

Routine Immunization- Block/ PHC level monitoring: SOP for monitors

Block/ PHC level monitoring may be done once a week or as need be. After monitoring, monitor should discuss with Block/ PHC officials (I/c MO etc) about the various aspects of RI implementation in the block. This tool is applicable for monitoring any block/ urban local body/ sub-block planning unit/ cold chain point.

Under designation field please write the designation of the monitor as capitalized initials (eg. SMO, BMO, IFV, FM etc). For outsourced field monitors (FM) or social mobilization coordinators (SMC), the organization should be mentioned as IPE or Others as applicable.

Filling up the format

Encircle your answer wherever required.
Use CAPITAL letters only.

Q.1. Current staff position: Get current sanctioned & posted staff position for Medical Officer, LHV & other health staff, 1st & 2nd ANM, AWW & ASHA. This should include all **(regular & contractual)** staffs.

Q.3. Components of RI micro-plan: Please verify availability of all the listed components and encircle accordingly.

Q.4. Polio high risk settlements tagged in RI microplan: Polio high-risk settlements are slums with migration, nomads, brick kilns, construction sites & other migratory high risk areas. Please check whether these sites/areas were included in the RI microplan against total identified areas under each category.

Q.6. Updated RI coverage monitoring chart: If every month the chart is updated with cumulative coverage figures on it then encircle "Yes" else "No".

Q.7. At least one ILR and one DF functional: Check to see whether at least one ILR is functioning properly. If yes, then encircle "Yes" below ILR otherwise encircle "NO". Also, check whether at least one DF is working. If yes, then encircle "Yes" below Deep Freezer else encircle "NO".

Q.9. Sufficient number of diluents been stored in ILR: Diluents should be same as number of each lyophilised vaccine vial needed for next session.

Q.12. Other medicines stored inside ILR with vaccines: Check whether any other immune-biologicals (anti-Rabies Vaccine, snake anti-venom, IVIG etc) or medicines (insulin, succinylcholine etc.) are kept inside the ILR with RI vaccines. If yes then encircle "Yes" and specify the vaccine/medicine.

Q.13. Updated temperature log books for all functioning ILRs & DFs: If the temperature is recorded regularly and the supervisor/MO concerned has also countersigned the temperature log books for all functioning ILRs & DFs then encircle "YES" else "NO".

Q.15. Shortage of any vaccine: Any block/ PHC/ sub-block cold chain point is supposed to hold maximum of 5 weeks and minimum of one week stock of all vaccines as per estimated beneficiaries (Refer to MO handbook page 59-67).

Check whether the available stock on any given day in **last 3 months** was not sufficient for one week. If so, under each vaccine for which shortage was experienced note the duration of shortage in days against the row 'inadequate stock'. If at any point of time any vaccine was not available at all for any duration, note the duration against 'stock-out'.

For example, if BCG vaccine went out of stock (NIL stock) for 10 days in the month of August (14th to 23rd) and before becoming NIL, the stock went under the level of one week stock for 16 days, (29th July to 13th August), then under BCG, write 10 in 1st row and 16 in 2nd row.

Q.16. Vaccine/diluents availability for next 1 week : Check the balance of individual vaccines and diluents in the stock register and calculate the adequacy of the balance for the **next** one week (based on number of beneficiaries, Refer to MO training handbook Page No 59-67). Encircle the vaccine/diluent for which sufficient quantity for next 1 week is **not** available.

Q.17. Availability of logistics: Encircle the logistic/s which is/ are **not** at all available. For “Red & Black” bags, if the colors are different eg. Yellow & blue, but two separate colored bags are consistently used to segregate waste as per given protocol, then accept them as available. For AEFI management kit please check for following components (page 62 of “Measles Catch-up Immunization Campaign: Guidelines for Planning and Implementation”). If the expiry date of adrenaline is passed, the kit should not be taken as available.

Contents of an AEFI Treatment kit:


Injection adrenalin (1:1000) solution – 2 ampoules Injection Hydrocortisone (100 mg) – 1 vial Disposable Syringe (insulin type) having 0.01 ml graduations and 26G IM needle – 2 sets Disposable Syringe (5 ml) and 24/26G IM needle – 2 sets Scalp vein set – 2 sets Tab Paracetamol (500 mg) - 10 tabs I/V fluids (Ringer lactate/Normal Saline): 1 unit in plastic bottle	I/V fluids (5% Dextrose): 1 unit in plastic bottle IV drip set: 1 set Cotton wool + adhesive tape : 1 each AEFI reporting form (FIR) Label showing: Date of inspection, Expiry date of Inj. Adrenaline and shortest expiry date of any of the components Drug dosage tables for Inj Adrenaline and Hydrocortisone At hospital setting, Oxygen support and airway intubation facility should be available.
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Q.20. Updation of MCTS database: Please get the number of doses of DPT3 and Measles 1st dose as reported to have been administered in last month to district (through hard copy) and *out of all such doses administered*- how many are entered in the MCTS in last completed month. To generate data from MCTS, select the year, Month, Health Facility Type, Health Facility Name, Type of report and Services Given and Click on Submit under ‘Scheduled Reports’ after logging in MCTS portal.

User Name :- **nrhm-br.ga.man**


User Location :- **Health Block**

District :- **Gaya** , Health Block :- **Manpur**



MCTS

Health and Family Welfare Department , Bihar



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Report Type :

T. Facilitywise Workplan and Services Given

No. of Hits : 13

Year :

2013-2014

Month:

JUNE-2013

State :

Bihar

Health Facility Type :

Primary Health Centre (PHC)

District :

Gaya (35)

Health Block / Ward :

Manpur (500)

Health Facility Name :

Manpur (500)

Type of Report :

Children < 1 yr

Services Given

Submit