

(ص ۱)

۱ - ملکہ سعید - سوئر ۳۷۵، ۳۱

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)

## 1 - HEALTH/EPI FACILITY QUESTIONNAIRE

## Administrative levels and EPI facility Information

1. Province: (name of Province) صوبہ کیاں

2. District: (name of District) ضلع کیاں

3. Tehsil: (name of Tehsil) تھسل کیاں

4. Union Council: (name of Union Council) جوین کونسل

5. Name of (health/EPI) facility: ای پی ایپی سوئر / سینٹ کام

## 6. Type of health facility:

Mark only ONE box

- National vaccine store
- Provincial vaccine store
- District vaccine store
- Tehsil/Taluka vaccine store
- DHQ hospital
- Tehsil/Taluka Hospital
- Teaching hospital
- Civil Hospital
- Rural health centre

- Basic health unit
- Dispensary
- MCH Center
- CHC Com. Health Center
- UHC Urban Health Center
- Hospital – Private
- Clinic – Private
- Other (Specify)

## Health facility immunisation activities

7. Total population in area served by facility: (number of) کل بیانیہ کیاں

8. Live births per year in area served by facility: (number of) صرف اس صورت میں اگر سوال بزرگ کیاں  
Leave this blank9. Pregnant women per year in area served by facility: (number of)  
Leave this blank10. Women of child bearing age in area served by facility: (number of)  
Leave this blank11a. Vaccine storage: Check box below ONLY if the facility has a refrigerator or freezer, even if broken. Otherwise leave blank.  
 Storage ویکسن سووچ11b. Type of services provided Mark ALL boxes that apply  
 Outreach immunisation services آؤٹ ریچرچ  
 Static immunisation services فیکٹری سسٹم

## 12. EPI/Vaccination staff: Write number

- |  |  |
|--|--|
| <input type="checkbox"/> Vaccinator/EPI Tech | <input type="checkbox"/> LHV                   |
| <input type="checkbox"/> Disp/Health Tech    | <input type="checkbox"/> LHS                   |
| <input type="checkbox"/> Store Keeper        | <input type="checkbox"/> LHW                   |
| <input type="checkbox"/> DSV                 | <input type="checkbox"/> Cold chain technician |
| <input type="checkbox"/> ASV                 | <input type="checkbox"/> Others                |

## 13. Training during last one year: (number of staff trained in CC/VM)

- |  |  |
|--|--|
| <input type="checkbox"/> Vaccinator/EPI Tech | <input type="checkbox"/> LHV                   |
| <input type="checkbox"/> Disp/Health Tech    | <input type="checkbox"/> LHS                   |
| <input type="checkbox"/> Store Keeper        | <input type="checkbox"/> LHW                   |
| <input type="checkbox"/> DSV                 | <input type="checkbox"/> Cold chain technician |
| <input type="checkbox"/> ASV                 | <input type="checkbox"/> Others                |

## 14. Resupply interval of vaccines: (in weeks)

ایکلویشن شیٹ پر ایکی آج سماں رجیسٹر سے

## 15. Reserve stock for all antigens: (in weeks)

ایکلویشن شیٹ پر اسکی رجسٹر سے

ایکلویشن شیٹ پر اسکے لحیہ

## 16. Routine immunisation ice pack requirements: (litres/week) Enter 0 if no static or outreach services provided

ایکلویشن شیٹ پر اسکے لحیہ

## 17. SNID / NID ice pack requirements: (litres/day)

ایکلویشن شیٹ پر اسکے لحیہ

## 18. Distance to vaccine supply source: (in kilometres)

ویکسن سوچ سے فاصلہ

## 19. Mode of vaccine supply: Mark only ONE box

- |   |   |
|---|---|
| <input type="checkbox"/> Delivered پیارھنیں | <input type="checkbox"/> Both (delivered and collected) |
| <input type="checkbox"/> Collected          | <input type="checkbox"/> Unknown                        |

## 20. Health care waste disposal: Mark ALL boxes that apply

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Burn & bury                                  | سلا کر دفن کرتے پس |
| <input type="checkbox"/> High temperature incineration                | نیپنیں پر ڈالے     |
| <input type="checkbox"/> Pit کنوان                                    |                    |
| <input type="checkbox"/> Collected and transported to higher facility |                    |
| <input type="checkbox"/> None   |                    |

## 21. Stock outs in past 3 months: Mark only ONE box

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

کچھ ویکسن کاٹائی نہیں  
۰۶- خلیفہ نامہ کو دریں نہیں

(2 ص)

<b>Health facility energy sources available to power cold chain equipment</b>	
<b>22. Grid electricity availability:</b> Mark only ONE box <input type="checkbox"/> None <i>بیکار میں سے</i> <input type="checkbox"/> Less than 8 hours per day <i>بیکار سے کم 8-16</i> <input type="checkbox"/> 8 to 16 hours per day <i>بیکار 8-16</i> <input type="checkbox"/> More than 16 hours per day <i>بیکار کم سے 16</i>	<b>23. Solar energy:</b> Mark ALL boxes that apply <input type="checkbox"/> Facility grounds shaded from sun more than 1 hr/day <input type="checkbox"/> Heavy clouds for longer than 2 weeks at a time <i>حالتی جوور دس</i>
<b>Person responsible for cold chain at the facility</b>	
Name: <i>انڈر ورکر دینہ رات</i> Designation: _____ Mobile number: <i>موباکل نمبر</i> Signature: <i>دستخط</i> Email: _____ Date (dd/mm/yyyy): _____	<b>Cold Chain Inventory team leader's information</b> Name: <i>منٹر لے اجیا حسنا</i> Designation: _____ Mobile number: <i>موباکل نمبر</i> Signature: <i>دستخط</i> Email: _____ Date (dd/mm/yyyy): _____
<b>Data collector's information:</b> Name: <i>انڈر ورکر دینہ رات</i> Email: _____ Signature: _____ 	
Designation: <i>انڈر ورکر دینہ رات (ایسا پنہانام کھوپس)</i> Mobile No: _____ Date: _____	

29/05/2014 (SSH)

## 2 - REFRIGERATOR/FREEZER/ILR QUESTIONNAIRE

EQUIPMENT RECORD _____ OF _____ (Fill in a separate form for each piece of equipment at health facility and number all forms)					
<b>Administrative levels and EPI facility identification</b>					
1. Province: (name of Province)	صوبہ				
2. District: (name of District)	دسمتری				
3. Tehsil: (name of Tehsil)	کھلی				
<b>Refrigerator or freezer information</b>					
7. Catalogue ID:	E <i>نمبر ۱۰۷ کے لئے مخصوص</i>				
Catalogue ID is found in the Equipment Identification Booklet and starts with the letter E for PQS prequalified equipment. If equipment is not identified, in the Equipment Identification Booklet, also fill in questions #15-19.					
8. Serial number: (located on equipment or assigned serial number)	سٹریل نمبر ILR - <i>نمبر ۱۰۷ کے لئے مخصوص</i>				
9. Year of first use: (estimate if information is not available)	سال جب اسے اپنے اعمال میں لے لیا				
10. Working status:	Comments: کھریدتی ہی مورون کے بیوں کر رہا				
Mark only ONE box					
<input type="checkbox"/> Working well	<i>کھلکھل کر کرنا ہے</i>				
<input type="checkbox"/> Working but needs maintenance	<i>کھریدتی ہی مورون</i>				
<input type="checkbox"/> Not working	<i>کے بیوں کر رہا</i>				
11. Reason equipment not working:	Check ALL boxes that apply, leave blank if equipment is working				
<input type="checkbox"/> Spare parts are not available for repair/maintenance					
<input type="checkbox"/> Finance is not available for repair/maintenance					
<input type="checkbox"/> Not in use because electricity or fuel is not available					
<input type="checkbox"/> Equipment needs to be boarded off					
12. Equipment utilisation:					
Mark only ONE box					
<input type="checkbox"/> In use	<i>کھلکھل سیکھ رہا</i>				
<input type="checkbox"/> Not in use and available for re-allocation	<i>نہ دینا ہے</i>				
<input type="checkbox"/> Not in use and not available for re-allocation	<i>نہ دینا ہے</i>				
Verify directly with health facility representative this equipment is available for re-allocation					
13. How is temperature monitored?					
Check ALL boxes that apply					
<input type="checkbox"/> No monitoring device	<i>سپیس تھرمومیٹر</i>				
<input type="checkbox"/> FridgeTag™	<i>گلڈ ڈائل ریل تھرمومیٹر</i>				
<input type="checkbox"/> Dial thermometer	<i>ڈائیل تھرمومیٹر</i>				
14. No. of temperature alarms in past 30 days:					
Enter number of days on the temperature monitoring form when temperature is above +8C or below +2C:					
Above +8C: _____ days	<i>فتنے ۲۰ دن +8 سے اونچا گیا</i>				
Below +2C: _____ days	<i>فتنے ۲۰ دن +2 سے کم ہوا</i>				
Person responsible for cold chain at the facility					
Name: _____	Designation: _____				
Mobile number: _____	Email: _____				
Data Collector's information:					
Name: _____	Designation: _____				
Email: _____	Mobile No: _____				
Signature: _____					
4. Union Council: (name of Union Council) <i>لینین گرانسل</i>					
5. Name of (health/EPI) facility: <i>کاؤنٹر انڈسٹری ۶۷</i>					
6. Equipment code: <i>۳۳</i>					
Fill in questions #15-19 when equipment ID is not found in the Equipment Identification Booklet.					
15. Model name: <i>ماڈل نمبر</i>					
16. Manufacturer / Make: <i>جعیں کا نام</i>					
17. Is there a CFC-free sticker on the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>CFC فری کا سینک</i>					
18. Refrigerator/Freezer Type: Mark only ONE box					
<input type="checkbox"/> Chest freezer, AC electricity <i>جیسے فریزرن ریفلی</i>					
<input type="checkbox"/> Chest freezer, electricity & gas <i>جیسے کے نیل دل</i>					
<input type="checkbox"/> Chest freezer, electricity & kerosene <i>جیسے فریز بیلی</i>					
<input type="checkbox"/> Chest refrigerator, AC electricity <i>جیسے فریزرن ریفلی</i>					
<input type="checkbox"/> Chest refrigerator, DC electricity <i>بیسیں دل</i>					
<input type="checkbox"/> Chest refrigerator, electricity & gas <i>جیسے بیسیں</i>					
<input type="checkbox"/> Chest refrigerator, electricity & kerosene <i>جیسے بیسیں</i>					
<input type="checkbox"/> Icepack freezer, AC electricity <i>آئی پیک فریزرن ریفلی</i>					
<input type="checkbox"/> Icepack freezer, electricity & gas <i>آئی پیک جیسے</i>					
<input type="checkbox"/> Icepack freezer, electricity & kerosene <i>آئی پیک جیسے</i>					
<input type="checkbox"/> Icelined refrigerator <i>بیل نال</i>					
<input type="checkbox"/> Solar photovoltaic refrigerator <i>سولار پوتوولائیک</i>					
<input type="checkbox"/> Upright refrigerator, AC electricity <i>آئری جیسا بیل</i>					
<input type="checkbox"/> Upright refrigerator, DC electricity <i>بیتھنے دل</i>					
<input type="checkbox"/> Upright refrigerator, electricity & gas <i>جیسے</i>					
<input type="checkbox"/> Upright refrigerator, electricity & kerosene <i>تیل</i>					
19. Internal storage dimensions: (Measure with provided tape in cm.) <i>ویلسن ۵۸ فارن</i>					
L(cm)	W(cm)	H(cm)	L(cm)	W(cm)	H(cm)
<i>+4°C</i>	<i>-20°C</i>				
Gross	Net	Gross	Net		
20. Calculated internal storage volume: (litres) LEAVE BLANK - FOR USE BY NATIONAL TEAM ONLY					
<i>+4°C</i> <i>-20°C</i>					
Gross	Net	Gross	Net		

Cold Chain Inventory team leader's information

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  
**3 - VACCINE CARRIERS, COLD BOXES&ICEPACKS**

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)

#### **Administrative levels and EPI facility identification**

**1. Province:**(name of Province)

**2.District:** (name of District)

**3. Tehsil:** (name of Tehsil)

**4. Union Council:**(name of Union Council)

**5. Name of (health) facility:**

**Vaccine cold box and carrier information**

#### **6. Quantities of vaccine cold boxes and carriers**

Fill in a separate line for each model of cold box and vaccine carrier found at health facility, using the Catalogue ID referenced for each model in the Equipment Identification Booklet and always starts with the letter E.

**NOTE:** Please use back side of form if there are more types of vaccine boxes or carriers

(259)

اپنیں پک کریں

(سچھ)

**Ice pack Information**

7. Quantity of standard ice packs in good condition:

*حالت ممتاز*

Ice pack size in Liters

Quantity →

--	--	--	--	--	--	--	--	--	--	--	--	--

**Person responsible for cold chain at the facility****Cold Chain Inventory team leader's information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

**Data collector's information:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

29/12/2013

# وولٹیج سٹیبلائزر کیلئے گرام - ۵

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)

## 5 – VOLTAGE REGULATORS/STABILISERS

### EQUIPMENT RECORD

OF

(Fill in a separate form for each piece of equipment and number all forms.)

#### Administrative levels and EPI facility information

1. Province: (name of Province)

حکومتی کام

4. Union Council: (name of Union Council)

کوین کونسل کام

2. District: (name of District)

ڈسٹرکٹ کام

5. Name of (health/EPI) facility:

امن سپر کام / سپور کام EPI

3. Tehsil: (name of Tehsil)

تھیل کام

6. Equipment code:

-    -

#### Voltage regulator information

7. Catalogue ID:

When item is found in the Equipment Identification Booklet, enter the ID number and complete questions 10 and 11.

ایسے خالی قبوہ میں

8. Manufacturer:

Mandatory data if catalogue ID is NOT provided

کمپنی کام

9. Model:

Mandatory data if catalogue ID is NOT provided

مدل

10. Quantity present:

جتنے موجود ہیں

11. Quantity not working:

جو خراب ہیں

#### Person responsible for cold chain at the facility

#### Cold Chain Inventory team leader's information

Name:

Name:

Designation:

Designation:

Mobile number:

Mobile number:

Email:

Signature:

#### Data collector's information:

Name: \_\_\_\_\_

Designation : \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# جنسن کامارم - 6

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)

## 6 – GENERATORS

### EQUIPMENT RECORD

OF

(Fill in a separate form for each piece of equipment and number all forms.)

#### Administrative levels and EPI facility information

1. Province: (name of Province)

ضوابط

4. Union Council: (name of Union Council)

ذین کونس

2. District: (name of District)

ڈسٹرکٹ

5. Name of (health) facility:

بی بی آئی سی / دیکسیں سو، کام

3. Tehsil: (name of Tehsil)

تھیل

6. Equipment code:

موہن ڈرزن میکن کوڑ

#### Generator information

7. Model name:

Mandatory data

مدل

14. Used for:

Mark ALL boxes that apply

- Refrigerators or freezers
- Cold rooms
- Lighting
- Other

فریزر - ایلر - کولر روم

8. Manufacturer:

Mandatory data

کین

15. Year of supply:

کم سال آیا

9. Serial number:

Mandatory data

سیریز نمبر

16. Source of supply:

Mark only ONE box

- MOH
- Facility's budget
- Donation
- NGO
- Unknown

نیکے سے

بی بی آئی سی

خود فریدا

10. Number of phases:

Mark only ONE box

- One
- Three

ایک

فین

17. Working status:

Mark only ONE box

- Working well & fuel available
- Working well but fuel not available
- Working but needs maintenance
- Not working

بی بی آئی سی کام کر رہا ہے

11. Power rating: (kW)

(Kw) پار

18. Equipment utilization:

If not in use, clarify with cold chain representative if available for allocation.

Mark only ONE box

- In use
- In storage
- Not used & available for allocation
- Not used & not available for allocation

ا سعیاں جو ہے  
سوزیں جو ہے  
الات کرنا ہے  
اکٹھو جو ہے

12. Power source:

Mark only ONE box

- Diesel
- Petrol

ڈیزل پیسٹل

19. Person responsible for cold chain at the facility

Cold Chain Inventory team leader's information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile number: \_\_\_\_\_ 0300-6071761

Mobile number: \_\_\_\_\_ 0343-6908052

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Data Collector's information:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ٹرانسپورٹ کا فارم (موئر سائیکل-گاڑی-ٹرک و میزہ)

[Type text]

7- قام

Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  
7 - TRANSPORT QUESTIONNAIRE

نوت: - کوڈ جائز ہے  
نہ نہیں

PAGE No \_\_\_\_\_ OF \_\_\_\_\_ (Fill in an additional forms if needed, numbering all forms)

## Administrative levels and EPI facility information

1. Province: (name of Province)

صریح

4. Union Council: (name of Union Council)

دوینیونسل

2. District: (name of District)

ڈسٹریکٹ

5. Name of (health) facility:

بی آئی بی ایم / سفیر کا فارم

3. Tehsil: (name of Tehsil)

تھیل

کاس فارم - مرغعاں چارہ بیل موسسائیہ کا فارم

## Key for "Transport" and "Reasons for not working' columns

### "Transport Type"

- 1. Motorcycle
- 2. Vehicle
- 3. Truck
- 4. Boat
- 5. Bicycle

بزرگ نہیں ہیں

موئر سائیکل

### "Reason for not working"

- A. Waiting repair technician or at garage
- B. Waiting spare parts
- C. Awaiting finances
- D. Awaiting boarding off
- E. Unknown

## Transport equipment

Transport type (1-5)	Model	Make	Year of manufacture	Total number	Number not working	Reasons for not working (A-E)	% used for EPI	Type of fuel
5	N/A	N/A	N/A				N/A	N/A
اے سے تکمیر کیا ہے میں لگائیں اور رسمی دیکھو ہے	سائیکل صنعت	جنی کا فارم	سال	تو شیل جو مو جو رو بخول	خرب	خرب	جنول	جنول - سائیکل ہے اس تھا پر منی الیکٹریکی اسکل
- 100cc Springer Quingui	Raxi رادی	سوزوکی - ٹو ٹو ٹو ٹو	2008 2009 درجہ					

## Comments:

## Person responsible for cold chain at the facility

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

## Cold Chain Inventory team leader's information

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

## Data Collector's information:

Name: \_\_\_\_\_

Designation : \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

17, 16, 15, 14, 8 - 8  
کلیکو لیس شن سوال نمبر 8  
(اور ایشیں بیک کرے گے)

CALCULATIONS SHEET: Fill for calculations and attach with each Questionnaire 1 Health

Facility / EPI Center (Revised CCEM Pakistan Version 2.1 SSH/SFY UNICEF)

Q. 8 BCG Inj given during last 3 months from Daily EPI Register

1. Static \_\_\_\_\_ X 4 = \_\_\_\_\_  
2. Outreach \_\_\_\_\_ X 4 = \_\_\_\_\_  
3. Outreach \_\_\_\_\_ X 4 = \_\_\_\_\_ Answer (1+2+3) \_\_\_\_\_

Q. 14 In Stock Register number of times BCG Received during last 6 months

A \_\_\_\_\_ X 2 = \_\_\_\_\_ B 52 ÷ \_\_\_\_\_ = \_\_\_\_\_ Answer

If only 3 months record found then

A \_\_\_\_\_ X 4 = \_\_\_\_\_ B 52 ÷ \_\_\_\_\_ = \_\_\_\_\_ Answer

Q. 15 Balance BCG

Doses

Step 1 1 \_\_\_\_\_ X 20 = \_\_\_\_\_  
2 \_\_\_\_\_ X 20 = \_\_\_\_\_  
3 \_\_\_\_\_ X 20 = \_\_\_\_\_  
4 \_\_\_\_\_ X 20 = \_\_\_\_\_  
5 \_\_\_\_\_ X 20 = \_\_\_\_\_  
6 \_\_\_\_\_ X 20 = \_\_\_\_\_

Total Balance \_\_\_\_\_ 6 = \_\_\_\_\_ Balance

Annual BCG Target

سالانہ 842 کارڈ

\_\_\_\_\_ ÷ 52 X 2 = \_\_\_\_\_ Weekly BCG Requirement

Step 3 Balance/Weekly Req.

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ Answer

Q. 16

Number of Days per week

Number of session per day

A. Static 4 X 5 = \_\_\_\_\_  
B. Outreach 4 X 5 = \_\_\_\_\_  
C. Outreach 4 X 5 = \_\_\_\_\_

If vaccine is Collected by health facility staff add

Total (A+B+C) = \_\_\_\_\_ Answer

Q. 17

A Number of House to House Polio Teams

AIC Transit Team Fixed Sites Roaming Teams

B \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ X 4 = \_\_\_\_\_

اپریا ایجی اجی ریکارڈز تیم

Total (A+B) = \_\_\_\_\_ Answer

Measurements for Ice Packs: Take measurement in cms (L X H X W) / 1,000 = Size of Ice Packs in liter

Total present Length Height Width

کل موجود	X اونچائی	X عرض	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters
_____	X _____	X _____	= _____	÷ 1000	= _____	Liters