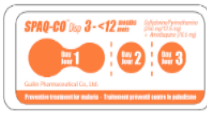





SMC TALLY SHEET

To be completed each day of every cycle

Tally Sheet N°:	State:	LGA:
Ward:	Settlement:	Health Facility:
Date: ____/____/____		CDD Team Code: ____ ____ ____ ____ ____ ____
<input type="checkbox"/> Cycle 1	<input type="checkbox"/> Cycle 2	<input type="checkbox"/> Cycle 3
<input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4	<input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4	<input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4
Name of RECORDER completing Tally Sheet:		

3 to <12 months	Received SPAQ	○○○○○	○○○○○	TOTAL (A)
	 Re-dose of SPAQ given	○○○○○	○○○○○	(C)
	SPAQ Wasted	○○○○○	○○○○○	(E)

12 to 59 months	Received SPAQ	○○○○○	○○○○○	○○○○○	TOTAL (B)
	 Re-dose of SPAQ given	○○○○○	○○○○○	○○○○○	(D)
	SPAQ Wasted	○○○○○	○○○○○	○○○○○	(F)



SMC TALLY SHEET

To be completed each day of every cycle

HOUSEHOLDS to be REVISITED	
House number	Reason for revisiting

SPAQ BLISTERS USED		
To Be Completed by Health Facility Worker		
	3 to <12 mos.	12 to 59 mos.
TOTAL number of children who RECEIVED SPAQ	(A)	(B)
TOTAL number of blisters of SPAQ given as RE-DOSE	(C)	(D)
TOTAL number of SPAQ blisters WASTED	(E)	(F)
Total number of SPAQ blisters USED	(G) = [A + C + E]	(G) = [B + D + F]

DRUG RECONCILIATION					
To Be Completed by Health Facility Worker					
SPAQ blisters	BALANCE from previous day (H)	Quantity RECEIVED from HF (I)	Quantity of Blisters USED (G)	Expected BALANCE [H + I] - G	ACTUAL Quantity Returned (physical count)
3 to <12 mos.					
12 to 59 mos.					

Name of HFW completing the Drug Reconciliation: