 **IMPORTANT INSTRUCTIONS.** *Please 1) observe a vaccination session and observations and 2) observe 3-5 children being vaccinated during this session.*

FORM 4. Vaccination Session Observation Form

**Interviewer name: Date of interview (DD/MM/YY): / /**

|  |  |
| --- | --- |
| **Name** |  |
| District name |  |
| Health facility name |  |
| Type of vaccination session | ☐ Fixed ☐ Outreach ☐ Mobile |

|  |  |  |
| --- | --- | --- |
| OBSERVATION OF VACCINATION SESSION | | |
|  | How many health workers were present during the vaccination session? |  |
|  | Were any community volunteers present and assisting the session? |  |
|  | Do you feel enough staff were available to run a high quality session?  *If not, note number or roles that need support:* | ☐ Yes  ☐ No |
|  | Do you feel staff had skills to run a high quality session?  *If not, note reasons:* | ☐ Yes  ☐ No |
|  | Do health sector staff appear polite and organized?  *If not, note reasons:* | ☐ Yes  ☐ No |
|  | Are vaccines stored at appropriate temperatures during the session? | ☐ Yes  ☐ No |
|  | Is a register (or adequate recording tool) available at the session? | ☐ Yes  ☐ No |
|  | Are vaccination/health cards available at the session? | ☐ Yes  ☐ No |
|  | Is a tally sheet available at the session? | ☐ Yes  ☐ No |
|  | Is a safety box available at the session? | ☐ Yes  ☐ No |
|  | Do you have suggestions for improving session quality?  *If yes, describe:* | ☐ Yes  ☐ No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** |
|  | Is the caregiver told which vaccines the child is receiving? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Did the child receive appropriate vaccines (check card, ask age) | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is each vaccine administered using the correct route of vaccination? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is each vaccine prepared using the correct diluent for the vaccine? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Does the vaccinator touch or recap the needle? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Are used needles disposed in a proper safety box after each vaccination? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is the caregiver told when to bring the child back for vaccination? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is the caregiver told about potential adverse events following vaccination? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | If the caregiver asks any questions are they answered? | 🞎 Yes  🞎 No – not answered  🞎 NA- no questions | 🞎 Yes  🞎 No – not answered  🞎 NA- no questions | 🞎 Yes  🞎 No – not answered  🞎 NA- no questions | 🞎 Yes  🞎 No – not answered  🞎 NA- no questions | 🞎 Yes  🞎 No – not answered  🞎 NA- no questions |
|  | Is each vaccination recorded in the child health card? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is each vaccination recorded in the clinic’s registry | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Any additional health services received today? | 🞎Growth monitoring  🞎Vitamin A  🞎Malaria intervention  🞎Curative care  🞎Other | 🞎Growth monitoring  🞎Vitamin A  🞎Malaria intervention  🞎Curative care  🞎Other | 🞎Growth monitoring  🞎Vitamin A  🞎Malaria intervention  🞎Curative care  🞎Other | 🞎Growth monitoring  🞎Vitamin A  🞎Malaria intervention  🞎Curative care  🞎Other | 🞎Growth monitoring  🞎Vitamin A  🞎Malaria intervention  🞎Curative care  🞎Other |

**Any comments or key observations for this section:**