

Team Monitoring Form							
District: _____ Tehsil: _____ UC/Area: _____							
CBV Area: Yes / No		AIC Name : _____		Team No. _____		Day of work : _____	
Types of High Risk Populations present:				Yes	No	NA	Comments
1	Is the team composition as per NEAP indicators: <input type="checkbox"/> Local <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Government Accountable						
2	Do the names on the micro plan match the names on the team members's ID cards/CNIC?						
3	Is the team using a valid marker for finger marking? (not expired, dry, overused, etc.)						
5	date)						Date of training:
6	Are the OPV vials maintained according to standard operating procedures?			<input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Valid VVM			
7	Is the team filling the tally sheet correctly (i.e. guest,HRMP)						
8	Is the team accurately recording all the required information of the missed children on the back side of the tally sheet or on registration book?						
9	Is the team administrating Vitamin A to children 6-59 months						
10	Can the team identify their current location on the team route map?						
11	Can the team work satisfactorily within campaign hours/ can they meet their daily target?						
Observe 7-8 households if you are an AIC (2-3 households for all other monitors) and check if teams are:				Observation			
1. Asking about newborn, sleeping, and NA children				<input type="checkbox"/>			
2. Asking about routine immunization doses and acute flaccid paralysis				<input type="checkbox"/>			
3. Using markers for finger marking only				<input type="checkbox"/>			
4. Marking the complete finger of the child (full nail and skin)				<input type="checkbox"/>			
5. Minimizing vaccine wastage (count number of children vaccinated versus vials used)				<input type="checkbox"/>			
COVID Questions				Yes	No	Partial	Any Comments
1	Have you been briefed on prevention & control measures of COVID-19?						
2	Any Team member having fever, cough or other symptoms?						
3	Are the team members wearing a mask?						if one member is using mask, select Partial
4	Are the vaccination team using hand sanitizer after every Household?						
5	Are both team members less than 50 Years of age?						
6	Is the team asking care giver to hold the child for vaccination and finger marking						
7	Are there any new observed challenges/Pressure from the community against vaccination due to COVID-19?						
8	If Yes to question 7, please describe, including the location where these challenges, pressures occurred.						

Supervisor Monitoring Form

Day of work _____ District _____ Tehsil: _____ UC/Area: _____

Supervisor Name: _____ Designation: _____ Supervisor Agency _____

		Yes	No	NA	Comments
1	Since the last campaign, did the supervisor attend a training or briefing? (ask date and facilitator's name)				Date: _____
2	Has the supervisor trained or briefed his/her teams prior to campaign? (ask the date)				Date: _____
3	Is the supervisor carrying necessary items (e.g. OPV vials, markers) for missed children and/or team support?				
4	Is the supervisor carrying Vit-A Capsules + Scissors for missed children and/or team support?				
5	If Supervisor supported the team for 5 or more than 5 Houses?				
6	Has the supervisor visited or plan to visit high risk population group in that day's area (if applicable)?				
COVID-19 Questions		Yes	No	Comments	
6	Did supervisor check the temperature of his/her team members before departure in field				
7	Is vaccinator wearing a mask?				
8	Does the supervisor have hand sanitizer during field visit?				
9	If Social distance is being maintained among supervisor and Front line workers in Field.				

Fixed Site Form							
District: _____ Tehsil: _____ UC/Area: _____							
AIC Name : _____ Team No. _____ Day of work : _____ Site Name _____							
Hosp. <input type="checkbox"/> RHC <input type="checkbox"/> BHU <input type="checkbox"/> Dispensary <input type="checkbox"/> MCH <input type="checkbox"/> Other <input type="checkbox"/>							
# of Children Vaccinated (based on tally sheet) _____		# of Doses (based on vials) _____		Yes	No	NA	Comments
1	Is the site functional? (Mark yes if the centre is open, vaccine & vaccinator available even if no child is vaccinated)						Q1-11 to be answered by ALL monitors
2	Is the vaccinator (check all boxes that apply):		<input type="checkbox"/> Local				
			<input type="checkbox"/> Adult				
			<input type="checkbox"/> Trained				
			<input type="checkbox"/> Government Accountable				
3	Are OPV vials maintained according to standard operating procedures (check all that apply)?		<input type="checkbox"/> Dry				
			<input type="checkbox"/> Cool				
			<input type="checkbox"/> Valid VVM				
4	Are all details (name, address, etc.) of children coming to the Fixed Site recorded on registrar/tally sheet?						
5	Did the supervisor visit the Fixed Site today? (verified by signature)					If Yes, by whom: AIC/ UCCO/UCPW/UCMO/Others	
6	Is Vitamin A being given at this site (select NA if Vitamin A is not administered during the campaign)?						
7	Is a copy of the updated UC microplan with maps available? (Only applies if this is a team support center)						
If this Fixed Site is an EPI centre:							
8	Is the temperature in the vaccine refrigerator/coldbox/ILRs, at the time of visit, between 2°C and 8°C?						
9	Are routine immunizations being given during campaign?						
10	Is a register/record kept of children vaccainted?						
11	Is the IPV/Penta 3 monitoring chart updated?*						
COVID Questions			Yes	No	Comments		
12	Have you been briefed on prevention & control measures of COVID-19?						
13	Is the hand washing facility with soap or hand sanitizer available at the fixed site?						
14	Is vaccinator wearing appropriate PPE? Mask						
15	If Physical distance ia being maintained among vaccinator, parents and in waiting area?						
16	Is the team asking care giver to hold the child for vaccination and finger marking?						

DO NOT FORGET TO VACCINATE ANY MISSED CHILD & Check 0/0 and Refusal Homes

Household Cluster Form

Date: _____ Name of Monitor: _____ Designation: _____

Province/Region: _____ District/Town/Agency: _____ Tehsil: _____ UC/Area: _____ Village/Mohallah/St.: _____

CBV Area: Yes / No Population Type: HRMP/Non-HRMP AIC Name : _____ Team No. _____ Day of work : _____

H. No based on Chalking	Name of head of house	Re-Call				Reasons for Missed Children based on Recall				Guest U 5 Years		Finger Mark		Correct Door Marking-(Y/N)	NO routine EPI for under 2 years	Comments only for Missed children (based on recall or Finger Mark): Father's cell phone number Child's name/gender/age (Reason for Refusal) Guest Children number by Residence District	# Vaccinated by Monitor
		Total number of children between 0 - 11 months LIVING IN THE HOUSEHOLD	Total number of children between 0 - 11 months vaccinated by Re-call	Total number of children between 12- 59 months LIVING IN THE HOUSEHOLD	Total number of children between 12- 59 months vaccinated by Re-call	Team did not visit the house	Team visited but missed vaccinating the child	Child was Away / Not at home	Refusals (make not of type in comments)	Guest Children in the House Hold (Recall)	Guest Children Vaccinated in the House Hold (Recall)	Total number of children seen by the monitor 0-59 months	Total number of children 0-59 months with finger marked				
Total:																	

Monitor's signature: _____

Date of submission: _____