

Concept Note:

Post Campaign Coverage Survey for TCV Campaign-2022 in Nepal

Programme for Immunization Preventable Diseases

WHO CO for Nepal

01 Jul 2022

Background:

National immunization program (NIP) is a priority one (P1) initiative is priority program of the Nepal Government. The program started from 1979 from three districts and expanded nationally by 1988. At present, National immunization schedule includes 13 antigens. Typhoid conjugate vaccine (TCV) is the recent addition to national routine immunization programme.

In October 2017, the Strategic Advisory Group of Experts (SAGE) on immunization, which advises WHO, recommended typhoid conjugate vaccine for routine use in children over 6 months of age in typhoid endemic countries. Nepal is one of the highest burden countries for typhoid with incidence rate of more than 100 cases per 100,000. National Immunization Advisory Committee, in August 2020, recommended introduction of Typhoid vaccination in National Immunization Program (NIP). National Immunization Committee (NIC) endorsed the recommendation of NIAC to introduce typhoid vaccine in routine immunization, National Immunization Programme (NIP) introduced the typhoid vaccine in routine immunization in May 2022.

Nepal conducted typhoid catch up vaccination campaign targeting 15 months to 14 years children from 13 April 2022 to 1 May 2022 before introduction of typhoid vaccine (TCV) in routine immunization. This campaign aimed to reach 7.4 million children to quickly build immunity against typhoid fever and address global rise in antimicrobial resistance. This is a school-based vaccination programme and 50,000 session sites were established across the country to deliver vaccine. Interim report shows 95% national achievement with all provinces exceeding 90% coverage. However, the gap is seen in youngest age-group (about 40% missed in 15-23 month-old age-group).

Province	Target Population			Total Immunized			Coverage		
	15 Month to 23 Months	2 to 15 Years	15 months to under 15 years	15 Month to 23 Months	2 to 15 Years	15 months to under 15 years	15 Month to 23 Months	2 to 15 Years	15 months to under 15 years
PROVINCE 1	126467	1112673	1239140	55173	1153676	1208849	44	104	98
MADHESH PRADESH	122317	1732204	1854521	89572	1687202	1776774	73	97	96
BAGMATI PROVINCE	146117	1325907	1472024	69154	1330677	1399831	47	100	95
GANDAKI PROVINCE	40609	523537	564146	26614	552498	579112	66	106	103
LUMBINI PROVINCE	86225	1241727	1327952	61042	1329955	1390997	71	107	105
KARNALI PROVINCE	45235	492903	538138	26787	498021	524808	59	101	98
SUDURPASCHIM PROVINCE	64074	777628	841702	34691	775120	809811	54	100	96
National	631044	7206579	7837623	363033	7327149	7690182	58	102	98

Note: Population estimate is iHIMS population estimate, FY 2021/22.

This TCV campaign included multiple activities to strengthen routine immunization (RI), here termed as MR SIA linkages. The activities were (i) TCV vaccination campaign invitation cards which have immunization schedule printed on reverse side of the card, were distributed to households with eligible children, (ii) two types of campaign vaccination cards were designed, one for above 2 years children and one for 15 months to < 24 months children with counterfoil to keep at health facility for follow ups for missed doses in routine. (iii) health workers at vaccination session provided consultation to mothers/caregivers of <24 months children on importance of routine immunization, assessed for measles rubella vaccine status along with other routine vaccines. Health workers recorded missed doses in counterfoil (health worker copy) for follow ups for completion of all recommended doses in routine.

Nepal is the fourth country in the world to introduce Typhoid vaccines in the routine programme with Gavi support. Gavi, the Vaccine Alliance, requires country to conduct post campaign coverage

survey (PCCS) for all Gavi-supported campaigns. The survey estimate will provide an independent assessment of the campaign quality.

A post TCV campaign coverage survey is planned to provide accurate vaccination coverage estimates to assess programme performance, for monitoring and planning and for evidence-based decision making. This survey may include additional components; (i) assessing effectiveness of RI-SIA linkage mechanism which was developed to strengthen routine immunization through supplementary immunization activity SIA. (ii) assessing routine immunization coverage with all vaccines recommended to young children. However, National Immunization Programme will discuss with international survey experts and will be assessed for cost and time before adding these components in the survey.

Objective of the survey:

The post campaign coverage survey is planned for evaluating achievements of national immunization program (NIP) in reaching children through typhoid campaign in each province.

Primary objective

- To estimate the proportion of children aged 15 months to 14 years at the time of the campaign (national and provincial) who were vaccinated against typhoid during the national catch-up campaign conducted during April/May 2022
- To estimate the proportion of children aged 12-23 and 24-35 months¹ at the time of the survey (national and provincial) who have received vaccination for each of the vaccines recommended in the national immunization schedule for Nepal (except TCV through RI).

Secondary objectives

- To assess awareness of the national typhoid vaccination campaign among the mothers/caretakers of the eligible children.
- To assess behavioral and social drivers (BeSD) for vaccination and their relation with non-participation in national typhoid vaccination campaign among the mothers/caretakers of eligible children who did not receive the vaccines in the campaigns.
- To assess the proportion of 15-35 months children who received zero dose or one dose of measles rubella vaccine in routine were identified during the national catch-up campaign conducted during April/May 2022 (among campaign card holders)
- To assess proportion of home-based vaccination card ownership and retention and assess the reasons for an absent home-based vaccination record among the mother/caretakers of children aged 12-35 month at time of survey.
- To assess vaccination timeliness with routine vaccines and other related indicators (such as missed-opportunities for vaccination for selected vaccine-doses) among children with documented evidence of routine immunization
- To assess behavioral and social drivers (BeSD) for immunization and their relation with non-participation in routine immunization services among the caretakers of children aged 12-35 months who have not received all vaccinations or missed any of the schedule doses in routine.

¹ This age cohort will allow estimating coverage with the second dose of MR vaccine, to verify that coverage is closer to that of other vaccines. It will also allow to better understand catch-up of routine immunization for infants who may have initially missed routine vaccine-doses due to the COVID-19 pandemic.

Methodology:

Survey methodology will follow the current WHO recommendations described in the 2018 Vaccination Coverage Cluster Surveys: Reference Manual².

Mothers/caretakers of eligible children will be respondents of the survey. All children aged 15 months to 15 years at the time of campaign were eligible for typhoid vaccination campaign. No exclusions will be made for children who have move residence since the campaign, but they will be considered as a particular group in the analyses. The following table will provide target population for the survey.

		Target age group
1	Typhoid campaign: estimate the coverage among < 5 years	15 months to 59 months (4 years) children at the time of campaign)
2	Typhoid campaign: estimate national and provincial coverage	60 months to 179 months (14 years) children (at the time of campaign)
3	Typhoid campaign: RI SIA linkage	15-23 months children at the time of campaign
4	Routine immunization: estimate the routine vaccination coverage recommended in routine schedule immunization schedule during the first year of life	12-23 and 23-35 months children at the time of survey

Survey modality:

The survey contract will be awarded to a group of research agencies through competitive bidding process with one lead agency overseeing the overall survey activity. The lead agency will work on survey design (final protocol and ethics review) and implementation. Other research agencies will conduct field work at respective provinces ensuring that quality data, including GPS coordinates and photographs of vaccination cards for routine immunization, is collected through Computer-Assisted Personal Interviewing (CAPI method). The lead agency will train and oversee the research implementation agencies, for adherence to standard operating procedures (including enumeration, sampling of households in selected clusters and interviewing), training of field supervisors and interviewers, data collection/compilation (CAPI), quality control at all stages, data cleaning, analysis and report writing. Terms of reference for Lead agency and provincial research agencies are in Annex 1 and Annex 2.

In addition, a survey task force will be formed at central level to advise and provide inputs on survey implementation; namely, for survey design, for questionnaire development, in analysis plan, protocol approval and in finalization of report. This group will include representatives from programme division, WHO, UNICEF, iHIMS and Center Bureau of Statistics (CBS).

Two stage probability proportional to size sampling method will be used to select clusters and household in each province. Census -2021 enumeration area (EA) will be taken as sampling frame for first stage sampling (i.e., clusters). Larger EAs with 400-500 households (HH) will require segmentation into smaller segments of size 150 HHs and random selection of one of the

² <https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/survey-methods>

segments for enumeration. Similarly, HH less than 61 HHs will be merged for enumerating. Maps with cluster boundaries will be xxx. Households within the selected clusters will be second stage sampling. For the campaign interview, as third sampling stage may be needed to only include one age-eligible household member.

Survey teams will verify cluster boundaries and visit all households in each of the selected clusters for household listing. The team will select households for interview using a standard procedure to be programmed in the CAPI tool. The household with no one at home will require two revisits. There will be no replacement for non-response household.

Based on current sample calculation (see below), 61 household may need to visit to find, in average, five eligible children of 12-23 months children to assess routine immunization status; which is the narrowest age band for this survey . Similarly, 10 and 15 households may need to visit in a cluster to find, in average, five children from 15 months to 59 months cohort and 5 years to 15 years cohort respectively. These HH will be selected systematic random sampling with CAPI support. If two or more children of the above-mentioned age-groups are eligible in a household, Kish Grid or CAPI-supported random selection method will be utilized to select a respondent.

Three-member survey team, two enumerators and one supervisor, will be required at any time while enumerating in a cluster. Each team will require to devote three days in a cluster. This excludes travel time. A local guide (not health worker/FCHV) will be accompanying survey team to support identification and boundary verification of cluster, and households, and to facilitate access to the community. An additional team of 2-3 persons, trained on immunization schedule and cads, may be needed in each province, if RI vaccination data is extracted from card photographs instead of in-place card data copying into the CAPI questionnaire by field teams. This approach of card data extraction from photos by a separate team rather than the field enumerators has proven successful in improving data quality and reducing the time of field data collection in some settings³.

Computer assisted personal interviewing (CAPI) method will be utilized for data collection in the field. Supervisor will review collected data and upload on server on the same day (not after leaving the cluster). Central WHO Team and lead agency will jointly review data for inconsistencies and send daily feedback to the provincial research agency and to field supervisor data collection partners and lead agency for corrective action.

Whether to include visits to health facilities to seek information for children in the RI survey target age with no RI cards seen at home, as recommended in the 2018 WHO Vaccination Coverage Survey Manual, will be decided by the Survey Task Force. This decision will take into account a detailed evaluation of potential gains in terms of availability of a higher proportion of vaccination data coming from documented evidence vs. logistics and potential feasibility to find registries of particular children in rural and urban health facilities.

Sample Size:

In the TCV campaign, interim coverage report was found greater than 90% in all provinces and at national level. However, 15 to 23 months coverage is around 60% and programme is yet to release official coverage. Thus, for calculating sample size, a conservative estimate of expected

³ A successful experience is published here: <https://pubmed.ncbi.nlm.nih.gov/30642314/> and <https://pubmed.ncbi.nlm.nih.gov/31221562/>

coverage at 50 percent (between 30% to 70%) for this age group is considered. The following table provides details of sample size calculation for 15 months to 59 months cohort.

Number of strata = 7	Coverage estimates for seven provinces
Expected coverage falls between 30% and 70%	Number of respondents required to estimate coverage for a simple random sample to be done. This number is derived with assumption that expected coverage of 50% and with desired precision of 5%. (WHO manual, 2018)
Desired precision = 5%	
Effective sample size = 401	
Design effect = 2.04	To inflate the number respondent to achieve same level precision as in case simple random sampling, taking 11 as target number of respondents, Intra-cluster correlation coefficient to 0.167 and adjusting the variation occurred due to survey weight as 0.3. Readjusted to 2.04 based to match with RI design based on similar national level survey.
Average number of households to find an eligible child = 3	Three parameters, crude birth rate, infant mortality rate and household size are taken from NDHS 2016. (3.75 years cohort)
Non- response rate = 1.02	Earlier household survey shows very few non- response rates, taking 2% as percentage of eligible household and likely to not respond.
Total number of completed interview = 5726	Total number of completed interview required is multiplication of three parameter - no of strata, effective sample size and design effect
Total number of HH to visit at the national level = 17529	Multiplication of non-response rate, average number to household to visit to get an eligible and total number of completed interview required
Total number of households to visit per stratum/province = 2504	Multiplication of effective sample size, design effect and average number to household to visit to get an eligible and total number of completed interview required
Total number of clusters per stratum = 164	Total number of clusters per stratum is outcome of three parameters which are effective sample size, design effect and target number of respondents
Total number of households per cluster = 15	Total number of households per cluster is outcome of average number to household to visit to get an eligible, non-response rate and target number to respondent
Total number of clusters = 1148	This total number of clusters per stratum and number of strata

WHO/UNICEF Joint Estimates of National Immunization Coverage (WUENIC) in 2021 shows the lowest coverage of 76% for rotavirus vaccine second dose. Hence, to estimate routine immunization coverage among 12 -23 months cohort at the time of survey, taking 75% as expected coverage with 5% desired precision, effective sample size came around 340. A total of 5712 completed interviews will be needed for the design. Around 69943 household may need to visit to complete 5712 interviews. A total of 61 household need to visit in each cluster to receive 5 completed interview per cluster from 164 clusters. Households selected for RI survey will not only include children aged 12-23 months but will also ask for children aged 24-35 months to take the opportunity to better understand MR2 and catch-up vaccination. Detail table is available in Annex 3.

Timeline:

The entire project is planned for 4 months period. This period excludes the time required for obtaining necessary approvals from WHO and ethical approval of the survey protocol. Refer to Annex 4 detail project timeline.

Two months is allocated for completing field data collection, following thorough preparation and planning. Field activity may need to happen simultaneously in all seven provinces at once if to complete the field activity in stipulated timeframe. Each province may need at-least 11 teams if each team on an average spends three days in a cluster (excludes travel time).

Expected output:

This survey will primarily assess the proportion of children reached in the campaign. In addition, the survey will provide evidence on whether the campaign had provided opportunity to reach additional children which were yet to be reached by routine immunization. And also, it will provide RI coverage for two age cohorts. Similarly, the survey will support identifying factors related to vaccination and with immunization coverage.

In the long run, survey findings will serve as guidance for formulating strategies and devise innovative intervention to reach the unreached through in campaigns and through routine programme.

Note:

This survey design and sample size calculation were developed for obtaining in-principal approval to conduct survey activity. This design may change after consultation with National Immunization Programme and Survey Task Force.

The current survey design necessitates survey teams to visit 61 households in a cluster to achieve desired precision for estimating routine coverage. Similarly, teams require to visit 10 to 15 households to estimate campaign coverage in two cohort, 1) out of school and 2) school going cohort.

With the change in design, survey parameters may change. Accordingly, survey resources may need to be adjusted ensuring that entire field work completes within two months timeframe.

Annex 1: Terms of reference

Lead agency for PCCS for TCV 2022, Nepal

An agency or multiple research agency/ies will be selected through competitive bidding process with one lead agency overseeing the **overall survey implementation**. design (final protocol and ethics review) and implementation. Other research agencies will conduct field work at respective provinces ensuring that quality data is collected through Computer-Assisted Personal Interviewing (CAPI method). The lead agency will train and oversee the research implementation agencies, for adherence to standard operating procedures (including enumeration, sampling of households in selected clusters and interviewing), training of field supervisors and interviewers, data collection/compilation (CAPI), quality control at all stages, data cleaning, analysis and report writing. The following are list of activities are expected from the survey lead agency.

1. Biweekly report to WHO or as per need basis
2. Organize regular update sessions for survey task force
3. Develop survey protocol in consultation with WHO and survey task force and in line with WHO vaccination coverage cluster survey reference manual, 2018
4. Develop study instruments/ research tools and standard operation procedures in consultation with WHO and survey task force
5. Obtain NHRC approval for the survey implementation (including field data collection)
6. Selection of survey clusters for each province (including extra clusters in case a few selected clusters become inaccessible)
7. Digitalization of the tools for tablets (Develop CAPI)
8. Preparing detailed maps and related tools to ensure proper cluster identification, enumeration of household within cluster boundaries, and interviews in household that are selected, to avoid household replacements and other potential selection biases
9. Pretest the instrument/research tools
10. Perform field test and incorporate feedback from field test in the instruments
11. Develop analysis plan in consultation with WHO and survey task force
12. Coordinate with the provincial research agencies to ensure that survey implemented as per survey protocol and following standard operating procedures (SOPs)
13. Train provincial research agencies on survey methodology/implementation (i.e., field data collection) so that standard survey methodology is implemented across the seven provinces
14. Develop detail field deployment plan together with provincial research agency/ies and support in logistic planning
15. Monitor field activities from central level on daily basis and provide feedback to respective field team and provincial research agency/ies for appropriate action.
16. Field monitoring/supervision in 5% of the clusters across the seven provinces
17. Data coding/editing/cleaning/database development with WHO
18. Perform analysis (weight calculation+ tables + graphs) with WHO
19. Coordinate secondary analyses with stakeholders
20. Draft report to submit for review from WHO and survey task force and report finalization
21. Disseminate the main survey report and related presentation and other dissemination tools (e.g., infographics, PowerPoint presentations, peer-reviewed publications)

Annex 2: Terms of reference

Provincial research agencies for PCCS for TCV 2022, Nepal

For the PCCS (plus RI) survey, multiple research agency/ies will be selected through competitive bidding process with a lead agency overseeing the overall survey implementation. Provincial research agency will **oversee the survey implementation at respective provinces**, ensuring quality data are collected as per survey protocol and following standard operation procedures. An interested agency can bid for more than one province. However, the agency will require to submit separate bid for each province. The agency bidding for lead agency is also eligible to bid for provincial research agency.

1. Biweekly report to WHO or as per need basis
2. Participate in regular update sessions for survey task force organized by lead agency
3. Coordinate with the lead agency to ensure that survey implemented as per survey protocol and SOPs
4. Participate in pretest the instrument/research tool
5. Recruitment of field staff for different functions
6. Attend training organized by central team and ensure that field staffs are well trained for field activities so that standard survey methodology is implemented in the province/ies the agency is responsible for. (Training and field test will be conducted within Kathmandu valley or surrounding areas.)
7. Participate in field test of procedures (cluster identification, household enumeration, household selection, and interviewing plus transcription of vaccination data from cards (or pictures of cards))
8. Develop and implement appropriate training activities for survey teams
9. Develop detail field deployment plan in close coordination with Lead agency and WHO
10. Logistic preparation and deployment in close coordination with Lead agency and WHO
11. Monitor field activity on daily basis and provide feedback to respective field team
12. Review daily feedback sent by WHO/lead agency and ensure that field teams adhere these feedback (re-enumerating area if required serious concern were raised by WHO/lead agency on quality)
13. Field monitoring/supervision in 5% to 10% of the clusters across the province/ies (during the entire survey period, but with a focus on start to correct any issues, and towards the end to ensure that quality remains in spite of survey team fatigue)
14. Ensure that data is transmitted on daily basis after review from field team supervisor
15. Support in data coding/editing/cleaning/database development
16. Participation in report drafting and reviewing

Annex 3: Sample size calculation

Design	Number of strata	Estimate		Effective sample size	Average number of respondents per cluster	Intracluster Correlation	Coefficient of variation for unequal weight	Design effect	Average number of household to visit to find on eligible	Percentage of HH eligible and non response	Non response inflation factor	Total Completed interview required	Total number of HH to visit to complete necessary	Target number of HH to visit in each stratum	Number of cluster needed per stratum	Number of HH per cluster	Total number of Cluster
		Expected threshold	Desired Precision														
		ESS with 95% CI	m	ICC	CV _w	DEEF	P _{non response}	I _{Nonresponse}	N _{CS}	N _{HH Visits}	H to visit per stratum	clusters per stratum	N _{HH per cluster}	N _{Clusters Total}			
SIA (15 months to 4 years)	7	50-70	5	401	5	0.167	0.3	2.04	3	2	1.02	5726	17529	2504	164	15	1148
SIA (5 years to 14 years)	7	50-70	5	401	5	0.167	0.3	2.04	2	2	1.02	5726	11686	1669	164	10	1148
RI	7	75	5	340	5.0	0.3	0.3	2.4	12	2	1.02	5712	69943	9992	164	61	1148

Annex 4: Project timeline:

SN	Activities	Responsibility	Month 1				Month 2				Month 3				Month 4			
			week 1	week 2	week 3	week 4	week 5	week 6	week 7	week 8	week 9	week 10	week 11	week 12	week 13	week 14	week 15	week 16
1	Draft Protocol development	WHO/ Lead TA																
2	FWD approval	WHO																
3	Task Force Formation	FWD/WHO																
4	Finalization of protocol	WHO & FWD																
5	NHRC approval for the research	TA																
6	Development of study instruments/ research tools	WHO& Lead TA																
7	Obtaining EAs from CBS	WHO/FWD																
8	Digitalization of the tools for tablets	Lead TA																
9	Pretest the instrument/research tool	TAs																
10	Recruitment field staffs	TAs																
11	Training field staff	Lead TA / Provincial agencies																
12	Field test	TAs																
13	Incorporate feedback from field test	Lead TA																
14	Develop detail deployment field plan	Lead TA/ WHO/ Provincial agencies																
15	Logistic preparation and deployment	Lead TA/ WHO/ Provincial agencies																
16	Monitoring from FWD/Province/Taks force																	
17	Monitoring from WHO central staff/SMO																	
18	Monitor progress from central level	WHO,Lead TA and Task Froce																
19	Data coding/editing/cleaning/database development	WHO,Lead TA and Task Froce																
20	Analysis plan	WHO+consultant+TA																
21	Anlaysia (weight calcuation)	WHO+consultant+TA																
22	Draft report	TA+consultant																
23	Draft report review	WHO & FWD and Task Force																
24	Finalization of report	TAs+consultant+WHO																
25	Dissemination of the report	WHO & FWD																

Annex 5: TCV Campaign invitation card



टाइफाइड रोग बिरुद्ध खोप अभियान

२०७८/७९



निमन्त्रणा

आदरणीय अभिभावकज्यू

तपाईंको वडामा यहि चैत्र/बैशाख महिनाको देखि सम्म टाइफाइड रोग बिरुद्धको खोप अभियान सञ्चालन हुँदैछ ।

तसर्थ, यस अभियानमा १५ महिना देखि १५ वर्ष उमेरसम्मका सबै बालबालिकालाई नजिकैको खोप केन्द्रमा लगी टाइफाइड बिरुद्धको खोप अनिवार्य लगाउन हुन सादर अनुरोध गर्दछौं ।

प्रार्थी
नगर प्रमुख/गा.पा प्रमुख

(१५ देखि २३ महिनाका बालबालिका यो खोप अभियानमा खोप लगाउन आउँदा नियमित खोप कार्ड भएमा सो समेत लिएर आउनु होला ।)

खोप निःशुल्क पाइन्छ

खोप सुरक्षित छ

खोपले जीवन रक्षा गर्छ

बालबालिकालाई नियमित खोप तालिका अनुसार सबै खोप लगाऔं ।

याद गर्नुहोस्, नियमित खोपको कुनैपनि खोप नछुटोस् है



खोप लगाएता पनि सधै सरसफाईका सबै व्यवहारहरूको पालना गरौं ।






Annex 6: TCV Campaign vaccination card (2 to 15 years)

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार कल्याण महाशाखा

टाइफाइड खोप अभियान २०७८/७९

खोप कार्ड

(२४ महिना - १५ वर्ष)

नाम: उमेर: वर्ष

खोप लिएको स्थान:

खोपको ब्याच/लट नम्बर	लगाएको मिति	स्वास्थ्यकर्मीको हस्ताक्षर

बालबालिकालाई टाइफाइड रोगबाट बच्नका लागि १५ महिनाको उमेरमा खोप लगाऔं साथै सधैं शुद्धिकरण गरेको पानी मात्र पिऔं र दिसा गरेपछि, साना सानु अघि र बालबालिकाको दिसा घोएपछि साबुन पानीले हात धोऔं ।

यो कार्ड सुरक्षित राखौं ।

याद गर्नुहोस्, नियमित खोपको कुनैपनि खोप नछुटोस् है

१५ महिना

१५ महिना

६ महिना

१४ हप्ता

१० हप्ता

६ हप्ता

जन्मदेखि

टाइफाइड खोप लगाएता पनि पानीजन्य रोगहरूबाट बच्न सलोक्याहरूको सरफाई सुरक्षित पिउने पानी र सफा पर्पाको प्रयोग निरन्तर गरौं ।

१५ महिनाको उमेर भित्रमा कुनैपनि खोप छुटेमा जति सक्दो चाँडै ५ वर्ष भित्रमा छुट खोपहरू पुरा गराऔं ।

Annex 7: TCV Campaign vaccination card (15 months to < 24 months)



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार कल्याण महाशाखा



सुनिश्चित सुरक्षित जीवन

टाइफाइड खोप अभियान २०७८/७९

(अभिभावकको प्रति)

खोप कार्ड

(१५ महिना - २३ महिना)

नाम: उमेर: महिना

खोपको ब्याच/लट नम्बर	लगाएको मिति	स्वास्थ्यकर्मीको हस्ताक्षर

नियमित खोपको अनुगमन (४ कुने बक्समा ठिक चिन्ह लगाउने)

८ महिनामा दादुरा रुबेलाको पहिलो मात्रा	१५ महिनामा दादुरा रुबेलाको दोश्रो मात्रा
लिएको <input type="checkbox"/> नलिएको <input type="checkbox"/>	लिएको <input type="checkbox"/> नलिएको <input type="checkbox"/>

सबै बालबालिकालाई नियमित खोप तालिका अनुसार १५ महिना सम्ममा सबै खोप लगाऔं ।

यो कार्ड सुरक्षित राखौं ।



राष्ट्रिय खोप-तालिका

पटक/भेट	कुन उमेरमा	कुन खोप
१	जन्मले वित्तिकै	बि. सि. जी.
२	६ हप्तामा	रोटा पोल्यायो एफ-आइ-पि.भी. पि. सि. जी. डि. पि. टी. - हेप बी-हिब
३	१० हप्तामा	रोटा पोल्यायो पि. सि. जी. डि. पि. टी. - हेप बी-हिब
४	१४ हप्तामा	पोल्यायो एफ-आइ-पि.भी. डि. पि. टी. - हेप बी-हिब
५	८ महिनामा	पि. सि. जी. दादुरा-रुबेला
६	१५ महिनामा	जाफाभिज डब्ल्यूफलाइडिस
७	१५ महिनामा	दादुरा-रुबेला टाइफाइड

खोप लगाएता पनि सधैं सररफाईका सबै व्यवहारहरूको पालना गरौं ।



Annex 7: TCV Campaign vaccination card counterfoil (15 months to < 24 months)



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार कल्याण महाशाखा



पूर्व सेवक पुनर्जीवनी

टाइफाइड खोप अभियान २०७८/७९

(स्वास्थ्य संस्थाको प्रति)

खोप कार्ड

(१५ महिना - २३ महिना)

नाम: उमेर: महिना

आमा/बुवाको नाम:

सम्पर्क नम्बर:

स्थानिय तह: वडा नं:

खोपको ब्याच/लट नम्बर	लगाएको मिति	स्वास्थ्यकर्मीको हस्ताक्षर

नियमित खोपको अनुगमन (४ कुले बक्समा ठिक चिन्ह लगाउने)

५ महिनामा दादुरा रुबेलाको पहिलो मात्रा	१५ महिनामा दादुरा रुबेलाको दोश्रो मात्रा
लिएको <input type="checkbox"/> नलिएको <input type="checkbox"/>	लिएको <input type="checkbox"/> नलिएको <input type="checkbox"/>

**सबै बालबालिकालाई नियमित खोप तालिका अनुसार
१५ महिना सम्ममा सबै खोप लगाऔ ।**

नियमित खोप तालिका अनुसार
छुट खोप र दिएको मिति ।

छुटेको खोप	मात्रा	लगाएको मिति