**Checklist for “Model COVID-19 Vaccination Centre”**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GENERAL INFORMATION** | | | | | | | | | | | | |
| **Choose the assessment (tick anyone)** | | | | Before establishing model COVID-19 centre | | | | | After establishing model COVID-19 centre | | | |
| **Date of Assessment** | DD | MM | | | YY | **State** | |  | | | **District** |  |
| **Facility Name** |  | | | | | **Spoke Code** | | | | | State code/District code/#### | |
| **GPS coordinates** | **Lat:** | | | | | | | **Lon:** | | | | |  |  |  |
| **ASSESSOR INFORMATION** | | | | | | | | | | | | |
| **Assessor name** | | |  | | | | **Contact #** | | |  | | |
| **Designation & Department** | | |  | | | | **Email ID** | | |  | | |
| **FACILITY CONTACT PERSON’S INFORMATION** | | | | | | | | | | | | |
| **Facility in-charge name** | | |  | | | | **Contact #** | | |  | | |
| **Designation & Department** | | |  | | | | **Email ID** | | |  | | |
| **Name of Spoke nodal person for RISE** | | |  | | | | **Contact #** | | |  | | |
| **Designation & Department** | | |  | | | | **Email ID** | | |  | | |

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| **Facility Profile** | | | | | | | | | | |
| **Si** | **Questions** | **Scores & Details** | | | | | | | | **Remarks** |
| **1** | Type of facility (If others, please fill 1.1) | Govt (Central) | Govt (State) | | | Private | Faith-based | | Others |  |  |
| **1.1** | Type of facility (If chosen others) |  | | | | | | | |  |  |
| **2** | Level of Facility | Medical college | | District Hospital/Civil Hospital | | | General hospital/PSUs | | CHC/Block PHC |  |
| Sub Divisional /Sub District Hospital | | Super/Multispecialty hospital | | | Area Hospital | | Makeshift centers |  |
| **2.1** | Level of the facility *(if it is others specify)* |  | | | | | | | |  |
| **3** | Is this a designated COVID facility? *DCH= Dedicated COVID Hospital DCHC= Dedicated COVID Health Centre CCC=COVID Care Centre* | DCH | | | DCHC | | | CCC | Not a designated COVID facility |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MODEL COVID-19 Vaccination** | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | **Questions** | | | | | | **Score & Details** | | | | | | | | | | | | | | | | **Remarks** |
| **1** | COVID-19 vaccination center registered in CoWIN | | | | | | Yes | | | | | | | No | | | | | | | | |  |
| **2** | If yes, CoWIN ID | | | | | |  | | | | | | | | | | | | | | | |  |
| **3** | Type of CVC site | | | | | | Free | | | | | | | | Paid | | | | | | | |  |
| **5** | Number of sessions per day | | | | | |  | | | | | | | | | | | | | | | |  |
| **5** | Average vaccination per day  (*Calculate it based on last 10 days coverage & divided by 10)* | | | | | |  | | | | | | | | | | | | | | | |  |
| **6** | Average vaccine consumption per day  *(Calculate it based on last 10 days coverage divided by 10)* | | | | | |  | | | | | | | | | | | | | | | |  |
| **7** | Is the CVC located away from clinical services? | | | | | | Yes | | | | | | | No | | | | | | | | |  |
| **8** | In the facility COVID-19 vaccines available for the following | **Tick (✓) on vaccines, if it is (yes) available** | | | | | **Covishield** | **Covaxin** | | **Sputnik** | | **J&J** | | | | **Moderna** | | | **ZyCoV-D** | | | **Others** | **Remarks** |
| Adult | | | Yes | No |  |  | |  | |  | | | |  | | |  | | |  |  |
| 15-18yrs | | | Yes | No |  |  | |  | |  | | | |  | | |  | | |  |  |
| 12-15yrs | | | Yes | No |  |  | |  | |  | | | |  | | |  | | |  |  |
| Less than 12yrs | | | Yes | No |  |  | |  | |  | | | |  | | |  | | |  |  |
| Precaution dose | | | Yes | No |  |  | |  | |  | | | |  | | |  | | |  |  |
| **9** | Total COVID-19 doses consumed so far (Since inception)  *Please mention doses consumed on the respective vaccines* | | | | | |  |  | |  | |  | | | |  | | |  | | |  |  |
| **10** | Total vaccination is done by the facility (Since inception) (Give a count on vaccine doses) | | | | | | **Doses** | | | **Adult** | | | **15-18yrs** | | | | **12-15yrs** | | | | **Less than 12 yrs** | |  |
| **1st dose** | | |  | | |  | | | |  | | | |  | |  |
| **2nd dose** | | |  | | |  | | | |  | | | |  | |  |
| **Precaution**  **dose** | | |  | | |  | | | |  | | | |  | |  |
| **11** | IEC materials (poster/banner etc.) related to COVID appropriate behaviour placed in the facility? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **12** | IEC/Job aids related to COVID-19 vaccination placed? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **13** | Does this facility provide routine immunization services | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **14** | Number of beds at this facility *(Tick anyone)* | | | | | | <50 | | 50-300 | | | | | | 301-500 | | | | | >500 | | |  |
| **15** | **Do you have a list of staff available at the vaccination centre?** | | | | | | **Yes/No** | | | | | | | | **Number of staffs** | | | | | | | | **Remarks** |
| **15.1** | Vaccinator officer (COVID-19 vaccinators) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.2** | Vaccination officer 1 (who checks the registration status of the beneficiary) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.3** | Vaccination officer 2 (who will verify ID documents) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.4** | Vaccination officer 3 (Staff available for crowd control/mobilization) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.5** | Vaccination officer 4 (Staff who ensures 30mins waiting time of beneficiary post-vaccination) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.6** | Medical officer (Who acting as supervisor forAdverse Events Following Immunization (AEFI) management) | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.7** | Cold chain handler  *(If it is not cold chain point mention it in the remarks)* | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **15.8** | Availability of healthcare personnel who are trained to recognize the signs and symptoms of anaphylaxis, as well as administer intramuscular epinephrine | | | | | | Yes | | No | | | | | |  | | | | | | | |  |
| **16** | **Training details: Already trained/require training (includes refresher training) on COVID-19 topics** | | | | | | **Number of staffs already received training** | | | | | | | | **Number of staffs required training (including refresher training)** | | | | | | | | **Remarks** |
| **16.1** | AEFI & Anaphylaxis management | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.2** | Co-WIN app guidelines and use | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.3** | Infection control and Bio Medical Waste (BMW) management for COVID vaccination | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.4** | COVID-19 vaccination | | Adults | | | |  | | | | | | | |  | | | | | | | |  |
| 15-18yrs | | | |  | | | | | | | |  | | | | | | | |  |
| 12-15yrs | | | |  | | | | | | | |  | | | | | | | |  |
| Paediatrics | | | |  | | | | | | | |  | | | | | | | |  |
| Precaution doses | | | |  | | | | | | | |  | | | | | | | |  |
| Pregnant women | | | |  | | | | | | | |  | | | | | | | |  |
| **16.5** | COVID vaccination communication strategy and addressing vaccine hesitancy | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.6** | COVID-19 vaccination guidelines for the private sector | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.7** | Cold chain and vaccine logistics operational guidelines | | | | | |  | | | | | | | |  | | | | | | | |  |
| **16.8** | COVID-19 vaccination data recording, analysis and use | | | | | |  | | | | | | | |  | | | | | | | |  |
| **17** | **Logistics facilities at the vaccination centre** | | | | | | **Yes/No** | | | | | | | | | | | | | | | | **Remarks** |
| **17.1** | One table (4 feet x 2 feet), two to three chairs | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.2** | Do you have a vaccine carrier with ice packs? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.3** | Do you have an adequate COVID-19 vaccine? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.4** | Do you have an adequate number of Auto Disable syringes? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.5** | Do you have hand sanitizer and masks? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.6** | Do you have a vaccine vial opener? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.7** | Do you have a hub cutter? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.8** | Do you have a screen for privacy? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.9** | Do you have an anaphylaxis kit? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.10** | Do you have red bags? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.11** | Do you have yellow bags? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.12** | Do you have black bags? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.13** | Do you have a puncture-proof blue container? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.17** | Laptop/Computer | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.15** | Internet connection | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.16** | Printer with sufficient papers | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16** | **Vaccine centre Infrastructure** | | | | | | **Yes/No** | | | | | | | | | | | | | | | | **Remarks** |
| **16.1** | Is there an observation room at a site? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.2** | Is there a waiting area at a site? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.3** | Is there a vaccination room at a site? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.4** | Adequate sitting arrangement for vaccinators/verifiers/beneficiaries | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.5** | Entry and exit are separate in the vaccination centre | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.6** | All the vaccination officer is wearing a mask | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.7** | Vaccinator following COVID appropriate behaviour | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.8** | Beneficiaries follow COVID appropriate behaviour | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.9** | Vaccination centre have “drinking water and toilet” facilities | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.10** | Selfie counter available at vaccination centre | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **16.11** | How many number (maximum) of sessions in the vaccination room | | | | | |  | | | | | | | | | | | | | | | |  |
| **17** | **Cold chain capacity assessment** | | | | | | **Yes/No** | | | | | | | | | | | | | | | | **Remarks** |
| **17.1** | Is this facility, a designated cold chain points for vaccine storage by the state government? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.2** | If no, mention "name of cold chain point" from where the facility is receiving or may receive COVID-19 vaccine | | | | | |  | | | | | | | | | | | | | | | |  |
| **17.3** | Distance in kms | | | | | |  | | | | | | | | | | | | | | | |  |
| **17.4** | Number of hours/mins taken to reach that cold chain point | | | | | |  | | | | | | | | | | | | | | | |  |
| **17.5** | If Yes, is it eVin supported? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.6** | Whether temperature monitoring devices are available at this vaccination centre for all vaccine storage devices? | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **17.7** | Cold chain devices at the vaccination center | | | **Variables** | | | **Available** | | | | | | | | **Functional** | | | | | | | | **Remarks** |
| Ice lined refrigerator | | |  | | | | | | | |  | | | | | | | |  |
| Deep freezer | | |  | | | | | | | |  | | | | | | | |  |
| Refrigerator | | |  | | | | | | | |  | | | | | | | |  |
| **18** | **AEFI Management** | | | | | | **Yes/No** | | | | | | | | | | | | | | | | **Remarks** |
| **18.1** | Is this facility, designated as an AEFI management centre or, can be designated as an AEFI management centre (if required) | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **18.2** | If no, write the name of the nearest linked “AEFI management centre” | | | | | |  | | | | | | | | | | | | | | | |  |
| **18.3** | How far is the nearest AEFI management centres which can be linked | | | | | | 15mins | | 30mins | | | | | | 1hr | | | | | >1hr | | |  |
| **18.4** | This facility, have reported any “AEFI” cases so far *(Since inception)* | | | | | | Yes | | | | | | | | No | | | | | | | |  |
| **18.5** | If yes, mention the total number of “AEFI COVID-19 cases”/”RI cases” | | | | | | **COVID**  **Minor** | | | | **COVID Serious** | | | | | | | **COVID Severe** | | | | |  |
|  | | | |  | | | | | | |  | | | | |
| **RI Minor** | | | | **RI Serious** | | | | | | | **RI Severe** | | | | |
|  | | | |  | | | | | | |  | | | | |
| **18.6** | AEFI Case Reporting Form had for all Serious / Severe cases | | | | | | Yes | | | | Partial | | | | | | | No | | | | |  |
| **18.7** | AEFI Case Investigation Form had for all Serious/Severe cases | | | | | | Yes | | | | Partial | | | | | | | No | | | | |  |
| **18.8** | Percentage of staff vaccinated at the facility *(Tick anyone)* | | | | **Fully vaccinated (Two doses)** | | 100% | | | | 90-99% | | | | | | | <90% | | | | |  |
| **Precaution dose** | | 100% | | | | 90-99% | | | | | | | <90% | | | | |  |