ANM micro plan roster for adult BCG vaccination

MP 3 - For ANM

(One format for each ANM in the district)

NTEP District/ Corporation:_____ Block/urban area:_____ PHC/ UPHC:_____ Sub-centre/ ANM area:_____

ANM (name & mobile): _____ AEFI management centre name & Tel no: _____

MO IC (name & mobile): _____ Supervisor (name & mobile): _____

	Description of areas selec					
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**
Date						
Village/ urban area						
Session site address & timing						
Is the session regitered in TB-WIN	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Name & Tel no of mobilizer						
Designation of mobilizer 1, 2						
Name of Community Influencer						
Name & Tel no of AVD person						
Total Eligible population						
Head count survey done	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Person responsible for TB-Win entry / updation						

Signature of ANM

Signature of MOIC

cted for Adult BCG vaccination session (exclude RI/ IMI days)

Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Signature of DIO

Signature of DTO