



SUPERVISORS CHECKLIST: HOUSE TO HOUSE MOBILIZATION

Department / Region name: _____ Date (DD/MM/YYYY): ____ / ____ /20 ____

Township/District name: _____ Locality/village name: _____

Volunteer team number: _____ Volunteer names: _____

Supervisor Name or number: _____

[Fill one form per team per day based on twice a day observation of teams in field, and review of forms at end of day.]

Mostly observation questions

Supervision of team household visits			
	Yes	No	If no explain
Team in correct village/location for the day- <i>focus on mapping and microplanning</i>			
Team Interacted courteously with households – observation			
Team accurately determined no. of target pop in household			
Used prompts/ provided accurate interpretation of questions- <i>supervisor asked by interviewer same question on form</i>			
Checking completed House to House forms			
All forms filled correctly			
Filled responses for every question			
One form filled per day			
All answers legible			

List of Households that refuse vaccination and need to be revisited	
HH No.	Reason of not taking children for vaccination