



## Routine Workflow Tracking Worksheet: Community-Wide MDA

Country: \_\_\_\_\_ MDA Round: \_\_\_\_\_ Cluster ID \_\_\_\_\_ Submission Date: \_\_\_\_\_

**Instructions:** Please complete this form for every cluster that delivers community-wide MDA (20 clusters).

Activity	Completion Data		
<b>Drug Supply Chain</b>			
Date albendazole arrived in cluster	____-____-____ DD-MM-YYYY		
First day that community drug distributors (CDDs) collected albendazole and total number of tablets collected	____-____-____ DD-MM-YYYY	_____ tablets	
Number of days of albendazole collection by CDDs	_____ days		
Number of tablets returned	_____ tablets		
<b>CDD Training</b>			
Number of CDDs trained	_____/_____ (No. CDDs trained/Total no. of CDDs)		
Date of CDD training <i>If training occurred on more than one day, write all dates</i>	____-____-____ DD-MM-YYYY	____-____-____ DD-MM-YYYY	
	____-____-____ DD-MM-YYYY	____-____-____ DD-MM-YYYY	
	____-____-____ DD-MM-YYYY	____-____-____ DD-MM-YYYY	
<b>Community Sensitization</b>			
For each sensitization activity: 1. Indicate which activities occurred in the cluster prior to this round of MDA (tick all that apply) 2. Indicate the quantity of the sensitization activity 3. Indicate the date when the activity started in the cluster	<input type="checkbox"/> Community meetings	_____ No. of meetings	____-____-____ DD-MM-YYYY
	<input type="checkbox"/> Public dialogue event <i>(e.g. drama or town crier)</i>	_____ No. of events	____-____-____ DD-MM-YYYY
	<input type="checkbox"/> Distribution of printed IEC materials <i>(e.g. pamphlets or posters)</i>	_____ No. distributed	____-____-____ DD-MM-YYYY
	<input type="checkbox"/> Door-to-door sensitization	_____ No. of houses visited	____-____-____ DD-MM-YYYY
	<input type="checkbox"/> Mass media (circle one): Radio TV Newspaper Other	_____ No. of media spots	____-____-____ DD-MM-YYYY
	<input type="checkbox"/> Other (please specify): _____	_____ Specify no.	____-____-____ DD-MM-YYYY
<b>MDA Delivery</b>			
Dates of first and last days of MDA	____-____-____ TO ____-____-____ DD-MM-YYYY DD-MM-YYYY		
Dates of first and last days of MDA mop-up	____-____-____ TO ____-____-____ DD-MM-YYYY DD-MM-YYYY		
<b>Monitoring &amp; Evaluation</b>			
Please note any community activity that took place in the cluster <u>one month</u> prior to first day of MDA that may have affected treatment coverage. Include the date of the first and last days of the activity (DD-MM-YYYY). <i>(If you need more space, please write on the back of this page)</i>			

Please write your name on this worksheet to confirm accuracy of data:

**Implementation Science Supervisor:**

**Cluster Lead**

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