NIGERIA - SEASONAL MALARIA CHEMOPREVENTION CAMPAIGN TALLY SHEET

Tally Sheet Nº:	**State:**	**LGA:**
Ward:	**Health Facility:**	**Village/Community:**
Name of person completing the form:		**Date:**

SMC CYCLE:	☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4	☐ D1	☐ D2	☐ D3	☐ D4

Number of children who received SP+AQ:
Fill 1 circle per child for each child successfully received SP+AQ
(A)

Number of children given a second dose of SP+AQ:
Fill 1 circle for each child given another dose of SP+AQ after vomiting ***(B)***

Number of children referred
Fill 1 circle for every child referred to the health facility ***(D)***

	3 to <12 months	12 to 59 months		3 to <12 months	12 to <59 months	3 to <12 months	12 to 59 months
	MALE			MALE		MALE	
5	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
10	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
15	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
20	○○○○○	○○○○○	○○○○○	Total =	Total =	Total =	Total =
25	○○○○○	○○○○○	○○○○○	FEMALE		FEMALE	
30	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
35	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
40	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
	Total =	Total =		Total =	Total =	Total =	Total =

	FEMALE		
45	○○○○○	○○○○○	○○○○○
50	○○○○○	○○○○○	○○○○○
55	○○○○○	○○○○○	○○○○○
60	○○○○○	○○○○○	○○○○○
65	○○○○○	○○○○○	○○○○○
70	○○○○○	○○○○○	○○○○○
75	○○○○○	○○○○○	○○○○○
80	○○○○○	○○○○○	○○○○○
	Total =	Total =	

Number of blisters Dropped or Damaged
Fill: 1 circle for every blister of SP+AQ Dropped or Damaged **(C)**

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○○○○○	○○○○○
○○○○○	○○○○○
○○○○○	○○○○○
○○○○○	○○○○○
○○○○○	○○○○○
Total =	Total =

Number of children NOT eligible for SMC (Exclude children given referral)
Fill 1 circle for every child seen who is not eligible for SMC **(E)**

MALE	
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○○○○○	○○○○○
Total =	Total =
FEMALE	
○○○○○	○○○○○
○○○○○	○○○○○
Total =	Total =

DRUG BLISTERS USED

	3 to <12 months:			12 to 59 months:		
	Male	Female	Total	Male	Female	Total
A.) Number of children who received SP+AQ:						
G.) Number of blisters of SP+AQ: Wasted (=B+C)						
H.) Total number of drug blisters USED (A+G):						

DRUG RECONCILIATION

SP+AQ blisters	BALANCE previous day - I	RECEIVED from HF - J	Quantity USED H	RETURNED Unopened blisters = (I+J)-H	RETURNED Opened blisters G
3 to <12 mo:					
12 to 59 mo:					

MINOR ADVERSE EVENTS: *(NB: Adverse events to be reported by the HF using PV forms)*

Vomiting		Abdominal Pain		Skin Reactions	Drowsiness	Other Minor
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○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Total:		Total:		Total:	Total:	Total:

2	
○○○○○	○○○○○
○○○○○	○○○○○
○○○○○	○○○○○