

Name of Health Facility: Take-off Point MTN MTN MTN

Name of Crowd controller (TC)

AGENCY _____
 CITY _____
 STATE _____
 ZIP _____
 COUNTRY _____
 PHONE _____
 FAX _____
 E-MAIL _____
 NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 COUNTRY _____
 PHONE _____
 FAX _____
 E-MAIL _____

CIN

CIN

CIN

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CONFIDENTIAL

CIN

Total Population	7876
Target Population	1679

Material	Quantity	Unit	Price	Total
Material 1	100	kg	1.50	150.00
Material 2	200	kg	2.00	400.00
Material 3	300	kg	2.50	750.00
Material 4	400	kg	3.00	1200.00
Material 5	500	kg	3.50	1750.00
Material 6	600	kg	4.00	2400.00
Material 7	700	kg	4.50	3150.00
Material 8	800	kg	5.00	4000.00
Material 9	900	kg	5.50	4950.00
Material 10	1000	kg	6.00	6000.00

Vitamin A Supplementation

Routine Immunization

Be the difference at your next school board meeting. Make a plan. Empower your

list of subjects were pages to include Quarantine, Isolation, Nursery, Primary, Maternity, Church, Winter park, Day Camp, Public Health, and Government Clinic / areas

Type of Incident Reported - This category is used to determine the type of incident reported. The categories are: 1. Injury, 2. Illness, 3. Property Damage, 4. Other.

Measles	Vitamin A	RI
✓		

Name of Health Facility/ Take-off Point: Dorling Heights PHC

GSM _____
 Team Code: _____
 Name of the Recorder 2 _____ GSM: _____
 Name of the Recorder 3 _____ GSM: _____
 Town: Antares/Chowse to House Mobilizer _____ GSM _____ Crowd controller 2: _____ GSM _____

[illegible]



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

Zaria Gw. Kintan Yammuna

Integrated campaign
TICK ALL THAT APPLY

State: Kano
Name of Ward/Focal Person: Barni Yammuna

Measles	Vitamin A	RI
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LGA: Vungu

Ward: Zaria Gw.

Name of Health Facility/ Take-off Point: Dan Tamshe PHC

Name of the Vaccinator 1/Team Supervisor: Amusa
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: _____
Name of Crowd controller 1/Screen: _____
Name of Crowd controller 2: _____

Address: _____
GSM: _____
GSM: _____
GSM: _____
GSM: _____
GSM: _____
Team Announcement to House Mobilizer: _____ GSM _____
Crowd controller 2: _____ GSM _____

Total Population: 10304
Target Population: 1752

Vaccination Post Code/ Location	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Name of the Settlement(s)	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma
Distance between take-off point (HF) and VP	100m	100m	100m	100m	100m	100m	100m
Distance/time between VPs	100m	100m	100m	100m	100m	100m	100m
Type of Transport Required	Motorcycle	Motorcycle	Motorcycle	Motorcycle	Motorcycle	Motorcycle	Motorcycle
Settlement Profile - Indicate profile of the settlement from the type suggested below	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma
List of schools/other places to be covered in a day and target population	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma	Ukuma
Social Events							
Measles	Measles Target Population to be covered (10% Total Population 9 - 15 months)	250	250	250	250	250	250
	Measles Vaccine Doses required	250	250	250	250	250	250
	Measles Vials required	250	250	250	250	250	250
	Measles Reconstitution syringes (3ml) required	250	250	250	250	250	250
	Measles AD (0.5ml) syringes required	250	250	250	250	250	250
Vitamin A Supplementation	Safety boxes (AD syringes + reconstitution required)	2	2	2	2	2	2
	Vitamin A Target Population 9-59 months (10% of Total Population)	250	250	250	250	250	250
	Oral capsule (100,000 IU)	250	250	250	250	250	250
	Oral capsule (200,000 IU)	250	250	250	250	250	250
	Number of capsules	250	250	250	250	250	250
Routine Immunization	RI Target Population 9-23 months (10% of Total Population)	250	250	250	250	250	250
	IPV Vaccine Doses Required	250	250	250	250	250	250
	IPV Vaccine Vials required	250	250	250	250	250	250
	Polio Vaccine Doses Required	250	250	250	250	250	250
	Polio Vaccine Vials required	250	250	250	250	250	250
	PCV Vaccine Doses Required	250	250	250	250	250	250
	PCV Vaccine Vials required	250	250	250	250	250	250
	RI Reconstitution syringes (3ml) required (if RI vaccine)	250	250	250	250	250	250
	AD (0.5ml) syringes required (if RI vaccine)	250	250	250	250	250	250
	Safety boxes (AD syringes + reconstitution required) (if RI vaccine)	2	2	2	2	2	2