Session Monitoring Format for Routine Immunization Encircle appropriate options. For (*) marked questions multiple responses are allowed;

Name of Monitor: Organization			n: WHO / Govt / UNICEF / IPE / Others Designation:			'Date (dd/mm/yy): / /				
State	State: District: Block/ Urb		Block/ Urban Lo	lock/ Urban Local Body:		Planning Unit: Setting: R		ural / Urban		
Sub c	centre / Urban Health Post:		Name of session							
Reas	on for monitoring this session	n site*:		If Polio HRA, type of HRA:		Location of Session Site:				
Polio HRA / Measles Outbreak in last 1 year / Other VPD Outbreak in last 1 year /				1- Slums with migration / 2- Nomads / 3- Brick kiln / 4- Construction site / 5- Other			Distt. Hospital / CHC / PHC / Sub Centre / ICDS Centre / Others			
Sessi	on planned for vacant ANM sub	centre / Others		migratory high risk areas / 6- non migratory (settled population) high risk areas			(Specify)			
1a	Is session held: Yes / No			b) If session is not held, reason: A- Neither ANM/ Vaccinator nor vaccines/logistics is available / B- ANM/vaccinator present but vaccine/logistics not av					t but vaccine/logistics not available / C-	
					Vaccine	logistics available but ANM / vaccinator abs	sent / D- Others (specify)			
If session is not held, please stop session monitoring and go for house-to-house monitoring										
2	Is due list available with the AN	due list available with the ANM No list / list not upo			ated / Updated list 10 Is ANM cutting each syringe with hub cut		er just after use Yes / No / Not Observed		/ No / Not Observed	
3*	Is any mobilizer assigned to the	any mobilizer assigned to the session site		Others/ None		If No, why:		A- Hub-cutter not available /		
4	If due list available, is it with the	lue list available, is it with the mobiliser		Yes / No / Not Observed / Not Applicable				B- Hub-cutter not functioning /		
5	Is mobilizer mobilizing the child	obilizer mobilizing the children to session site Yes / I		s / No / Not Applicable				C- Un	trained ANM /	
6	Is any polio HRA tagged to this	y polio HRA tagged to this site Yes / No / N		oplicable				D- Ot	hers	
7	Who delivered vaccine / logistic	lelivered vaccine / logistics to the site ANM / AVD / Ter		Express / Others	11	Is ANM marking ALL vials with date/time before first use?		Yes / No		
8*	Which of the vaccines/diluent	ich of the vaccines/diluents are available at session site?		Any open vial re-issued?	12*	Is any reconstituted vial in use after the specified time has lapsed?		BCG / Measles / JE / None		
	BCG:	: No/ Inadequate/ Adequate			13	Is ANM delivering all 4 Key Messages to the care-givers (see below)		Yes / No / Not Observed		
	BCG Diluent:	No/ Inadequate/ Adequate			14	Is ANM advising the care-givers to wait for	30 mins after vaccination	Yes / No / Not Observed		
	DPT:			Yes / No 15* Who has mobilized you to this session s			e (Interview Three Caregivers) / Not observed			
	Hepatitis B:			Yes / No		Caregiver 1	Caregiver 2	Caregiver 3		
	Measles:	es: No/ Inadequate/ Adequate				ASHA / USHA/ ICDS Worker / ASHA / USHA/ ICDS W		/orker /	ASHA / USHA/ ICDS Worker /	
	Measles Diluent:	s Diluent: No/ Inadequate/ Adequate				ANM / CMC / Others/None ANM / CMC / Other				
	tOPV:			Yes / No		Q16 to Q20: Ask & Verify the records with ANM / vaccinator / ASHA (as application of the second seco			IA (as applicable)	
	TT:	: No/ Inadequate/ Adequate		Yes / No	16	At which minimum age will you (ANM) give 2nd Measles dose ?		9-12m /	/ 16-24m / any other age	
	JE:				17	Is the MCTS register maintained?		Yes / No / Not Observed		
	E Diluent: NA/ No/ Inadequate/ Adequate			18	Has any supervisor visited this session today?		Health Supervisor / MO / None / Others			
	Pentavalent:			Yes / No	19	Has the ASHA received the payment for previous RI Session		Yes / N	No / Not applicable	
9*	Which Logistics are available at session site?			20	Has the ASHA received the payment for all Fully Immunized (Fl		For FI:	Yes / No / Partial / NA		
	AD (0.1ml) Syringes:	ml) Syringes: No/ Inadequate/ Adequate Vitr A spoon/ cap No/ Inadequate/ Adequate FI= BCG+ OPV3+ DPT3+ HepB3+ MCV1; CI= FI +			For CI:	Yes / No / Partial / NA				
	AD (0.5 ml) Syringes:					DPT booster+ MCV2				
	5ml Reconstitution Syringes:						e PHC to ascertain the reason of non-			
	Blank RI / MCP Card:	lank RI / MCP Card: No/ Inadequate/ Adequate				availability:				
	tamin-A Solution: No/ Inadequate/ Adequate			21	Why Vaccine or logistic has not been available		Stock out / No AVD /			
	aracetamol tablet/ syrup: No/ Inadequate/ Adequate							Other	S	
	ORS Packet:	No/ Inadequate/ Adequate			22	Why ANM has been absent		Post	got vacant / On leave /	
	IFA tablet:	No/ Inadequate/ Adequate								
	Zinc Tablet/ Syrup:	ablet/ Syrup: No/ Inadequate/ Adequate						Other	S	
				4 Key M						
Message 1: What vaccine was given and what disease it prevents Message 2: When to come for the next visit										
Message 3: What are the minor side-effects and how to deal with them Message 4: To keep the immunization card safe and to bring it along for the next visit										