**Validation of Head Count Survey (HCS) – Special Immunization Drive : 2022**

State : Assam, District :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Setting : Rural / Urban If urban – is it NUHM City – Yes/No. Date of survey validation \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Name of ANM of this area : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name of village / urban area or ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Migratory status : Migratory / Non-Migratory

Name of Monitor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization (encircle): Govt./ITSU/WHO/UNDP/JSI/IFV/Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitor to visit 5 households (HH) randomly for assessing the quality and completeness of the head count survey (HCS) in one ASHA/Surveyor area :**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. |  | 1 | 2 | 3 | | 4 | 5 | |
| 1 | House number marked by team (UM – unmarked HH) | \_\_\_\_\_\_/UM | \_\_\_\_\_\_/UM | \_\_\_\_\_\_/UM | | \_\_\_\_\_\_/UM | \_\_\_\_\_\_/UM | |
| 2 | Name of the head of family |  |  |  | |  |  | |
| 3 | Mobile/landline contact number |  |  |  | |  |  | |
| 4 | Date of visit by surveyor (dd/mm/yy), else NV (NV – Not) | \_\_\_\_/\_\_\_\_/, NV | \_\_\_\_/\_\_\_\_/, NV | \_\_\_\_/\_\_\_\_/, NV | | \_\_\_\_/\_\_\_\_/, NV | \_\_\_\_/\_\_\_\_/, NV | |
| 5 | Number of children < 2 years in this HH as found by monitor |  |  |  | |  |  | |
| 6 | No. of children < 2 years in this HH due for vaccination for age, assessed by monitor as on day of survey by |  |  |  | |  |  | |
| 7 | No. of children 2-5 years in this HH due for vaccination for age, assessed by monitor as on day |  |  |  | |  |  | |
| 8 | Please mention names of children due for vaccination |  |  |  | |  |  | |
| 9 | Any cluster of > 3 consecutive HH not visited by surveyor/team? | | | | Yes/No | | |

**Try to meet the surveyor/team (ASHA/AWW/ANM/Link worker etc.) and cross-check findings from validated HH with the information in HCS format :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9 | Who is doing/has done head-count survey in this area (specify if any other) | | | ASHA / AWW / AN / Link worker / Other mobiliser | | |
| 10 | Status of surveyor wearing mask / face cover | | | All / Some / None / Didn’t meet the survey team | | |
| 11 | Status of survey as of today as told by surveyor | | | Completed / Ongoing / Yet to start / Not aware | | |
| 12 | Surveyor aware of clearly demarcated area (boundary) for headcount survey? | | | Yes / No | | |
| 13 | Is the surveyor (team) using standardized survey format for SID head count survey? | | | Yes / No | | |
| 14 | Number of children <2 years in this HH as assessed by surveyor (from survey register / record) |  |  |  |  |  |
| 15 | Number of children <2 years in this HH due for vaccination. As assessed by surveyor (from survey register / record) |  |  |  |  |  |
| 16 | Number of children <2 years due for vaccination but missed by surveyor (by cross-checking names of due children under Q-7) |  |  |  |  |  |
| 17 | Number of children 2-5 years in this HH as assessed by surveyor (from survey register / record) |  |  |  |  |  |
| 18 | Has the surveyor missed children <2 years due for one or more vaccines in 3 or more HH? | | | Yes / No | | |

* Recommend repeat survey if: 1) > 3 consecutive HH not visited for survey AND/OR 2) > 3 HH have missed children due for one / more vaccine in survey.
* If no survey has been done in this area, inform details at the planning unit (Medical Officer/Key person). Proceed to another planned area for survey validation.
* Ensure data entry in tool same day/at the earliest.