Your Institute Name

Name of Block/Urban Area:	SIA Round:		Date	Planning Monitor		Block Form No.		Designation		
Traine of Blook of Barry tou.	1.Jan _		DDMMYY	YY	Unit	Code	Code			
Round:	4.Apr 5.May 6.Jun) 0 0 0 0) 1 1 1 1) 2 2 2 2) 3 3 3 3) 4 4 4 4	000000 111111 222222 3333333 4444444)11)22)33	000 111 222 333 444	000 111 222 333 4444	00 11 22 33 44	0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0	SMO O FV O EM	
Name of monitor:	8.Aug	5555	55555	55	555	555	55	555	5 RTL	
Planning Unit:	10.Oct (066666 07777 08888 09999	6666666 777777 888888 999999	77	6 6 6 6 7 7 7 8 8 8 8 9 9 9 9	666 777 888 999	66 77 88 99	6 6 6 6 7 7 7 7 8 8 8 8 8 9 9 9 9	7 Consultant	
District Name:	District Code									
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		D E F (3 H I J K		N O	P Q (R S	T U V		
State Name:	State Code A B C	DEF0	3 H I J K	L M	N 0	P Q (R S	T U V) W X Y Z	
	A B C	DEF	3 H I J K	L M	0 N O	P Q (R S	TUV		
		1	2		3		4	ļ	5	
Booth Number										
Observation Checklist										
Type of vaccine being used (M: Monovalent OPV, T: Trivalent OPV, B: Bi			B [(M) (T)	B	M T	ا لــــــــــــــــــــــــــــــــــــ	M T B		
Manufacturer of vaccine		Panacea (GSK 🗀	Chiron (_) Sa	nofi ()	Bhara	at Biotech (_) Bibcol (_)	
Haffkine Novartis Others										
Is the booth easily accessible?	Yes No	Yes No		Yes N	• 🔘 [Yes 🔘	No 🔘	Yes No		
Does the booth have IEC materials (like band displayed prominently?	Yes No	Yes No		Yes N	• O	Yes	No 🔘	Yes No		
Number of vaccinators that attended the vac conducted prior to this round?	00 01 02 040 NA	0 0 1 02 4 NA		()0 ()1 () ()4()NA		_0 _1 (_4 _ N.		0 0 1 02 3 04 NA		
Number of team members NOT same as in (i.e. replaced team members)	0 0 1 02 0 4	○3 ○0 ○1 ○2 ○4	<u>3</u>	○0 ○1 ○ ○4)0 ()1 ()4	<u>2</u> 3	0 0 1 2 3 4		
Is ASHA worker working as a vaccinator in the	Yes No	Yes No		Yes N	_	Yes O	No 🔘	Yes No NA		
Is Anganwadi worker working as a vaccinato	Yes No	Yes No	-	Yes N	-	Yes O	No 🔘	Yes No NA		
Does this booth have at least one community	Yes No	Yes No		Yes N	o 🔘	Yes	No 🔘	Yes No		
Are the team members / community mobilizers / volunteers mobilizing children to the booth?		Yes No	Yes No		Yes N	o 🔘	Yes	No 🔘	Yes No	
Do they have any vaccine with VVM in stage remove and give replacement	Yes No	Yes No		Yes N	0 0	Yes	No 🔘	Yes No		
Had the booth run out of vaccine at any time	Yes No	Yes No		Yes N	° 🔘	Yes	No 🔘	Yes No		
Is the team using indelible marker pen for fin	Yes No	Yes No		Yes N	• O	Yes 🔘	No 🔘	Yes No		
Is the team marking the left little finger of the If no, demonstrate.	Yes No	Yes No		Yes N	o 🔘	Yes	No 🔘	Yes No		
Is the team marking the tally sheet correctly immunized?	Yes No	Yes No		Yes N	o 🔘	Yes	No 🔘	Yes No		
Does the number of used vials tally with the immunized	Yes No	Yes No		Yes N	0	Yes 🔵	No 🔘	Yes No		
Interview of Booth Workers										
Are the vaccinators aware of any community	mohilizer / volunteer									

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worki	ing i	n the	booth area?	•								
Ale li	ile v	accini	ators aware	or arry	CC	miniun	пtу	HIC	DIIIZEI /	VOI	unte	EI

Does the team have correct knowledge about V	/M?
(ask to indicate and explain the VVM)	

Interview of Parents (interview 2 parents or guardians who have brought children to the booth) How did you learn about the booth activities? (1st respondent, 2nd respondent, list all applicable numbers) (1) 111111111111 2222222222 333333333333 44444444444 7- Banner/hoarding 1- Miking 8- Mosque/temple-announcement 9- Relative/neighbour/friend 2- Drum beating **3-** TV 55555555555 666666666666 777777777777 A- Health worker or Anganwadi worker 4- Radio 5- Newspaper 6- Poster/leaflets C- Any other 88888888888 999999999 AAAAAAAAAA BBBBBBBBBB CCCCCCCCCCC (2) (4)01010101010101 111111111111111 111111111111111 22222222222 3333333333333 444444444444 5535535555555 666666688888 777777777777 83888888888 9999999999 AAAAAAAAAAA BBBBBBBBBBBBB 0000000000000 000000000000 0000000000000 (5) (6) (7) 111111111111111 2222222222 3333333333333 4444444444 5555555555 6666666666666 777777777777 8888888888 999999999999 AAAAAAAAAA 8888888888 99999999999 AAAAAAAAAAAA BBBBBBBBBBB CCCCCCCCCCC BBBBBBBBBB CCCCCCCCCC (8) (9) 222222222 33333333333333 222222222 333333333333333 222222222 333333333333333 444444444444 5555555555 6666666666666 777777777777 8888888888888 939999999999 777777777777 888888888888 93999999999 777777777777 888888888888 999999999999 AAAAAAAAA BBBBBBBBBBBB CCCCCCCCCCC AAAAAAAA BBBBBBBBBBBB CCCCCCCCCCC AAAAAAAAA BBBBBBBBBBBB CCCCCCCCCCC Comments / Remarks