

**GOVERNMENT OF WEST BENGAL**  
**Secretary District Health & Family Welfare Samiti &**  
**Office of the Chief Medical Officer of Health**  
**North 24 Parganas**

No.DH&FWS/2019/NIT/

Date: 13.11.2019

**TENDER NOTICE**

Sealed tenders are invited from the bonafide Agencies/ Firms/ individuals, for supply of **different forms/formats in connection with the campaign of Japanese Encephalitis vaccination to adults.** The tender should be dropped to the office of the undersigned.

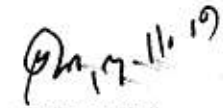
The applications may be received in the letter-head of the Agency/ Firm/ Individuals, addressed to the "**Secretary District Health & Family Welfare Samiti, North 24 Parganas.**" by **dropping in the Tender Box.** The **last date** of submission of tender is **23.11.2019 upto 2.00 p.m.** and it will be opened on **the same day** at 3:00 p.m.

**List of required documents:**

1. Photocopy of valid Trade License (duly attested).
2. Photocopy of updated GST Registration & return (duly attested).
3. Photocopy of PAN (duly attested).
4. Photocopy of I.T Return for last 3 years. (duly attested)
5. Photocopy of valid P.Tax registration certificate & updated challan (Duly attested).

Details Terms & Conditions (Annexure-I), the different types of forms/formats, as per specification (Annexure-II) and tender application form (Annexure-III) shall be available at [www.north24parganas.gov.in](http://www.north24parganas.gov.in) on and from 13.11.2019

The Tender Selection Committee (TSC) reserves the right to accept or reject any tender or a part of the tender without assigning any reason thereof.

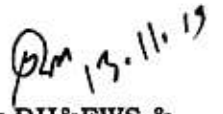
  
**Secretary DH&FWS &**  
**Chief Medical Officer of Health**  
*Sar* **North 24 Parganas**

No.DH&FWS/2019/NIT/ /1(9)

Date: 13.11.2019

Copy forwarded for information to:-

- 1) The Director of Health Services, Govt of West Bengal
- 2) The ADHS(EPI), Swasthya Bhawan, Govt. of West Bengal.
- 3) The Dy. CMOH-I / II / III, DMCHO, DTO, ZLO, North 24 Pgs.
- 4) The D.I.O, North 24 Parganas for online publication.
- 5) The Accounts Officer of this office.
- 6) IT Cell, IT Coordinator, Swasthya Bhawan with the request to upload this notice in the official website of Swasthya Bhawan.
- 7) The DAM, O/o the CMOH, North 24 Parganas.
- 8) Office Notice Board

  
**Secretary DH&FWS &**  
**Chief Medical Officer of Health**  
*Sar* **North 24 Parganas**

**Terms & Conditions (as per corrigendum)**

1. The bid documents shall be received from 13.11.2019, Tender Application (Annexure-III) shall be addressed to the Secretary District Health & Family Welfare Samiti, North 24 Parganas, Kolkata-700124.
2. The bid documents to be submitted under sealed cover superscribing on the envelope, as "**Tender for supply of different forms/formats in connection with the campaign of Japanese Encephalitis vaccination to adults.**".
3. No price preference and exemption from EMD will be allowed to any organization / Society.
4. The bidder must have PAN, Trade License, IT-Return (last 3 years), P.Tax Registration certificate & challan, & GST Registration & return of current validity.
5. Rate of item(s) shall be inclusive of all Taxes (direct & Indirect). Rates quoted more than MRP shall be rejected.
6. The TSC has the right to accept or reject any tender without showing any cause thereof at any stage of tender process.
7. The article(s) should be supplied as per specifications & approved quality (determined by TSC) within 7 (seven) days from issuance of the Work Order, failing which the order shall be treated as cancelled and the 2<sup>nd</sup> lowest bidder may be entrusted to supply for those article(s).
8. The Proprietor of the firm should sign on every page of the bid documents.
9. The bidders or his/her authorized representative may be present at the time of the opening of the tender to get any clarification related to the tender. No further clarification/information will be provided after the process of finalization of the tender.
10. Bids shall be submitted as per the sequence of Annexure-II & Application of Annexure-III.
11. Specimen sample(s) should be submitted along with the tender.
12. Draw of Lots will be done in case of equal price bids in any item(s).
13. Technical Bid & Finance Bid must be submitted in separate sealed envelope by following two bid systems. Earnest money deposit receipt should be enclosed in technical bid.

**Earnest Money-**

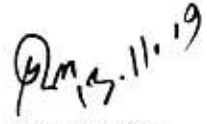
- i) **Rs. 5000.00** (Rupees Five thousand **only**) to be deposited through Online / Bank Transfer as Earnest Money in account of the **District Health & Family Welfare Samiti, North 24 Parganas, Account No. 424210100036711, IFSC Code-BKID0004242, Bank of India, Barasat Branch**, which will be refunded to the unsuccessful bidder (s) soon after the completion of the tender process.
- ii) The Earnest Money will be kept in custody of the authority as a part of Security Deposit for the successful bidder (s) and will be released throughout the tender.

**Sd/-**  
**Secretary DH&FWS &**  
**Chief Medical Officer of Health**  
**North 24 Parganas**

## List of Articles

| Sl. No. | Forms/Formats                 | Specification   | Required Quantity |
|---------|-------------------------------|---|-------------------|
| 01.     | Form-1(Vaccination Card)      | Art Board (Mat type);300 GSM, 5inchesX9inches with perforation in between(Black& White) | 4000pcs           |
| 02.     | Form-2(Tally Sheet)           | Maplitho type, A4 Size,70GSM (Black&White)  | 4000 pcs          |
| 03.     | Form-3 (Supervisor Report)    | Maplitho type, A4 Size,70GSM (Black&White)  | 400 pcs           |
| 04.     | Form-4 (Block compilation)    | Maplitho type, A4 Size,70GSM (Black&White)  | 100 pcs           |
| 05.     | Form-6 (Microplan)            | Maplitho type, A4 Size,70GSM (Black&White)  | 500 pcs           |
| 06.     | Form-7 (Logistics)            | Maplitho type, A4 Size,70GSM (Black&White)  | 500 pcs           |
| 07.     | Form-13(Supervisor Checklist) | Maplitho type, A4 Size,70GSM (Black&White)  | 400pcs            |
| 08.     | Form-14 (Monitoring Format)   | Maplitho type, A4 Size,70GSM (Black&White)  | 100 pcs           |

N.B.Sample with matter is attached herewith.

  
 Secretary DH&FWS &  
 Chief Medical Officer of Health  
 North 24 Parganas  
*Har*

**Annexure-III**

**Application Form**

(Supply of different forms/formats in connection with the campaign of Japanese  
Encephalitis vaccination to adults )

NIT No. DH&FWS/2019/NIT/ , Dt. 13.11.2019

- 1) Name of the Firm/Agency :
- 2) Name of the Proprietor/Partners :
- 3) Trade License No. :
- 4) Trade License Issued from :
- 5) Validity of Trade License :
- 6) PAN No. :
- 7) GST Registration No. :
- 8) IT Return for FY-2018-19 : Rs.
  1. FY-2017-18 : Rs.
  2. FY-2016-17 : Rs.
- 9) Date of Tender Submission :
- 10) Earnest Money Receipt No. :
- 11) Name of issuing Bank :
- 12) Branch:
- 13) Bid submitted as per list of Annexure-II:

**DECLARATION:** I/We declare that the above mentioned information is correct in all aspect and I/We abide by the terms & conditions of the NIT. If any information found incorrect or false at any stage of this tender, my/our candidature/Bid may be liable for rejection.

Signature of the bidder

2

Form 1 Vaccination Card: Adult JE Vaccination Campaign 20\_\_--

Form 1 Vaccination Card: Adult JE Vaccination Campaign 20\_\_--

**Adult Japanese Encephalitis Vaccination Campaign**

Name: \_\_\_\_\_  
Age in yrs: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_  
Village: \_\_\_\_\_  
Sub Center: \_\_\_\_\_  
PHC: \_\_\_\_\_  
District: \_\_\_\_\_  
Date of vaccination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Day) (Month) (Year)  
Name of vaccine: \_\_\_\_\_  
Any Adverse Events: \*

[TO BE RETAINED BY BENEFICIARY]

**Adult Japanese Encephalitis Vaccination Campaign**

Name: \_\_\_\_\_  
Age in yrs: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_  
Village: \_\_\_\_\_  
Sub Center: \_\_\_\_\_  
PHC: \_\_\_\_\_  
District: \_\_\_\_\_  
Date of vaccination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Day) (Month) (Year)  
Name of vaccine: \_\_\_\_\_  
Any Adverse Events: \_\_\_\_\_

[TO BE RETAINED BY VACCINATOR]  
[To be retained at the Sub Center]

Form 2 Tally Sheet

Adult Japanese Encephalitis Vaccination Campaign - 20\_\_  
 Village / Urban Vaccination Site Tally Sheet

2

Name of Village / Urban site: \_\_\_\_\_ Sub-center / Urban Outpost: \_\_\_\_\_

Name of Vaccinator: 1. Resident: \_\_\_\_\_ 2. Supporting: \_\_\_\_\_

Other team members (✓ as appropriate):  ASHA  ASHA like persons  Teachers  AWW  Community Volunteers  Others

Date: \_\_\_/\_\_\_/\_\_\_ Day: 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20 Estimated no. of beneficiaries in the village/urban site: \_\_\_\_\_

Number of beneficiaries vaccinated

| Age group                      | Male |    |    |    |    |    |    |    |    |    | Female                         |    |    |    |    |    |    |    |    |    | Total | Grand Total |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|--------------------------------|------|----|----|----|----|----|----|----|----|----|--------------------------------|----|----|----|----|----|----|----|----|----|-------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 1                              | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |       |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 15-24 years                    | 11   | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21                             | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31    | 32          | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |    |    |    |    |    |    |    |    |    |    |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
| 35-55 years                    | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
| Above 55 years                 | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
|                                | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11                             | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21    | 22          | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |  |
| Total beneficiaries vaccinated |      |    |    |    |    |    |    |    |    |    | Total beneficiaries vaccinated |    |    |    |    |    |    |    |    |    |       |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

B. Tally of vaccine and logistics: (to be calculated at the end of every day)

| Name of vaccine:                    | Received | Used | Balance |
|-------------------------------------|----------|------|---------|
| Vaccine vials ( ___ doses per vial) |          |      |         |
| AD syringes                         |          |      |         |
| Syringe for reconstitution (5 ml)   |          |      |         |

Date: \_\_\_/\_\_\_/\_\_\_ Signature of Vaccinator \_\_\_\_\_

**Form 3 Supervisor's Form**

**Adult Japanese Encephalitis Vaccination Campaign 20\_\_--  
Supervisor's Daily Coverage Report Form**

PHC: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Block: \_\_\_\_\_ Day of Activity: 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20  
 District: \_\_\_\_\_

|              | 15 to 34 years   |   | 35-55 years      |   | Above 55 years   |   | Total | Grand total<br>(M+F) | Vaccine Vials |      |         | AD Syringes |      |         | Disposable Syringes |      |         |   |
|--------------|------------------|---|------------------|---|------------------|---|-------|----------------------|---------------|------|---------|-------------|------|---------|---------------------|------|---------|---|
|              | Name of vaccine: |   | Name of vaccine: |   | Name of vaccine: |   |       |                      | Received      | Used | Balance | Received    | Used | Balance | Received            | Used | Balance |   |
|              | M                | F | M                | F | M                | F |       |                      |               |      |         |             |      |         |                     |      |         | M |
| Team 1       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| Team 2       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| Team 3       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| Team 4       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| Team 5       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| Team 6       |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |
| <b>TOTAL</b> |                  |   |                  |   |                  |   |       |                      |               |      |         |             |      |         |                     |      |         |   |

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Signature

Supervisor's comments:  
 1. How many immunization centers were visited? \_\_\_\_\_  
 2. How many immunization centers were visited? \_\_\_\_\_  
 3. How many immunization centers were visited? \_\_\_\_\_  
 4. How many immunization centers were visited? \_\_\_\_\_  
 5. How many immunization centers were visited? \_\_\_\_\_  
 6. How many immunization centers were visited? \_\_\_\_\_  
 7. How many immunization centers were visited? \_\_\_\_\_  
 8. How many immunization centers were visited? \_\_\_\_\_  
 9. How many immunization centers were visited? \_\_\_\_\_  
 10. How many immunization centers were visited? \_\_\_\_\_  
 11. How many immunization centers were visited? \_\_\_\_\_  
 12. How many immunization centers were visited? \_\_\_\_\_  
 13. How many immunization centers were visited? \_\_\_\_\_  
 14. How many immunization centers were visited? \_\_\_\_\_  
 15. How many immunization centers were visited? \_\_\_\_\_  
 16. How many immunization centers were visited? \_\_\_\_\_  
 17. How many immunization centers were visited? \_\_\_\_\_  
 18. How many immunization centers were visited? \_\_\_\_\_  
 19. How many immunization centers were visited? \_\_\_\_\_  
 20. How many immunization centers were visited? \_\_\_\_\_

Form 4: Block Daily Reporting Format

Adult Japanese Encephalitis Vaccination Campaign-20\_\_ -  
Block Daily Coverage Compilation Form

PHC: \_\_\_\_\_

Block: \_\_\_\_\_

District: \_\_\_\_\_

Day of Activity: 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20

| Date: / /    | 15 to 34 years    |   | 35-55 years       |   | Above 55 years    |   | Total             |   | Vaccine Vials    |      |         | AD Syringes |      |         | Disposable Syringes |      |         |  |
|--------------|-------------------|---|-------------------|---|-------------------|---|-------------------|---|------------------|------|---------|-------------|------|---------|---------------------|------|---------|--|
|              | Grand total (M+F) |   | Grand total (M+F) |   | Grand total (M+F) |   | Grand total (M+F) |   | Name of vaccine: |      |         | AD Syringes |      |         | Disposable Syringes |      |         |  |
|              | M                 | F | M                 | F | M                 | F | M                 | F | Received         | Used | Balance | Received    | Used | Balance | Received            | Used | Balance |  |
| Supervisor 1 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 2 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 3 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 4 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 5 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 6 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 7 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 8 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| Supervisor 9 |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |
| <b>TOTAL</b> |                   |   |                   |   |                   |   |                   |   |                  |      |         |             |      |         |                     |      |         |  |

Compiled Report till Date

|  | 15 to 34 years |   | 35-55 years |   | Above 55 years |   | Total |   | Grand total (M+F) | Vaccine Vials |      |         | AD Syringes |      |         | Disposable Syringes |      |         |  |
|--|----------------|---|-------------|---|----------------|---|-------|---|-------------------|---------------|------|---------|-------------|------|---------|---------------------|------|---------|--|
|  | M              | F | M           | F | M              | F | M     | F |                   | Received      | Used | Balance | Received    | Used | Balance | Received            | Used | Balance |  |
| (A) Today's Coverage for Block / PHC   |                |   |             |   |                |   |       |   |                   |               |      |         |             |      |         |                     |      |         |  |
| (B) Cumulative Data till Previous Day for Block / PHC  |                |   |             |   |                |   |       |   |                   |               |      |         |             |      |         |                     |      |         |  |
| (C) Cumulative Data till Date (Today's Coverage + Cumulative Data till Previous day for Block / PHC) (C=A+B) |                |   |             |   |                |   |       |   |                   |               |      |         |             |      |         |                     |      |         |  |

Medical Officer In charge

Signature



## Form 6 : Micro Planning Format: Adult JE Vaccination Campaign 20\_\_--

District:

PHC :

Ad. PHC :

Sub Centre:

Name of Nodal Officer (Superintendent / MOIC):

| Place |   | Total Population | Beneficiaries | Immunization Site | Date | Supervisor | Team No | Team Composition   |                    |     |                    |         |           |
|-------|---|------------------|---------------|-------------------|------|------------|---------|--------------------|--------------------|-----|--------------------|---------|-----------|
|       |   |                  |               |                   |      |            |         | ANM / Vaccinator 1 | ANM / Vaccinator 2 | AWW | Asha / Link Worker | Teacher | Volunteer |
| A     | B | C                | C=0.64 X B    | D                 | E    | F          | G       | H                  | I                  | J   | K                  | L       | M         |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |
|       |   |                  |               |                   |      |            |         |                    |                    |     |                    |         |           |

Name of the Nearest Referral Center for AEFI:

Telephone No.:

Name of Medical Officer for AEFI:

Signature:

Medical Officer IC PHC/CHC



**Form 13: Supervisor's Checklist**

**Adult JE Vaccination Campaign 20\_\_**

Name of the Block/Planning Unit: ..... Date: .....  
 Name & Designation of the supervisor: ..... Day 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20

| Respond with appropriate responses or Y/N   | Site 1 | Site 2 | Site 3 | Site 4 | Site 5 |
|---|--------|--------|--------|--------|--------|
| Name of the vaccination site and time of the visit  |        |        |        |        |        |
| Type of site (Urban ward (U) / Rural area (R) / Educational Institution(E) / Hard-to-reach (H)                                      |        |        |        |        |        |
| Is this site as per microplan?  |        |        |        |        |        |
| Are the vaccinators present as per the micro plan?  |        |        |        |        |        |
| Are the other team members present as per the micro plan?   |        |        |        |        |        |
| Does the vaccination site have visible IEC (Banners/Posters)?   |        |        |        |        |        |
| Are team members managing the crowd well?   |        |        |        |        |        |
| Vaccine and diluents are stored in vaccine carrier (VC with 4 ice packs)  |        |        |        |        |        |
| VVM being checked before reconstitution?  |        |        |        |        |        |
| Is the ANM writing the time of reconstitution is noted on the label of the vial   |        |        |        |        |        |
| Reconstituted vial is kept on 1 ice pack removed from the vaccine carrier   |        |        |        |        |        |
| Only one vial is reconstituted at a time?   |        |        |        |        |        |
| Whole of diluent is used for reconstituting a vial?   |        |        |        |        |        |
| Are the vaccinators keeping multiple pre-filled syringes?   |        |        |        |        |        |
| Are the vaccinator's asking the beneficiaries about medical history for conditions contraindicated for JE vaccine*                  |        |        |        |        |        |
| Vaccinators administering the vaccine through Subcutaneous route (SA-14-14-2)/intramuscular (JenVac)?                               |        |        |        |        |        |
| Vaccinators administering the vaccine to the left arm beneath the BCG scar?   |        |        |        |        |        |
| Is the ANM keeping the sterile part of the syringe untouched during reconstitution, drawing vaccine and administering vaccine?      |        |        |        |        |        |
| Tallying is done correctly immediately after vaccinating each child   |        |        |        |        |        |
| Used syringes are not recapped?   |        |        |        |        |        |
| Used syringes are being cut using hub cutter immediately after use?   |        |        |        |        |        |
| Are the vaccination cards and the counterfoils being filled up for the beneficiaries?   |        |        |        |        |        |
| How was vaccine distributed for the session sites? 1->AVD 2-> Supervisor 3-> ANM- write the appropriate responses no. in the column |        |        |        |        |        |
| Does the vaccination site have all necessary logistics?   |        |        |        |        |        |
| <b>view ANM</b>   |        |        |        |        |        |

**Observe**

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
|               | Is a functional hub cutter available at session site?  |  |  |  |  |  |  |  |  |
|               | Are AEFI reporting form and investigation form present at the site?  |  |  |  |  |  |  |  |  |
|               | Do the Vaccinators know what to do in case of a serious AEFI (primary care, referral and reporting)?             |  |  |  |  |  |  |  |  |
|               | Whether social mobilization is being done by house visits to invite beneficiaries?                               |  |  |  |  |  |  |  |  |
|               | Are adequate JE vaccine vials are present at the session site [Adequate = (no. of target beneficiaries x 1.1)/5] |  |  |  |  |  |  |  |  |
|               | Are adequate AD syringe (0.5 ml) is present at the session site [Adequate = no. of target beneficiaries x 1.1]   |  |  |  |  |  |  |  |  |
|               | Does the number of AD syringes used coincide with the number of beneficiaries immunized in the tally sheet?      |  |  |  |  |  |  |  |  |
|               | Are any Ice packs inside the vaccine carrier completely melted? Write the appropriate response as 1/2/3/4        |  |  |  |  |  |  |  |  |
|               | Is the VVM (vaccine vial monitor) in usable stage?   |  |  |  |  |  |  |  |  |
|               | Are adequate Reconstitution syringes is present at the site [Adequate = # of JE vaccine vials supplied]          |  |  |  |  |  |  |  |  |
|               | Name of the JE vaccine being used  |  |  |  |  |  |  |  |  |
|               | Are JE vaccine and diluents are made by the same manufacturer?   |  |  |  |  |  |  |  |  |
|               | Are all the JE vaccines, diluents and syringes within date of expiry?  |  |  |  |  |  |  |  |  |
|               | Do the number of vials used and beneficiaries vaccinated as per tally sheet match reasonably?                    |  |  |  |  |  |  |  |  |
| <b>Verify</b> |  |  |  |  |  |  |  |  |  |

Name of Supervisor  
Signature Of Supervisor

**COMMENTS AND OBSERVATIONS**

Supervisor should visit the area where campaign was done on previous day. S/he should survey at least 20 adults in households across the village / urban ward (including areas which are isolated or on the border of the ward/sub-block or on the farthest

| Name of Sites visited                                 | Site 1 | Site 2 | Site 3 | Site 4 | Site 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| a No. of Sites Visited                                |        |        |        |        |        |       |
| b Number of 15-65 year old adults in those households |        |        |        |        |        |       |
| c Number of adults found not vaccinated in campaign   |        |        |        |        |        |       |
| d Percent of unvaccinated adult (c/b x 100)           |        |        |        |        |        |       |

*If 1 - 3 adults (out of 20) are found 'missed' (un-immunized) at a site, request the adult to go to the nearest site where vaccination is going on today.  
If 4 or more adults (out of 20) are found un-immunized at a site, plan for a repeat immunization activity in the area*

### Form 14 Adult JE Vaccination Campaign Monitoring Format

Name of Monitor: \_\_\_\_\_ Designation: \_\_\_\_\_ Organization \_\_\_\_\_

District: \_\_\_\_\_ Block/ Urban Planning Unit: \_\_\_\_\_ Subcentre: \_\_\_\_\_

Name of vaccination site: \_\_\_\_\_ Type: School / SC / AWC / Others (Pl specify) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time of visit: \_\_\_:\_\_\_ AM/ PM

Name of JE vaccine being used: \_\_\_\_\_

| At Vaccine Distribution Point (Observe and Enquire)                           |   |                              |   |
|---|---|------------------------------|---|
| 1   | Is a copy of the campaign microplan available?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2   | Is the vaccine stored at correct temperature of 2 to 8 0 C in ILR?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3   | Whether proper method of freezing ice pack s is being followed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4   | Drugs for AEFI management are available in the facility?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5   | Is waste disposable pit present?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6   | Is the collected wastes are kept in a secure place?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| At the Session Site (Observe and Enquire)                                     |   |                              |   |
| 1   | Whether the session is being held as per Microplan  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2   | Are Team members present at vaccination site as per microplan -<br><input type="checkbox"/> ANM1 <input type="checkbox"/> ANM 2 <input type="checkbox"/> ASHA <input type="checkbox"/> AWW <input type="checkbox"/> Teacher/Volunteer   |                              |   |
| 3   | Are adequate quantities of the following items available? <input type="checkbox"/> Poster <input type="checkbox"/> Banner <input type="checkbox"/> Others   |                              |   |
| a.  | Immunization Card <input type="checkbox"/> Yes <input type="checkbox"/> No    b. JE Vaccine Vials and equal no. of JE diluents <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |   |
| c.  | 0.5 ml AD Syringe <input type="checkbox"/> Yes <input type="checkbox"/> No    d. 5 ml Reconstitution syringes <input type="checkbox"/> Yes <input type="checkbox"/> No (If Applicable)  |                              |   |
| 4   | Are the following logistics available?  |                              |   |
| a.  | Cotton <input type="checkbox"/> Yes <input type="checkbox"/> No    b. Clean Water <input type="checkbox"/> Yes <input type="checkbox"/> No    c. Hub Cutters <input type="checkbox"/> Yes <input type="checkbox"/> No    d. Red & Black bags <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |   |
| 5   | Are emergency kits and emergency phone numbers available?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6   | Are the vaccinators screening beneficiaries for contraindications   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 7   | Vaccinator Checking the VVM whether usable?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 8   | Vaccinator using sterile 5ml disposable syringe for reconstitution of JE vaccine (If Applicable)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 9   | Vaccinator pre-Filling multiple AD syringes at the same time?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 10  | Vaccinator using new sterile AD syringe for administering the JE vaccine each time?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 11  | Vaccinator administering correct dose at correct site   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 12  | Vaccinator writing the time of reconstitution on the vaccine vial(If Applicable)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 13  | Does the vaccinator know for how long the vaccine can be used after reconstitution? (If Applicable)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 14  | Is vaccination card / Counter foil being filled for each beneficiaries  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 15  | Are the numbers of filled cards matching with consumed doses?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 16  | Vaccinator making beneficiaries wait for ½ hour following vaccination for observation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 17  | Using Hub cutters to cut the hub of the needles after vaccinating?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 18  | Are the vaccinators aware that used syringes need to be sent back to the PHC/CHC for disposal?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 19  | Do vaccinators know what to do in case of an AEFI?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| 20  | How did the beneficiary come to know about the campaign?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| (Interview 5 respondents at each site & write the number for each respondent) |   |                              |   |
| 1. Drum beating 2. Miking 3. Radio/ TV Newspaper                              |   |                              |   |
| 4. Poster/ Banner 5. JE Hand Bill 6. School Teacher/Student 7. Other          |   |                              |   |

\_\_\_\_\_  
Signature of the Monitor