

Supervisory Checklist - Intra Campaign

Name of respondent: <hr/> Contact No: <hr/>	Name of Vaccination site : <hr/>	Issues identified/ measures taken: 	
Name of supervisor: <hr/>			
Date of supervisory visit: 			
1	Does the vaccination site have clear identifiers (banners or posters) displayed prominently?	Yes/No/NA	
2	Is there an AEFI Kit at the vaccination site or with the vaccination team	Yes/No/NA	
3	Does the team have all the documentation tools (Tally sheet, summary sheet, supervisory checklist, AEFI reporting form, Vaccine supply form)		
4	No. of beneficiaries present at the Site a) <5 (b) 6 - 10 (c) 11-15 (d) > 15		
5	Is a printed list of beneficiaries available at the entry of the vaccination site, as per the phase of COVID vaccination?	Yes/No	
6	Crowd control - officer 1	Yes/No/NA	
7	Screening and Registration - officer 2	Yes/No/NA	
8	Vaccinator- officer 3 -Checking the registration status of beneficiaries at entry?	Yes/No/NA	
9	Verifying /authenticating beneficiary details adequately?	Yes/No/NA	
10	Vaccination - officer 4 (Mixing and preparing)	Yes/No/NA	
11	Number of team members found working		
12	Number of team members not same as in the micro-plan (i.e. replaced / missing team members)		
13	Vaccinator sanitizing / washing hands at regular intervals	Yes /No	
14	Beneficiaries observing physical distancing of at least 1 meter?	Yes /No	
15	Did the vaccinator attend training on COVID-19 vaccination?	Yes /No	