

UNIT-11

Capacity building of health functionaries in immunization

Learning objectives

- *Describe the importance of capacity building of health functionaries and the target groups*
- *Enlist different mechanisms for conducting immunization training*
- *Describe the guidelines, curricula and steps for conducting intensified immunization training of frontline workers.*

Key Contents

Intensified immunization training of frontline workers	230
Roles and responsibilities of MOIC block/PHC as immunization manager	232
Training programme for immunization training of ANMs and LHVs	233
Training programme for immunization training of ASHAs and AWWs	237
Pre/posttest questionnaires	240
Role of ASHA, AWW and social mobilizers in the immunization programme	241
Guidelines on "How to conduct a role play"	241
Planning and reporting formats	244

Capacity building of health functionaries in immunization

11

Regular capacity building of health functionaries at the village and SC level is essential to ensure sustained utilization of quality immunization services by the community. As an MO, it is your duty to ensure that all the health functionaries in your PHC have adequate knowledge and skills to provide quality immunization services, including social mobilization functions.

The following health functionaries need to be regularly trained in immunization at the block/PHC level:

- HWs or vaccinators
- HSs
- Social mobilizers such as ASHAs and AWWs
- Vaccine and Cold-chain handlers
- Data handlers.

Training mechanisms

Different mechanisms which can be used to train the health functionaries are as follows:

- Half day training of front-line workers at PHC/block level once every 6 months
- Review meeting at the block/PHC held every fortnight/month/quarter
- Supervisory visits to the health centres, session sites and the community.

These are in addition to the regular training courses imparted by the district or state. Overview of the regular training courses available under the immunization programme is given in Table 11.1.

Table 11.1. Overview of regular training courses available under the immunization programme

Category	Duration	Venue	Training materials
MOs – Immunization	3 days	District/regional/state training centre	Immunization Handbook for MOs, Facilitators' Guide and Training kit
MOs –RI microplanning	2 days	State level TOT followed by cascaded training at district and sub-district level	Material shared during state-level workshops
HWs	2 days	District training centre/ ANMTC	Immunization Handbook for HWs and Facilitators' Guide
Frontline Workers – Immunization	Half day	Block/PHC level	Info-kits for HWs and ASHAs/ AWWs, Facilitators Guide for Intensified Immunization Training of Frontline Workers
Cold-chain handlers	2 days	District training centre/ ANM Training Centre	Handbook for Vaccine and Cold-chain Handlers

Intensified immunization training of frontline workers: an overview

This training course was provided by GoI with WHO-India (NPSP) support to the frontline workers in nine priority states during 2013. It is recommended that MOs of all blocks/ PHCs should use these guidelines, curricula and methodologies to regularly train frontline workers, i.e. ANMs, LHVs, HSs, ASHAs, AWWs, HWs (male), urban HWs, link persons, etc. An overview of the training is at Table 11.2.

Table 11.2 .Overview of immunization training for ANMs and LHVs

Participants	Block level facilitators (MO/BMC)	ANMs, LHVs, health supervisors	ASHAs, AWWs and others*
Venue of training	District level	Block level	Block level
Duration	One day TOT	4 hours	3 hours
Batch size	20–25	25–30	30–40 (ASHAs and AWWs under the same SC area should be called together along with the concerned ANM)
Facilitators	DIO, SMO (WHO), other partners, RRT members	Block level MO (2 per batch)	Block level (2 per batch) MO/LHV/BMC
Contents of training	Role of facilitator and types of training, immunization schedule and FAQs, social mobilization and IPC, planning and managing immunization sessions, injection safety, AEFIs, records and reports	Immunization schedule and FAQs, social mobilization and IPC, planning and managing immunization session, injection safety, AEFIs, records and reports	Immunization schedule and FAQs, role and responsibilities, improving reach of immunization services and IPC skills required
Training material	Facilitators' guide	Info-kit for HWs	Info-kit for ASHAs, AWWs
Training methods	Discussions, roleplays, group exercises, films on immunization and IPC		

* Others include HW (male), urban HW, link person, etc.

TOT – training of trainers; RRT – rapid response team; FAQ – frequently asked questions

Roles and responsibilities of MOIC block/PHC as immunization manager

- Assess training load and prepare a training calendar for the year, marking the dates of the meetings and other opportunities that can be used for training.
- Select topics from the training material which are relevant for the health functionaries based on assessments through data analysis of routine reports and RI monitoring/supervision.
- Prepare an agenda and allocate sessions to the facilitators at PHC/block level.
- Inform the participants in advance so that they can come prepared with their questions.
- Arrange for all equipment and supplies required during the training.
- Organize the venue and logistics.
- Conduct training as per the calendar.
- Submit a report of the training conducted with muster roll to DIO.
- Plan and conduct catch-up training for absentees.
- Continue to provide follow-up and on the job training to front-line workers during supervisory visits and review meetings.

Role and responsibilities of MO as the facilitator

- Positive attitude is required at all times to effectively carry out your roles.
- Encourage participants to ask questions and make comments.
- Use examples from your own experience and ask participants for examples from their experience.
- Model good communication skills, speak clearly and vary the pitch and speed of your voice.
- Use interactive training methods for training such as demonstration and hands-on practice, brainstorming, group discussions, role plays, films on immunization and IPC, question and answer technique, posters and presentations and flip charts or black/white board.
- Praise/compliment each participant for comments, participation and contributions.
- Always summarize, or ask a participant to summarize what was discussed in the session.
- Keep the group on track.
- Encourage participants to explore how the skills they are learning can help them to improve immunization coverage.

Note: Various planning (annxure 1) and reporting formats (annxure 2) used for this training are annexed in this unit.

Training programme for immunization training of ANMs and LHVs

Learning objectives

At the end of the training, the participants should be able to:

- explain National Immunization Schedule and the frequently asked questions (FAQs);
- list the reasons and solutions for left-outs and dropouts, and key IPC messages;
- plan and conduct immunization sessions using injection safety measures;
- use recording and reporting forms correctly.

The agenda for this training is given in Table 11.3.

Table 11.3. Agenda for immunization training of HWs (ANMs and LHVs)

Session No.	Time	Session
1.	10:00–10:15	<ul style="list-style-type: none"> • Welcome, introduction of participants and pre-test • Sharing of RI issues from the RI monitoring reports
2.	10:15–10:45	<ul style="list-style-type: none"> • National Immunization schedule • Frequently asked questions
3.	10:45–11:30	Social mobilization and IPC: <ul style="list-style-type: none"> • Tracking left-outs and dropouts with emphasis on HRAs • Key IPC messages
4.	11:30–12:30	Planning and managing immunization sessions: <ul style="list-style-type: none"> • Planning and preparing for immunization session • Arranging immunization session • Conducting immunization session • Injection safety • AEFIs - including the use of Adrenaline in AEFI
5.	12:30 -13:20	Records and reports (10 minutes each): <ul style="list-style-type: none"> • MCP card, counterfoils and tracking bag • MCH/Immunization/MCTS register • Name-based list of due beneficiaries and Tally Sheet • Monthly Progress Report (HMIS report)
6.	13:20–13:40	Film on RI
7.	13:40–14:00	Open discussion, post-test, feedback and wrap-up

List of items required for the training

- Info-kit for HWs and stationary for all participants
- White board with marker pens/flip charts with tripod stand
- TV, DVD player/LCD projector and screen
- Vaccine carrier with 4 conditioned ice packs and vaccine vials in the zipper polythene pack
- AD disposable syringes – 0.1 ml and 0.5 ml
- Functional hub cutters – 4
- Waste baskets with Red Plastic Bag – at least 1
- Waste basket with Black Plastic Bag- at least 1
- MCP/RI cards – filled
- Tracking bag
- RCH/Immunization/MCTS registers –filled
- Due list cum tally sheets –filled
- HMIS reporting format for SC–filled.
- Use of adrenaline in AEFI

Detailed guidelines for conducting HW training

Session 1: Welcome, introduction and sharing of key RI issues

<p>Time: 10:00–10:15</p>	<p>Registration:</p> <ul style="list-style-type: none"> • Register all participants by asking them to sign in Muster roll (Annex2). • Give info-kit and other stationary to each participant. • Make a note of the number of expected participants who did not attend. • Plan to train them during catch-up sessions. <p>Introduction and pre-test:</p> <ul style="list-style-type: none"> • Ask each participant to introduce herself/himself briefly by giving her/his name, place of work and years of experience. Also, one personal detail such as a hobby or interest they have outside of work. • Ask pre-test questions. <p>Sharing of RI issues from monitoring reports:</p> <ul style="list-style-type: none"> • Share key RI issues identified during monitoring visits. Ensure that these issues are addressed during the training.
<p>Method: Interaction and discussion</p>	

Session 2: National Immunization Schedule and frequently asked questions

Time: 10:15–10:45	Steps: <ul style="list-style-type: none"> • Discuss the National Immunization Schedule by asking participants and later ask them to check from info-kit. • Discuss FAQs by asking each participant to read one question and answer by taking turns. • Explain to clarify their doubts.
Method: Discussion	

Session 3: Social mobilization and interpersonal communication

Time: 10:45 – 11:30	Steps: <ul style="list-style-type: none"> • Discuss definition of dropouts and left-outs (5 mins). • Ask participants about the common reasons and solutions for dropouts and left-outs based on their experience. List them on the flip chart (15 mins). • Divide the participants into two groups to discuss the following (20 mins): <ul style="list-style-type: none"> ▪ Ask Group 1 to move to the far corner of the room to represent that they are living in a remote hamlet without any SC in their village. Outreach sessions are rarely held in their village. Explain that their children are one type of “left-outs”, i.e. they are hard to reach geographically and have difficult access to services. Ask them to discuss the reasons why their children do not get vaccinated and also suggest some possible solutions. ▪ Now turn to Group 2 and explain that their children started the vaccination schedule but have not completed it and no longer go to the session. Explain that their children are “dropouts.” Ask them to discuss the reasons why their children dropped out and to also suggest some possible solutions. • Ask each group to present/role play in the plenary (15 mins). • Summarize the session by reminding participants of the 4 key IPC messages (5 mins).
Method: Group discussion and role plays	

Session 4: Planning and managing an immunization session

<p>Time: 11:30–12:30</p>	<p>Steps:</p> <ul style="list-style-type: none"> • Discuss components of the Microplan by asking participants (5 mins). • Discuss what all preparations are required before an immunization session (5 mins). • Ask for volunteers to play the role of ANM and caregiver with beneficiary. • Ask them to present a roleplay on conducting an immunization session (by using the session site equipment and logistics) (10 mins). • Ask all participants to observe the role play and check from the info-kit whether all steps are being followed. Make a note of missed steps to be discussed after the roleplay (15 mins). • Demonstrate the use of AD syringe, hubcutter and waste disposal guidelines (10 mins). • Discuss definition of AEFIs and their types; common programme errors and how to prevent them; how to manage and report AEFIs (15 mins) and ensure entry in the block AEFI register.
<p>Method: Discussion, role plays, demonstration of injection safety equipment</p>	

Session 5: Records and reports

<p>Time: 12:30–13:20</p>	<p>Steps:</p> <ul style="list-style-type: none"> • Ask participants what are the various records and reports related to the immunization programme (5 mins). • To each group of 4–5 participants, distribute filled in: <ul style="list-style-type: none"> o MCP card o RCH/Immunization/MCTS register o Due list and Tally sheet o Monthly Progress Report (HMIS report). • Ask them to identify the gaps and discuss any issues faced. • Demonstrate use of tracking bag for keeping counterfoils.
<p>Method: Brain storming, group work, discussion, demonstration</p>	

Session 6: Film on Routine Immunization

Time: 13:20–13:40	Steps: <ul style="list-style-type: none"> • Ask participants to note key messages from the film for improving quality of immunization services. • Show the film.
Method: Film	

Session 7: Open discussion, post-test, feedback and wrap-up

Time: 13:40–14:00	Steps: <ul style="list-style-type: none"> • Ask post-test (same as pre-test) and feedback questions from the participants. • Ask participants to enumerate key actions they would take to improve coverage and quality of services after training. • Clarify any doubts of the participants and close the session.
Method: Discussion	

Training programme for immunization training of ASHAs and AWWs**Learning objectives:**

At the end of the training, the participants should be able to:

- Describe the importance of immunization and the role of ASHA and AWW in the immunization programme
- List the vaccines available under National Immunization Schedule
- List the reasons for left-outs and dropouts and how to deal with them
- Key interpersonal messages and skills to communicate with the caregivers.

Agenda for this training is given in Table 11.4.

Table 11.4. Agenda for immunization training for ASHAs and AWWs

S No	Time	Session
1.	10:00–10:15	Welcome, introduction of participants and pre-test
2.	10:15–10:30	Importance of immunization and National Immunization Schedule
3.	10:30–10:45	Role of ASHA/AWW in immunization programme
4.	10:45–12:00	Social mobilization and IPC: <ul style="list-style-type: none"> • What and why are dropouts and left-outs? How to reach them? • IPC skills required • Preparing/updating due lists • Tracking left-outs and Odropouts • Key IPC messages during <ul style="list-style-type: none"> o house-to-house visits o immunization sessions
5.	12:00 –12:20	Film on IPC in RI
6.	12:20–12:40	FAQs regarding immunization
7.	12:40–13:00	Open discussion, post-test, feedback and wrap-up

List of items required for the training

- Info-kit for ASHA/AWW and stationary for all participants
- White board with marker pens/flip charts with tripod stand
- TV, DVD player/LCD projector and screen
- Due-list cum tally sheet – filled.

Detailed guidelines for conducting ASHAs and AWWs training

Session 1: Welcome and introduction of participants

Time: 10:00–10:15	Registration: <ul style="list-style-type: none"> • Register all participants by asking them to sign in Muster roll (Annex2). • Give info-kit and other stationary to each participant. • Make a note of the number of expected participants who did not attend • Plan to train them during catch-up sessions. Introduction and pre-test: <ul style="list-style-type: none"> • Welcome and ask each participant to introduce herself briefly by giving her name, place of work and years of experience. Ask pre-test questions.
Method: Interaction and discussion.	

Session 2: Importance of immunization and National Immunization Schedule

Time: 10:15–10:30	Steps: <ul style="list-style-type: none"> • Explain the importance of immunization and the VPDs prevented. • Discuss the National Immunization Schedule by asking participants and later ask them to check from info-kit.
Method: Discussion	

Session 3: Role of ASHAs/AWWs in the immunization programme

Time: 10:30–10:45	Steps: <ul style="list-style-type: none"> • Ask each participant to tell one responsibility of an ASHA/AWW in immunization and write their responses on a flip chart. • Group them into groups for enumerating their responsibilities before, during and after immunization session and check from info-kit for any missed points.
Method: Brainstorming	

Session 4: Social mobilization and interpersonal communication

Time: 10:45–12:00	Steps: <ul style="list-style-type: none"> • Discuss the definition of dropouts and left-outs (5 mins). • Ask participants about the common reasons for dropouts and left-outs based on their experience. List them on the flip chart (15 mins). • Check from info-kit to see if any reason is missed. • For each reason, ask and discuss the solutions and cross check from info-kit (15 mins). • Discuss IPC skills required for the social mobilizers by referring to the info-kit (5 mins). • For roleplays, ask for 8–10 volunteers, 4–5 to act as caregivers and other 4–5 to act as ASHAs/AWWs. • Ask other participants to observe the IPC skills used during roleplays and comment on the same after the role plays. • Call a pair of one caregiver and one ASHA/AWW to the front. Ask them to enact the IPC related to RI issue/s (dropouts and left-outs) during house-to-house visits and at session sites. • Then ask other pairs to come one by one and discuss different issues not covered by earlier groups (25 mins). • Summarize the session by revising the key IPC messages. • Discuss tools for tracking left-outs and dropouts. • Give an exercise on filling due lists and Tally sheet (10 mins).
Method: Brainstorming, discussion, roleplays, exercises	

Session 5: Film on interpersonal communication in routine immunization

Time: 12:00–12:20	Steps: <ul style="list-style-type: none"> • Ask participants to note key messages from the film for improving coverage. • Show the film.
Method: Film	

Session 6: Frequently asked questions on immunization

Time: 12:20–12:40	Steps: <ul style="list-style-type: none"> • Ask participants to read the FAQs and answers one by one. • Explain and clarify their doubts.
Method: Discussion	

Session 7: Open discussion, post-test, feedback and wrap-up

Time: 12:40–13:00	Steps: <ul style="list-style-type: none"> • Ask post-test (same as pre-test) and feedback questions from the participants. • Ask participants to enumerate key actions they would take to improve coverage and quality of services after training. • Clarify any doubts of the participants and close the session.
Method: Discussion	

Pre and Post test questions

For HWs:

1. Name the VPDs under the UIP.
2. What all vaccines should be given to a child for full immunization by 1 year of age and by 2 years of age?
3. What tools are available for tracking dropouts and left-outs?
4. What are the four key IPC messages that should be given to the caregivers?
5. What are minor AEFIs and how to manage them?

For ASHAs and AWWs:

1. Name the VPDs under the UIP.
2. What all vaccines should be given to a child for full immunization by 1 year of age and by 2 years of age?
3. What tools are available for tracking dropouts and left-outs?
4. What are the four key IPC messages that should be given to the caregivers?

Role of ASHA, AWW and social mobilizers in the immunization programme

Planning for immunization

- Enumerate all the pregnant women and children and their immunization status.
- Help the ANM to identify hard to reach areas and underserved populations.
- Help in planning the site, day and time of the session in the village.
- Share the list of newborns in the area with the ANM every month.
- Help in preparing the due list of beneficiaries for your area/village.
- Visit households to inform the due beneficiaries of the vaccination date, time and site.

During the immunization session

- Ensure that all due beneficiaries are brought to the session site for immunization.
- Assist the ANM in conducting the immunization session (control the crowd, assist in recording, etc.).
- Deliver the four key messages about immunization to the caregivers.
- Ask the beneficiaries to wait for 30 minutes at the session site after immunization.
- Prepare the due list for the next session.

After the immunization session

- Report any case of high fever, any allergic reaction or convulsions after immunization to the ANM and ensure the treatment.
- Visit the houses of dropouts and left-outs to counsel the mothers to immunize their children.

“How to conduct a roleplay” with a sample illustration

- Select a group of six volunteers and take them out of the hall.
- Share with them the story plot given below.
- Instruct them to prepare a roleplay based on the situation.
- Give them 10 minutes to present the roleplay.
- Before the roleplay begins, ensure the following:
 - o Participants are seated and attentive;
 - o Ask everyone to observe the roleplay closely so that it could be discussed later;
 - o Take note of the HW’s role.
- Ask them to enact out the roleplay.

A sample role play is given below (please note that in the case study below, the example of a female child has been deliberately given to reinforce the point that a female child is equally important and needs equal care as a male child).

Rani is a HW. She goes to Phalguni's house. She wants to remind the family about the immunization session the next day and the visit of the ANM. Also, she has to explain the importance of vaccinating a child and the benefits of immunization. Phalguni's 5-month-old daughter is suffering from diarrhoea and fever. The entire family is under great stress. Rani is trying to draw their attention. She fails and the discussion could not start.

Rani: (Knock knock – she is knocking at the door of Phalguni's house). Phalguni's sister Phoolwati opens the door.

Rani: (Comes in through the door.) "Phoolwati, listen, the ANM behenji is coming to the village tomorrow and she will give vaccines to the children. I want to talk to you all about this".

Phoolwati: "Dekho Rani, we all are very tense and busy now".

There is loud crying from inside. Phalguni is crying. The others in the house are trying to pacify her. Rekha, her sister-in-law, is running around to get a clean cloth to wipe the baby. Someone else is running to fetch a wiping mop.

Rani: "Listen, I have come to tell you something very important. The ANM will vaccinate children of the village tomorrow. You have so many little children in the house. You all must definitely come."

Nobody is listening to Rani. She is looking around at all of them.

Rekha: "Bhabhi, don't cry. Munni will be alright. Bhaiyya, why don't you run and get the nurse behenji".

Rani: "Phoolwati, if you don't want to listen it is really your headache. How does it matter to me? I will tell the Pradhanji, and I have to visit other houses too. Had you taken the advice of nurse behenji seriously your child would not have been so sick in the first place."

The father of the child is running out and Rani leaves.

Some questions after the role play:

- What did you see?
- What mistakes did Rani make?
- What should she have done?

Discuss and brief the HWs on the various attributes and skills a communicator should possess and use when dealing with families and the community at large. Now ask them to enact the same role play (with a changed scenario).

Rani: (Knock knock – she is knocking at the door of Phalguni’s house). Phalguni’s sister Phoolwati opens the door.

Rani: (Comes in through the door.) “Phoolwati, listen, the ANM behenji is coming to the village tomorrow and she will give vaccines to the children. I want to talk to you all about this”.

Phoolwati: “Dekho Rani, we all are very tense and busy now”.

There is loud crying from inside. Phalguni is crying. The others in the house are trying to pacify her. Rekha, her sister-in-law, is running around to get a clean cloth to wipe the baby. Someone else is running for fetching a wiping mop.

Rani: “Oh! What happened? Why is the baby crying? Is everything all right?”

Phoolwati: “Rani, Phalguni’s baby is very sick. She has been having watery stools for the last 3 days and also has fever. We all are very worried for her”.

Rani: “Don’t worry, she will be fine. May I have a look at her?”

Phoolwati: “Surely. She is in the room. Phalguni has been crying, we have tried everything....don’t know what to do. Come in”.

Rani: (Goes into the room, and consoles and comforts Phalguni) “Don’t worry, she will be fine. Have you given her ORS?”

Phalguni: “No Rani, she has become so weak. She is not even taking my milk”.

Rani: “ORS is very safe. Please give it to her. It will help her recover fast”. (Rani takes out an ORS sachet from her bag and gives it to Phalguni. She tells her how to prepare the ORS solution and how to feed the baby). “Also continue to breastfeed the baby, there is no substitute for mother’s milk. But you should get her vaccinated tomorrow. The fever is mild and vaccination will not harm her; rather, it will protect her from life-threatening diseases. Bhaiyya, please come along with me. We need to call in the doctor immediately”.

Both of them leave to call the doctor.

Some questions after the role play:

- What did you see?
- What did Rani do differently this time?
- What do we learn from this?

Annexures –Planning and reporting formats

Annexure 1

Format for planning and scheduling the immunization training of front-line health workers												
State: _____			District: _____			Block / Urban Planning Unit: _____						
Sr. No.	Category of training* (Encircle)	Date of training session	Venue of training	Time of training session	Number of participants expected to attend						Name of trainer	Designation and contact details of trainer
					LHV / HS	ANM	ASHA	AWW	Others [#]	Total		
	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 / 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 / 2											
	1 / 2											
	1 / 2											
Total												
* 1=LHV/ HS/ ANM; 2=ASHA/ AWW/ Others [#] # Others includes HW(Male), Urban health worker, Link person etc.												
Submitted by: _____ (signature with seal)												
Name: _____												
Designation: _____												

Annexure 2

Muster roll for the intensified immunization training of front-line health workers

State: _____ District: _____

Block / Urban Planning Unit: _____

Sr. No.	Name of participant	Designation # (Encircle)	Contact number	Signature
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		
		LHV / HS / ANM / ASHA / AWW / Others		

Others includes HW(Male), Urban health worker, Link person etc.

Submitted by: _____ (signature with seal)

Name: _____

Designation: _____

Annexure 3

Block reporting format for immunization training of front-line health workers
(To be submitted weekly by the BMO to the DIO)

Reporting Week: From: _____ To: _____
 State: _____ District: _____ Block/ Urban Planning Unit: _____

Sr. No.	Category of Training* (Encircle)	Date of training session	Number of participants						Name of facilitator	Facilitator trained in TOT (Encircle)	Info-kits distributed (Encircle)											
			LHV/ HS		ANM		ASHA					AWW		Others#								
			Expected	Attended	Expected	Attended	Expected	Attended				Expected	Attended	Expected	Attended							
	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 / 2																					
	Total																					

* 1=LHV/HS/ ANM; 2=ASHA/ AWW/ Others
 # Others includes HW(Male), Urban health worker, Link person etc.
 Attach copies of Muster Roll (List of participants with designation, place of work, contact numbers and signatures)

Submitted by: _____ (signature with seal)
 Name: _____
 Designation: _____