



# **Facilitators' Guide**

# **Immunization Handbook**

**for**

# **Health Workers**

**Government of India**  
**Ministry of Health & Family Welfare**  
**New Delhi**  
**2006**

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*Your suggestions for improving or enhancing the Facilitators' Guide for the Immunization Handbook for Health Workers are always welcome and encouraged.*

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## **1.0. Introduction**

The Facilitator's guide is meant to accompany the Immunization Handbook for imparting immunization training to health workers. The training aims to improve the knowledge and skills of health workers in providing better immunization services to the community.

The facilitator must read through the Immunization Handbook and the Facilitator's Guide in great detail before conducting the training. This will help in making your job easier as a trainer and improve the quality of training.

## **2.0. Suggested guidelines for immunization training of health workers**

Duration of training	2 working days
No. of trainees per batch	12-15
Venue	District Hospital and ANM Training Center (ANMTC)/ First Referral Unit/ Community Health Center (CHC)
Trainers	District Immunization Officer /ANMTC trainer / Pediatrician/ CHC Medical Officer
No. of trainers	1 facilitator for each group of 4-5 trainees
Methodology	Group discussions, Exercises, Demonstration and Return Demonstration, Hands-on-practice, Role play, Field Visit, Film show

## **3.0 Pre-training preparation check-list**

1. Finalize the venue for training and date and time allocation for various sections of the training workshop.
2. Depute personnel who will assist in the training workshop.
3. Identify sites for field visit for skill training and liaise with concerned officials to get their confirmation.
4. Confirm nomination of participants.
5. Ask participants to bring along their sub-center's population and immunization data for preparing micro plan and monitoring charts
6. Arrange for teaching aids like blackboard, chalk, Flip charts, OHP, transparencies and markers, TV & CD player, etc. for various sessions.

7. Arrange for participants' stationery including adequate numbers of folders, Immunization Handbooks, handouts and any other training materials.
8. Prepare Skill assessment checklist.
9. Print Participants' Certificates.
10. Arrange requisite number of TA/DA forms, background documents, registration forms etc.
11. Arrange for accommodation, transportation, payment of honorarium, TA/DA and for refreshment and lunch during the workshop.
12. Finalize programme for inaugural and valedictory sessions.

## 4.0. Tentative Programme for Immunization Training of Health Workers

### Day-I

09.00 – 09.30	Registration	
09.30 – 10.15	Inauguration, Expectations of the participants and Pre testing	
10.15 – 10.45	Introduction and formation of groups of 4-5 participants with one facilitator each	<b>Unit-1</b>
10.45 – 11.30	Briefing on VPDs and Vaccines followed by film.	<b>Unit-2</b>
11.30 – 11.45	Tea	
11.45 – 12.30	Quiz on filling of National Immunization Schedule in groups	<b>Unit-3</b>
12.30 – 13.30	Lunch	
13.30 – 15.30	<ul style="list-style-type: none"> <li>• Discussion on microplan for immunization</li> <li>• Preparation of microplan (exercise).</li> <li>• Discussion on session site checklist.</li> <li>• Conducting immunization session and educating parents (role play)</li> </ul>	<b>Unit-6</b>
15.30 – 15.45	Tea	
15.45 – 17.15	Briefing on cold chain and injection safety equipment and Records and Reports	<b>Units-4, 5 and 8</b>

### Day-II









08.00 – 13.00	Field visit – Each group to visit different PHC/CHC/Distt Hospital to observe cold chain system and practice giving safe injections and dispose immunization waste safely as per the guidelines using hub cutter and Demonstration on records and reports	
13.00 – 14.00	Lunch	
14.00 – 15.00	Discussions on observations made during the field visit and Each group to present	
15.00 – 15.30	Discussion on AEFI and how to prevent it:	<b>Unit-7</b>
15.30 – 15.45	Tea	
15.45 – 16.15	Discussion on surveillance of VPDs:	<b>Unit-10</b>
16.15 – 16.45	Discussion on how to involve community for increasing coverage and reducing dropout	<b>Unit-9</b>
16.45 – 17.15	Open discussion, Post test and conclusion.	







## ***5.0. List of Equipment and Supplies required during training***

- Registration Form (Annex 2)
- Green and Pink chart paper
- Copies of Pre and Post Test Questionnaires (Handout 1)
- VPD Quiz (Handout 2)
- National Immunization Schedule – blank formats (Handout 3)
- Sub-center session and Work Plan – blank tables (Handout 4)
- Sensitivities of vaccines – blank tables (Handout 5)
- Cold chain equipment
  - cold box
  - vaccine carrier
  - ice packs
- Other Equipment
  - AD syringes (0.1 ml and 0.5 ml)
  - Disposable Syringes (5ml) for reconstitution.
  - Hub Cutter
  - Black and Red plastic bags
- Vaccines
  - OPV vials with VVM in different stages
  - DPT vials for Shake test
- Records and Reports
  - Tickler box
  - Immunization card
  - Tally sheet- blank formats (Handout 6)
  - Immunization registers
  - Temperature chart (Annex 3)
  - UIP Monthly Report format (Annex 6)
  - Monitoring chart – blank formats (Handout 7)
- Role Play Scripts (Annex 5)
- Film on Vaccine Preventable Diseases and Vaccines
- Film on Improving Immunization Coverage
- Copies of Feedback from Participants form (Handout 8)
- Sample Certificates (Annex 7)

## 6.0. Conducting Training Sessions

### DAY-1

<p> <b>Time:</b> 30 minutes</p> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook</li> <li><input checked="" type="checkbox"/> Participants' stationery</li> <li><input checked="" type="checkbox"/> Registration Form (Annex 2)</li> </ul>	<p><b>1. Registration</b></p> <ul style="list-style-type: none"> <li>• Distribute copies of the Immunization Handbook for health workers to all participants.</li> <li>• Provide bag/folder, writing pad /notebook, pen, pencil, eraser, sharpener etc to all participants.</li> <li>• Register participants (Annex 2)</li> <li>• Make note of the number of nominated participants who have not attended.</li> </ul>
<p> <b>Time:</b> 1 hour and 15 minutes</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Discussion</li> <li><input checked="" type="checkbox"/> Brainstorming</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 1)</li> <li><input checked="" type="checkbox"/> Red and Pink Chart paper</li> <li><input checked="" type="checkbox"/> Pre-test questionnaires (Handout 1)</li> <li><input checked="" type="checkbox"/> Flip Charts</li> </ul>	<p><b>2. Inauguration and introduction: Unit –1</b></p> <ul style="list-style-type: none"> <li>• Ensure timely inauguration of the training workshop <b>(15 minutes)</b></li> <li>• Ask the participants to write their expectations and apprehensions from the training workshop on a green and pink chart paper respectively <b>(15 minutes)</b></li> <li>• Distribute Pre test questionnaires (Handout 1) to be filled by the participants <b>(15 minutes)</b></li> <li>• Introduce the hand book and discuss about <b>(30 minutes)</b> <ul style="list-style-type: none"> <li>• The importance of full immunization</li> <li>• District/ local data on Immunization coverage.</li> <li>• The reasons for low immunization coverage</li> <li>• Role of health workers in improving immunization coverage of mothers and children.</li> <li>• Write participants' responses on flip charts</li> </ul> </li> </ul>
<p> <b>Time:</b> 45 minutes</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Lecture</li> <li><input checked="" type="checkbox"/> Film Show</li> <li><input checked="" type="checkbox"/> Group Exercise</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 2)</li> <li><input checked="" type="checkbox"/> Film on VPDs</li> <li><input checked="" type="checkbox"/> TV and VCD Player</li> <li><input checked="" type="checkbox"/> VPD Quiz (Handout</li> </ul>	<p><b>3. VPDs and Vaccines: Unit -2</b></p> <ul style="list-style-type: none"> <li>• Brief the participants on VPDs and Vaccines</li> <li>• Show Film on VPDs.</li> <li>• Form groups of 4-5 participants with one facilitator for each group.</li> <li>• Give VPD Quiz (Handout 2) to each group to match VPDs in column A with symptoms (column B) and vaccines (column C) in the table.</li> <li>• Discuss correct answers in each group</li> </ul>

<p> <b>Time:</b> 45 minutes</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Group Exercise</li> <li><input checked="" type="checkbox"/> Discussion</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 3)</li> <li><input checked="" type="checkbox"/> National Immunization Schedule (Handout 3)</li> </ul>	<p><b>4. National Immunization Schedule: Unit-3</b></p> <ul style="list-style-type: none"> <li>• Distribute the blank formats of National immunization schedule (Handout 3) to be filled by each group as a team</li> <li>• Discuss the gaps in knowledge and misconceptions and clarify.</li> </ul>
<p> <b>Time:</b> 2 hours</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Group Exercise</li> <li><input checked="" type="checkbox"/> Discussion</li> <li><input checked="" type="checkbox"/> Role play</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 6)</li> <li><input checked="" type="checkbox"/> Sub-center session and Work Plan (Handout 4)</li> <li><input checked="" type="checkbox"/> Role Play Script (Annex 5)</li> </ul>	<p><b>5. Planning and conducting Immunization: Unit-6</b></p> <ul style="list-style-type: none"> <li>• Explain the components of a microplan for Immunization and steps in preparing it.</li> <li>• Distribute blank formats for Sub-center session and Work Plan (Handout 4).</li> <li>• Ask each group to prepare a map of the sub-centre area and a session plan, to estimate the requirements of vaccines and AD syringes and prepare a work plan based on actual data of a sub center.</li> <li>• Discuss methods to include high risk areas and populations, left outs, resistant populations, urban slums etc.</li> <li>• Discuss the Annex.1 and 2 of the Handbook.</li> <li>• Conduct two role plays (Annex 5) on educating the parents during the immunization session- showing one non effective and one effective interpersonal communication between health worker and parents.</li> </ul> <p>Key points to be emphasized during the role play are:</p> <ul style="list-style-type: none"> <li>• Welcome the parent and verify age of the child.</li> <li>• Explain what vaccines will be given and the route.</li> <li>• Demonstrate correct positioning of the child for injection.</li> <li>• Explain potential AEFIs and what to do.</li> <li>• Discuss about the next visit.</li> <li>• Clarify the common doubts raised by the parents.</li> </ul> <p>After the role play, ask the participants and the observers to comment on:</p> <ul style="list-style-type: none"> <li>• Non verbal communication</li> <li>• Verbal communication</li> <li>• Lessons learnt</li> </ul> <ul style="list-style-type: none"> <li>• Give feedback to the participants and discuss the steps for vaccine administration mentioned in Unit 6</li> </ul>



**Time:** 1 hour and 30 minutes



**Method:**

- Group Exercise
- Demonstration
- Discussion



**Training Aids:**

- Immunization Handbook (Unit 4, 5 and 8)
- Sensitivities of vaccines – blank tables (Handout 5)
- Cold chain equipment
- Other Equipment
- Records and Reports

## 6. Cold Chain, Injection Safety Equipment and Records & Reports: Units 4, 5 and 8

- Circulate blank tables of Sensitivities of vaccines (Handout 5) and ask each group to fill in
- Show participants the following and discuss:
  - Cold chain equipment:
    - cold box
    - vaccine carrier
    - ice packs
  - Other Equipment:
    - AD syringes (.1 ml and .5 ml)
    - Reconstitution (mixing) Syringes (5ml)
    - Hub Cutter
    - Black and Red plastic bags
  - Records and Reports:
    - Tickler box
    - Immunization card
    - Tally sheet (Handout 6)
    - Immunization registers
    - UIP Monthly Report format (Annex 6)
    - Temperature Chart (Annex 3)
    - Monitoring chart – blank formats (Handout 7)

## DAY-2

 **Time:** 5 hours

 **Method:**

- Field Visit
- Demonstration
- Hands-on-Practice

 **Training Aids:**

- Immunization Handbook (Unit 4, 5 and 8)

### 1. Field Visit: Units 4, 5 and 8

Arrange for each group to visit a different PHC, CHC or District Hospital to observe the demonstration on cold chain, practice giving safe injections and safely dispose immunization waste. The key activities to be observed and practiced by each participant, are:

#### A. Cold chain:

- a. Ice Packs and how to fill it.
- b. Conditioning of Ice Packs
- c. Packing of a Vaccine carrier
- d. Maintaining and packing a Cold box
- e. Correct Storage of vaccines in ILR / DF
- f. Temperature maintenance
- g. VVM Stages on OPV vials
- h. Shake Test (Annex 4)

#### B. Use of AD syringes

Each participant should observe the demonstration of vaccine administration for two cases of each vaccine and then practice giving vaccine for:

- 3 cases: sub-cutaneous injections (Measles)
- 5 cases: Intramuscular injections (DPT/DT/TT/ Hepatitis B)
- 2-3 cases: Intradermal injections (BCG).

Facilitators and other trainees should observe the steps of vaccine administration and make a note of steps not followed.

#### C. Safe Disposal of used AD syringes and vaccines













Demonstrate use of:




- Hub cutter
- Red and Black bags

#### D. Maintenance of Records and Reports and tracking of dropouts

Demonstrate:

- monitoring chart
- tally sheet
- immunization card and register
- tickler box /bag with 14 pockets
- UIP reporting formats of SC/PHC/District.

<p> <b>Time:</b> 1 hour</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Group Discussion</li> <li><input checked="" type="checkbox"/> Presentation</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> OHP, Transparencies and Marker pens</li> </ul>	<p><b>2. Discussion on observations made during the field visit</b></p> <ul style="list-style-type: none"> <li>• Ask each group to discuss lessons learnt during the field visit</li> <li>• A representative from each group would present findings on OHP slides</li> </ul>
<p> <b>Time:</b> 1/2 hour</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Reading</li> <li><input checked="" type="checkbox"/> Discussion</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 7)</li> </ul>	<p><b>3. AEFIs and how to prevent them: Unit –7</b></p> <ul style="list-style-type: none"> <li>• Ask one of the participants to read aloud from Unit 7</li> <li>• Discuss with participants any AEFIs they may have come across</li> <li>• Discuss ways to minimize AEFIs in their areas</li> </ul>
<p> <b>Time:</b> 1/2 hour</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Lecture</li> <li><input checked="" type="checkbox"/> Question and Answers</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 10)</li> </ul>	<p><b>4. Surveillance of VPDs: Unit 10</b></p> <ul style="list-style-type: none"> <li>• Brief participants on importance of surveillance of VPDs and role of health workers</li> <li>• Ask individual participants about symptoms of each VPD listed in Table 10.1 of the Immunization Handbook</li> </ul>
<p> <b>Time:</b> 1/2 hour</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Group Discussion</li> <li><input checked="" type="checkbox"/> Presentation</li> <li><input checked="" type="checkbox"/> Brainstorming</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Immunization Handbook (Unit 9)</li> <li><input checked="" type="checkbox"/> Film on Improving Immunization Coverage</li> </ul>	<p><b>5. Increasing Immunization Coverage: Unit 9</b></p> <ul style="list-style-type: none"> <li>• Divide participants into 3 groups, each with one facilitator: <ul style="list-style-type: none"> <li>○ The first group represents a community where all children are fully immunized</li> <li>○ The second group represents a community where DPT 1 rates are high but DPT3 and Measles rates are very low</li> <li>○ The third group represents a community where most children have not received even DPT1</li> </ul> </li> </ul> <p>Ask groups to discuss possible reasons behind the immunization coverage rates in the group that they have been assigned to and present these to the plenary</p>

<input checked="" type="checkbox"/> TV and VCD Player	<ul style="list-style-type: none"> <li>Elicit possible ways of addressing drop-outs and left outs based on “Actions to be taken” mentioned in Unit 9. Discuss feasibility of solutions offered in the “Actions to be taken” to their field situations.</li> <li>If time permits, show film on Improving Immunization Coverage</li> </ul>
<p> <b>Time:</b> 1/2 hour</p> <p> <b>Method:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Presentation</li> <li><input checked="" type="checkbox"/> Brainstorming</li> </ul> <p> <b>Training Aids:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Post test questionnaires (Handout 1)</li> <li><input checked="" type="checkbox"/> Flipcharts</li> <li><input checked="" type="checkbox"/> Sample Certificates (Annex 7)</li> <li><input checked="" type="checkbox"/> Training Workshop Reporting Format (Annex 8)</li> </ul>	<p><b>6. Open discussion and Post test evaluation</b></p> <ul style="list-style-type: none"> <li>Distribute Post test questionnaires (Handout 1) to be filled by the participants (<b>15 minutes</b>)</li> <li>Ask participants about the workshop and record on flipcharts: <ul style="list-style-type: none"> <li>what they liked</li> <li>what they did not like</li> <li>what should have been included</li> <li>what need not have been included</li> <li>any other suggestions for improvement</li> </ul> </li> <li>Distribute Feedback from participants forms (Handout 8). Request participants to fill in and collect filled-in forms</li> <li>Thank participants for their active participation in the training</li> <li>Ask district dignitaries to distribute certificates (Annex 7) to participants</li> <li>Complete and submit Training Workshop Reporting Format (Annex 8)</li> <li>State –level officers /trainers should monitor the quality of the immunization training at the district level, using the Checklist for Monitoring Quality of Immunization Training (Annex 9).</li> </ul>

## **7.0. Post Training Activities**

At least six months after the Immunization Training, evaluate the skills of Health Workers using the “Checklist for Follow up (On-the-Job) Evaluation of Health Workers after Immunization Training” (Annex 10).

## Handout 1: Pre and post test Questionnaire

Name:		Date:																
1.	A fully immunized child is one who has received BCG, DPT/ Polio -1 & 2, Measles and Vit -A before the first birthday.	<input type="checkbox"/> True <input type="checkbox"/> False																
2.	If a child comes for vaccination for the first time at 9 months of age, vaccines that should be given on that day are DPT/ Polio-1, Measles and Vit A.	<input type="checkbox"/> True <input type="checkbox"/> False																
3.	If a child comes for vaccination for the first time at 16 months of age, the vaccines that should be given are: BCG, DPT/OPV-1, Measles and Vit -A.	<input type="checkbox"/> True <input type="checkbox"/> False																
4.	A child received BCG, DPT1 and OPV1 at the age of 1 and half months. Then comes again after a gap of 6 months. You will start the immunization with DPT-1 again.	<input type="checkbox"/> True <input type="checkbox"/> False																
5.	Fill in the blanks: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%; padding: 2px;">Vaccine</th> <th style="width: 30%; padding: 2px;">Route</th> <th style="width: 20%; padding: 2px;">Site</th> <th style="width: 20%; padding: 2px;">Dose</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">DPT</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Measles</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">BCG</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </tbody> </table>		Vaccine	Route	Site	Dose	DPT	_____	_____	_____	Measles	_____	_____	_____	BCG	_____	_____	_____
Vaccine	Route	Site	Dose															
DPT	_____	_____	_____															
Measles	_____	_____	_____															
BCG	_____	_____	_____															
6.	The first dose of Vit-A solution is given with Measles at 9 months of age. a. Up to what age, Vit -A is given? _____ b. What is the interval between two doses of Vit -A? _____ c. How many doses of Vit -A are given including first dose? _____ d. How much Vit A solution is given to a child above 1yr of age? _____																	
7.	Which vaccines should NEVER be frozen?	<input type="checkbox"/> BCG <input type="checkbox"/> DPT <input type="checkbox"/> OPV <input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DT <input type="checkbox"/> TT																
8.	What is the discard point for OPV vaccine with VVM?	<input type="checkbox"/> Stage-1 <input type="checkbox"/> Stage-2 <input type="checkbox"/> Stage-3 <input type="checkbox"/> Stage-4																
9.	In a village located 6km away from your sub center, with a population of 1000. How many minimum sessions/yr need to be organized to fully immunize all infants?	<input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 4																
10.	How many vials of Measles vaccine will you carry to immunize 15 infants in a village?	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																

11.	Reconstituted BCG and Measles vaccines should be discarded after how many hours?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
12.	Should you give immunization to a beneficiary who has lost his/her card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	How can you track drop out children?	<input type="checkbox"/> Counter foil of Immunization card <input type="checkbox"/> Tickler box/ bag <input type="checkbox"/> Immunization register <input type="checkbox"/> All of the above
14.	How will you dispose off AD syringes after use?	<input type="checkbox"/> Cut needle in hub cutter and collect syringe in Red bag and send to PHC for disinfection and disposal. <input type="checkbox"/> Throw in general waste/ Black bag. <input type="checkbox"/> Burn it in open air. <input type="checkbox"/> Bury it in a pit. <input type="checkbox"/> None of the above
15.	What will you do if a child comes to you with mild fever, pain and swelling at the site of injection?	<input type="checkbox"/> Refer to MO PHC <input type="checkbox"/> Give Paracetamol, ask to apply cold cloth at injection site and reassure <input type="checkbox"/> Do nothing
16.	Drop outs children are those who have never received any immunization	<input type="checkbox"/> True <input type="checkbox"/> False
17.	If a child comes with mild fever and diarrhea, should you give immunization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If a child comes with abscess after immunization what will you do?	<input type="checkbox"/> Do nothing <input type="checkbox"/> Reassure parents and refer to PHC & include in monthly report. <input type="checkbox"/> Give Paracetamol

## Handout 2: VPD Quiz

<b>Match A with B and C:</b>		
<b>Name of VPD</b>	<b>How to recognize the disease</b>	<b>Vaccines for Prevention</b>
<b>A</b>	<b>B</b>	<b>C</b>
TB	Acute Flaccid paralysis	DPT
Polio	Difficulty in opening mouth or neck stiffness	Measles vaccine
Diphtheria	Jaundice	TT, DT & DPT
Pertussis	Fever with rash	Hep. B Vaccine
Neonatal Tetanus	Loss of weight & cough	OPV
Hepatitis B	Repeated & violent cough followed by vomiting	DPT
Measles	Tonsils, pharynx & obstructed breathing	BCG

## **Handout 3: National Immunization Schedule for Children and Pregnant Women**

<i>Name of Vaccine</i>	<i>When to give</i>	<i>Dose</i>	<i>Route</i>	<i>Site</i>
<b><i>For Pregnant Women</i></b>				
<b><i>For Infants</i></b>				
<b><i>For Children</i></b>				



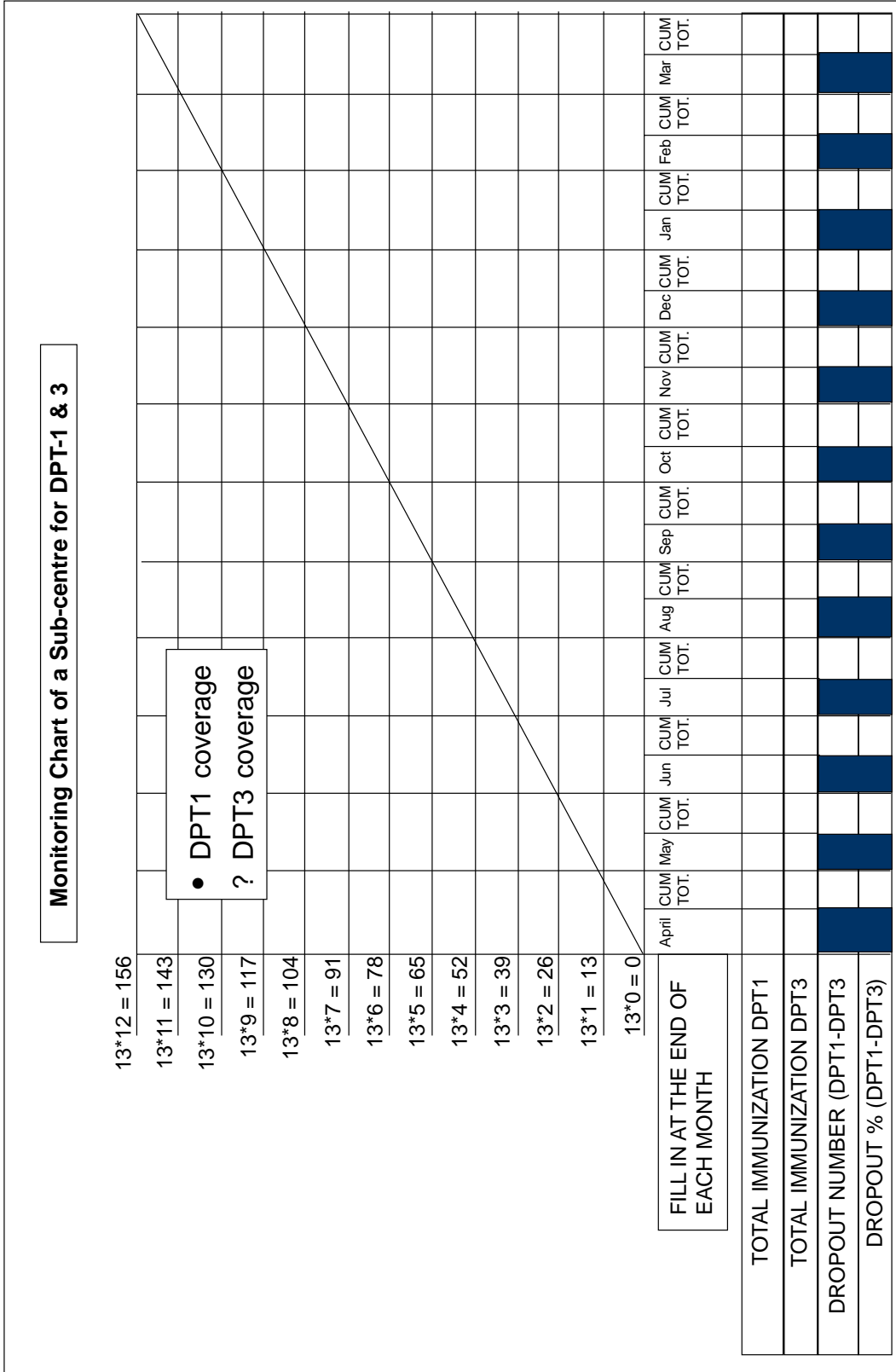
## ***Handout 5: Vaccine Sensitivities***

<b>Vaccine</b>	<b>Sensitive to heat/light</b>	<b>Sensitive to cold</b>	<b>Temperature at PHC/Health Post</b>
BCG			
OPV			
Measles			
DPT			
DT			
Hepatitis B			
TT			

## Handout 6: Tally Sheets

<b>REPORTING FORM OF IMMUNIZATION SESSION SITE (Tally Sheet)</b>								
Name of PHC/ Sub Center		Name of Village/Mohalla			Date of session:		Place of session	
Children	Less than 1 year				More than 1 year			
Vaccine	Tally		Total		Tally		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
BCG								
DPT1								
DPT2								
DPT3								
DPT-Booster								
OPV-0								
OPV1								
OPV2								
OPV3								
OPV-Booster								
Measles								
Vit.A 1								
Vit. A 2								
HepB1								
HepB2								
HepB3								
DT								
Women	Pregnant women				Others			
TT1	Tally		Total		Tally		Total	
TT2								
TT Booster								
		<i>Issued</i>		<i>Consumed</i>				
AD SYRINGES 0.5 ml 0.1 ml								
DISPOSABLE SYRINGES 5 ml					Names of staff			
HepB vaccine					1. ANM. :			
BCG VIALS					2. Supervisor :			
DPT VIALS					Signature of ANM:			
OPV VIALS								
MEASLES VIALS								
DT VIALS								
TT VIALS								

# Handout 7: Monitoring Chart



## Handout 8: Feedback from Participants Form

Date: \_\_\_\_\_ Training Site: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

No	Question	Response
1.	To what extent did you find this training useful? (Tick only one)	<input type="checkbox"/> Very useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful
2.	Did you find this workshop provided you with practical skills to carry out your work	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What session(s) did you find <b>most</b> useful? (Tick all that apply)	<input type="checkbox"/> Unit 1 Introduction <input type="checkbox"/> Unit 2 Common Diseases prevented by vaccination <input type="checkbox"/> Unit 3 National Immunization Schedule <input type="checkbox"/> Unit 4 Managing cold chain and vaccine carrier <input type="checkbox"/> Unit 5 Ensuring safe injection <input type="checkbox"/> Unit 6 Planning and conducting immunization <input type="checkbox"/> Unit 7 Adverse Events Following Immunization <input type="checkbox"/> Unit 8 Records, Reports & Tracking of dropouts <input type="checkbox"/> Unit 9 Increasing Immunization coverage <input type="checkbox"/> Unit 10 Surveillance of Vaccine Preventable Diseases
4.	Which session did you find <b>least</b> useful? (Tick all that apply)	<input type="checkbox"/> Unit 1 Introduction <input type="checkbox"/> Unit 2 Common Diseases prevented by vaccination <input type="checkbox"/> Unit 3 National Immunization schedule <input type="checkbox"/> Unit 4 Managing cold chain and vaccine carrier <input type="checkbox"/> Unit 5 Ensuring safe injection <input type="checkbox"/> Unit 6 Planning and conducting immunization <input type="checkbox"/> Unit 7 Adverse Events following immunization <input type="checkbox"/> Unit 8 Records, Reports & Tracking of dropouts <input type="checkbox"/> Unit 9 Increasing Immunization coverage <input type="checkbox"/> Unit 10 Surveillance of Vaccine Preventable Diseases
5.	Please evaluate the trainers of this workshop (Tick only one)	<input type="checkbox"/> Very good <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Poor

No	Question	Response
6.	Is there any other additional component that should have been included?	
7.	Can you suggest any changes/improvements in the methodology of this workshop?	
8.	Are you satisfied with the boarding and lodging facilities provided during this workshop (Tick only one)	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify)
<b><i>Thank you for your feedback!</i></b>		

## Annex 1: Answers to Pre and Post Test Questionnaire (with scores)

No.	Question	Response	Score															
1.	A fully immunized child is one who has received BCG, DPT/ Polio -1 & 2, Measles and Vit -A before the first birthday.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	1 point															
2.	If a child comes for vaccination for the first time at 9 months of age, vaccines that should be given on that day are DPT/ Polio-1, Measles and Vit A.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	1 point															
3.	If a child comes for vaccination for the first time at 16 months of age, the vaccines that should be given are: BCG, DPT/OPV-1, Measles and Vit -A.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	1 point															
4.	A Child received BCG, DPT1 and OPV1 at the age of 1 and half months. Then comes again after a gap of 6 months. You will start the immunization with DPT-1 again.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	1 point															
5.	Fill in the blanks: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Vaccine</th> <th style="text-align: left;">Route</th> <th style="text-align: left;">Site</th> <th style="text-align: left;">Dose</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td><i>Intramuscular</i></td> <td><i>Outer mid-thigh</i></td> <td><i>0.5 ml</i></td> </tr> <tr> <td>Measles</td> <td><i>Subcutaneous</i></td> <td><i>Right upper arm</i></td> <td><i>0.5 ml</i></td> </tr> <tr> <td>BCG</td> <td><i>Intradermal</i></td> <td><i>Left upper arm</i></td> <td><i>0.1 ml</i></td> </tr> </tbody> </table>	Vaccine	Route	Site	Dose	DPT	<i>Intramuscular</i>	<i>Outer mid-thigh</i>	<i>0.5 ml</i>	Measles	<i>Subcutaneous</i>	<i>Right upper arm</i>	<i>0.5 ml</i>	BCG	<i>Intradermal</i>	<i>Left upper arm</i>	<i>0.1 ml</i>	3 points
Vaccine	Route	Site	Dose															
DPT	<i>Intramuscular</i>	<i>Outer mid-thigh</i>	<i>0.5 ml</i>															
Measles	<i>Subcutaneous</i>	<i>Right upper arm</i>	<i>0.5 ml</i>															
BCG	<i>Intradermal</i>	<i>Left upper arm</i>	<i>0.1 ml</i>															
6.	The first dose of Vit-A solution is given with Measles at 9 months of age.																	
	a. Up to what age, Vit -A is given?	<u>5 years</u>	1 point															
	b. What is the interval between two doses of Vit -A?	<u>6 months</u>	1 point															
	c. How many doses of Vit -A are given including first dose?	<u>9 doses</u>	1 point															
	d. How much Vit A solution is given to a child above 1yr of age?	<u>2ml(2lakh IU)</u>	1 point															
7.	Which vaccines should NEVER be frozen?	<input type="checkbox"/> BCG <input checked="" type="checkbox"/> DPT <input type="checkbox"/> OPV <input type="checkbox"/> Measles <input checked="" type="checkbox"/> Hepatitis B <input checked="" type="checkbox"/> DT <input checked="" type="checkbox"/> TT	1 point															
8.	What is the discard point for OPV vaccine with VVM?	<input type="checkbox"/> Stage-1 <input type="checkbox"/> Stage-2 <input checked="" type="checkbox"/> Stage-3 <input type="checkbox"/> Stage-4	1 point															
9.	In a village located 6km away from your sub center, with a population of 1000. How many minimum sessions/yr need to be organized to fully immunize all infants?	<input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 4	1 point															

No.	Question	Response	Score
10.	How many vials of Measles vaccine will you carry to immunize 15 infants in a village?	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5	1 point
11.	Reconstituted BCG and Measles vaccines should be discarded after how many hours?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	1 point
12.	Should you give immunization to a beneficiary who has lost his/her card?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 point
13.	How can you track drop out children?	<input type="checkbox"/> Counter foil of Immunization card <input type="checkbox"/> Tickler box/ bag <input type="checkbox"/> Immunization register <input checked="" type="checkbox"/> All of the above	1 point
14.	How will you dispose off AD syringes after use?	<input checked="" type="checkbox"/> Cut needle in hub cutter and collect syringe in Red bag and send to PHC for disinfection and disposal. <input type="checkbox"/> Throw in general waste/ Black bag. <input type="checkbox"/> Burn it in open air. <input type="checkbox"/> Bury it in a pit. <input type="checkbox"/> None of the above	1 point
15.	What will you do If a child comes to you with mild fever, pain and swelling at the site of injection?	<input type="checkbox"/> Refer to MO PHC <input checked="" type="checkbox"/> Give Paracetamol, ask to apply cold cloth at injection site and reassure <input type="checkbox"/> Do nothing	1 point
16.	Drop outs children are those who have never received any immunization	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	1 point
17.	If a child comes with mild fever and diarrhea, should you give immunization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 point
18.	If a child comes with abscess after immunization what will you do?	<input type="checkbox"/> Do nothing <input checked="" type="checkbox"/> Reassure parents and refer to PHC & include in monthly report. <input type="checkbox"/> Give Paracetamol	1 point
Total Score			23 points

## ***Annex 2: Registration Form for Participants***

Date: \_\_\_\_\_ Training Site: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Sl. No.	Name	Designation	Place of work	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

### **Annex 3: Temperature Chart**

Month: \_\_\_\_\_ PHC: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Date	Temperature		Power Breaks Duration and time	Remarks	Signature
	10 am	4 pm			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

## Annex 4: Shake Test

Conduct a **Shake Test** to test potency of vaccines that are sensitive to freezing. This test is done by shaking two vials of vaccine, one that is frozen and one that is not frozen, and comparing the sedimentation at the bottom of the vials.

**Follow these steps to conduct the Shake Test for DPT, Hep B, DT or TT vaccines that may have been frozen.**



**Step 1:** Take 2 vials of the same vaccine from the same manufacturer and batch number-

- One that you suspect may have been frozen (**test**)
- One that you know has been frozen (freeze the vial for at least 10 hrs at -10 degree C) (**control**)

**Step 2:** Shake both vials by placing the vial in between the palms and mixing by rubbing rather than shaking vials up and down.

**Step 3:** After shaking, let vaccine vials stand for 15 to 30 minutes.

**Step 4: Look at both vials.**

If after 15-30 minutes:	Then:
 <p>The vaccine is starting to clear and has no sediment at the bottom of the vial</p>	Use Vaccine
 <p>The vaccine is almost all clear with thick sediment at the bottom of the vial</p>	<b>Do not use</b> Discard vaccine Inform Supervisor

## Annex 5: Role Play Scripts

### Role Play 1

Health worker	Baby Raju! <i>(Shouts towards the row of seated women)</i> . . . Baby Raju!!
Mother	Yes, sister? <i>(she stands up and moves towards the procedure table with her baby)</i>
Health worker	Don't you listen? Why do you come here then? Show me your card!
Mother	<i>(becomes uncertain of what to do and stands in front of the immunization table)</i>
Health worker	Just sit down! Don't waste my time; I have many children for immunization today.
Mother	<i>(sits down and gets her baby ready for injection)</i>
Health worker	<i>(writes on the card and then gives the baby an injection without any regard for the baby or the mother; she writes on papers on her desk, ignoring the mother)</i>
Mother	Please . . . What injection did my child receive? Do I have to bring her back?
Health worker	Look, are you stupid? Bring that card. Everything is in this card. You have to be reading this card properly. You see I have already marked the injection I gave your baby on the card.
Health worker: (continues)	The card also contains the immunization schedule as follows <i>(head down she reads the information from the card as rapidly as possible)</i> : At birth.....BCG & OPV0 At 6 weeks.....DPT1 & OPV1 At 10 weeks.....DPT2 & OPV2 At 14 weeks.....DPT3 & OPV3 At 9 months..... Vit A 1 <sup>st</sup> dose and Measles
Mother	Please, sister... <i>(very upset)</i>
Health worker	Madam! No questions. You are wasting my precious time. I have told you that I am always very busy in this clinic. Who's next? Baby Kallu

## Role Play 2

Health worker	Mother of baby Shahrukh, please, come this way.
Mother	Yes, sister ( <i>she stands up and moves towards the immunization table with her baby</i> )
Health worker	Please sit down. How are you and how is your baby today? May I see your card?
Mother	Fine sister! ( <i>Sits down and gets her baby ready for vaccination</i> ). I do not have a card. Today is my first day.
Health worker	Don't worry. I will give you a card. ( <i>Health worker takes the card out and records all the necessary information and directs the mother to get her child ready for vaccination</i> ). Shrimati Munni, can I confirm that your child's name is Shahrukh and he is 2 weeks old.
Mother	Yes, sister. Thank you.
Health worker	I am going to give your child a vaccine on his left upper arm and some drops into his mouth. The vaccine in the upper arm protects your child against tuberculosis, which gives children chronic cough. The drops prevent polio, that disease which can make children lame. The small injection does not cause much pain. It may give a small lump that will last only a few weeks. You should keep the injection site dry and do not dress it ( <i>Health Worker gives the injection on the left upper arm of the child</i> ). The drops do not cause any problems.
Mother	Thank you, Sister. I am so happy you are not angry with me.
Health worker	Shrimati Munni, why would I be angry with you?
Mother	Ah! You know the other mothers told me that because I did not bring my child immediately after birth, the sisters were going to shout at me. Thank you very much.
Health worker	( <i>Records the vaccine given and tells Shrimati Munni the date, place and time of the next vaccination. The Health Worker also explains that to be fully immunized the child needs to complete several visits before the child's first birthday.</i> ) Your next visit will be on this same day, Monday, in four weeks time. Do you have any questions or anything, which you would like me to explain further?
Mother	Yes, sister. What should I do if I miss my child's immunization appointment?
Health worker	Shrimati Munni ... I know it is not always easy to keep all the appointments, but you should try as much as possible to keep the immunization appointments. Immunizations are very important for protecting your children against dangerous childhood diseases. But if you fail to keep an appointment, just come on the next immunization day even if the child is sick. We give immunization every Wednesday in this sub-center
Mother	Thank you sister, ( <i>smiling</i> ). I will make sure I do not miss any immunization appointment.
Health worker	Bye-bye Shrimati Munni, see you in 4 weeks time.

## Annex 6: UIP Reporting Formats

### MONTHLY SUBCENTRE REPORT

Subcentre \_\_\_\_\_ Month \_\_\_\_\_ 200\_\_\_\_\_

P.H.C. \_\_\_\_\_ District \_\_\_\_\_

Yearly Target: In fants \_\_\_\_\_ Pregnant Women \_\_\_\_\_

Number of Sessions: (a) Planned \_\_\_\_\_ Actually held \_\_\_\_\_

Number of Sessions where vaccines received at site \_\_\_\_\_

Number of Volunteers/ASHA engaged to mobilise children \_\_\_\_\_

Number of Sessions for which private vaccinators hired	ANM absent	Underserved areas	Urban slums	Total

#### (A) IMMUNISATION AND VIT. A.

Pregnant Women	Tetanus Toxoid	Doses		For the month				Cumulative			
		1		2		B					
Vaccines	Doses	For the month				Cumulative					
		Under 1 year		Over 1 Year		Under 1 year		Over 1 Year			
		Male	Female	Male	Female	Male	Female	Male	Female		
BCG	1										
OPV	0 dose										
	1										
	2										
	3										
DPT	1										
	2										
	3										
Hepatitis B (Where introduced)	1										
	2										
	3										
MEASLES	1										
VITAMIN A	1										
DPT Booster	B										
OPV Booster	B										
VITAMIN A	2										
	3										
	4										
	5										
DT-5	1										
TT-10	1										
TT-16	1										

#### (B) SURVEILLANCE

Disease	For the month		During the month	
	Cases	Death	Cases	Death
Diphtheria				
Pertussis				
Tetanus Neonatourm				
Teranus others				
Acute Flaccid Paralysis				
Measles				

#### (C) UNTOWARD REACTIONS FOLLOWING IMMUNIZATION

UNTOWARD REACTIONS	During the		Remarks
	Month	Year	
Reported deaths			
Number of abscessess			
Other Complications			

## **Annex 7: Sample Certificate**



सत्यमेव जयते

### **CERTIFICATE**

*This is to certify that Ms/Mr \_\_\_\_\_ of \_\_\_\_\_  
has successfully completed the Immunization Training Workshop held at  
\_\_\_\_\_ on \_\_\_\_\_ 200\_.*

\_\_\_\_\_  
**Training Coordinator**

\_\_\_\_\_  
**Chief Medical Officer**

## Annex 8: Training Workshop Reporting Format

1.	Name of Training Institution	
2.	Name of clinical sites visited	
3.	Dates of Training workshop	
4.	Number of participants - Expected	
5.	Number of participants - Attended	
6.	List of participants with designation, address and place of work (attach registration copy)	
7.	Attach a copy of Training Programme including <ul style="list-style-type: none"> <li>• The name of the sessions,</li> <li>• Time allotted,</li> <li>• Resource faculty and</li> <li>• Methodology.</li> </ul>	
8.	Mention the training material used	
9.	List training and other materials given to all participants <b><i>in local language</i></b>	<input type="checkbox"/> Immunization Handbook. <input type="checkbox"/> Handouts from Facilitators Guide. <input type="checkbox"/> Certificates. <input type="checkbox"/> Other (specify) _____
10.	Evaluation of the training: Pre-post test evaluation done	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Remarks on the workshop indicating good experiences and problems/constraints faced	
12.	Remarks by the Training Institute regarding: <ul style="list-style-type: none"> <li>• Release of trainees</li> <li>• Training material</li> <li>• Release of funds</li> </ul>	

## Annex 9: Checklist for monitoring Quality of Immunization Training

1.	Dates of visit															
2.	Place of visit															
3.	Persons who visited (with Designation & Department)	1. 2. 3.														
4.	Dates of training workshop															
5a	No. of participants - Nominated															
5b	No. of participants - Attended															
6.	Attach a copy of day to day programme schedule/Introductory document															
7.	Field visit organized to DH/CHC/PHC for the trainees to practice giving safe injections	<input type="checkbox"/> Yes <input type="checkbox"/> No														
8.	Training and other materials given to all participants <b>(in local language)</b>	<input type="checkbox"/> Immunization Handbook <input type="checkbox"/> Handouts from Facilitators Guide <input type="checkbox"/> Certificates <input type="checkbox"/> Other (specify) _____														
9.	Pre/post test done	<input type="checkbox"/> Yes <input type="checkbox"/> No														
10.	Feedback received from trainees & action taken	<input type="checkbox"/> Yes <input type="checkbox"/> No														
11.	<p>Session Assessment</p> <ul style="list-style-type: none"> <li>❖ Whether Session objectives were fulfilled</li> <li>❖ Appropriate use of AV Aids</li> <li>❖ Methodology – one way, interactive, role play, questions &amp; answers or films (mention the methodology used)</li> <li>❖ Session evaluation done by trainers- when &amp; how.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Unit</th> <th style="width: 50%;">Assessment</th> </tr> </thead> <tbody> <tr> <td>Unit 1 Introduction</td> <td></td> </tr> <tr> <td>Unit 2 Common Diseases Prevented by Vaccination</td> <td></td> </tr> <tr> <td>Unit 3 National Immunization Schedule</td> <td></td> </tr> <tr> <td>Unit 4 Managing the Cold Chain and Vaccine Carrier</td> <td></td> </tr> <tr> <td>Unit 5 Ensuring Safe Injections</td> <td></td> </tr> <tr> <td>Unit 6 Planning And Conducting Immunization</td> <td></td> </tr> </tbody> </table>		Unit	Assessment	Unit 1 Introduction		Unit 2 Common Diseases Prevented by Vaccination		Unit 3 National Immunization Schedule		Unit 4 Managing the Cold Chain and Vaccine Carrier		Unit 5 Ensuring Safe Injections		Unit 6 Planning And Conducting Immunization	
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	Unit 7 Adverse Events Following Immunization	
	Unit 8 Records, Reports & Tracking of dropouts	
	Unit 9 Increasing Immunization Coverage	
	Unit 10 Surveillance of Vaccine Preventable Diseases	
12.	Facilities at the training centre (tick if available)	<input type="checkbox"/> Teaching aids <input type="checkbox"/> Hostel-room <input type="checkbox"/> Mess <input type="checkbox"/> Water facilities <input type="checkbox"/> Electricity <input type="checkbox"/> Transport (own/hiring) <input type="checkbox"/> Facilitator's guides & modules <input type="checkbox"/> Classroom
13.	Training Calendar	
	a. Conducting training workshops according to training calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Total training load	
	c. Training load completed	
	d. No. of workshops left.	
14.	Availability of funds for conducting training	
	a. Funds released (Amount)	
	b. Source of funds	<input type="checkbox"/> Flexi pool <input type="checkbox"/> NIHFV
	c. No. of workshops assigned	
	d. No. of workshops conducted	
	e. No. of workshops for which Statement of Expenditure has been sent	
	f. Funds available for further training	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Difficulty in getting funds	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify) _____
15.	Overall remarks	

## Annex 10: Checklist for Follow up (On-the-Job) Evaluation of Health Workers after Immunization Training

(Use this checklist to evaluate Health Workers at least six months after they have received immunization training)

**State:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Block/PHC:** \_\_\_\_\_

**SC:** \_\_\_\_\_

**Date(s) of visit:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

1.	Name of Health Worker	
2.	Designation of Health Worker	<input type="checkbox"/> ANM/Health Worker Female <input type="checkbox"/> LHV/ Health Assistant Female <input type="checkbox"/> Male Worker/MPW/Health Assistant Male <input type="checkbox"/> Other (specify) _____
3.	Date(s) of training workshop attended	
4.	Name of the Training centre (where trained)	
5.	Facilities at Sub-Centre (tick if available)	<input type="checkbox"/> Source of clean water <input type="checkbox"/> Table and chairs <input type="checkbox"/> Immunization Cards <input type="checkbox"/> Tally Sheets <input type="checkbox"/> MCH Register <input type="checkbox"/> Tracking Bags/Tickler Boxes (for counterfoils) <input type="checkbox"/> All vaccines and diluents <input type="checkbox"/> Vitamin A <input type="checkbox"/> AD Syringe 0.1ml <input type="checkbox"/> AD Syringe 0.5ml <input type="checkbox"/> Disposable Reconstitution (Mixing) Syringes <input type="checkbox"/> Vaccine Carrier <input type="checkbox"/> 4 Ice Packs <input type="checkbox"/> Hub Cutter <input type="checkbox"/> Red and Black waste disposal bags
6.	Did you receive a copy of the Immunization Handbook in local language during the training workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Was a field visit organized to DH/CHC/PHC for the trainees to practice giving safe injections	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If yes, how many injections given for practice	<input type="checkbox"/> I/D _____ <input type="checkbox"/> I/M _____ <input type="checkbox"/> S/C _____
9.	Observe an Immunization Session and use "Annex 2: Monitoring Checklist for Immunization Session" in the Immunization Handbook to evaluate skills of Health Workers in providing Immunization services).	