### Session Monitoring Format for Routine Immunization

<table>
<thead>
<tr>
<th>Name of Monitor:</th>
<th>Organization:</th>
<th>Designation:</th>
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<tbody>
<tr>
<td></td>
<td>□ Govt.</td>
<td>□ NSP</td>
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</tbody>
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**State**

**District**

**Block/Planning Unit**

**Sub Center / Urban Post**

**Address of the Area**

**Settings**: □ Rural □ Urban □ Urban Slum □ HRA: □ Yes □ No □ Session Site: □ Facility □ Sub Centre □ AWC □ Others ......

**Date**: dd / mm / yy

**Time**: .................

**Day**: □ Wed □ Fri □ Sat □ Other ..........

### Tick, whichever is applicable

1. **Whether Session held**
   - □ Yes □ No
     - a. If ‘No’, Reason for session not held (See bottom of the format)
       - □ A □ B □ C □ D
     - b. If ‘Yes’, whether the session being held as per Microplan
       - □ Yes □ No

2. **Beneficiaries are being mobilized to session site by**
   - □ ICDS worker □ ASHA □ Others □ None

3. **How Vaccines & logistics were brought to session site from PHC/Block**
   - □ AVD# □ ANM □ Supervisor □ Others

4. **Whether all available vaccines & diluents are placed in zipper bag in vaccine carrier having 4 Ice-Packs**
   - □ Yes □ No

5. **Which of the vaccines are available at session site**
   - □ BCG □ Measles □ tOPV □ BCG Diluent □ Measles Diluent □ mOPV □ DPT □ DT □ TT □ JE □ JE Diluent □ Hepatitis B

6. **Whether any of the vaccine vials is/are found without VVM**
   - □ BCG □ Measles □ DPT □ OPV □ Hep-B

7. **Whether any vaccine vial is found in the mentioned condition, if ‘Yes’, Tick √ and record the vaccine**
   - □ Without label / Unreadable label
   - □ VVM Stage III or IV
   - □ Expired Vaccine Vial
   - □ Frozen Vaccine (DPT, TT, DT, Hepatitis B)

8. **Which of the mentioned Logistics are available at session site**
   - □ AD (0.1ml) Syringes □ Vitamin-A Solution
   - □ AD (0.5 ml) Syringes □ Plastic Spoon for Vitamin-A
   - □ Functional Hub Cutter □ Nutritional Supplements
   - □ Blank RI Card □ Due list of Beneficiaries
   - □ Red & Black Bag □ Counterfoils of previous session
   - □ ORS Packet □ IFA Tablet
   - □ Paracetamol □ Weighing machine
   - □ BP Apparatus

9. **Whether adequate quantity of 5ml Disposable Syringes for reconstitution are available at session site (= BCG + Measles + JE vials)**
   - □ Yes □ No □ Not Available

10. **Whether Time of reconstitution written on reconstituted BCG/Measles/JE vials**
    - □ Yes □ No □ N/A

11. **Whether AD syringe is used for injectable vaccines**
    - □ Yes □ No □ N/A

12. **Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh**
    - □ Yes □ No □ N/A

13. **Whether ANM is touching any part of the needle while giving injection**
    - □ Yes □ No □ N/A

14. **Whether each used syringe being cut with hub cutter immediately after use**
    - □ Yes □ No □ N/A

15. **Whether Session Tally Sheet is being filled for each child vaccinated**
    - □ Yes □ No □ N/A

16. **Whether all counterfoils are being updated following each vaccination today**
    - □ Yes □ No □ N/A

17. **Whether Four Key Messages are being given to the parents**
    - □ Yes □ No □ N/A

### Symbols
- △ (Q. 1a): A=Both ANM/vaccinator as well as vaccines/logistics are not available B=ANM/vaccinator present but vaccine/logistics not available
- △ (Q. 3): AVD=Alternate Vaccine Delivery;
- △ (Q. 3): * Multiple responses may be applicable