

# Session Monitoring Format for Routine Immunization

Name of Monitor: .....	Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPSF <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) <sup>Δ</sup>	<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 <sup>#</sup>	<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 are available at session site*	<input type="checkbox"/> BCG <input type="checkbox"/> Measles <input type="checkbox"/> tOPV	<input type="checkbox"/> BCG Diluent <input type="checkbox"/> Measles Diluent <input type="checkbox"/> mOPV	<input type="checkbox"/> DPT <input type="checkbox"/> DT <input type="checkbox"/> TT <input type="checkbox"/> JE <input type="checkbox"/> JE Diluent <input type="checkbox"/> Hepatitis B
6.	Whether any of the vaccine vial is/are found without VVM*	<input type="checkbox"/> BCG <input type="checkbox"/> Measles	<input type="checkbox"/> DPT <input type="checkbox"/> DT	<input type="checkbox"/> OPV <input type="checkbox"/> TT <input type="checkbox"/> Hep-B <input type="checkbox"/> JE
7.	Whether any vaccine vial is found in the mentioned condition, if 'Yes', <b>Tick <input checked="" type="checkbox"/></b> and <b>record</b> the vaccine*	<input type="checkbox"/> Without label / Unreadable label ..... <input type="checkbox"/> VVM 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"/> AD (0.5 ml) Syringes <input type="checkbox"/> Functional Hub Cutter <input type="checkbox"/> Blank RI Card <input type="checkbox"/> Red & Black Bag	<input type="checkbox"/> Vitamin-A Solution <input type="checkbox"/> Plastic Spoon for Vitamin-A <input type="checkbox"/> Nutritional Supplements <input type="checkbox"/> Due list of Beneficiaries <input type="checkbox"/> Counterfoils of previous session	<input type="checkbox"/> ORS Packet <input type="checkbox"/> IFA Tablet <input type="checkbox"/> Paracetamol <input type="checkbox"/> Weighing machine <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