

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 (1 year _____): _____

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 <i>(Enter the no. of vaccines distributed & Balance remained)</i>								
		D	B		D	B			
	BCG			Measles Diluent			Tally Sheet		
	BCG Diluent			Vitamin A			Tracking bags		
	tOPV			Plastic Spoon			0.1ml AD Syringes		
	DPT			TT			0.5ml AD Syringes		
	Hep B			Blank RI Cards			Disposable Syringes		
	Measles			Red/Black Disposal Bags			Hub Cutter	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"/>						

<u>10</u>	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"/>										
<u>11</u>	Does ANM/AWW/ASHA/Link Worker have a due list of beneficiaries for this day?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<u>12</u>	Is the DPT vaccine administered on outer mid-thigh (antero-lateral aspect)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>										
<u>13</u>	Is the ANM giving the 4 key messages to the mother/care-giver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
<u>14</u>	Is Blank /new immunization cards provided to beneficiaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>										
<u>15</u>	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"/>										
<u>16</u>	Vaccine carrier brought by....?	Hired Person <input type="checkbox"/> Supervisor <input type="checkbox"/> ANM <input type="checkbox"/> Other <input type="checkbox"/>												
<u>17</u>	What is the type of waste disposal system?	Burial <input type="checkbox"/> Incineration <input type="checkbox"/> Outsourcing <input type="checkbox"/> Others <input type="checkbox"/>												
<u>18</u>	Whether unused vaccine vials and syringes returned back to PHC or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<u>19</u>		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													
<u>20</u>	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												
<u>21</u>	Any AEFI case reported during last 3 months													
<u>22</u>	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												
<u>23</u>	Type of maternal tracking system.	No. of Beneficiary Mother No. of <input type="checkbox"/> ns Filled No. of forms entered <input type="checkbox"/>												
		blockList of Left Out Mother <input type="checkbox"/>												
<u>24</u>	Type of child immunization tracking system.	No. of Beneficiary Children No. of <input type="checkbox"/> rms Filled <input type="checkbox"/>												
		No. of forms entered at blockList <input type="checkbox"/> Left Out Children <input type="checkbox"/>												

