

## SESSION MONITORING FORMAT FOR ROUTINE IMMUNIZATION

Name of District: _____	Name of Block: _____	Name of CHC/PHC: _____
Name of Subcentre: _____	Name of ANM: _____	Date of Visit: _____
Name of Session site: _____	Population Catered: _____	No.of Beneficiaries (1year _____): _____
Time of Visit: _____	Name & Designation of monitor: _____	

Session Site	Sub center <input type="checkbox"/>	Anganwadi Center <input type="checkbox"/>	Others <input type="checkbox"/>
<u>1</u> Present at Site (tick all that apply)	ANM <input type="checkbox"/>	AWW <input type="checkbox"/>	ASHA/Link Worker <input type="checkbox"/> Mobilizer <input type="checkbox"/> Other <input type="checkbox"/>
<u>2</u> Availability of ANM as per micro plan	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>3</u> Name of ANM			
<u>4</u> Type of immunization –related IEC material is displayed at site? (tick all that apply)	Banner <input type="checkbox"/>	Wall writing <input type="checkbox"/>	Tinplate <input type="checkbox"/> Poster <input type="checkbox"/> Other <input type="checkbox"/>
<u>5</u> Is vaccine carrier with 4 ice packs available/With conditional icepacks?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>6</u> Are all vaccine & diluents placed in plastic zipper bag in vaccine carrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>7</u> Availability of MCH registers with ANM?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>8</u> Availability of vaccines (according to duelist) and logistics D-Distributed / B – Balance <b>(Enter the no. of vaccines distributed &amp; Balance remained)</b>			
	D	B	
BCG			Measles Diluent
BCG Diluent			Tally Sheet
tOPV			Vitamin A
DPT			Tracking bags
			Plastic Spoon
			0.1ml AD Syringes
			TT
			0.5ml AD Syringes
Hep B			Disposable Syringes
			Blank RI Cards
			Hub Cutter
Measles			Available/NA
			Functional/Non Functional
<u>9</u> Is the VVM of all antigens is in usable stage (Stage 1 or 2)/any frozen (T) series antigen available?	Stage 1		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Stage 2		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Frozen t series		Yes <input type="checkbox"/> No <input type="checkbox"/>

10	Is the time of reconstitution mentioned on both BCG & Measles vial(s)?	BCG	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
		Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
11	Does ANM/AWW/ASHA/Link Worker have a due list of beneficiaries for this day?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
12	Is the DPT vaccine administered on outer mid-thigh (antero-lateral aspect)?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>												
13	Is the ANM giving the 4 key messages to the mother/care-giver?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
14	Is Blank /new immunization cards provided to beneficiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>												
15	Is after injection / immunization, ANM is asking parents to wait for half an hour?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>												
16	Vaccine carrier brought by....?	Hired Person <input type="checkbox"/> Supervisor <input type="checkbox"/> ANM <input type="checkbox"/> Other <input type="checkbox"/>												
17	What is the type of waste disposal system?	Burial <input type="checkbox"/> Incineration <input type="checkbox"/> Outsourcing <input type="checkbox"/> Others <input type="checkbox"/>												
18	Whether unused vaccine vials and syringes returned back to PHC or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
19		BCG	OPV -1	Hep B-1	DPT -1	OP V-2	Hep B-2	DP T-2	OP V-3	Hep B-3	DPT-3	Measles	DPT Booster	OPV Booster
	No. of beneficiaries to be immunized (As per micro plan target)													
	No. of beneficiaries Immunized													
20	Reason for Drop out	Not Knowing about vaccines <input type="checkbox"/> Time not Convenient <input type="checkbox"/> Feel no need <input type="checkbox"/> Do not have time <input type="checkbox"/> Others .....												
21	Any AEFI case reported during last 3 months													
22	Corrective action taken in case of AEFI	Information to BMO <input type="checkbox"/> Information to DIO <input type="checkbox"/> Visit to Household <input type="checkbox"/> Child Referred to Hospital <input type="checkbox"/> Whether Treated or Not <input type="checkbox"/> Follow Up <input type="checkbox"/> Other .....												
23	Type of maternal tracking system.	No. of Beneficiary Mother No. of forms Filled <input type="checkbox"/> No. of forms entered <input type="checkbox"/> block List of Left Out Mother <input type="checkbox"/>												
24	Type of child immunization tracking system.	No. of Beneficiary Children No. of forms Filled <input type="checkbox"/> No. of forms entered at block List <input type="checkbox"/> Left Out Children <input type="checkbox"/>												

