

Block/ PHC Level Monitoring Format for Routine Immunization

Encircle appropriate options. For (*) marked questions multiple responses may be applicable;

Name of Monitor: _____		Date: dd / mm / yy	
Organization: WHO / Govt / UNICEF / IPE / Others		Designation: _____	
State: _____	District: _____	Block/ Urban Local Body: _____	Planning Unit: _____
Setting: Rural / Urban		Type of Health Facility: CHC / PHC / Urban Health Post / Other (specify)	HR Block as per EPRP: Yes / No

Check records and observe at Block Health Facility										
1	Current staff position (Regular + Contractual)		Medical Officer	LHV + Other Health Staff	Total ANMs (1st + 2nd)	ASHA / Link Worker				
		Number Sanctioned								
		Number in place								
2	Number of sub centres with:			No ANM	One ANM	Two ANMs				
3*	Components of RI Microplan available :	ANM Roster	Yes / No							
		Map of Catchment area	Yes / No							
		Number of Beneficiaries	Yes / No							
		Injection Load	Yes / No							
		Estimation of logistics and vaccines	Yes / No							
		Alternate Vaccine Delivery Plan	Yes / No							
		Supervision Plan	Yes / No							
	Communication / Mobilization Plan	Yes / No								
	Waste management plan	Yes / No								
4	Status of Polio High Risk Areas tagging in RI micro-plan	Slums	Nomads	Brick kilns	Construction Site	Others	Settled (Non-Migratory)			
	(a) Number of HRAs identified in block									
	(b) Number of HRAs included in RI plan									
5	Is the alternate plan for vacant sub centres available	Yes / No / NA								
6	Updated RI Coverage Monitoring Chart available at health facility	Yes / No								
7	Is at least one ILR and one Deep Freezer functional	ILR	Deep Freezer							
		Yes / No	Yes / No							
8	Is any vaccine kept in deep freezer	Yes / No	If yes, specify _ _ _ _ _							
9	Have sufficient number of diluents been stored inside ILR	Yes / No								
10	Frozen DPT / TT / Hepatitis B / Pentavalent vaccines present inside ILR	Yes / No	If yes, specify _ _ _ _ _							
11	Expired vaccine vials present inside ILR	Yes / No	If yes, specify _ _ _ _ _							
12	Other medicines stored inside ILR with Vaccines	Yes / No	If yes, specify _ _ _ _ _							
13	Are updated Temperature log books for all functioning ILRs & DFs available	Yes / No								
14	Are updated Stock Registers available for	a) Vaccine	Yes / No							
		b) Diluents	Yes / No							
		c) Other	Yes / No							
15*	Shortage of any vaccine experienced in last 3 months	Yes / No	If yes, duration of shortage (in days):							
			BCG	Hep B	tOPV	DPT	Measles	TT	Pentavalent	JE
		Stock-out								
	Inadequate stock									
16*	Which of the vaccines / diluents are NOT available in quantities sufficient for next one week	BCG				tOPV	Pentavalent			
		BCG Diluent				JE				
		DPT				JE Diluent				
		Measles				Hepatitis B				
		Measles Diluent				TT				
17*	Which of the logistics are NOT available at block level	AD (0.1ml) Syringes				Plastic Spoon / cap for Vitamin-A				
		AD (0.5 ml) Syringes				Red & Black bags				
		5ml Reconstitution Syringes				Paracetamol				
		Blank RI / MCP Card				Zinc Tablet / Syrup				
		Vitamin-A Solution				IFA Tablet				
		ORS Packet				AEFI management kit				
18	What is the mechanism for immunization waste disposal	Sharp disposal pit / Outsourced / None								
19	HMIS report for previous month sent to district	Yes / No								
20	Status of updating MCTS database of last completed month		#Doses given as per monthly report	#Entered for the month in MCTS						
		DPT3								
		MCV								