**TSC Field Visit checklist**

*(Take pictures of the FLWs' setting area, room, washroom, boundary wall, building, chairs, tables, etc)*



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| 1. **General Information:** | |
| Name of TSC: |  |
| UC |  |
| Tehsil/Taluka |  |
| District |  |
| Province |  |
| TCS location | 1. Government Building (Name\_\_\_\_\_\_\_\_\_ 2. Rented |
| Location | 1. Urban 2. Rural 3. Semi-Urban): |
| Date of Visit: |  |
| Visitor's Name: |  |
| TSC Visit duration | HH:MM to HH:MM |
| TSC Visit Timeline | 1. Before Polio Campaign 2. During Polio Campaign 3. After Polio Campaign |

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| --- | --- | --- | --- |
| 1. **TSC Information:** | | | |
| Question | | Method | Response |
| Total number of FLWs who use the polio TSC?  (FLWs defined as polio vaccinator and area-in charge/supervisor) | | Ask to TSC staff |  |
| Total number of female FLWs who use the TSC? | | Ask to TSC staff |  |
| Describe the primary function or purpose of the TSC. | | Ask to TSC staff |  |
| Distance (in KM) & time of TSC from the nearest residing FLW | | Ask to FLWS | 1-KM......   |  |  | | --- | --- | | **Mood** | **Time Home to TSC** | | By foot |  | | Public transport |  | | Rickshaw |  | | Bike |  | | car |  | |
| Distance (in KM) & time of the TSC from the farthest residing FLW | | Ask to FLWS | 1-KM......   |  |  | | --- | --- | | **Mood** | **Time Home to TSC** | | By foot |  | | Public transport |  | | Rickshaw |  | | Bike |  | | car |  | |
| Where do FLWs hold meetings and debriefings in the TSC? In an open space (uncovered place) or in a room? | | Ask to FLWS |  |
| If the meeting/debriefing held at open place, is there a shaded area (sun and rain protected) for all FLWS at the TSC? | | Ask to FLWS |  |
| If you reach during meeting/debriefing write down your observation | | Personal observation |  |
| If you reach during meeting and debriefing, please describe your observation | | Personal observation |  |
| 1. **Infrastructure Check:** | | | |
| * 1. **General Infrastructure:** | | | |
| Does the TSC have a boundary wall? (Yes/ No) | | Personal observation |  |
| Condition of boundary wall (concrete, Hight, old or new, etc.) | | Personal observation |  |
| Number of rooms are FLWs | | Ask to FLWs |  |
| Condition of room including size (walls, floor, paint, cleanliness, windows, ventilation) | | Personal observation |  |
| If separate meeting available, its condition & size (walls, floor, paint, cleanliness, windows, ventilation) | | Personal observation |  |
| Number of chairs in the TSC for FLWs? | | Ask to FLWs  Observation | FLW response:  Your count: |
| Number of tables in the TSC for FLWs? | | Ask to FLWs  Observation | FLW response:  Your count: |
| Number of cupboards in the TSC for FLWs? | | Ask to FLWs  Observation | FLW response:  Your count: |
| Number of functional fans in the TSC in FLW sitting areas? | | Ask to FLWs  Observation | FLW response:  Your count: |
| * 1. **Washrooms:** | | | |
| How many washrooms are available for FLWs? | | Ask to FLWs |  |
| Condition (cleanliness, functionality) | | Personal observation |  |
| Is there a separate washroom designated for Female FLWs? | Personal observation | |  |
| Condition (cleanliness, availability of necessary accessories): | Personal observation | |  |
| * 1. **Electricity:** | | | |
| Is there electricity available at the TSC? | Ask to FLWs | | 1. Yes 2. No |
| If yes, what is the source of electricity? | Ask to TSC staff | | 1. Grid 2. Generator 3. Solar 4. Other (specify): |
| * 1. **Water Availability:** | | | |
| Is there running water available at the TSC? | Ask to FLWs | | 1. Yes 2. No |
| How is water sourced and stored? | Ask to FLWs | |  |
| * 1. **Hygiene Supplies:** | | | |
| Are soap, clean towels, or tissue paper available in washrooms? | Ask to FLWs | | 1. Yes 2. No |
| Condition and adequacy of hygiene supplies: *(Observation)* |  | |  |
| Available accessories in washroom | Observation (Write down the list) | |  |
| Meeting rooms (cleanliness, windows, ventilation): *(Observation)* |  | |  |
| 1. **Additional Support Required:** Observation | | | |
| Identify any additional support needed to improve TSC facilities | | |  |
| Infrastructure upgrades (specify): | | |  |
| Supply of hygiene materials | | |  |
| Maintenance requirements | | |  |
| Any additional comments or observations not covered above: | | |  |