

Session Monitoring Format for Routine Immunization

Name of Monitor:	Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPS <input type="checkbox"/> UNICEF <input type="checkbox"/> Others	Designation:
Date : dd / mm / yy	Time:	Day: <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Other
State	<input type="text"/>	
District	<input type="text"/>	
Block/Planning Unit	<input type="text"/>	
Sub Center / Urban Post	<input type="text"/>	
Address of the Area	<input type="text"/>	
Settings: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Urban Slum HRA : <input type="checkbox"/> Yes <input type="checkbox"/> No Session Site: <input type="checkbox"/> Facility <input type="checkbox"/> Sub Centre <input type="checkbox"/> AWC <input type="checkbox"/> Others		

Tick, whichever is applicable

1.	Whether Session held	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	a. If 'No', Reason for session not held (See bottom of the format) ^Δ	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> D.....	
	b. If 'Yes', whether the session being held as per Microplan	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2.	Beneficiaries are being mobilized to session site by *	<input type="checkbox"/> ICDS worker	<input type="checkbox"/> ASHA	<input type="checkbox"/> Others <input type="checkbox"/> None	
3.	How Vaccines & logistics were brought to session site from PHC/Block	<input type="checkbox"/> AVD [#]	<input type="checkbox"/> ANM	<input type="checkbox"/> Supervisor <input type="checkbox"/> Others	
4.	Whether all available vaccines & diluents are placed in zipper bag in vaccine carrier having 4 Ice-Packs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.	Which of the vaccines/diluents are available at session site*	<input type="checkbox"/> BCG	<input type="checkbox"/> BCG Diluent	<input type="checkbox"/> DPT	<input type="checkbox"/> JE
		<input type="checkbox"/> Measles	<input type="checkbox"/> Measles Diluent	<input type="checkbox"/> DT	<input type="checkbox"/> JE Diluent
		<input type="checkbox"/> tOPV	<input type="checkbox"/> mOPV	<input type="checkbox"/> TT	<input type="checkbox"/> Hepatitis B
6.	Whether any of the vaccine vial is/are found without VVM*	<input type="checkbox"/> BCG	<input type="checkbox"/> DPT	<input type="checkbox"/> OPV	<input type="checkbox"/> Hep-B
		<input type="checkbox"/> Measles	<input type="checkbox"/> DT	<input type="checkbox"/> TT	<input type="checkbox"/> JE
7.	Whether any vaccine vial is found in the mentioned condition, if 'Yes', Tick <input checked="" type="checkbox"/> and record the vaccine*	<input type="checkbox"/> Without label / Unreadable label			
		<input type="checkbox"/> VVM Unusable Stage (III or IV)			
		<input type="checkbox"/> Expired Vaccine Vial			
		<input type="checkbox"/> Frozen Vaccine (DPT, TT, DT, Hepatitis -B)			
8.	Which of the mentioned Logistics are available at session site*	<input type="checkbox"/> AD (0.1ml) Syringes	<input type="checkbox"/> Vitamin-A Solution	<input type="checkbox"/> ORS Packet	
		<input type="checkbox"/> AD (0.5 ml) Syringes	<input type="checkbox"/> Plastic Spoon for Vitamin-A	<input type="checkbox"/> IFA Tablet	
		<input type="checkbox"/> Functional Hub Cutter	<input type="checkbox"/> Nutritional Supplements	<input type="checkbox"/> Paracetamol	
		<input type="checkbox"/> Blank RI Card	<input type="checkbox"/> Due list of Beneficiaries	<input type="checkbox"/> Weighing machine	
		<input type="checkbox"/> Red & Black Bag	<input type="checkbox"/> Counterfoils of previous session	<input type="checkbox"/> B P Apparatus	
9.	Whether adequate quantity of 5ml Disposable Syringes for reconstitution are available at session site (=BCG + Measles +JE vials)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Available	
10.	Whether Time of reconstitution written on reconstituted BCG, Measles, JE vials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11.	Whether AD syringe is used for injectable vaccines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12.	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
13.	Whether ANM is touching any part of the needle while giving injection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
14.	Whether each used syringe being cut with hub cutter immediately after use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
15.	Whether Session Tally Sheet is being filled for each child vaccinated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
16.	Whether all counterfoils are being updated following each vaccination today	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
17.	Whether Four Key Messages are being given to the parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Δ (Q. 1a): A=Both ANM/vaccinator as well as vaccines/logistics are not available B=ANM/vaccinator present but vaccine/logistics not available C=Vaccine/logistics available but ANM/vaccinator absent, D- Others (specify)

(Q. 3): AVD=Alternate Vaccine Delivery; * Multiple responses may be applicable