

## Annexure 3

### Part 1- Facility details to be filled by the Facility

S No	Field Name	Standard Operating Procedures (SOPs)
1	States/ UTs	<p>Please select State/UTs name where facility is based.</p> <p>The state name will be selected from the dropdown menu</p>
2	District	<p>Please select District name from the dropdown menu</p> <p>Drop down menu will show the districts options for the Selected state/UTs only</p>
3	Block	<p>Write the name of the Block in which the HCWs is present</p>
4	Category of facility	<p>Please select the appropriate option for category of facility from the drop-down menu.</p> <ul style="list-style-type: none"> <li>• Government facilities</li> <li>• Private Facilities</li> </ul>
5	Name of the facility	<p>Please mention the name of the facility where the HCW works/reports.</p> <p>Complete name should be entered in the template.</p> <p>Please don't write short names or abbreviations</p>
6	Location of the facility Rural/ Urban	<p>Please select whether facility is a rural or urban facility from the dropdown.</p>
7	Address of facility	<p>Please mention the address of the facility where the HCW works/reports.</p>
8	Facility Postal code	<p>Please enter the facility postal code number</p>
9	Type of facility	<p>Please select the Type of facility from the following from the following dropdowns</p> <p>If Government facilities is selected under category (refer to point no. 4) then select the following:</p> <ul style="list-style-type: none"> <li>• Primary Health Centre (including Sub centre/ village level workers)</li> <li>• Health and Wellness centre</li> </ul>

		<ul style="list-style-type: none"> <li>• Community Health Centre</li> <li>• Rural Hospital</li> <li>• Taluka Hospital</li> <li>• District Hospital</li> <li>• Urban Health Centre</li> <li>• Urban family and welfare centre</li> <li>• Maternity Homes</li> <li>• Urban Health Posts</li> <li>• Municipal Hospitals</li> <li>• Super speciality Hospitals</li> <li>• Sub District Hospitals</li> <li>• Nursing training institutes</li> <li>• Medical, Dental &amp; AYUSH Colleges</li> <li>• Post-Partum Centres</li> <li>• Adolescent Health Clinics</li> <li>• State &amp; District Health Headquarters</li> <li>• Maternal &amp; Child Health centres</li> <li>• Dispensaries</li> <li>• State Hospitals</li> <li>• Health facility owned by panchayat/ zila parishad</li> <li>• Trauma centre</li> <li>• Others (<b>specify in the next column</b>)</li> </ul> <p>If Private facilities is selected under category (refer to point no. 4) then select the following:</p> <ul style="list-style-type: none"> <li>• Corporate Hospitals</li> <li>• Nursing Homes</li> <li>• Medical Colleges</li> <li>• Polyclinics</li> <li>• OPD Clinics</li> <li>• <b>Others (Specify in the next column)</b></li> </ul>
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**Part 2 – HCWs details to be filled by the Facility**

S No	Field Name	Standard Operating Procedures (SOPs)
10	Category of Health Worker	<p>Please select the category of the beneficiary working in the facility from the dropdown</p> <ul style="list-style-type: none"> <li>• For Auxiliary Nurse Midwives (ANMs), Multipurpose Health Workers (MPWs), Accredited Social Health Activists (ASHAs), ASHA</li> </ul>

		<p>supervisors select <b>Field level Health workers</b></p> <ul style="list-style-type: none"> <li>• For Staff Nurses, Lady Health Visitors (LHVs), Health supervisors select <b>Nurses &amp; Supervisors</b></li> <li>• For Allopathic doctors/ AYUSH practitioners/ Dentists select <b>Medical Officers</b></li> <li>• For Medical, Nursing, Paramedical and other students select <b>Students</b></li> <li>• For Scientists and Research Staff select <b>Scientist &amp; Research staff</b></li> <li>• For pharmacists, technicians, etc. select <b>Para medical staff</b></li> <li>• For Health facility drivers, Sanitary, Security, etc. select <b>Support Staff</b></li> <li>• For clerical and administrative staff select - <b>Clerical/ Administrative staff</b></li> <li>• For others staff not covered above select <b>Others and Specify in the next column</b></li> </ul>
11	HCWs Name	<p>Name of the HCW will be entered in the template (as per Aadhaar).</p> <p>Name should be entered in First Name, Middle Name and Last name format.</p>
12	Photo ID Type (Aadhaar details will not be recorded but will be required/ mandatory at the time of vaccination)	<p>Select the type of Photo ID from the dropdown</p> <ul style="list-style-type: none"> <li>• Service Identity Cards with photograph issued to employees by Central/State Govt./PSUs/Public Limited Companies,</li> <li>• Passport,</li> <li>• Driving License,</li> <li>• Passbooks with photograph issued by Bank/Post Office,</li> <li>• PAN Card,</li> <li>• Smart Card issued by RGI under NPR,</li> <li>• MNREGA Job Card,</li> <li>• Health Insurance Smart Card issued under the scheme of Ministry of Labour,</li> <li>• Pension document with photograph,</li> </ul>

		<ul style="list-style-type: none"> <li>• Official identity cards issued to MPs/MLAs/MLCs,</li> </ul> <p>(Source: <a href="https://eci.gov.in/files/file/9367-photo-voter-slips-not-to-be-valid-as-stand-alone-identification-document-for-voting/">https://eci.gov.in/files/file/9367-photo-voter-slips-not-to-be-valid-as-stand-alone-identification-document-for-voting/</a>)</p> <p>The Photo ID provided during the registration will be required to be presented at time of vaccination.</p>
13	Photo ID number	Enter the Photo ID number provided on the Photo ID
14	Gender	<p>Select the Gender of the beneficiary from the dropdowns</p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Others</li> </ul>
15	Date of Birth	<p>Date of birth in DD/MM/YYYY.</p> <p>Minimum entry is year of birth.</p>
16	Mobile Number	<p>Provide the mobile number of the HCW (Preferably number linked to Aadhaar). The mobile number provided during the registration will be used to give updates to the beneficiaries regarding the vaccination sessions and date.</p> <p>Please try to capture the Mobile number which is not expected to change in future.</p>
17	Mobile Number Belongs to	<p>If the mobile number belongs to the HCW then select “Self” from the dropdown. If the HCW does not have a Mobile phone then select “Family” or “Others” whichever is applicable</p> <ol style="list-style-type: none"> <li>1. Self</li> <li>2. Family</li> <li>3. Others</li> </ol> <p>Others This is important to know to whom the relevant information will be communicated to instead of the HCW himself/herself.</p>
18	Postal Code	Mention the postal code of HCW’s present residential address. As this is the postal code of current residence it may not be same as that in Aadhaar card.
19	Employee ID	Please write employee Id number, if any

		The Employee ID provided during the registration will be required to be presented at time of vaccination.
20	Health worker can be a potential vaccinator?	Please select Yes from the dropdown if health worker can be a potential vaccinator else select No. <i>Suggestive list- ANM, Health Supervisor, Nurses, Medical Officers and Medical &amp; Nursing Students.</i>

*The excel sheet will have some compulsory field and data entry will not be allowed to move forward to next field if they are empty.*