Innovasiya v\u0259 T\u0259chizat M\u0259rk\u0259zi Facility information:

2022-09-03

Facility name

Facility types (Parameter)

Number of general populations served by this facility:

Number of under-1 populations served by this facility:

Number of lower-level facilities served by this facility

State/ Province

Zone:

District:

City:

Address:

Postal code:

Facility national code:

Email address:

Phone number:

GPS coordinates:

Is there any land-phone?

Is there any internet connection?

Year facility was opened:

Is the facility functioning?

Climate

Facility ownership:

Type of road from the higher level to this facility:

Distance from higher level to this facility (km)

Distance from higher level to this facility in time (hh:mm)

Number of days facility is open per XX

Facility working hours from: (hh:mm)

Facility working hours to: (hh:mm)

Mode of receiving supplies:

Mode of transportation:

Does facility provide immunization services?

Number of immunization sessions per xx

Type of immunization services:

Does facility provide vaccination against COVID-19?

Vaccination coverage of X1 in YY period (%)

Vaccination coverage of X2 in YY period (%)

Vaccination coverage of X3 in YY period (%)

Vaccination coverage of X4 in YY period (%)

Number of individuals vaccinated against X1 during YY period

[ ]

Number of individuals vaccinated against X2 during YY period

[ ]

Number of vaccinations against X3 during YY period

[ ]

Number of vaccinations against X4 during YY period

[ ]

Number of existing icepacks:

[ ]

Does the facility provide other services

[ ]

Other services:

[ ]

Is building condition suitable?

[ ]

Reason for building condition not suitable:

[ ]

Does the facility have stand-by generator?

[ ]

Facility power source:

[ ]

Facilities maintenance system (describe):

[ ]

Total number of staff:

[ ]

Number of vaccinators:

[ ]

Number of professional staff:

[ ]

Number of nurses:

[ ]

Number of drivers:

[ ]

Number of other staff:

[ ]

Other 1 (digit only)

[ ]

Other 2 (digit only)

[ ]

Other 3 (Yes/No)

[ ]

Other 4 (Yes/No)

[ ]

Other 5 (descriptive)

[ ]

Other 6 (descriptive)

[ ]

Remarks

[ ]

Position of staff completed this form

[ ]