

EDN-U(G-II)Elem./Measle-Rubella-2017

14368-497

Office of the

Dy. Director Elementary Education

Una Distt. Una HP

**Dated:** 19-June,2017

**Website** ddeeuna.in **Ph. No.** 01975-223586

To,

✓  
The Principal/Headmaster,  
All Private Schools (Middle)  
Distt. Una Himachal Pradesh


**Subject :-** Regarding Measle Rubella vaccination Campaign.

Memo,

As Per Subject cited above all the private school in una Distt. to insure to send the information as per the performa (2-A) attached by 20.06.2017 on the Hard Copy through special messenger or Email Id :- ddee-una.hp@nic.in.

**Treat it is Most urgent and pay personal attention.**

**Encls: Performa Attached.**

  
**Dy. Director Elementary Education  
Una Distt. Una (Himachal Pradesh)**

## Format 2-A - School Pre Campaign

(School Principal to ensure this information reaches MO I/C in time)

Block	Village / Urban Area:	
School name & address:	School vehicle available Yes / no	
Govt/ Private	Co-ed/ Boys only / Girls only (Encircle)	
<b>School team leaders</b>		
Principal name	Landline	Cell
Board ICSE/CBSE/State/Others		

School nodal person MR Campaign vaccination (Name & Tel number):

Total Students under 15 year : \_\_\_\_\_ Total classes with children under 15 \_\_\_\_\_ Total rooms in school \_\_\_\_\_

Class leads training planned on DD/MM/YYYY

### Class leaders with Students details (up to 15 years )

Class/ class section	Total students	Name & Mobile number of class lead (teacher)	PTM date planned for MR	PTM date planned for MR	Student-teacher interaction date planned

Signature \_\_\_\_\_

# Class wise School MR Campaign Coverage Report

School fills this up and shares with Planning unit / Block level

MR Campaign FORM - 2E

State: \_\_\_\_\_ District: \_\_\_\_\_ Block/urban area: \_\_\_\_\_ Planning unit: \_\_\_\_\_

School name: \_\_\_\_\_

Address (Village/Urban area): \_\_\_\_\_ Encircle: Govt/ Private/ Aided

Principal name & Telephone number: \_\_\_\_\_ Board of school: ICSC/CBSC/State board/other (specify)

Total no days activity planned in school: 1/2/3/4/5/6

School nodal person for MR Campaign vaccination (Name & Tel number): \_\_\_\_\_

Sr No	Date of vaccination	Day of vaccination	Class	Total Target Children in school	No of Children vaccinated	% achieved	Activity Status
		Day -1					Completed/Ongoing
		Day -2					Completed/Ongoing
		Day -3					Completed/Ongoing
		Day -4					Completed/Ongoing
<b>Total</b>							

\* In case the activity is > 1 day planned in school then the data reporting officer should mention day/date wise report till activity completion

Signature Principal

# 2 B . School Planning format

District: \_\_\_\_\_

Block/urban area: \_\_\_\_\_

Planning unit: \_\_\_\_\_

Sr. No	Village / Urban Locality (Ensure that all areas are involved in microplanning by cross verifying with Form 1A and 1B)	Date of vaccination	Name of the school/institution (Ensure that all schools/institutions in areas are involved in microplanning by cross verifying with Form 1A, 1B and 2A)	Name of 1st Line Supervisor with designation	Distance from ILR point	Time of vaccination	No .of Benefeciaries	Team Details		School Nodal Person	Contact Number	Logistics requirement										AEFI
								Name of Vaccinator(s)	Name of volunteers (ASHA, AWW, others)			Measles-Rubella Vaccine Vials* (10 dose vial)	Measles-Rubella Diluent Ampoules ( = M)	AD (0.5 ml) syringe ( = 11)	Reconstitution syringe (5 ml) (= M)	Hub Cutter (1 per vaccinator)	Red Plastic Bags (1 bag per 50 syringes)	Black Plastic Bags (2 per site)	Indelible Marker Pens (1 pen per 250 beneficiaries)	MR vaccination card (=F X 2)	Address & Contact No. of nearest AEFI Management center	
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	t	U	

The datewise planning in each row is for one session in one school. There can be more than 1 session in one school - the number of rows will accordingly increase. The number of sessions is decided from column (J) and (K) in FORM 1B.



Training Workshop for Measles-Rubella Vaccination Campaigns

