

## 1 –HEALTH/EPI FACILITY QUESTIONNAIRE

## Administrative levels and EPI facility information

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/EPI) facility:

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 populationin area served by facility:(number of)

14.Resupply interval of vaccines:(in weeks)

8.Live births per year in area served by facility:  
(number of)

Leave this blank

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

9.Pregnant women per year in area served by facility: (number of)

Leave this blank

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

10.Women of child bearing age in area served by facility: (number of)

Leave this blank

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

11a.Vaccine storage: Check box below ONLY if the facility has a refrigerator or freezer, even if broken. Otherwise leave blank.

☐ Storage

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

11b.Type of services providedMark ALL boxes that apply

- ☐ Outreach immunisation services  
☐ Static immunisation services

19.Mode of vaccine supply: Mark only ONE box

12.EPI/Vaccination staff: Write number

- ☐ Vaccinator/EPITech ☐ LHVs  
☐ Disp/Health Tech ☐ LHSs  
☐ Store Keeper ☐ LHWs  
☐ DSV ☐ Cold chain technician  
☐ ASV ☐ Others

- ☐ Delivered ☐ Both (delivered and collected)  
☐ Collected ☐ Unknown

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

- ☐ Vaccinator/EPITech ☐ LHVs  
☐ Disp/Health Tech ☐ LHSs  
☐ Store Keeper ☐ LHWs  
☐ DSV ☐ Cold chain technician  
☐ ASV ☐ Others

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

- ☐ Burn & bury  
☐ High temperature incineration  
☐ Pit  
☐ Collected and transported to higher facility  
☐ None

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

- ☐ Yes ☐ No

<b>Health facility energy sources available to power cold chain equipment</b>	
<b>22. Grid electricity availability:</b> <i>Mark only ONE box</i> <input type="checkbox"/> None <input type="checkbox"/> Less than 8 hours per day <input type="checkbox"/> 8 to 16 hours per day <input type="checkbox"/> More than 16 hours per day	<b>23. Solar energy:</b> <i>Mark ALL boxes that apply</i> <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
<b>Person responsible for cold chain at the facility</b>	<b>Cold Chain Inventory team leader's information</b>
Name: _____	Name: _____
Designation: _____	Designation: _____
Mobile number: _____	Mobile number: _____
Signature: _____	Signature: _____
Email: _____	Email: _____
Date (dd/mm/yyyy): _____	Date (dd/mm/yyyy): _____
<b>Data collector's information:</b>	
Name: _____	Designation : _____
Email: _____	Mobile No: _____
Signature: _____	Date: _____