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| Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  1 – HEALTH/EPI FACILITY QUESTIONNAIRE | | | |
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| ***Administrative levels and EPI facility information*** | | | |
| **1.** **Province:** (name of Province) | **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) |
| **2.** **District:** (name of District) |
| **3. Tehsil:** (name of Tehsil) |
| **4*.*****Union Council:** (name of Union Council) |
| **5*.*****Name of (health/EPI) facility:** |
| ***Health facility immunisation activities*** | | | |
| **7.** **Total population****in 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  **11b.** **Type of services provided** *Mark ALL boxes that apply*  Outreach immunisation services  Static immunisation services | | **18.** **Distance to vaccine supply source:** *(in kilometres)* | |
| **12.** **EPI/Vaccination staff:** *Write number*  Vaccinator/EPITech  LHVs  Disp/Health Tech  LHSs  Store Keeper  LHWs  DSV  Cold chain technician  ASV  Others | | **19.** **Mode of vaccine supply:** *Mark only ONE box*  Delivered  Both (delivered and collected)  Collected  Unknown | |
| **20.** **Health care waste disposal:** *Mark ALL boxes that apply*    Burn & bury  High temperature incineration  Pit  Collected and transported to higher facility  None | |
| **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 | |
| **21.** **Stock outs in past 3 months:** *Mark only ONE box*  Yes  No | |
| ***Health facility energy sources available to power cold chain equipment*** | | | |
| 22. **Grid electricity availability:** *Mark only ONE box*  None  Less than 8 hours per day  8 to 16 hours per day  More than 16 hours per day | | 23. **Solar energy:** *Mark ALL boxes that apply*  Facility grounds shaded from sun more than 1 hr/day  Heavy clouds for longer than 2 weeks at a time | |
| ***Person responsible for cold chain at the facility*** | | ***Cold Chain Inventory team leader’s information*** | |
| Name:  Designation:  Mobile number:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  Email:  Date (dd/mm/yyyy): | | Name:  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile number:  Signature:  Email:  Date (dd/mm/yyyy): | |
| ***Data collector’s information:***  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

29/05/2014 (SSH)