

T-13014/01/2011-Imm
Government of India
Ministry of Health and Family Welfare
Immunization Division

Dated 17th June 2011

To
Mission Director (NRHM)
All States/ UTs

Subject: Intensification of RI monitoring

Dear Sir/Madam,

During the recent State EPI officers meeting held on 18th-20th May 2011 at New Delhi, immunization programme monitoring format being used by some states were shared. In the said meeting it was decided to use the monitoring format across the country for monitoring the immunization programme. In this regard, please find enclosed the same along with a concept note and SOP for the formats.

These formats will be of optimal benefit if used by all officials monitoring the programme. The data generated by analyzing these report should be used for future planning and implementation of the immunization programme in your State.

Yours faithfully



(Dr. Pradeep Halder)

Assistant Commissioner (Immunization)

Enclose:

1. Session Monitoring format
2. H-t-H Monitoring (Community Survey) format
3. PHC/Block Monitoring format
4. District Monitoring format
5. SOP for Session Monitoring
6. SOP for H-t-H monitoring
7. List of Monitoring Indicators

Copy to:

1. State EPI Officers, All States & UTs
2. DC(CH&I)
3. Development Partners

Concept Note
for
Intensified Routine Immunization Monitoring (IRIM)

- a) In view of changing programme and priorities, Government of India has decided to expand and intensify the RI monitoring both in scale (covering new geographical areas) and in scope (incorporating more and more programme parameters) by actively engaging with the state governments in enduring collaboration with the partner agencies.
- b) Monitoring strategy is aligned across the hierarchy of the programme by standardizing the monitoring formats for community survey (house-to house), session monitoring, PHC/ Block monitoring and District monitoring. Formats and standard operating procedures (SOP) need immediate dissemination through reorientation of the concerned staff for prompt operationalization in your state.
- c) Coverage can be enhanced through the provision of quality services along the entire value-chain of routine immunization. With this theme of “coverage with quality”, emphasis is given on monitoring all key components of the programme including micro-planning, supply chain management, cold chain, tracking & mobilization of beneficiaries, injection safety, waste disposal, AEFI & VPD surveillance, IEC efforts, supportive supervision as well as the proximate determinants of immunization like religion, education, occupation, gender etc.
- d) Monitoring of the immunization status of the vulnerable communities like the migrant & mobile population, slum-dwellers, pastoral communities in hard-to-reach areas etc. is strengthened in consonance with its Emergency Preparedness and Response Plan for polio eradication.
- e) While not restricting the contextualization of these formats to meet up statespecific needs by appending any additional relevant question (variable/ stratifier), GoI has universalized these monitoring instruments to be used by every supervisory official in government health department for monitoring immunization programme.
- f) The supervisory officials are expected to monitor 4 to 8 sessions (fixed & outreach) per month with rapid community survey (house to house) in corresponding catchment areas. Block/PHC and district level monitoring should be done by the appropriate officials once a month or as need be. The monitoring data should be entered at least to a spreadsheet database preferably on weekly basis at PHC & district level for timely feedback and onward transmission.
- g) Government of India reiterates that the monitoring data thus generated should be converted into strategic intelligence by analyzing and sharing the information among the members of block, district and state task forces/ steering committees to guide the officials in charge of the programme at all levels in undertaking appropriate corrective actions (like intensifying locally tailored IEC, enhancing AVD, streamlining logistic management, converging immunization with VHND etc) in order to improve access as well as utilization of immunization service and thus reduce both left-out and drop-out rates at a steady pace.
- h) Regular oversight is needed to ensure the quality and timeliness of the whole cycle of processes under IRIM from selection of sites & areas for monitoring through collection, compilation and dissemination of data to interventions driven by such shared intelligence.

Session Monitoring Format for Routine Immunization

Name of Monitor:	Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> Others	Designation:
Date : dd / mm / yy	Time: Day: <input type="checkbox"/> Wed <input type="checkbox"/> Other	Last polio SIA..... Next polio SIA.....
State	[Grid for State details]	
District	[Grid for District details]	
Block/ Urban Local Body	Planning Unit:	[Grid for Planning Unit details]
Sub Center / Urban Post	[Grid for Sub Center / Urban Post details]	
Address of the Area	Live Births in last year: [Grid]	Population [Grid]
*Reason for selection ¹ : <input type="checkbox"/> H1 <input type="checkbox"/> MG <input type="checkbox"/> L 1 <input type="checkbox"/> S1 <input type="checkbox"/> R1 <input type="checkbox"/> VS <input type="checkbox"/> M1 <input type="checkbox"/> N1 <input type="checkbox"/> U1 <input type="checkbox"/> V1 <input type="checkbox"/> W1 <input type="checkbox"/> O1		
Session Site ² : <input type="checkbox"/> SC <input type="checkbox"/> NS <input type="checkbox"/> AW <input type="checkbox"/> NW <input type="checkbox"/> PV		Polio HRA: <input type="checkbox"/> Yes <input type="checkbox"/> No

How many times this site has been monitored in last 3 months: Never Once More.....

Tick, whichever is applicable : Q1 to Q 21 to be noted by observation

1.	a) Whether Session held : <input type="checkbox"/> Y <input type="checkbox"/> N b) If a=Y, is session as per plan: <input type="checkbox"/> Y <input type="checkbox"/> N c) if b=N, change in*: <input type="checkbox"/> ANM <input type="checkbox"/> Site <input type="checkbox"/> Time d) If a= 'N', Reason for session not held ³ : <input type="checkbox"/> A3 <input type="checkbox"/> B3 <input type="checkbox"/> C3 <input type="checkbox"/> D3 <input type="checkbox"/> E3..... e) If ANM is absent, why? <input type="checkbox"/> Vacant <input type="checkbox"/> Leave <input type="checkbox"/> Other..... f) Status of Plan* : <input type="checkbox"/> NA <input type="checkbox"/> No map <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete						
2.	Is the session synchronized with Village Health & Nutrition Day (VHND)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.	Beneficiaries are being mobilized to session site by ⁴ (By interviewing three caregivers)* <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Caregiver 1</th> <th style="width: 33%;">Caregiver 2</th> <th style="width: 33%;">Caregiver 3</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Caregiver 1	Caregiver 2	Caregiver 3			
Caregiver 1	Caregiver 2	Caregiver 3					
4.	How Vaccines & logistics were brought to session site <input type="checkbox"/> AVD [#] <input type="checkbox"/> ANM <input type="checkbox"/> Supervisor <input type="checkbox"/> Other						
5.	a) Vaccine & diluent kept in VC : <input type="checkbox"/> Yes <input type="checkbox"/> No b) How many icepacks are in the VC: <input type="checkbox"/> Four <input type="checkbox"/> Less than four c) Vac & diluent in zipper bag: <input type="checkbox"/> Y <input type="checkbox"/> N d) Vac & Diluent bundled: <input type="checkbox"/> Y <input type="checkbox"/> N e) Ice-packs conditioned : <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NOB ⁵						
6.	Which of the vaccines/diluents are available at session site* <input type="checkbox"/> BCG <input type="checkbox"/> BCG Diluent <input type="checkbox"/> DPT <input type="checkbox"/> JE <input type="checkbox"/> Measles <input type="checkbox"/> Measles Diluent <input type="checkbox"/> DT <input type="checkbox"/> JE Diluent <input type="checkbox"/> tOPV <input type="checkbox"/> Pentavalent <input type="checkbox"/> TT <input type="checkbox"/> Hepatitis B						
7.	Whether any vaccine vial is found "in use" or "discarded" (ENCIRCLE) in the mentioned condition, if 'Yes', Tick <input checked="" type="checkbox"/> and record the vaccine* <input type="checkbox"/> Without label..... / <input type="checkbox"/> Unreadable label (in use/ discarded) <input type="checkbox"/> VVM Unusable Stage (III or IV)(in use/ discarded) <input type="checkbox"/> Expired Vaccine Vial (in use/ discarded) <input type="checkbox"/> Frozen Vaccine (DPT, TT, Hepatitis -B)(in use/ discarded) <input type="checkbox"/> Any vaccine reconstituted more than 4 hours back.....(in use/ discarded)						
8.	Which of the mentioned Logistics are adequately available * <input type="checkbox"/> Due list found with ANM <input type="checkbox"/> Functional Hub Cutter <input type="checkbox"/> Zinc Tablet <input type="checkbox"/> Counterfoils <input type="checkbox"/> Tracking Bag <input type="checkbox"/> Due list found with mobilisers <input type="checkbox"/> Blank RI/MCP [@] Card <input type="checkbox"/> Vitamin-A Solution <input type="checkbox"/> Plastic Spoon/cap for Vitamin-A <input type="checkbox"/> ORS Packet <input type="checkbox"/> AD (0.1ml) Syringes <input type="checkbox"/> Nutritional Supplements <input type="checkbox"/> IFA Tablet <input type="checkbox"/> AD (0.5 ml) Syringes <input type="checkbox"/> Vitamin-A Solution <input type="checkbox"/> Paracetamol <input type="checkbox"/> 5ml Syringes (Recons.) <input type="checkbox"/> Zinc Tablet <input type="checkbox"/> Weighing machine <input type="checkbox"/> Blank RI/MCP [@] Card <input type="checkbox"/> Counterfoils <input type="checkbox"/> Tracking Bag <input type="checkbox"/> B P Apparatus						
9.	Whether Time of reconstitution written on reconstituted vial/s <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB If no, why.....						
10.	Whether AD syringe is used for injectable vaccines* <input type="checkbox"/> Yes <input type="checkbox"/> Glass syringe <input type="checkbox"/> Disposable Syr <input type="checkbox"/> NOB						
11.	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh <input type="checkbox"/> Yes <input type="checkbox"/> Other site..... <input type="checkbox"/> NOB						
12.	Whether Measles vaccine given by <i>sub-cutaneous route</i> on Rt arm* <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> ID <input type="checkbox"/> Rt arm <input type="checkbox"/> Other <input type="checkbox"/> NOB						
13.	Whether ANM is touching any part of the needle while giving injection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB						
14.	Whether ANM is recapping the needle after giving injection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB						
15.	Whether each used syringe being cut with hub cutter just after use <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why ⁵ : <input type="checkbox"/> A5 <input type="checkbox"/> B5 <input type="checkbox"/> C5 <input type="checkbox"/> D5 <input type="checkbox"/> E5*						
16.	How the session waste is segregated <input type="checkbox"/> Red & Black bag <input type="checkbox"/> other <input type="checkbox"/> Not done						
17.	Whether record is maintained for each child vaccinated <input type="checkbox"/> No <input type="checkbox"/> Tally sheet <input type="checkbox"/> Other						
18.	Whether 4 Key Messages are explained to the care-givers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB						
19.	If 4 Messages are not delivered, the most commonly missed message* <input type="checkbox"/> Msg 1 <input type="checkbox"/> Msg 2 <input type="checkbox"/> Msg 3 <input type="checkbox"/> Msg 4						
20.	Whether the care-giver is advised to wait for 30 mins after vaccination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB						
21.	Is AEFI management kit available at the session site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete kit						
22.	Whether the ANM has noted the following* <input type="checkbox"/> Vac Batch <input type="checkbox"/> Vac Exp dt <input type="checkbox"/> Diluent batch <input type="checkbox"/> Diluent Exp date						
Q23 to Q 29 By Interviewing the ANM/ Vaccinator and Checking the records, if needed							
23.	How many AEFIs have been reported by her in last 3 months (number) <input type="checkbox"/> NIL Rep done, Nonserious..., Serious....						
24.	Ask If a child comes with mild fever(1) or loose motions(2), will she vaccinate? (1) <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> Yes <input type="checkbox"/> No						
25.	How the session-waste is disposed of ⁶ <input type="checkbox"/> A6 <input type="checkbox"/> B6 <input type="checkbox"/> C6 <input type="checkbox"/> D6						
26.	Whether this service-provider has been visited by any supervisor in last 2 months <input type="checkbox"/> None <input type="checkbox"/> HS <input type="checkbox"/> MO <input type="checkbox"/> Other.....						
27.	How many newborns have been enrolled for vaccination by her in last one month(number)						
28.	How many sessions have been planned and conducted by ANM in last 3 months Planned....., Conducted.....						
29.	If ANM has experienced any stock-out of vaccine/ logistic in last 3 months* <input type="checkbox"/> No <input type="checkbox"/> DPT <input type="checkbox"/> Measles <input type="checkbox"/> Others						

30. If, any Vaccine or logistic is not available or ANM is absent, please visit the PHC and ascertain the reason of non-availability:

* Multiple responses applicable \$NOB=Not Observed #AVD=Alternate Vaccine Delivery @MCP=Mother and Child Protection Card (Signature)

1 H1= Hard to reach, MG= Migrant, L1= Large catchment, S1= Slum, R1= Refusing community, VS= Vacant SC, M1= MOB in last 1 year, N1= Newly inducted in RI microplan, U1= untrained/ new vaccinator, V1= VDPV area, W1= WPV in last 3 yrs, O1=Other

2 SC= Sub Centre, NS= Non-SC Fixed site, AW= Outreach at AWC, NW= Non-AWC outreach, PV= Private site(Private clinic/ NGO etc)

3 (Q. 1a): A3= Not part of RI microplan, B3= Neither ANM/ Vaccinator nor vaccines/logistics is available, C3 = ANM/vaccinator present but vaccine/logistics not available, D3= Vaccine / logistics available but ANM / vaccinator absent, E3=Others (specify);

4 Use codes: 1= ASHA, 2= ICDS worker, 3= Relative/ neighbour, 4= SHG, 5= PRI personnel, 6= NGO, 7= others, 8= None

5 A5= Hubcutter not available, B5= Hubcutter not functioning, C5=Untrained ANM, D5= Other, E5= Not Observed

6 A6= At onsite pit, B6= Carried to PHC, C6= Open onsite burning, D6= Others

House to House Monitoring Form for Routine Immunization

Name of Monitor: **Organization:** Govt. NPSP UNICEF Others **Designation:** | **Date:** dd / mm / yy **Time:**
 State

 District

 Block/ Urban local body

 Sub Centre of Area

 Village/Area

 At least one session held for this area in last 3 months: Yes No Not Known

Reason for selection^a: H1 MG L1 S1 R1 VS M1 N1 U1 V1 W1 O1 Polio HRA: Y N ASHA identified: Y N AWW identified: Y N

Srl.	Particulars / Questions	House-1	House-2	House-3	House-4	House-5	House-6	House-7	House-8	House-9	House-10	
1	House marking in last polio SIA round (with P or X)											
2	Name of the Father											
3	Religion (H / M / O)											
4	Caste (SC/ ST/ OBC/ Gen)											
5	Migratory status ^b											
6	Highest educational level attained by mother ^c											
7	Occupation of main earning member ^d											
8a	Name of the selected Child (0-35 m)											
8b	Sex of the selected child (M/F)											
8c	Date of Birth (dd/mm/yy; if no date, age in months)											
9	Is RI/MCP ^e Card available?(Yes/Lost/Locked/Not given)											
10	*Who visits the house to inform about RI? ^e											
11	Immunization Status of the Child <i>[If RI card is available mention 'Date' for each vaccine received. If RI card is not available, ask parents. Write 'Y' for Yes and 'N' for No; For BCG, if SCAR is visible write S, otherwise same]</i>	BCG										
		OPV-0										
		DPT 1										
		OPV 1										
		Hep B1										
		DPT 2										
		OPV 2										
		Hep B 2										
		DPT 3										
		OPV 3										
		Hep B 3										
Measles												
MCV2												
DPT Booster												
12	*If not vaccinated with vaccine due as per age, reason for not vaccinating with the last due vaccine ^f											

a H1= Hard to reach, MG= Migrant, L1= Large catchment, S1= Slum, R1= Refusing community, VS= Vacant SC, M1= MOB in last 1 year, N1= Newly inducted in RI microplan, U1= untrained/ new vaccinator, V1= VDPV area, W1= WPV in last 3 yrs, O1=Other
Q 5: b No history of migration =1, In-migrant to this place for <6 months =2, In-migrant to this place for 6 months or more =3, Bread-earner is outmigrant =4
Q 6: c1=Illiterate, 2= <5 years completed, 3= 5-10 years completed, 4= >10 years completed
Q 7: d 1= Unemployed, 2= Main worker (>6m a year), 3= Marginal worker (<6m), 4= Other
Q 10: e 1= ASHA, 2= ICDS worker, 3= ANM, 4= SHG, 5= PRI personnel, 6= NGO, 7= others, 8= None
Q 12: f Unaware of need for immunization =1, Child was sick and the care-giver not willing to vaccinate =2, Child was sick and health worker was not willing to vaccinate=3, Fear of pain from injection =4, Fear of side effects (Specify: what kind of side effect they were fearing) =5, No faith in immunization =6, Inconvenient timing of session =7, Long waiting time =8, Did not know where to go to get immunization =9, Did not know when to go to get immunization =10, RI session site too far away =11, Vaccinator's behaviour not friendly =12, Went to Vaccination centre but turned away due to non-availability of vaccine = 13, Past experience of AEFI in family/ neighborhood =14, Adverse media reports =15, Other (Specify)= 16, Do not know why=99
^MCP card= Mother and Child Protection Card * multiple response allowed

ROUTINE IMMUNIZATION BLOCK LEVEL MONITORING FORMAT

Name of State : _____ Name of District : _____
 Name of Block : _____ Type of Health Facility : CHC/PHC/Other _____
 Name of Monitor : _____ Designation (Department/Agency) : _____
 Name of MO in charge : _____ Has the MOIC received training on RI: Never / Within 1 yr/ >1 yr back

At Block Health Facility (Discuss with Superintendent or Medical Officer in charge) –

1	Updated Block level RI Microplan available -						<input type="checkbox"/> NA <input type="checkbox"/> No map <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
2	RI Microplan / ANM Roster displayed prominently -						Yes No
3	Specific Plan for hard-to-reach areas available:						Yes No
4	AVD plan displayed						Yes No Not Done
5	RI Coverage Monitoring (Drop out) Chart displayed at health facility						Yes No Not Done
6	ANM: Sanctioned _____ Posted _____ AWW: Sanctioned _____ Posted _____ ASHA: Sanctioned _____ Posted _____						
7	Joint Supervisory Visit Plan for ICDS & Health Supervisors available:						Yes No
8	Total number of RI sessions	Fixed site	SC	AWC	Other Outreach	Pvt/ NGO	
9	during last completed month :	Planned					
10	(Give number)	Held					
11	Number of sessions by Alternate Vaccinators	Planned : _____			Held : _____		
12	Plan for organization of missed sessions available						Yes No
13	Daily RI sessions held at Block level Health Facility :						Yes No
14	Number of Monitoring visits made by Block officials during last completed month (Give only number):	<ul style="list-style-type: none"> • Session sites _____ • Community (H-H) survey _____ 					
15	Filled Monitoring formats sent to District HQ for necessary action						Yes No
16	Number of Supervisory visits made by Health Supervisors during last month :						_____
17	Number of supervisory visits made by district officials to the block in last 3 months						
18	Session wise reporting done at Block Health Facility by all ANMs'						Yes No
19	RI review meeting done at block level during last month						Yes No
20	Inter sectoral Coordination Meeting held during last month for RI related issues:						Yes No
21	If yes, encircle the Departments / Sectors and Agencies that participated (Encircle all applicable) ::	Administration/ Health Education	ICDS	NGOs	Panchayat Raj	Other	
22	SOEs' (under RCH II Part C) being submitted to District HQ on monthly basis						Yes No
23	Updated Vaccine & Logistics Stock Registers available						Yes No
24	Updated Vaccine Distribution Register available						Yes No
25	Whether ILR is in working condition						Yes No
26	Whether Deep-Freezer is in working condition						Yes No
27	All available vaccines stored inside ILR:						Yes No
28	Which Vaccines and Logistics available are not adequate for next one week (Encircle)	BCG	DPT	OPV	Measles		
		TT	Pentavalent	Hepatitis B	JE JE diluent		
	Hub-cutter AEFI Kit Tracking Bag	BCG Diluent	Measles Diluent	Vitamin A	RI / MCP cards		
		0.1 ml ADS	0.5 ml ADS	5 ml syringe	Red/ Black bags		
29	Any stock out of any vaccine or logistic experienced in last 3 months:						
30	Temperature inside ILR between +2 to +8 °C						Yes No
31	Frozen DPT/ TT / Hepatitis B vaccines present inside ILR						Yes No
32	Expired vaccines present inside ILR						Yes (specify) _____ No
33	Other medicines (besides vaccines) stored inside ILR						Yes (specify) _____ No
34	Returned vials retrieved from VCs & CBs returned from session						Yes No
35	Ice packs correctly placed inside Deep Freezer						Yes No
36	Temperature log books for all equipment maintained and updated						Yes No
37	Generator of Block Health Facility is functional						Yes No
38	Cold Chain Handler status:						None fixed / Fixed but untrained / Fixed & Trained
39	All used syringes and cut needles from field are brought back to Health Facility						Yes No
40	Constructed Sharp Disposal Pit available at Block Health Facility						Yes No
41	All Sharps and Plastic Waste is being disposed off as per the norms						Yes No
42	Any VPD case reported during last completed month						____AFP, ____Measles, ____Diphtheria, ____JE
43	Any Adverse Event including reported during last completed month						____Serious ____Non-serious

Date & Day : _____

Signature of Official

ROUTINE IMMUNIZATION DISTRICT LEVEL MONITORING FORMAT

Name of State : _____ Name of District : _____

Name of Monitor : _____ Designation (Department/Agency) : _____

Name of DIO : _____	Has the DIO received training on RI: Never / Within 1 yr / >1 yr back
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At District Headquarter (Observe and Discuss with CMO, ACMO (Immunization) and District Immunization Officer) –

1	District RI Microplan available (as part of District Action Plan under NRHM) -	Yes	No								
2	Total no. of blocks submitted RI Microplan in the district:	_____ out of _____									
3	Specific Microplan for Urban slum & hard-to-reach areas available at district:	Yes	No								
4	Specific Microplan for hard-to-reach areas available at district:	Yes	No								
5	Specific RI communication plan available at district:	Yes	No								
6	AEFI committee functional: Yes / No; If, yes, Last meeting held _____										
7	Measles ERT/ RRT functional: Yes / No; If, yes, Last meeting held _____										
8	ANM: Sanctioned _____ Posted _____ AWW: Sanctioned _____ Posted _____ ASHA: Sanctioned _____ Posted _____										
9	Total number of RI sessions during last completed month : (Give number)	Rural		Urban							
		Fixed Site	SC	AWC	Pvt/ NGO	Other	Fixed Site	slum	Pvt/ NGO	other	
		Planned		Held							
10	Number of sessions by Alternate Vaccinators	Planned : _____				Held : _____					
11	Plan for organization of missed sessions available	Yes	No								
12	Daily RI sessions held at District level Health Facilities :	Yes	No								
13	Number of Monitoring visits made by District officials during last completed month (Give only number):			<ul style="list-style-type: none"> • Blocks _____ • Session sites _____ • Community (H-H) survey _____ 							
14	Filled Monitoring formats sent to State HQ for necessary action	Yes	No								
15	Number of supervisory visits made by State officials to the block in last 3 months										
16	RI Coverage Monitoring (Drop out) Chart for the district displayed at District HQ -	Yes	No								
17	Inter sectoral Coordination / District Task Force Meeting held during last month for RI:	Yes	No								
18	If yes encircle the Departments / Sectors and Agencies that participated (Encircle all applicable) ::	Administration		Health		ICDS					
		Panchayat Raj		Education		NGOs/Agencies					
19	RI review meeting done at district level during last month	Yes	No								
20	RI training done at district level	Never	Within 1 yr	>1 yr back							
21	Computer Assistant for DIO in position	Yes	No								
22	RI Data till last completed month	Yes	No								
	- Entered in RIMS/ HMIS Software										
	- Internet connectivity										
	- Uploaded on RIMS Server	Yes	No								
23	SOEs' (under RCH II Part C) being submitted to State HQ on quarterly basis	Yes	No								
24	Are adequate funds (under RCH II Part C) available at district for next 3 months	Yes	No								
25	Cold chain mechanic posted in the district	Yes	No								
26	Updated Vaccine & Logistics Stock Registers available	Yes	No								
27	Plan for vaccine distribution to blocks available	Yes	No								
28	Whether ILR is in working condition	Yes	No								
29	Whether Deep-Freezer is in working condition	Yes	No								
30	Which Vaccines and Logistics are not adequate for next one month (Encircle)	BCG		DPT		OPV		Measles			
		TT		Pentavalent		Hepatitis B		JE JE diluent			
	Hub-cutter AEFI Kit Tracking Bag	BCG Diluent		Measles Diluent		Vitamin A		RI / MCP cards			
		0.1 ml ADS		0.5 ml ADS		5 ml syringe		Red/ Black bags			
31	Vaccine storage inside ILR appropriate	Yes	No								
32	Temperature inside ILR between +2 to +8 °C	Yes	No								
33	Frozen DPT/ TT / Hepatitis B vaccines present inside ILR	Yes	No								
34	Measles and OPV vaccines stored in Deep Freezer	Yes	No								
35	Expired vaccines present inside ILR or Deep Freezer	Yes (specify) _____		No							
36	Other medicines (besides vaccines) stored inside ILR or DF	Yes (specify) _____		No							
37	Temperature log books for all equipment maintained and updated	Yes	No								
38	Generator of District Cold Chain is functional	Yes	No								
39	Cold Chain Handler status:	None fixed / Fixed but untrained / Fixed & Trained									
40	Any VPD case reported during last completed month	____AFP, ____Measles, ____Diphtheria, ____JE									
41	Any Adverse Event including reported during last completed month	____Serious ____Non-serious									

Date & Day : _____

Signature of Official

SOP Session Monitoring Format for Routine Immunization

The monitor should reach the session site directly as per plan for session monitoring. If the session is held (Q 1), s/he would look for issues related to:

- a) Microplanning: Status of microplan (Q 1 f) and implementation of plan (Q 28) are also to be monitored.
- b) availability of logistics- including vaccines and syringes- both in terms of quality and quantity (Q 4 to Q 8, Q 29, Q 30)
- c) efforts for mobilization and tracking of beneficiaries (including new-borns) (Q 2, Q3, Q 8-due list, Q17, Q 18, Q 19, Q 27)
- d) synchronization with VHND (Q2, Q 8: Nutritional supplement and Zinc)
- e) safe injection practices (Q 9 to Q 15)
- f) updating of records (Q 8-counterfoil updating & Q 17)
- g) knowledge on contraindications (Q 24)
- h) awareness and reporting of AEFIs (Q 20 to Q 23)
- i) communication efforts (Q 8, Q 18, Q 19)
- j) supportive supervision (Q 26)and
- k) waste disposal (Q 16 & Q 25)

If the session is not held, reason for the same is to be elicited (Q 1d).

If ANM remains absent, reason thereof needs to be ascertained (Q 1 e)

If any Vaccine or logistic is not available at session site, please visit the PHC and ascertain the reason of non-availability (Q 30). While visiting PHC, the monitor can review the functioning of PHC through PHC monitoring format.

Ideally, every session site monitoring should be followed by community survey (house to house) in a pre-selected catchment area of that session same day.

Filling up the format

General Information: Monitor should fill this part of the format before the start of session monitoring.

Please fill in the format neatly .:

1. Use CAPITAL letters
2. Tick or or leave the box blank , as applicable and instructed in the SOP.
3. Session Monitoring Format and corresponding H-t-H Format must be tagged together while submission
4. Filled in formats of one week must be submitted to the unit for data compilation by next Monday
5. Q1 to Q 22 have to be answered after observing the events as noted against each question
6. Q 23 to Q 30 have to be answered by interviewing the service-provider (ANM) and *cross-checking the service records* (particularly Q 23, Q 27, Q 28 and Q 29)
7. NOB responses will signify *non-happening* of that particular event, if not specified otherwise. Monitors are always expected to observe at least 5 injections of different vaccines like DPT, Measles, BCG, JE etc) with special emphasis on DPT and Measles along with administration of Vitamin A. Non-happening of an event (injection/ administration of vit A, waste disposal etc) in an ongoing session may be due to multiple reasons: non-availability of required vaccine/ logistic, non-availability of eligible beneficiary, ANM not having particular skill, beneficiary being refused due to some contra-indication etc in turn flagging relevant issues related to training, mobilization, IEC or supply chain management.
8. **The entire monitoring visit is to be carried out with a supportive and motivating approach in order to build confidence of the community as well as the service-provider by facilitating necessary corrective measures, wherever needed.**

Particulars	Description/Response
Name of Monitor	Mention the monitor's full name
Organization	Tick <input checked="" type="checkbox"/> in the box whichever is applicable, if 'others' mention the organization
Designation	Mention present designation
Date	Mention date of visit to session site in 'dd/mm/yy' format
Time	Mention time when the session starts that day
Day	Tick <input checked="" type="checkbox"/> <i>the</i> Day in which you visited session site. If it is other than Wednesday, tick the other and mention day.
Last polio SIA	Beginning date of last polio SIA round conducted in that area
Next polio SIA	Beginning date of next polio SIA round to be conducted in that area
State	Mention State
District	Mention District
Block/ Urban local body (Municipality/ Notified area/ Cantonment area etc)	Mention the name of BLOCK or the name of Urban Local Body (ULB: Municipality/ Municipal corporation/ Notified area/ Cantonment area etc, NPSP maintains a master database of these units).
Planning unit	Mention the name of Planning Unit of the session site wherefrom the programme is organized.
Sub Center/Urban Post	Mention the Sub Center / Urban post. If it is an outreach session, mention the parent sub center.
Address of the Area	Mention the exact address of the village or urban locality (with ward no.)
Live births in last one year	By interviewing the ANM, total number of live births for the entire area under the sub-centre/ Urban post has to be noted for last one operational year (either January to December or April to March).
Population	By interviewing the ANM, total population for the entire area under the sub-centre/ Urban post has to be noted
Reason for selection	<p>While selecting a session for monitoring, the session must be catering to an area falling under at least one of the twelve categories (codes are in mnemonic format for easy recall):</p> <p>H1= Hard to reach, MG= Migrant, L1= Large catchment, S1= Slum, R1= Refusing community, VS= Vacant SC, M1= MOB in last 1 year , N1= Newly inducted in RI microplan, U1= Untrained/ new vaccinator, V1= VDPV area W1= WPV in last 3 yrs, O1= Other</p> <p>As a given area may satisfy multiple criteria, this field allows multiple responses. Example: One urban slum may be a hard to reach habitation of migrants with h/o of WPV and MOB in last year, the area and therefore the session should be ticked for 5 responses: S1, H1, MG, W1, and M1.</p>

Session Site	Tick <input checked="" type="checkbox"/> on the box before <u>any one</u> the categories, which are exhaustive and mutually exclusive: SC= Sub Centre, NS= Non-SC Fixed site, AW= Outreach at AWC, NW= Non-AWC outreach, P= Private site(Private clinic/ NGO etc)
Polio HRA	If the area catered by this session is listed as High Risk Area in Polio Microplan tick <input checked="" type="checkbox"/> Yes ; else tick <input checked="" type="checkbox"/> No
How many times this site has been monitored in last 3 months	Tick <input checked="" type="checkbox"/> on the box before <u>any one</u> response: If, never monitored, tick Never If, only once monitored in last 3 months, tick Once If, more than once monitored, tick More and write the number of times in the given space.

Q. No.	Questions	Observations/Activity	Situation	Response ☑	Thematic area
1	a) Whether Session held	▪ Look for whether vaccination is being done or has been done at the site today	ANM found vaccinating or having vaccinated the beneficiaries (The monitor should try utmost to reach the session site before start of vaccination and observe at least 5 injectable vaccination being done including one DPT and one Measles. The monitor also has to interview 3 care-givers attending the session).	Yes	Session planning, Staff absenteeism etc
			No vaccination has been done today at the site and will not be done today	No	
	b) If a=Y, whether the session being held as per plan	Tally the exact address of session site and name of ANM present with that mentioned in microplan	ANM and Session site both are as per Microplan	Yes	
			<ul style="list-style-type: none"> ▪ ANM not as mentioned in Microplan ▪ Session site not as mentioned in Microplan ▪ Both ANM and Session site not as per Microplan 	No	
	c) If b=N, Change in	Observe what has deviated from plan	ANM or service-provider is changed	ANM	
			Session site is changed	Site	
			Session timing is changed	Time	
			Any combination of above (This question may have multiple responses)	Multiple ticks	
	d) If a=N, Reason for session not held (See bottom of the format) ^Δ	Look for the following at site- <ul style="list-style-type: none"> ▪ Presence of ANM / vaccinator ▪ Availability of vaccine/ logistics (vaccine carrier, syringes etc.) 	Not part of RI microplan,	A3	
			Neither ANM/ Vaccinator nor vaccines/logistics is available	B3	
ANM/vaccinator present but vaccine/logistics not available,			C3		
Vaccine / logistics available but ANM / vaccinator absent,			D3		
Others (specify): For any other reason, please specify in the given space (like Boycott by community, any accidental happening, Local holiday, Non-opening of Anganwadi Centre etc).			E3		
e) If ANM is absent, why?	Ascertain from the PHC whether the post is vacant or the service-provider is on leave	The position is vacant	Vacant		
		ANM is on leave (any kind of leave)	Leave		
		Any other reason that has prevented the ANM from attending the session	Other		

f) Status of plan (RI microplan)	Ask for and review the microplan for gross components: <i>session 1) site, 2) date, 3) time, 4) vaccinator, 5) mobiliser, 6) AVD and 7) supervisor by name, 8) map of catchment area, 9) distance and 10) travel mode from 11) cold chain point, 12) estimated beneficiaries/ inj load, 13) cold chain plan, 14) ANM summary roster etc</i>	No RI microplan is available with the ANM or at the session site	NA	
		No map for the catchment area is available (other components are available)	No map	
		If any component upto point 12 (other than map) as mentioned is missing;	Incomplete	
		If no component is missing upto point 12	Complete	

Note: If session is not held, stop session monitoring and proceed for H-t-H monitoring.

2	Is the session synchronized with Village Health & Nutrition Day (VHND)?	Look for components of VHND as described in the note below	If the VHND services are provided at the RI session then	Yes	VHND
			If the VHND services are not provided at the RI session	No	
3	Beneficiaries are being mobilized to session site by* <i>Multiple responses may be applicable</i>	Elicit information by interviewing three care-givers of beneficiaries about mobilizer who persuaded them to visit session site	Accredited Social Health Activist (ASHA/ Sahiya) under NRHM	1	Mobilisation of beneficiaries
			Any worker from ICDS: Anganwadi worker (AWW/ Sevika) or Sahaika/ AWH	2	
			Relative or neighbour of the beneficiary	3	
			Any member of Self-Help-Group (SHG) operating in local community	4	
			Any person representing or recruited by Panchayati Raj Institute (PRI)	5	
			Any NGO worker	6	
			Any other mobilizer (different from above)	7	
			No one has mobilized	8	
4	How Vaccines & logistics were brought to session site from PHC/Block. <i>(Vaccines & Logistics are transported to</i>	Elicit information from ANM about vaccine transportation from PHC/Block (last cold chain point) to session site.	If Alternate Vaccine Delivery System (AVD) used as per plan	AVD	AVD
			If ANM herself brought them	ANM	
			If supervisor has brought them	Supervisor	
			If brought by any other means (e.g. ASHA, other staff etc.)	Other	

	<i>session site from Block/PHC on the same day)</i>				
5	a) Vaccine & diluent kept in VC	Observe whether vaccine and diluent kept in VC	If the vaccines are supplied in VC (even if the diluent is not supplied in VC)	Yes	Cold Chain & Bundling
			If the vaccines are not supplied in VC (even if the diluent is supplied in VC)	No	
	b) How many icepacks are in the VC	If a= Yes, please count the number of ice-packs in the VC	If the ice-packs are four in number	Four	
			If the ice-packs are three or less in number or not available at all (may be ice has been supplied instead of ice-pack)	Less than four	
	c) Vac & diluent are in zipper bag	Observe whether vaccine & diluent are supplied in ziplocked polypouch.	If vaccine and diluents are supplied in ziplocked polypouch.or some locked water-proof plastic container	Y (Yes)	
			If vaccine and diluents are not supplied in any of ziplocked polypouch.or some locked water-proof plastic container	N (No)	
	d) Vac & diluent bundled	Observe whether BCG, Measles and JE vaccine vials are supplied together with equal number of corresponding diluents in the VC	If, BCG, Measles and JE (where applicable: please refer to Annex 2 for list of districts where JE vaccine is/ to be integrated in RI) vaccine vials are supplied together with equal number of corresponding diluents in the VC	Y (Yes)	
			If, BCG, Measles and JE (where applicable) vaccine vials are supplied together with equal number of corresponding diluents in the VC	N (No)	
	e) Ice-packs conditioned	Observe whether ice-packs are producing crackling sound on shaking and their surface is covered with sweat-beads. <i>(It can be best observed during packing of vaccine at cold chain point or at start of session).</i>	If, ice-packs are producing crackling sound on shaking and their surface is covered with sweat-beads.	Y (Yes)	
			In any condition where ice-packs are not producing crackling sound on shaking or their surface is not sweating or none of these happens	N (No)*	
			If the monitor has reached late in the session, it is difficult to observe whether the ice-packs were conditioned. <i>*A negative finding (i.e. absence of crackling sound on shaking or sweating on surface of ice-packs) or a metallic sound on shaking establishes that the ice-packs are not conditioned. But a positive finding (Yes) observed late in the session can not establish whether the ice-packs were conditioned before packing the vaccines.</i>	NOB	
	6	Which of the vaccines are available at session site <i>Multiple responses may be applicable</i>	Look for individual vaccines and diluents (Note: Diluents are supplied along with respective vaccines from PHC.)	Individual vaccine and diluents are available	
If a particular vaccine or diluent is/are not available (JE vaccine should be available only in select districts as per Annex 3 and Pentavalent vaccine should be available in states of Tamilnadu & Kerala only.)				Don't Tick (leave it blank)	

Q. No.	Questions	Observations/Activity	Situation	Response <input checked="" type="checkbox"/>	Thematic area
7	<p>Whether any vaccine vial is found “in use” or “discarded” in the mentioned condition, if ‘Yes’, Tick <input checked="" type="checkbox"/> and record the vaccine*</p> <p><i>Multiple responses may be applicable</i></p>	<p>Elicit the information by observing each vaccine vial for the four conditions as mentioned. If the response to anyone is ‘Yes’ for a condition, record the name of vaccine. Use back of the form to note down the details e.g. batch no., expiry date, manufacturer etc. Please also encircle whether such identified vaccine is found actually “in use” at the session or “discarded”. As a vial found “discarded” does not theoretically rule out its use in unusable condition, the service-provider needs to be politely probed to know the background.</p>	Any vaccine found without label	Without label	Availability of Vaccines
			Any vaccine found with unreadable label	Unreadable label	
			Vaccine found in Unusable Stage (Stage III or IV)	VVM Unusable Stage	
			Expiry date written on vaccine has already passed	Expired Vaccine Vial	
			One of the vaccine vials of DPT/ TT/ DT/Hepatitis-B found frozen	Frozen Vaccine (DPT, TT, DT, Hepatitis -B)	
			Any vaccine among BCG/ Measles/ JE reconstituted more than 4 hours back	Any vaccine reconstituted more than 4 hours back	
8	<p>Which of the mentioned Logistics are adequately available at session site* (<i>Multiple responses may be applicable</i>) Adequacy implies sufficient supply for all beneficiaries expected to be vaccinated at the session. If anything is available but not in adequate quantity, instead of tick, please cross(X) the box against it. For something which is not available at all, please keep the box blank (Don’t tick or cross)</p>				
	AD (0.1 ml) Syringes {Auto Disable Syringes (0.1 ml) are supplied from PHC/block for	Look for the availability and verify that it is AD syringe	AD 0.1 ml Syringe available	<input checked="" type="checkbox"/> Tick	
			AD 0.1 ml Syringe is not available at all AD 0.1 ml Syringe is not available in adequate quantity	<input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross	

BCG Vaccination}				
AD (0.5 ml) Syringes {Auto Disable Syringes (0.5 ml)are supplied from PHC/block for DPT, Measles ,TT & JE Vaccination}	Look for the availability and verify that it is AD syringe	AD 0.5 ml were available AD 0.5 ml syringes is not available at all AD 0.5 ml syringes is not available in adequate quantity	<input checked="" type="checkbox"/> Tick <input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross	
Functional Hub Cutter	Look for the hub cutter and verify if it is working properly (You may ask the ANM)	Available hub cutter working properly ▪ Hub cutter not available ▪ Available hub cutter is not functional (a single hub-cutter if functional, is adequate)	<input checked="" type="checkbox"/> Tick <input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross	
Blank RI/ MCP (Mother and Child Protection) Card	Ask ANM to show blank RI/ MCP Cards (Both type of cards may be available: in such a scenario ANMs to be told to use MCP cards. Please also encircle the words RI or MCP or both as applicable, indicating which card is available)	If blank RI/ MCP Card are available Neither blank RI nor MCP Card is available If blank RI/ MCP Card are available but not in adequate quantity	<input checked="" type="checkbox"/> Tick <input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross	
Tracking Bags (They are used to arrange counterfoils of RI/ MCP cards as per due dates for next vaccine and thus help the service- provider in mobilizing the beneficiaries)	Observe at session site whether tracking bag is available.	If tracking bag is available ▪ If tracking bag is not available at all ▪ If tracking bag is not available at session but available with the ANM (SC)	<input checked="" type="checkbox"/> Tick <input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross	

<p>Vitamin-A Solution (Supplied in dark bottles of 100ml / 60 ml. Date of opening of Vit-A should be mentioned on the label and should be used within 6 months)</p>	<p>Verify Vitamin-A availability and it's use</p>	<p>If vitamin-A is available and not expired (max 6 months from date of opening)</p> <ul style="list-style-type: none"> ▪ Vitamin-A not available at all ▪ Vitamin-A available but not in adequate quantity ▪ If Vitamin-A is available but expired or 6 months elapsed from date of opening 	<p><input checked="" type="checkbox"/> Tick</p> <p><input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross <input checked="" type="checkbox"/> Cross</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Availability of Logistics</p>
<p>Plastic spoon/ cap for Vitamin-A (Recommended Plastic spoon/ cap is provided with Vitamin-A syrup with marking of 1ml and 2ml)</p>	<p>Elicit information from ANM how she is administrating correct dose of Vitamin-A syrup</p>	<p>If the recommended plastic spoon/ cap supplied with vitamin-A is available</p> <p>If ANM is not giving Vit A for non-availability of marked spoon/ cap If ANM is using any other measure to instill vit A</p>	<p><input checked="" type="checkbox"/> Tick</p> <p><input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross</p>	
<p>Nutritional Supplement [This is an important component, If session is a Village Health Nutrition Day (VHND)]</p>	<p>Observe if Nutritional Supplements in the form of <i>Panjiri, Khichidi, Biscuits etc</i> are distributed</p>	<p>Nutritional supplement being distributed</p> <ul style="list-style-type: none"> ▪ If nutritional supplement not available ▪ Nutritional supplement available but not distributed 	<p><input checked="" type="checkbox"/> Tick</p> <p><input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross</p>	

Availability of Other Logistics

Q. No.	Questions	Observations/Activity	Situation	Response <input checked="" type="checkbox"/>	The matrix area
	<p>Due list of beneficiaries (<i>Due list is to be prepared from the counterfoils of previous sessions, new-born and migrant tracking of the area by the ANM some days before the session so as to share this due list with all possible mobilisers like AWW, AWH, ASHA, LP, SHGs etc to get the beneficiaries mobilized to the session in time. So ANM and each of the mobilisers present at the session should have a copy of the duelist or part thereof.</i>)</p>	<p>Ask ANM and the mobilisers present there to show their respective DUE list of beneficiaries for today's session. Ask the ANM and the mobilisers separately.</p>	<p>If the due list is available</p> <p>If no list of beneficiaries of today's session available If multiple mobilisers are present and some of them have duelist while others do not have</p>	<p><input checked="" type="checkbox"/> Tick</p> <p><input type="checkbox"/> Leave blank <input checked="" type="checkbox"/> Cross</p>	
	<p>Counterfoils (of previous sessions) <i>To track the drop-out, ANM should segregate and keep the counterfoil of all beneficiaries of previous session to be updated today.</i></p>	<p>Ask ANM to show the counterfoils for today's session. Observe some of the counterfoils and verify their updation.</p>	<p>If counterfoil of previous sessions are available and being updated after each vaccination</p> <ul style="list-style-type: none"> ▪ If counterfoils of previous session are available but not being updated. ▪ Blank counterfoil are available ▪ No counterfoil of previous session are available 	<p><input checked="" type="checkbox"/> Tick</p> <p><input checked="" type="checkbox"/> Cross</p> <p><input type="checkbox"/> Leave blank <input type="checkbox"/> Leave blank</p>	
	<p>ORS Packet <i>[Powder for Oral</i></p>	<p>Observe the availability of</p>	<p>If the supplied ORS packets are available</p> <p>No ORS packets are available</p>	<p><input checked="" type="checkbox"/> Tick</p> <p><input type="checkbox"/> Leave blank</p>	

<i>Rehydration Solution (ORS) is supplied for distribution to beneficiaries at all session sites.</i>	supplied ORS packets or ask ANM about their availability.			
IFA Tablet <i>[Iron and Folic Acid (IFA) Tablet is provided for distribution to pregnant mothers (100 mg tabs) and to children (20mg tabs)at session sites]</i>	Observe the availability of IFA tablets (both form) or elicit information from the ANM.	If both 100 mg and 20 mg IFA tablets are available	<input checked="" type="checkbox"/> Tick	
		<ul style="list-style-type: none"> ▪ Any one of 100 mg or 20 mg IFA tablets are not available ▪ If neither 100 mg nor 20 mg IFA tablets are available 	<input checked="" type="checkbox"/> Cross <input type="checkbox"/> Leave blank	
Paracetamol <i>(Paracetamol in Tablet or Syrup form are provided to session site for distribution to beneficiaries particularly after DPT vaccination.)</i>	Observe the availability of Paracetamol Tablet/Syrup or elicit information from ANM.	Both Paracetamol Tablet and Syrup available	<input checked="" type="checkbox"/> Tick	
		Any one of Paracetamol Tablet or Syrup is not available Neither tablet nor syrup of Paracetamol is available	<input checked="" type="checkbox"/> Cross <input type="checkbox"/> Leave blank	
Weighing Machine <i>(Weighing Machine are provided to sub centre and Aaganwadi Centre)</i>	Observe the availability of Weighing Machine or ask the ANM	If Weighing Machine is available and being used	<input checked="" type="checkbox"/> Tick	
		If Weighing Machine is available but not functioning or not in use If Weighing Machine not available	<input checked="" type="checkbox"/> Cross <input type="checkbox"/> Leave blank	
B P Apparatus <i>(Blood Pressure (BP) are provided to sub centre and Aaganwadi Centre)</i>	Observe the availability of B P Apparatus	If B P Apparatus is available and being used	<input checked="" type="checkbox"/> Tick	
		If B P Apparatus is available but not functioning or not in use If B P Apparatus is not available	<input checked="" type="checkbox"/> Cross <input type="checkbox"/> Leave blank	
Zinc tablet	Observe availability of Zinc tablets	If Zinc tablets are available and distributed as per need	<input checked="" type="checkbox"/> Tick	
		If Zinc tablets are available but not distributed as per need	<input checked="" type="checkbox"/> Cross	
		If Zinc tablets are not available at all	<input type="checkbox"/> Leave blank	
Whether adequate quantity of 5ml Disposable Syringes for reconstitution is available at session	Verify the number of available 5ml disposable syringes are equal or more than the total number	If 5ml disposable syringes are more or equal to available/used BCG, Measles and JE vials	<input checked="" type="checkbox"/> Tick	
		If 5ml disposable syringes are less than all available BCG, Measles and JE vials	<input checked="" type="checkbox"/> Cross	
		No disposable syringes of 5ml are available and reconstitutable	<input type="checkbox"/> Leave blank	

	site (Disposable syringes are provided to reconstitute BCG, Measles and JE vaccine with supplied diluents)	of BCG, Measles and JE vials (Also take into account the used vials & used disposable syringes)	vaccines (BCG/ Measles/ JE) are not given		
			Used disposable syringes of previous sessions or Glass Syringes are being used for reconstitution	<input checked="" type="checkbox"/> Cross	

Injection Safety, AEFI, Waste Disposal and Tracking of Beneficiaries

Q. No.	Questions	Observations/Activity	Situation	Response <input checked="" type="checkbox"/>	Thematic area
9	Whether Time of reconstitution written on reconstituted BCG, Measles, JE vials (ANM has to write time on the label of BCG, Measles and JE vial after reconstituting them)	Ask ANM to show the reconstituted BCG/Measles/JE vial and verify whether time is written on it.	All the reconstituted vial has time written on it	Yes	Injection Safety
			<ul style="list-style-type: none"> ▪ Time written on one of the reconstituted vial not on the other ▪ Time not written on any of the reconstituted vial 	No (If not written, ascertain the reason: WHY.....)	
			No vial has been reconstituted till the time of visit	NOB	
10	Whether AD syringe is used for giving vaccine injection [Auto disable(AD) 0.1ml for BCG, 0.5ml for DPT, Measles, JE, TT, Pentavalent administration]	Observe ANM while injecting vaccine to a beneficiary	AD Syringe used	Yes	
			Glass syringe is used	Glass syringe	
			Disposable syringe is used	Disposable syr	
			No reconstitution is seen	NOB	
11	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh	Observe ANM while injecting DPT vaccine to a beneficiary	If injected on outer (anterolateral) aspect of mid thigh	Yes	
			Injected on other site e.g. buttock, arm etc.	Other site (Specify the site)	
			No child was seen for DPT vaccination	NOB	
12	Whether Measles vaccine given by sub-cutaneous route on Rt arm*	Observe ANM while injecting Measles vaccine to a beneficiary	If Measles is given by subcutaneous route on Right arm	Tick <input checked="" type="checkbox"/> SC and <input checked="" type="checkbox"/> Rt arm	
			If Measles is given by subcutaneous route but on site other than Right arm	Tick <input checked="" type="checkbox"/> SC and <input checked="" type="checkbox"/> Other	
			If Measles is given by intramuscular route and on Right arm	Tick <input checked="" type="checkbox"/> IM and <input checked="" type="checkbox"/> Rt arm	
			If Measles is given by intramuscular route and on site other than Right arm	Tick <input checked="" type="checkbox"/> IM and <input checked="" type="checkbox"/> other	
			If Measles is given by intradermal route and	Tick <input checked="" type="checkbox"/> ID	


			on Right arm	and <input checked="" type="checkbox"/> Rt arm	
			If Measles is given by intradermal route and on site other than Right arm	Tick <input checked="" type="checkbox"/> IM and <input checked="" type="checkbox"/> other	
			If no Measles vaccination is seen	NOB	
13	Whether ANM is touching any part of the needle while giving injection	Observe ANM while injecting vaccine to a beneficiary	If the ANM touches the needle at any time during vaccination	Yes	
			ANM has not touched the needle	No	
			No injectable vaccination is seen	NOB	
14	Whether ANM is recapping the needle after giving injection	Observe ANM while disposing injection syringe & needle	If ANM recaps the needle after vaccination	Yes	
			If ANM does not recap the needle after vaccination	No	
			If no injectable vaccination is seen	NOB	
15	Whether each used syringe being cut with hub cutter just (immediately) after use	Observe ANM, what she is doing with the syringe after injecting vaccine to a beneficiary	If she is cutting the needle hub after every use	Yes	
			▪ Cutting hub after vaccinating multiple beneficiaries	No	
			▪ Not cutting at all		
			If No, Why:		
			Hubcutter not available	A5	
			Hubcutter available but not functioning	B5	
			Untrained ANM	C5	
			Other	D5	
			Not observed	E5	
16	How the session waste is segregated	Observe the system of disposing the injection and other waste during the session	Segregating waste in Red & Black bag	Red & Black bag	Waste disposal
			Segregating waste by any other method/ container/ different colored bags etc	Other	
			No segregation done at all	Not done	
17	Whether record is maintained for each child vaccinated	Observe the documentation process of ANM after vaccination	If she is documenting on Session Tally Sheet	Tally Sheet	Record keeping
			▪ If she is noting on plain sheet of paper, note book etc.	Other	
			▪ She is not documenting at all	No	
18	Whether Four Key Messages are explained to the care-givers (<i>Four Key messages:</i> <i>Msg 1: What vaccine was given and what disease it prevents</i> <i>Msg 2: When to come for the next visit</i> <i>Msg 3: What are the minor side-</i>	Observe the ANM explaining care-givers after each vaccination	If all the four messages are given for every beneficiaries.	Yes	Communication efforts
			▪ If some of the beneficiaries were not given the messages	No	
			If all the four messages are not given i.e. only 2-3 messages are given		
			No child was available for vaccination	NOB	

	<i>effects and how to deal with them Msg 4: To keep the immunization card safe and to bring it along for the next visit)</i>				
19	If 4 Messages are not delivered, the <i>most commonly missed</i> message* (multiple responses may apply)	Observe the ANM explaining 4 key messages to care-givers after each vaccination: If all the messages are not delivered, please note which is/ are the message/s that are being missed by the ANM commonly out of at least 5 beneficiaries	Only Message (Msg) 1 is missed	Msg 1	
			Only Message (Msg) 2 is missed	Msg 2	
			Only Message (Msg) 3 is missed	Msg 3	
			Only Message (Msg) 4 is missed	Msg 4	
			Any combination of messages being missed	Tick multiple boxes as found appropriate	
20	Whether the care-giver is advised to wait for 30 mins after vaccination	Observe whether ANM is guiding the caregivers to wait for 30 mins after vaccination	ANM is advising so and caregivers are also waiting	Yes	AEFI awareness & reporting
			ANM is not advising so and caregivers are not waiting	No	
			No child was available for vaccination	NOB	
21	Is AEFI management kit available at the session site	Look for availability of AEFI kit	If an AEFI kit is found with Inj Adrenaline, Inj hydrocortisone, appropriate syringes along with NSAIDs with expiry date of adrenaline written on the kit	Yes	
			If no KIT is available	No	
			If the Kit is available but some component is missing	Incomplete	
22	Whether the ANM has noted the following*	Look for whether ANM has noted the batch no and expiry dates of each vaccine & diluents (if for any vaccine/ diluent, these are not written, the response will be NO and leave the box blank)	Vaccines' batch noted	Tick appropriately	
			Vaccines' expiry date	Tick appropriately	
			Diluents' batch	Tick appropriately	
			Diluents' expiry date	Tick appropriately	
Q 23 to Q 29 are to be answered by interviewing the ANM and checking the records, if needed:					
23	How many AEFIs have been reported by her in last 3 months (number)	Ask the ANM and check records to note number of reported AEFIs	NIL reporting done: Even if there is no AEFI, whether a NIL report is documented (this may be cross-checked by PHC	Tick appropriately	

			monitoring)		
			Number of non-serious AEFIs	Number to be written	
			Number of serious AEFIs (Death, Disability, Hospitalisation and clustering of any type of AEFI cases)	Number to be written	
24	Ask, If a child comes with mild fever or h/o loose motions, will she vaccinate?	Politely ask the ANM in <i>confidence</i> what she will do if such a child presents for vaccination at the session site	If she does vaccinate	Yes: separately for (1) & (2)	Contraindication
			If she does not vaccinate	No: separately for (1) & (2)	
25	How the session-waste is disposed of ⁶	Please ask the ANM and physically check for the means of waste disposal	Disposed at onsite pit	A6	Waste disposal
			Carried to PHC for further treatment (this may be cross-checked by PHC monitoring)	B6	
			Open onsite burning	C6	
			Any other method (including doing nothing/ allowing accumulation of waste for sessions together/ dumping with community waste etc)	D6	
26	Whether this service-provider has been visited by any supervisor in last 2 months	Ask the ANM and look for any documentation of supervisory visit by any supervisory official in the stipulated period	If no supervisor has visited the service-provider/ this facility	None	Supportive supervision
			If the designated Health Supervisor has visited to supervise	HS (<input checked="" type="checkbox"/> Tick, if documented <input checked="" type="checkbox"/> Cross, if ANM says so but no documentation)	
			If any Medical Officer (including MOIC) has visited	MO (<input checked="" type="checkbox"/> Tick, if documented <input checked="" type="checkbox"/> Cross, if ANM says so but no documentation)	

			If any other supervisory official (including LHV/ PHN/ DIO etc) has visited	Other (<input checked="" type="checkbox"/> Tick, if documented <input checked="" type="checkbox"/> Cross, if ANM says so but no documentation)	
27	How many newborns have been enrolled for vaccination by her in last one month	Ask the ANM and check records to note the number of new-borns (<1 month's age) enrolled by her for immunization.	Note down the number from register	New born tracking	
28	How many sessions have been planned and conducted by ANM in last 3 months	Ask the ANM and check records to note the number of sessions planned and conducted by her in last 3 months	Note the number planned from microplan	Planned	Session planning & conduction
			Note the number conducted from registers	Conducted	
29	If ANM has experienced any stock-out of vaccine/ logistic in last 3 months*	Ask ANM and check records to find evidence that the ANM has not been issued any vaccine due to stock out at the distribution point anytime during last 3 months. Please cross-check at PHC. This question may have multiple responses.	If NO such stock out occurred	No	Stock-outs
			If stock out occurred only for DPT	DPT	
			If stock out occurred only for measles	Measles	
			If stock out occurred for any other vaccine/ logistic to be supplied on regular basis (including AD syringe/ Vit A etc)	Others	
30	If, any Vaccine or logistic is not available or ANM is absent, please visit the PHC and ascertain the reason of non-availability:	The monitor has to visit PHC, if needed, as a supportive follow-up, to link the findings of session site with the situation at PHC. Apart from the issue under question, other information like AEFI reporting, waste disposal can also be traced back to PHC. The monitor can also fill up the PHC monitoring format to capture more information related to the functioning of PHC	This is an open ended question. The monitor may use extra sheet of paper to document his/her findings, comments etc. Such mixed-method approach has also been recommended for Q 9 to ascertain reason for not writing the reconstitution time.	Linking with PHC	

Annex 1: Some generic issues

Issues	Explanations
<p>How would you describe and demonstrate “conditioning of ice-packs” to HWs</p>	<ol style="list-style-type: none"> 1. Remove the ice packs from the freezer and keep them outside till you hear the sound of water inside the icepack when shaken next to the ear. 2. The icepacks need to “sweat,” i.e. some condensation or droplets of water on them. 3. The time taken for conditioning ice- packs is not fixed; it varies depending on the outside temperature.
<p>Demonstrate use of AD syringe for giving DPT injection to an infant</p> 	<ol style="list-style-type: none"> 1. Opens the package from the plunger side and removes the syringe by holding the barrel. 2. Site of injection – Antero-lateral aspect of the thigh (mid-outer thigh). 3. Angle of injection - Hold the syringe like a pen in the right hand and push the needle straight down at 90 deg. through the skin. Penetrate deep into the muscle.
<p>Demonstrate use of Hub-cutter and safe waste disposal</p>	<ol style="list-style-type: none"> 1. Cut plastic hub of AD syringe and not the metal part of needle immediately after administering the injection at the immunization site using the Hub cutter 2. Treat the collected material in an autoclave or boil such waste in water for at least 10 minutes or chemical treatment (using at least 1% solution of sodium hypochlorite for 30 minutes). 3. Dispose the disinfected waste as follows: <ol style="list-style-type: none"> a) Dispose the needles and broken vials in a safety pit/tank b) Send the syringes and unbroken vials for recycling or landfill.
<p>How did you train HWs on management of AEFIs</p>	<ol style="list-style-type: none"> 1. Discuss any AEFIs they may have come across 2. Discuss definition and types of AEFI from the Handbook. 3. Discussed ways to minimize AEFIs in their areas 4. Discussed what to do if AEFI occurs.
<p>How did you train HWs on “Increasing Immunization Coverage” and tracking of drop outs?</p>	<ol style="list-style-type: none"> 1. Discussed possible reasons for the left-outs, drop-outs and fully immunized with trainees by dividing them in 3 groups, each with one facilitator 2. Discussed possible ways of addressing drop-outs and left outs based on “Actions to be taken” mentioned in the Handbook and their field situations. 3. Stress on sharing due list with AWW, ASHA, LP to mobilize the children to the sessions.

Annex 2: Note on VHND

The VHND is to be organized once every month at the AWC in the village. This will ensure uniformity in organizing the VHND. The AWC is identified as the hub for service provision in the RCH-II, NRHM, and also as a platform for intersectoral convergence. VHND is also to be seen as a platform for interfacing between the community and the health system.

The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing the event, can bring about dramatic changes in the way that people perceive health and health care practices.

Service to be provided:

1. All pregnant women are to be registered.
2. Registered pregnant women are to be given ANC.
3. Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.
4. All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases.
5. All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated.
6. Vitamin A solution is to be administered, to children.
7. All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition.
8. Anti-TB drugs are to be given to patients of TB.
9. All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services.
10. Supplementary nutrition is to be provided to underweight children.

Instruments, equipments, and furniture required:

- Weighing scale-adult, child
- Examination table
- Bed screen/curtain
- Haemoglobin metres, kits for urine examination
- Gloves
- with ice packs
- Slides
- Stethoscope and blood pressure instrument
- Measuring tape
- Foetoscope
- Vaccine carrier

If these items are not available, their provision could be arranged by using the untied fund of Rs 10,000/- available with the ANM or with the VHSC. These items should be kept under the safe custody of the ANM/ AWW/ ASHA as the case may be. Supplies such as vaccines, IFA tablets, Vitamin A, condoms, OCPs, (ECPs), ORS, and Cotrimoxazole, Anti-helminthic drug, Chloroquin, Anti-TB drugs, Paracetamol, Stains for fixing BF, AD syringes in sufficient quantity and IEC material for communication and counselling are require during VHND.

Role of Health Worker in conducting VHND:

- Ensure that the VHND is held without fail. Make alternative arrangements in case the ANM is on leave.
- Ensure that the supply of vaccines reaches the site well before the activities begin.
- Ensure that all instruments, drugs, and other materials as listed above are in place.
- Carry communication materials.
- Ensure that adequate money is available for disbursement to the ASHA.
- Ensure reporting of the VHND to the MO in charge of the PHC.
- Coordinate with the ASHA and the AWW.

The proper organization of the VHND is the most crucial component of NRHM for guaranteeing service provision at the village level. Hence, at all programme meetings at the state, district, and block levels, one should ensure the review of the VHND and the problems encountered should be addressed promptly and effectively.

The quality of the services offered and available during the VHND will depend on the quality of the supervision and leadership. The LHV and the AWW Supervisor should jointly visit the pre-identified centres as per the roster and submit their joint report, which will be discussed at the monthly meeting convened by the MO in charge of the PHC.

Annex 3: Districts where JE vaccine is / to be integrated in RI:

(Updated upto 27th May, 2011)

Sl No	Name of State	District's Name
1	Andhra Pradesh	Adilabad
2	Andhra Pradesh	Khamam
3	Andhra Pradesh	Krishna
4	Andhra Pradesh	Kurnool
5	Andhra Pradesh	Mahboobnagar
6	Andhra Pradesh	Medak
7	Andhra Pradesh	Nalgonda
8	Andhra Pradesh	Nellore
9	Andhra Pradesh	Nizamabad
10	Andhra Pradesh	Warrangal
11	Arunanchal Pradesh	Lohit
12	Assam	Dhemaji
13	Assam	Dibrugarh
14	Assam	Golaghat
15	Assam	Jorhat
16	Assam	Kamrup
17	Assam	Lakhimpur
18	Assam	Nagaon
19	Assam	Sivsagar
20	Assam	Sonitpur
21	Assam	Tinsukia
22	Assam	Udalgiri
23	Bihar	Champan West
24	Bihar	Gaya
25	Bihar	Gopalganj
26	Bihar	Muzaffarpur
27	Bihar	Nawada













Sl No	Name of State	District's Name
28	Goa	North Goa
29	Goa	South Goa
30	Haryana	Ambala
31	Haryana	Kaithal
32	Haryana	Karnal
33	Haryana	Kurukshetra
34	Haryana	Panipat
35	Haryana	Yamuna Nagar
36	Karnataka	Bellary
37	Karnataka	Bijapure
38	Karnataka	Chikballapur
39	Karnataka	Dharwad
40	Karnataka	Kolar
41	Karnataka	Koppal
42	Karnataka	Mandya
43	Karnataka	Raichure
44	Kerala	Alappuzha
45	Kerala	Thiruvananthapuram
46	Maharashtra	Amravati+Amravati MC
47	Maharashtra	Beed
48	Maharashtra	Bhandara
49	Maharashtra	Gadchirolli
50	Maharashtra	Latur
51	Maharashtra	Nagpur Rural
52	Maharashtra	Washim
53	Maharashtra	Yavatmal
54	Manipur	Bishnupur

SI No	Name of State	District's Name
55	Manipur	Chandel
56	Manipur	Imphal east
57	Manipur	Imphal West
58	Manipur	Thoubal
59	Nagaland	Dimapur
60	Nagaland	Mokongchung
61	Tamil Nadu	Cheyyar
62	Tamil Nadu	Cuddalore
63	Tamil Nadu	Madurai
64	Tamil Nadu	Perambalur
65	Tamil Nadu	Thanjavur
66	Tamil Nadu	Thiruvannamalai
67	Tamil Nadu	Thiruvarur
68	Tamil Nadu	Trichy
69	Tamil Nadu	Villupuram
70	Tamil Nadu	Virudhunagar
71	UP	Allahabad
72	UP	Ambedkar Nagar
73	UP	Azamgarh
74	UP	Ballia
75	UP	Balrampur
76	UP	Barabanki
77	UP	Bareilly
78	UP	Basti
79	UP	Behraich
80	UP	Deoria
81	UP	Faizabad
82	UP	Fatehpur
83	UP	Ghazipur
84	UP	Gonda
85	UP	Gorakhpur
86	UP	Hardoi

SI No	Name of State	District's Name
87	UP	Kheri
88	UP	Kushi Nagar
89	UP	Lucknow
90	UP	Maharajganj
91	UP	Mau
92	UP	Muzaffar Nagar
93	UP	Pratapgarh
94	UP	Rae Bareilly
95	UP	Saharanpur
96	UP	Sant Kabir Nagar
97	UP	Shahjahanpur
98	UP	Shrawasti
99	UP	Siddharth Nagar
100	UP	Sitapur
101	UP	Sultanpur
102	UP	Unnao
103	UP	Udham Singh Nagar
104	UP	Birbhum
105	UP	Burdwan
106	Uttrakhand	Hoogly
107	West Bengal	Howrah
108	West Bengal	West Medinapore
109	Bihar	Siwan
110	UP	Jaunpur
111	UP	Kanpur Nagar

Annex 4: VVM

Vaccine Vial Monitors showing different stages

			<p>Inner square lighter than the outer circle <i>If the expiry date has not been passed</i> <i>USE</i> the vaccine</p>
			<p>At a later time, inner square still lighter than the outer circle <i>If the expiry date has not been passed</i></p>
			<p>Discard point: Inner square matches colour of the outer circle <i>DO NOT</i> use the vaccine <i>Inform your supervisor</i></p>
			<p>Beyond Discard point: Inner square darker than outer circle <i>DO NOT</i> use the vaccine <i>Inform your supervisor</i></p>

Annex 5: Visual Impression: Some sample Vaccines, Diluents and other medicines mimicking the diluent vials



SOP House to House Monitoring for Routine Immunization

The monitor after monitoring the session site would be visiting households in catchment area of the session site to have a rapid assessment of coverage of RI in the community. Monitor would be visiting ten households with children aged 0-35 months (<3 years) and collect data on the HtH monitoring format through RI/ MCP card and interview of care-givers.

To have an objective and representative assessment, ideally the monitor should reach a central location of the preselected area and choose a direction randomly by spin of a bottle/ pen and then on the chosen direction should roughly count the number of house-holds and randomly select a house-hold by choosing a digit from a currency-note. After randomly selecting the first house-hold, the monitor should proceed to survey ten 0-35 months aged children by *ideally* following two principles:

1. one eligible child from one house-hold
2. 3 children in 0-11 months (<1yr) age, 3 children in 12-23 months (1-<2 yrs) age and 4 children in 24-35 months (2-<3yrs) age [Quota sampling]

The monitor may need to strike a balance between convenience (time/ distance) and rigor of methods. *Some critical and specific information is better than “no information” or “non-specific incomplete information” in most given situations. In case of difficult to reach or scattered population pockets, any ten children within the eligible age-range (0-35 months) would be sufficient (no need for quota sampling).*

Filling up the format

Particulars: The information of the village/area being visited by monitor for house to house monitoring of Routine Immunization (RI) to be mentioned at the top of the format. Monitor should get the name of Anganwadi worker (AWW) - Sevika /Sahaika, and of ASHA identified in the village from the ANM who caters to the area, or from some other responsible person of the village/area (eg. Mukhiya, Pradhan, Teacher etc.). *Please fill in the format neatly with capital letters.*

1. **Name of Monitor:** Mention the monitor's name.
2. **Organization:** Mention the monitor's organization e.g. Govt., NPSP, UNICEF, or any other organisation under Others. For other organization please specify in the given space.....
3. **Designation:** Designation of the monitor needs to be noted.
4. **Date:** Mention the date (dd/mm/yy) on which the area is monitored.
5. **Time:** Mention the time at which the area is monitored
6. **State:** Mention State.
7. **District:** Mention District.
8. **Block/ Urban local body:** Mention the block or urban local body (municipality/ notified area/ cantonment area etc) under which the area being monitored falls.
9. **Sub Centre of the Area:** Mention the health sub center which caters the area.
10. **Village/Area:** Mention the name and exact address of the village or urban locality
11. **At least one session held for this area in last 3 months:** ascertain from house-holds as well as responsible members of the community
 - If a session has been conducted in the stipulated period, Tick YES
 - If a session has **not** been conducted in the stipulated period, Tick NO
 - If the information can not be extracted locally Tick NOT KNOWN
 - Later it can be cross-checked from the PHC monitoring.

The information may also be cross-checked from ANM/ASHA/AWW during session monitoring.

12. **Reason for selection:** Please note the code as given in the format to document the criterion on the basis of which the area has been selected for monitoring (same as in session monitoring; pnemonically coded for easy recall):

The area must be falling under at least one of the twelve categories:

H1= Hard to reach,

MG= Migrant,

L1= Large catchment,

S1= Slum,

R1= Refusing community,

VS= Vacant SC,

M1= MOB in last 1 year ,

N1= Newly inducted in RI microplan,

U1= Untrained/ new vaccinator,

V1= VDPV area

W1= WPV in last 3 yrs,

O1= Other

As a given area may satisfy multiple criteria, this field allows multiple responses.

Example: One urban slum may be a hard to reach habitation of migrants with h/o of WPV and MOB in last year, the area and therefore the session should be ticked for 5 responses: S1, H1, MG, W1, and M1.

13. **Polio HRA:** Tick 'Yes' if visited site is HRA; else Tick 'No' (consult polio SIA Microplan for updated list of HRAs)
14. **ASHA Identified:** Monitor has to collect this information either from ANM (during session monitoring) or some responsible person of village. Tick accordingly. **(Y= YES, N= NO)**
15. **AWW Identified:** Monitor has to collect this information either from ANM (during session monitoring) or some responsible person of village. Tick accordingly. **(Y= YES, N= NO)**

Questions (Information from individual house-holds and of individual children):

1. **House marking in last SIA round (with P or X):** The latest SIA house marking as seen on the wall of the house is to be mentioned, including **P or X** and Date.
2. Name of the Father: To be noted.
3. **Religion (H/M/O):** Mention 'H' for Hindu, 'M' for Muslim and 'O' for others e.g. Sikh, Christian etc.
4. **Caste (SC/ ST/ OBC/ Gen):** Mention caste as coded:
 - a. Scheduled caste: SC
 - b. Scheduled tribe: ST
 - c. Other backward classes: OBC
 - d. Gen: General
5. **Migratory status:** Fill in codes as below as applicable:
 - a. No history of migration =1,
 - b. In-migrant to this place for <6 months =2,
 - c. In-migrant to this place for 6 months or more =3,
 - d. Bread-earner is outmigrant =4
6. **Highest education level attained by mother:** Fill in codes as given below as applicable:
 - a. 1=Illiterate,
 - b. 2= <5 years completed,
 - c. 3= 5-10 years completed,
 - d. 4= >10 years completed
7. **Occupation of main earning member:** Fill in codes as given below as applicable:
 - a. 1= Unemployed,
 - b. 2= Main worker (any kind of employment/ job for more than 6 months a year),
 - c. 3= Marginal worker (any kind of employment/ job for less than 6 months a year),
 - d. 4= Other
8.
 - a. **Name of the selected Child (0-35 m):** The name of the child of whose detail is to be elicited in subsequent questions is to be mentioned in the format. In case of more than one children of 0-35 months age in the household, *ideally*, any one of them is to be randomly selected either by currency note digit or by using **KISH grid** (see annex 1) till the quota for each age-group is completed.
For the sake of parsimony, any child within the eligible age-range of 0-35 months may be surveyed. While the immunization status of the younger children reflects the current reach of the immunization service delivery system in the community (more concerned about ACCESS: Left outs), the immunization status of the older children reveals the immunity profile of the community (more concerned about UTILISATION: Drop outs- BCG-Measles drop out, MCV1-DPT Booster drop out, MCV1-MCV2 drop out etc).
 - b. **Sex of the selected child(M/F):** Mention 'M' for male and 'F' for female as the case may be.
 - c. **Date of Birth (dd/mm/yy; if no date, age in months):** Mention the Date of birth (DOB) from the available RI/ MCP card or birth registration certificate, or from the family members (if they can mention it). If no documentary evidence is available or family can't tell the date of birth. enquire from the mother/family members and ascertain the age of the child. Age is to be mentioned in *completed* months only- e.g. if the age of the child is of 7 months and 15 days, then on the format, age written as 7 months. If the child is less than 1 month, mention the age as '0' month.
9. **Is RI/MCP[^] Card available? (Yes/Lost/Locked/Not given):** Ask the care-giver to show Routine Immunization Card (RI Card) or Mother & Child Protection (MCP) Card provided to the family.
 - a. Mention 'Y' if they can show
 - b. If they can not show any card, ask the reason thereof:
 - i. If it was provided and now lost: LOST
 - ii. If it is there but secured under some locked room/ store/ almirah, the key to which is not available right now: LOCKED
 - iii. If any kind of card was never provided: Not Given

10. Who visits the house to inform about RI?: Fill in codes as below as applicable:

- a. 1= ASHA,
- b. 2= ICDS worker,
- c. 3= ANM
- d. 4= SHG,
- e. 5= PRI personnel,
- f. 6= NGO,
- g. 7= Others
- h. 8= None

In a well served community, there may be multiple responses and in such case fill in multiple codes.

11. Immunization Status of Child: If the Immunization Card is available with the family, then write down the dates on the monitoring format, as is mentioned on the RI / MCP Card. Please note the Dates are to be written on dd/mm/yy format. For example if the Date is 25^h July 2010, then 25/07/10 is to be mentioned.

If the Immunization Card is not available, then ascertain the vaccination history for each vaccine as mentioned in the format (depending upon the age of the child and the prescribed National Immunization Schedule- NIS). Mention 'Y' if the child has received the respective vaccines and, 'N' if not received. The following would help in identifying the vaccines:

- a. **BCG:** Enquire whether any vaccination was given on the left upper arm which formed a pustule after the vaccination: indicates BCG. If scar is visible, write "S".
- b. **DPT:** Enquire how many injections for vaccination were given on the thigh / buttocks (family may refer to buttocks): indicates DPT, Please note that after DPT injection, beneficiary may have mild fever; you can use this information while interviewing parents.
- c. **Hep B:** Enquire for similar IM injection. Sometimes people may refer it to as injection for jaundice.
- d. **OPV:** Enquire about the OPV drops given along with the DPT shots: Indicates tOPV.
- e. **Measles:** Enquire if any injection was given on the right arm when the child was about 9 -12 months of age or beyond: indicates Measles. Monitor can also supplement the question asking about administration of Vitamin A as 'oily tonic' given orally to the child with vaccination as a clue for Measles vaccination.
- f. **MCV2:** Enquire for second dose of Measles (sub-cut injection on Rt arm) along with DPT booster.
- g. **DPT booster:** Enquire for deep IM injection at stipulated age (later than 16 months)

12. * If not vaccinated with vaccine due as per age, reason for not vaccinating with the last due vaccine^f:

First analyze if the child has received all due vaccine, by the following schedule-

- a. **BCG**-after birth;
- b. **OPV 0**-after birth or within 15 days;
- c. **DPT 1/OPV 1/Hep B 1** – after age of one and half months;
- d. **DPT 2/OPV 2/ Hep B 2** – one month after DPT 1/OPV 1;
- e. **DPT 3/OPV 3/ Hep B 3**-one month after DPT 2/OPV 2;
- f. **Measles**-after 9 months of age;
- g. **MCV2**- With DPT booster after 16 months of age;
- h. **DPT/OPV booster dose** –after 16 months of age.

If the child is not vaccinated with vaccine due as per age, then try to elicit from mother / family members, the reason for not vaccinating the child with the last due vaccine. Mention code from the options provided at the bottom of the format. If there are more than one options, mention them, but the **most important should be mentioned first.** For example, if the reason for not vaccinating with the due vaccine was- the mother was not aware that there is a 3rd dose of DPT (1), that she was apprehensive of high fever with abscess as happened during DPT 2 vaccination (14) and the child was sick on last session day (2) , the monitor in this case may mention the reasons in the format as **14, 2, 1** in that order, as because the past AEFI is the main driving force here to discourage and demotivate mother to continue her child's vaccination.

The monitor should thank the family for providing the information. Monitors should also reiterate the importance of getting vaccinated at right age. If the child was not vaccinated, try to dispel the fears of the family and motivate

the family for getting the child immunized. The findings of the H-T-H monitoring should be shared with the ANM and other mobilisers (if available in the village) and with the concerned officials at PHC/Block/District.

Annex 1: **KISH GRID**

NOTE: If, the tenth household has 4 children in the eligible range, the randomly selected child should be the third child, when arranged in ascending order of age

	HOUSEHOLD NUMBER																									
<i>No of eligible Children in the House-Hold</i>	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	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1
3	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2
4	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1	4	3
5	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5
6	6	5	4	3	2	1	6	5	4	3	2	1	6	5	4	3	2	1	6	5	4	3	2	1	6	5
7	7	6	5	4	3	2	1	7	6	5	4	3	2	1	7	6	5	4	3	2	1	7	6	5	4	3
8	8	7	6	5	4	3	2	1	8	7	6	5	4	3	2	1	8	7	6	5	4	3	2	1	8	7
9	9	8	7	6	5	4	3	2	1	9	8	7	6	5	4	3	2	1	9	8	7	6	5	4	3	2
10	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5
11	11	10	9	8	7	6	5	4	3	2	1	11	10	9	8	7	6	5	4	3	2	1	11	10	9	8
12	12	11	10	9	8	7	6	5	4	3	2	1	12	11	10	9	8	7	6	5	4	3	2	1	12	11

Annex 2: National Immunization Schedule (NIS) for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
Hepatitis B 1, 2 & 3****	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles	9 completed months-12 months. (give up to 5 years if not received at 9-12 months age)	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin A (1stdose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV Booster	16-24 months	2 drops	Oral	Oral
MCV2	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
Japanese Encephalitis**	16-24 months with DPT/OPV booster	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A*** (2nd to 9th dose)	16 months with DPT/OPV booster Then, one dose every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

Annex 3: Ready Reckoner to analyse whether the child has received all due doses of vaccines

Age (in completed months)	Ideal Vaccination Status by age as per NIS						
	BCG	OPV	DPT	Measles	DPT Booster	MCV2	OPV Booster
0	BCG	OPV-0					
1	BCG	OPV-0					
2	BCG	OPV-0,1	DPT-1				
3	BCG	OPV-0,1,2	DPT-1,2				
4	BCG	OPV-0,1,2,3	DPT-1,2,3				
5	BCG	OPV-0,1,2,3	DPT-1,2,3				
6	BCG	OPV-0,1,2,3	DPT-1,2,3				
7	BCG	OPV-0,1,2,3	DPT-1,2,3				
8	BCG	OPV-0,1,2,3	DPT-1,2,3				
9	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
10	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
11	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
12	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
13	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
14	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
15	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles			
16	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
17	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
18	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
19	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
20	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
21	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
22	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster
23	BCG	OPV-0,1,2,3	DPT-1,2,3	Measles	DPT Booster	MCV2	OPV Booster

Anexure-1

Session Indicator with Denominator 'Session site visited'

Sr. No.	Indicator	Question Reference	Numerator
1	% Rural sites visited	SC/ Urban post	Total rural sites visited
2	% Urban sites visited	SC/ Urban post	Total urban sites visited
3	% Polio HRA visited	Polio HRA	Total visited sites with Polio HRA
4	% sites for Hard-to-reach areas	Reason for selection	Total sites for Hard-to-reach areas visited
5	% sites for Migrant areas	Reason for selection	Total sites for Migrant areas visited
6	% sites with large catchment area	Reason for selection	Total sites with large catchment areas visited
7	% sites for Slums	Reason for selection	Total sites for slums visited
8	% sites for Areas with refusing community	Reason for selection	Total sites for areas with refusing community visited
9	% sites for areas with vacant sub-centre	Reason for selection	Total sites for areas with vacant sub-centre visited
10	% sites for areas with Measles outbreak in last 1 year	Reason for selection	Total sites for areas with Measles outbreak in last 1 year visited
11	% sites for areas newly inducted in RI microplan	Reason for selection	Total sites for areas newly inducted in RI microplan visited
12	% sites with untrained/ new vaccinator	Reason for selection	Total sites for areas newly inducted in RI microplan visited
13	% sites for areas with VDPV detected ever	Reason for selection	Total sites for areas with VDPV detected ever visited
14	% sites for areas with WPV transmission in last 3 years	Reason for selection	Total sites for areas with WPV transmission in last 3 years visited
15	% other sites	Reason for selection	Total other sites visited
16	% Sub Center visited	Session site	Total Sub Center visited
17	% Non-SC fixed site visited	Session site	Total Non-SC fixed sites visited
18	% outreach at AWC visited	Session site	Total outreach at AWC visited
19	% outreach at non-AWC sites visited	Session site	Total outreach at non-AWC sites visited
20	% Pvt/ NGO sites visited	Session site	Total Pvt/ NGO sites visited
21	% Session held	1a	Total visited session found held
22	% Session not held	1a	Total session found not held

Anexure-2

Session Indicator with Denominator 'Session not held'

Sr. No.	Indicator	Question Reference	Numerator
	% Session not held due to no-inclusion in RI microplan	1d	Total Session not held due to "not part of RI microplan"
1	% Session not held due to absence of ANM and unavailability of vaccine and logistics	1d	Total session not held with reason 'Unavailability of ANM and vaccine/logistics'
2	% Session not held due to absence of ANM only	1d	Total session not held with reason only 'ANM absence'
3	% Session not held due to absence vaccine and logistics	1d	Total session not held with reason only 'Unavailability of vaccine and logistics'
4	% Session not held because of other reasons	1d	Total session not held for any other reason

Session Indicator with Denominator ['Only ANM absent' + 'Both Vac-Log & ANM absent']

Sr. No.	Indicator	Question Reference	Numerator
1	% SC vacant	1e	% sites with vacant post
2	% ANM on leave	1e	Total sessions not held where ANM was on leave
3	% Session not held due to ANM's absence for other reasons	1e	Total session not held where ANM was absent due to other reasons

Session Indicators related to RI micro-planning

Sr. No.	Indicator	Question Reference	Numerator
1	% planned sessions held in last 3 months	28	Sum of "Conducted" sessions/ sum of "Planned sessions"
2	% Session held as per microplan	1b	Total session held as per microplan/ Total sessions held
3	% sessions where ANM/ service-provider is changed	1c	Total sessions held where ANM is changed/ Total sessions not held as per plan
4	% sessions where session site is changed	1c	Total sessions held where session site is changed/ Total sessions not held as per plan
5	% sessions where session time is changed	1c	Total sessions held where session time is changed/ Total sessions not held as per plan
6	Any combination of 3 above	1c	
7	% sessions without any microplan	1f	Total sessions with status of plan- "NA"/ Total session sites with ANM present
8	% sessions with RI microplan without any map	1f	Total sessions with status of plan- "No map"/ Total session sites with ANM present
9	% sessions with <i>incomplete</i> RI microplan	1f	Total sessions with status of plan- "Incomplete"/ Total session sites with ANM present
10	% sessions with <i>complete</i> RI microplan	1f	Total sessions with status of plan- "Complete"/ Total session sites with ANM present

Anexure-3

Session Indicator with Denominator 'Session held'

Sr. No.	Indicator	Question Reference	Numerator
1	% sessions synchronized with VHND	2	Number of sessions synchronized with VHND (YES)
2	% Sessions where beneficiaries are found mobilized to session site by ICDS Worker	3	Number of sessions where beneficiaries are found to be mobilized by ICDS Worker (code 2) (Total responses from 3 care-givers)
3	% Sessions where beneficiaries are found mobilized to session site by ASHA	3	Number of sessions where beneficiaries are found to be mobilized by ASHA (code 1) (Total responses from 3 care-givers)
4	% Sessions where beneficiaries are found mobilized to session site by relative/ neighbour	3	Number of sessions where beneficiaries are found to be mobilized by relative/ neighbour (code 3) (Total responses from 3 care-givers)
5	% Sessions where beneficiaries are found mobilized to session site by SHG	3	Number of sessions where beneficiaries are found to be mobilized by SHG (code 4) (Total responses from 3 care-givers)
6	% Sessions where beneficiaries are found mobilized to session site by PRI personnel	3	Number of sessions where beneficiaries are found to be mobilized by PRI personnel (code 5) (Total responses from 3 care-givers)
7	% Sessions where beneficiaries are found mobilized to session site by NGO	3	Number of sessions where beneficiaries are found to be mobilized by NGO (code 6) (Total responses from 3 care-givers)
8	% Sessions where beneficiaries are found mobilized to session site by Others	3	Number of sessions where beneficiaries are found to be mobilized by others (code 7) (Total responses from 3 care-givers)
9	% Sessions where beneficiaries are found mobilized to session site by None	3	Number of sessions where beneficiaries are found to be mobilized by None (code 8) (Total responses from 3 care-givers)
10	% Session where vaccine & logistics found brought to session site by Alternate Vaccine Delivery Mechanism	4	Number of sessions where vaccine transportation done by Alternate Vaccine Delivery Mechanism
11	% Sessions where vaccine & logistics found brought to session site by ANM	4	Number of sessions where vaccine transportation to the session site done by ANM
12	% Sessions where vaccine & logistics found brought to session site by Supervisor	4	Number of sessions where vaccine transportation to the session site done by Supervisor
13	% Sessions where vaccine & logistics found brought to session site by others	4	Number of sessions where vaccine transportation to the session site done by other than ANM, Supervisor and AVD

14	% Sessions where all the available vaccines & diluents are found placed in zipper bag in vaccine carrier having 4 Ice packs	5a, 5b, 5c	Number of sessions where all the available vaccines & diluents are found placed in zipper bag in vaccine carrier having 4 Ice packs
15	% Sessions where all the available vaccines & diluents not found in VC	5a	Number of sessions where all the available vaccines & diluents are found without VC
16	% Sessions where all the available vaccines & diluents not found in Zipper pack	5c	Number of sessions where all the available vaccines & diluents are found without Zipper bag
17	% Sessions where all the available vaccines & diluents not found with 4 icepacks	5b	Number of sessions where all the available vaccines & diluents are found without 4 ice-packs
18	% Sessions where all the available vaccines & diluents not found bundled	5d	Number of sessions where all the available vaccines & diluents are found not bundled
19	% Sessions where all the available vaccines & diluents not found with conditioned ice-packs	5e	Number of sessions where all the available vaccines & diluents are found without conditioned ice-packs
20	Any combination of above 5	5a to 5e	
21	% Sessions where BCG found available	6	Number of sessions where BCG found available
22	% Sessions where BCG Diluent found available	6	Number of sessions where BCG Diluent found available
23	% Sessions where DPT found available	6	Number of sessions where DPT found available
24	% Sessions where JE found available	6	Number of sessions where JE found available (only for 111 districts)
25	% Sessions where JE Diluent found available	6	Number of sessions where JE Diluent found available (where JE vac available)
26	% Sessions where Measles found available	6	Number of sessions where Measles found available
27	% Sessions where Measles Diluent found available	6	Number of sessions where Measles Diluent found available (where Measles vac available)
28	% Sessions where Pentavalent found available	6	Number of sessions where Pentavalent found available
29	% Sessions where tOPV found available	6	Number of sessions where tOPV found available
30	% Sessions where TT found available	6	Number of sessions where TT found available
31	% Sessions where Hepatitis B found available	6	Number of sessions where Hepatitis B found available
32	% Session where vaccine vial found without label in use	7	Number of sessions where vaccine vial found without label in use
33	% Session where vaccine vial found with Unreadable label in use	7	Number of sessions where vaccine vial found with Unreadable label in use
34	% Session where vaccine vial's VVM found in unusable stage in use	7	Number of sessions where vaccine vial's VVM found in unusable stage in use
35	% Session where expired vaccine vial found in	7	Number of sessions where expired

	use		vaccine vial found in use
36	% Session where Frozen Vaccine (DPT, TT, Hepatitis-B) found in use	7	Number of sessions where Frozen Vaccine (DPT, TT, Hepatitis-B) found in use
37	% Session with any vaccine reconstituted more than 4 hours back in use	7	Number of session with any vaccine reconstituted more than 4 hours back in use
38	% Session where vaccine vial found without label discarded	7	Number of sessions where vaccine vial found without label discarded
39	% Session where vaccine vial found with Unreadable label discarded	7	Number of sessions where vaccine vial found with Unreadable label discarded
40	% Session where vaccine vial's VVM found in unusable stage discarded	7	Number of sessions where vaccine vial's VVM found in unusable stage discarded
41	% Session where expired vaccine vial found discarded	7	Number of sessions where expired vaccine vial found discarded
42	% Session where Frozen Vaccine (DPT, TT, Hepatitis-B) found discarded	7	Number of sessions where Frozen Vaccine (DPT, TT, Hepatitis-B) found discarded
43	% Session with any vaccine reconstituted more than 4 hours back discarded	7	Number of session with any vaccine reconstituted more than 4 hours back discarded
	Any combination of 6 above		
44	% Sessions where AD (0.1ml) syringes found available	8	Number of sessions where AD (0.1ml) syringe found available
45	% Sessions where AD (0.5ml) syringes found available	8	Number of sessions where AD (0.5ml) syringe found available
46	% Sessions where 5ml reconstitution syringes found available	8	Number of sessions where 5ml reconstitution syringes found available
47	% Sessions where Functional Hub Cutter found available	8	Number of sessions where Functional Hub Cutter found available
48	% Sessions where Blank RI / MCP Card found available	8	Number of sessions where Blank RI/ MCP Card found available
49	% Sessions where Vitamin-A Solution found available	8	Number of sessions where Vitamin-A found available
50	% Sessions where Plastic Spoon for Vitamin-A found available	8	Number of sessions where Plastic Spoon for Vitamin-A found available
51	% Sessions where Nutritional Supplements found available	8	Number of sessions where Nutritional Supplements found available
52	% Sessions where Zinc tablets found available	8	Number of sessions where Zinc tablets found available
53	% Sessions where Due list of beneficiaries found available with ANM	8	Number of sessions where Due list of beneficiaries found available with ANM
54	% Sessions where Due list of beneficiaries found available with Mobilizer	8	Number of sessions where Due list of beneficiaries found available with Mobilizer
55	% Sessions where Counterfoils of previous session found available	8	Number of sessions where Counterfoils of previous session found available
56	% Sessions where ORS Packet found available	8	Number of sessions where ORS Packet found available

57	% Sessions where IFA Tablet found available	8	Number of sessions where IFA Tablet found available
58	% Sessions where Paracetamol found available	8	Number of sessions where Paracetamol found available
59	% Sessions where Weighing machine found available	8	Number of sessions where Weighing found available
60	% Sessions where B P Apparatus found available	8	Number of sessions where B P Apparatus found available
	Any combination of above 17		

Anexure-4

Session Indicator with miscellaneous denominator

Sr. No.	Indicator	Question Reference	Numerator	Denominator
1.	% Sessions where Time of reconstitution written on reconstituted vials	9	Total Number of Sessions where Time of reconstitution written on reconstituted vials	Total number of sessions held where response is other than NOB
2.	Reason of not writing reconstitution time	9	Reason wise grouping (to be decided later: open ended question)	Total Number of Sessions where Time of reconstitution written on reconstituted vials
3.	% Sessions where AD syringe is used for injectable vaccines	10	Total Number of Sessions where AD syringe is used for injectable vaccines (YES)	Total number of sessions held where response is other than NOB
4.	% Sessions where glass syringe is used for injectable vaccines	10	Total Number of Sessions where glass syringe is used for injectable vaccines (YES)	Total number of sessions held where response is other than NOB
5.	% Sessions where disposable syringe is used for injectable vaccines	10	Total Number of Sessions where disposable syringe is used for injectable vaccines (YES)	Total number of sessions held where response is other than NOB
6.	% Sessions where DPT vaccine given on outer (anterolateral) aspect of mid thigh	11	Total Number of Sessions where DPT vaccine given on outer (anterolateral) aspect of mid thigh (YES)	Total number of sessions held where response is other than NOB
7.	% Sessions where DPT vaccine given on any other part of body	11	Total Number of Sessions where DPT vaccine given on any other part of body (break-up of other site)	Total number of sessions held where response is other than NOB
8.	% Sessions where Measles vaccine given in SC route	12	Total number of sessions where measles vac given on SC route	Total number of sessions where measles vaccination is observed
9.	% Sessions where Measles vaccine given in IM route	12	Total number of sessions where measles vac given on IM route	Total number of sessions where measles vaccination is observed
10.	% Sessions where Measles vaccine given in ID route	12	Total number of sessions where measles vac given on ID route	Total number of sessions where measles vaccination is observed
11.	% Sessions where Measles vaccine given on Rt arm	12	Total number of sessions where measles vac given on Rt arm	Total number of sessions where measles vaccination is observed

12.	% Sessions where Measles vaccine given on any other part of body	12	Total number of sessions where measles vac given on any other part of body	Total number of sessions where measles vaccination is observed
13.	Any combination of both variables			Total number of sessions where measles vaccination is observed
14.	% Sessions where ANM is found touching any part of the needle while giving injection	13	Total Number of Sessions where ANM is found touching any part of the needle while giving injection	Total number of sessions held where response is other than NOB
15.	% Sessions where ANM is found recapping the needle after giving injection	14	Total Number of Sessions where ANM is found recapping the needle after giving injection	Total number of sessions held where response is other than NOB
16.	% Sessions where each used syringe found cut with hub cutter immediately after use	15	Total Number of Sessions where each used syringe found cut with hub cutter immediately after use	Total number of sessions held where response is other than NOB
17.	% Sessions where each used syringe found not cut with hub cutter immediately after use as hubcutter not available	15	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use as hubcutter not available	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use
18.	% Sessions where each used syringe found not cut with hub cutter immediately after use as hubcutter not functioning	15	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use as hubcutter not functioning	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use
19.	% Sessions where each used syringe found not cut with hub cutter immediately after use as ANM untrained	15	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use as ANM untrained	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use
20.	% Sessions where each used syringe found not cut with hub cutter immediately after use due to Other reason	15	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use due to Other reason	Total Number of Sessions where each used syringe found not cut with hub cutter immediately after use
21.	% of sessions where session waste is	16	Total number of sessions where session waste is segregated in Red & Black bag	Total number of sessions where

	segregated in Red & Black bag			vaccination injections are observed
22.	% of sessions where session waste is segregated in other way	16	Total number of sessions where session waste is segregated in other way	Total number of sessions where vaccination injections are observed
23.	% of sessions where session waste is not segregated	16	Total number of sessions where session waste is not segregated	Total number of sessions where vaccination injections are observed
24.	% of sessions where record is maintained by tally sheet	17	Total number of sessions where record is maintained by tally sheet	Total number of sessions held
25.	% of sessions where record is maintained by any method other than tally sheet	17	Total number of sessions where record is maintained by any method other than tally sheet	Total number of sessions held
26.	% of sessions where no record is maintained	17	Total number of sessions where no record is maintained	Total number of sessions held
27.	% Sessions where Four Key Messages are found given to the parents	18	Total Number of Sessions where Four Key Messages are found given to the parents	Total number of sessions held where response is other than NOB
28.	% Sessions where Msg1 is most commonly missed	19	Total number of sessions where Msg1 is most commonly missed	Total number of sessions held where all 4 key messages are not delivered
29.	% Sessions where Msg2 is most commonly missed	19	Total number of sessions where Msg2 is most commonly missed	Total number of sessions held where all 4 key messages are not delivered
30.	% Sessions where Msg3 is most commonly missed	19	Total number of sessions where Msg3 is most commonly missed	Total number of sessions held where all 4 key messages are not delivered
31.	% Sessions where Msg4 is most commonly missed	19	Total number of sessions where Msg4 is most commonly missed	Total number of sessions held where all 4 key messages are not delivered
32.	% Sessions where the care-giver is advised to wait for 30 mins	20	Total number of Sessions where the care-giver is advised to wait for 30 mins	Total number of sessions held
33.	% Sessions where AEFI management kit available at the session site	21	Total number of sessions where AEFI management kit available at the session site	Total number of sessions held
34.	% sessions where ANM has noted Vaccine Expiry Date	22	Total number of sessions where ANM has noted Vaccine Expiry Date	Total number of sessions held
35.	% sessions where	22	Total number of sessions where ANM	Total number of

	ANM has noted Vaccine batch no		has noted Vaccine batch no	sessions held
36.	% sessions where ANM has noted Diluent Expiry Date	22	Total number of sessions where ANM has noted Diluent Expiry Date	Total number of sessions held
37.	% sessions where ANM has noted Diluent batch no	22	Total number of sessions where ANM has noted Diluent batch no	Total number of sessions held
38.	Average Number of non-serious AEFI reported by an ANM in last 3 months	23	Total Number of non-serious AEFI reported by an ANM in last 3 months	Total number of ANM monitored
39.	Average Number of serious AEFI reported by an ANM in last 3 months	23	Total Number of serious AEFI reported by an ANM in last 3 months	Total number of ANM monitored
40.	% of ANM rejecting vaccines for having mild fever	24	Total number of ANM rejecting vaccines for having mild fever	Total number of ANM monitored
41.	% of ANM rejecting vaccines for having loose motions	24	Total number of ANM rejecting vaccines for having loose motions	Total number of ANM monitored
42.	% of session sites disposing session waste at onsite pit	25	Total number of session sites disposing session waste at onsite pit	Total number of sessions held
43.	% of session sites disposing session waste carrying to PHC	25	Total number of session sites disposing session waste carrying to PHC	Total number of sessions held
44.	% of session sites disposing session waste by open onsite burning	25	Total number of session sites disposing session waste by open onsite burning	Total number of sessions held
45.	% of session sites disposing session waste by any other method	25	Total number of session sites disposing session waste by any other method	Total number of sessions held
46.	% of service-providers visited by any supervisor in last 2 months	26	Total number of service-providers visited by supervisors (HS+ MO+ Other)	Total number of ANMs monitored
47.	% of service-providers visited by health-supervisor in last 2 months	26	Total number of service-providers visited by HS	Total number of ANMs monitored
48.	% of service-providers visited by MO in last 2 months	26	Total number of service-providers visited by supervisors MO	Total number of ANMs monitored
49.	% of service-providers visited by any other supervisor in last 2 months	26	Total number of service-providers visited by any other supervisor	Total number of ANMs monitored

50.	% of service-providers not visited by any supervisor in last 2 months	26	Total number of service-providers not visited by any supervisor	Total number of ANMs monitored
51.	% of newborns enrolled for vaccination	27	Total number of newborns enrolled for vaccination in last 3 months X 4	Total live births in last one year
52.	% ANM experiencing no stock-out of vaccine/ logistic in last 3 months	29	Total number of ANM experiencing no stock-out of vaccine/ logistic in last 3 months	Total number of ANMs monitored
53.	% ANM experiencing stock-out of DPT vaccine in last 3 months	29	Total number of ANM experiencing stock-out of DPT vaccine in last 3 months	Total number of ANMs monitored
54.	% ANM experiencing stock-out of measles vaccine in last 3 months	29	Total number of ANM experiencing stock-out of measles vaccine in last 3 months	Total number of ANMs monitored
55.	% ANM experiencing stock-out of any other vaccine/ logistic in last 3 months	29	Total number of ANM experiencing stock-out of any vaccine/ logistic in last 3 months	Total number of ANMs monitored
56.	PHC-level reason wise break-up for non-availability of vaccine/ logistics	30		

Multivariate Data Analysis:

1. Any indicator filtered by “Reason for Selection
2. Any combination of variables in p X q format
3. Any composite scoring for a group of indicators: injection safety/ mobilization/ AEFI awareness etc
4. Multilevel analysis by filtering through:
 - a. Rural/ urban
 - b. Polio HRA
 - c. Migrant
 - d. Microplan status etc

Anexure-5
House to house Indicator

Sr. No.	Indicator	Question Reference	Numerator	Denominator
1.	% Rural areas visited	SC/ Urban post	Total rural areas visited	Total H-H areas monitored
2.	% Urban areas visited	SC/ Urban post	Total urban areas visited	Total H-H areas monitored
3.	% Polio HRA visited	Polio HRA	Total visited areas with Polio HRA	Total H-H areas monitored
4.	% areas for Hard-to-reach areas	Reason for selection	Total areas for Hard-to-reach areas visited	Total H-H areas monitored
5.	% areas for Migrant areas	Reason for selection	Total areas for Migrant areas visited	Total H-H areas monitored
6.	% areas with large catchment area	Reason for selection	Total areas with large catchment areas visited	Total H-H areas monitored
7.	% areas for Slums	Reason for selection	Total areas for slums visited	Total H-H areas monitored
8.	% areas for Areas with refusing community	Reason for selection	Total areas for areas with refusing community visited	Total H-H areas monitored
9.	% areas for areas with vacant sub-centre	Reason for selection	Total areas for areas with vacant sub-centre visited	Total H-H areas monitored
10.	% areas for areas with Measles outbreak in last 1 year	Reason for selection	Total areas for areas with Measles outbreak in last 1 year visited	Total H-H areas monitored
11.	% areas for areas newly inducted in RI microplan	Reason for selection	Total areas for areas newly inducted in RI microplan visited	Total H-H areas monitored
12.	% areas with untrained/ new vaccinator	Reason for selection	Total areas for areas newly inducted in RI microplan visited	Total H-H areas monitored
13.	% areas for areas with VDPV detected ever	Reason for selection	Total areas for areas with VDPV detected ever visited	Total H-H areas monitored
14.	% areas for areas with WPV transmission in last 3 years	Reason for selection	Total areas for areas with WPV transmission in last 3 years visited	Total H-H areas monitored
15.	% other areas	Reason for selection	Total other areas visited	Total H-H areas monitored
16.	% area with ASHA identified	ASHA identified	Number of Area where ASHA found identified	Total number of area visited
17.	% area with AWW identified	AWW identified	Number of Area where AWW found identified	Total number of area visited
18.	% area where session found held in last 3 months	Session in last 3 months	Number of area where session found held is last 3 months	Total number of area visited
19.	% houses where house marking by Polio Team during last SIA round	1	Number of houses where house marking by Polio Team during	Total number of houses visited

	found available		last SIA round found available	
20.	% X houses monitored	1	Number of X houses monitored	Total Number of houses where house marking by Polio Team during last SIA round found available
21.	% P houses monitored	1	Number of P houses monitored	Total Number of houses where house marking by Polio Team during last SIA round found available
22.	% children with Gender-male monitored	8b	Number of male children monitored	Total number of houses visited
23.	% children with Gender-Female monitored	8b	Number of female children monitored	Total number of houses visited
24.	% Hindu children monitored	3	Number of 'Hindu' children monitored	Total number of houses visited
25.	% Muslim children monitored	3	Number of 'Muslim' children monitored	Total number of houses visited
26.	% Children monitored of Religion other than 'Hindu' and 'Muslim'	3	Number of children monitored other than 'Hindu' and 'Muslim'	Total number of houses visited
27.	% Children monitored of caste Gen	4	Number of children monitored with caste Gen	Total number of houses visited
28.	% Children monitored of caste SC	4	Number of children monitored with caste SC	Total number of houses visited
29.	% Children monitored of caste ST	4	Number of children monitored with caste ST	Total number of houses visited
30.	% Children monitored of caste OBC	4	Number of children monitored with caste OBC	Total number of houses visited
31.	% of children belonging to families with no migration history	5	Number of children belonging to families with no migration history	Total number of houses visited
32.	% of children belonging to families which are in-migrant to the area for less than 6 months	5	Number of children belonging to families which are in-migrant to the area for less than 6 months	Total number of houses visited
33.	% of children belonging to families which are in-migrant to the area for 6 months or more	5	Number of children belonging to families which are in-migrant to the area for 6 months or more	Total number of houses visited
34.	% of children belonging	5	Number of children	Total number of houses

	to families where the bread-earner is out-migrant		belonging to families where the bread-earner is out-migrant	visited
35.	% children of illiterate mothers	6	Total number children of illiterate mothers	Total number of houses visited
36.	% children of mothers with less than 5 years of schooling	6	Total number children of mothers with less than 5 years of schooling	Total number of houses visited
37.	% children of mothers with 5-10 years of schooling	6	Total number children of mothers with 5-10 years of schooling	Total number of houses visited
38.	% children of mothers with more than 10 years schooling	6	Total number children of mothers with more than 10 years schooling	Total number of houses visited
39.	% of children belonging to families where the main earning member is unemployed	7	Total number of children belonging to families where the main earning member is unemployed	Total number of houses visited
40.	% of children belonging to families where the main earning member is a main worker (>6 m)	7	Total number of children belonging to families where the main earning member is a main worker (>6 m)	Total number of houses visited
41.	% of children belonging to families where the main earning member is a marginal worker (<6 months)	7	Total number of children belonging to families where the main earning member is a marginal worker (<6 months)	Total number of houses visited
42.	% of children belonging to families where the main earning member is in "other occupation category"	7	Total number of children belonging to families where the main earning member is in "other occupation category"	Total number of houses visited
43.	% houses where ANM visits the house to inform about RI	10	Number of houses where ANM visits the house to inform about RI	Total number of houses visited
44.	% houses where ASHA visits the house to inform about RI	10	Number of houses where ASHA visits the house to inform about RI	Total number of houses visited
45.	% houses where ICDS worker visits the house to inform about RI	10	Number of houses where ICDS worker visits the house to inform about RI	Total number of houses visited
46.	% houses where SHG visits the house to inform about RI	10	Number of houses where SHG visits the house to inform about RI	Total number of houses visited

47.	% houses where PRI personnel visits the house to inform about RI	10	Number of houses where PRI personnel visits the house to inform about RI	Total number of houses visited
48.	% houses where NGO visits the house to inform about RI	10	Number of houses where NGO visits the house to inform about RI	Total number of houses visited
49.	% houses where any other visits the house to inform about RI	10	Number of houses where any other than visits the house to inform about RI	Total number of houses visited
50.	% houses where no one visits the house to inform about RI	10	Number houses where no one visits the house to inform about RI	Total number of houses visited
51.	% of house-holds where RI/ MCP card is available (YES)	9	Number of house-holds where RI/ MCP card is available (YES)	Total number of houses visited
52.	% of house-holds where RI/ MCP card is lost	9	Number of house-holds where RI/ MCP card is lost	Total number of houses visited
53.	% of house-holds where RI/ MCP card is locked	9	Number of house-holds where RI/ MCP card is locked	Total number of houses visited
54.	% of house-holds where RI/ MCP card is not given	9	Number of house-holds where RI/ MCP card is not given	Total number of houses visited
55.	Number of children received BCG	11	Number of children where 'BCG' vaccination scar is found	Number of children due to receive BCG
56.	Number of children received BCG	11	Number of field with BCG vaccination date available	Number of children due to receive BCG
57.	Number of children received OPV 0 dose	11	Number of field with OPV 0 vaccination date available	Number of children due to receive OPV 0 dose
58.	Number of children received 1 st dose of DPT	11	Number of field with DPT 1 vaccination date available	Number of children due to receive 1 st dose of DPT
59.	Number of children received 2 nd dose of DPT	11	Number of field with DPT 2 vaccination date available	Number of children due to receive 2 nd dose of DPT
60.	Number of children received 3 rd dose of DPT	11	Number of field with DPT 3 vaccination date available	Number of children due to receive 3 rd dose of DPT
61.	Number of children received DPT booster dose	11	Number of field with DPT booster vaccination date available	Number of children due to receive DPT booster dose
62.	Number of children received 1 st dose of	11	Number of field with HEP B 1 vaccination	Number of children due to receive 1 st dose of

	HEP B		date available	HEP B
63.	Number of children received 2 nd dose of HEP B	11	Number of field with HEP B 2 vaccination date available	Number of children due to receive 2 nd dose of HEP B
64.	Number of children received 3 rd dose of HEP B	11	Number of field with HEP B 3 vaccination date available	Number of children due to receive 3 rd dose of HEP B
65.	Number of children received DPT booster dose	11	Number of field with DPT booster vaccination date available	Number of children due to receive DPT booster dose
66.	Number of children received OPV 1 st dose	11	Number of field with OPV 1 vaccination date available	Number of children due to receive OPV 1 st dose
67.	Number of children received OPV 2 nd dose	11	Number of field with OPV 2 vaccination date available	Number of children due to receive OPV 2 nd dose
68.	Number of children received OPV 3 rd dose	11	Number of field with OPV 3 vaccination date available	Number of children due to receive OPV 3 rd dose
69.	Number of children received OPV booster dose	11	Number of field with OPV booster vaccination date available	Number of children due to receive OPV booster dose
70.	Number of children received MCV1	11	Number of field with MCV1 vaccination date available	Number of children due to receive MCV1
71.	Number of children received MCV2	11	Number of field with MCV2 vaccination date available	Number of children due to receive MCV2
72.	% of Fully Immunized children	11	Number of Fully Immunized children	Age group children (12-23m/ 12-35m/ 24-35m etc)
73.	% of Partially Immunized children	11	Number of Partially Immunized children	Age group children (12-23m/ 12-35m/ 24-35m etc)
74.	% of Unimmunized children	11	Number of Un-Immunized children	Age group children (12-23m/ 12-35m/ 24-35m etc)
75.	Drop-out rates (BCG-Measles/ DPT1- DPT3/ DPT3-DPT booster/ MCV1-MCV2 etc)	11		Age group children
76.		11		Age group children
77.	% children where date of 'BCG' vaccination found available	11	Number of field with BCG vaccination date available	Number of children received BCG
78.	% children where date of 'OPV 0 dose' vaccination found available	11	Number of field with OPV 0 vaccination date available	Number of children received OPV 0 dose
79.	% children where date	11	Number of field with	Number of children

	of DPT 1 st dose vaccination available		DPT 1 vaccination date available	received 1 st dose of DPT
80.	% children where date of DPT 2 nd dose vaccination available	11	Number of field with DPT 2 vaccination date available	Number of children received 2 nd dose of DPT
81.	% children where date of DPT 3 rd dose vaccination available	11	Number of field with DPT 3 vaccination date available	Number of children received 3 rd dose of DPT
82.	% children where date of DPT booster dose vaccination available	11	Number of field with DPT booster vaccination date available	Number of children received DPT booster dose
83.	% children where date of OPV 1 st dose vaccination available	11	Number of field with OPV 1 vaccination date available	Number of children received OPV 1 st dose
84.	% children where date of OPV 2 nd dose vaccination available	11	Number of field with OPV 2 vaccination date available	Number of children received OPV 2 nd dose
85.	% children where date of OPV 3 rd dose vaccination available	11	Number of field with OPV 3 vaccination date available	Number of children received OPV 3 rd dose
86.	% children where date of OPV booster dose vaccination available	11	Number of field with OPV booster vaccination date available	Number of children received OPV booster dose
87.	% Children where date of Measles vaccination available	11	Number of field with Measles vaccination date available	Number of children received Measles

Multivariate analysis:

1. Cross-tabulation of any two or more variables
2. Any regression model fitting the determinants with immunization probability etc