

**FACILITY SURVEY**  
**UNDER REPRODUCTIVE AND CHILD HEALTH PROJECT (RCH)**  
**SUB- CENTRE (SC)**

**CONFIDENTIAL**  
(For research  
purpose only)

IDENTIFICATION					
<b>A. STATE</b> _____ <b>DISTRICT</b> _____ <b>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</b> _____ <b>SUB- CENTRE</b> _____ <b>PRIMARY HEALTH CENTRE</b> _____ NUMBER OF VILLAGES CATERED BY THE SC _____ TIME TAKEN TO REACH THE FARTHEST VILLAGE (IN MINUTES) _____ POPULATION COVERED BY THE SC (LATEST YEAR) _____ DISTANCE (IN KM) BETWEEN PHC AND SC _____ DISTANCE (IN KM) BETWEEN CHC AND SC _____				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> </div>	
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <span>DATE</span> <span>MONTH</span> <span>YEAR</span> </div> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <b>INTERVIEW DATE</b>  <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center; margin-right: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> </div> </div>				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
<b>B. DESIGNATION OF THE RESPONDENT</b> ANM /FEMALE HEALTH WORKER.....1 MALE HEALTH WORKER .....2 OTHER.....3 <div style="text-align: center; margin-top: 5px;">(SPECIFY)</div>				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
<b>PSU CODE (CATERED BY SUB-CENTRE)</b> ..... <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
<b>(TO BE ENTERED AT OFFICE)</b> <b>C1.</b> SERIAL NUMBER OF SC QUESTIONNAIRE..... <b>C2.</b> SERIAL NUMBER OF PHC QUESTIONNAIRE..... <b>C3.</b> SERIAL NUMBER OF CHC QUESTIONNAIRE..... <b>C4.</b> SERIAL NUMBER OF DH QUESTIONNAIRE.....					<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
<b>D. NUMBER OF VISITS MADE TO HEALTH FACILITY</b>				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
NAME DATE	<b>E1.SPOT CHECKED BY</b> _____ _____  	<b>E2.FIELD EDITED BY</b> _____  <div style="display: flex; align-items: center;"> CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div>	<b>E3.OFFICE EDITED BY</b> _____  <div style="display: flex; align-items: center;"> CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div>	<b>E4.KEYED BY</b> _____  <div style="display: flex; align-items: center;"> CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div>	
NAME OF THE INVESTIGATOR		<div style="display: flex; align-items: center;"> CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> INVESTIGATOR	_____ SIGNATURE OF THE INVESTIGATOR		

# I. AVAILABILITY OF HUMAN RESOURCES

Q. NO.	PERSONNEL	IN POSITION	IF NO, SINCE HOW LONG (SPECIFY DURATION IN MONTHS IF MORE THAN 99 MONTHS CODE 99)
1.1	ANM/ Female Health Worker	YES..... 1 NO ..... 2	<input type="text"/> <input type="text"/>
1.2	Male Health Worker	YES..... 1 NO ..... 2	<input type="text"/> <input type="text"/>
1.3	Additional ANM (Contractual)	YES..... 1 NO ..... 2	
1.4	Any other _____ _____ _____ (SPECIFY)	YES..... 1 NO ..... 2	

# II. TRAINING RECEIVED DURING LAST FIVE YEARS/EVER (IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)

Q. NO.	TYPE OF TRAINING	CHECK Q 1.1 ANM/ FEMALE HEALTH WORKER		CHECK Q 1.2 MALE HEALTH WORKER	
		LAST 5 YEAR	EVER	LAST 5 YEAR	EVER
2.1	Integrated skill development training for 12 days (RCH-I)	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.2	Vector Borne Disease Control Programme (VBDCP) training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.3	Directly Observed Treatment Short course (DOTS) training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.4	Immunization training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.5	Intra Uterine Device (IUD) Insertion training	YES.....1 NO.....2	YES.....1 NO.....2		
2.6	Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.7	Skilled Birth Attendant training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2.8	Any other training	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
		(SPECIFY)		(SPECIFY)	

### IIIA. DETAILS OF ALL VILLAGES COVERED BY THE SUB- CENTRE

Q. No	VILLAGES UNDER SUB- CENTRE							
3.1	NAME OF THE VILLAGE (START FROM SC VILLAGE & CIRCLE THE PSU VILLAGE)	DISTANCE FROM SC In.km	CONNECTIVITY TO SC					
			CONNECTED WITH PUCCA ROAD		BUS/PVT. VEHICLE AVAILABLE		ACCESSIBLE THROUGHOUT THE YEAR	
			YES	NO	YES	NO	YES	NO
1								
2			1	2	1	2	1	2
3			1	2	1	2	1	2
4			1	2	1	2	1	2
5			1	2	1	2	1	2
6			1	2	1	2	1	2
7			1	2	1	2	1	2
8			1	2	1	2	1	2

IF THERE ARE MORE THAN 8 VILLAGES COVERED BY SUB- CENTRE ATTACH ONE MORE SHEET

### IIIB. PHYSICAL INFRASTRUCTURE

Q.No.	A.BUILDING									
3.2	Is a designated government building available for the Sub- Centre?	YES .....1 → <b>Skip to Q3.4</b> NO.....2								
3.3	If no, Where is Sub- Centre located?	RENTED BUILDING.....1 RENT FREE/ PANCHAYAT/ VOLUNTARY SOCIETY BUILDING.....2 SCHOOL BUILDING.....3 ANM HOUSE.....4 OTHERS.....5 (SPECIFY)								
3.4	Since when this Sub- Centre is functioning from this building?	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
3.5	What is the type of Sub- Centre building? ( RECORD BY OBSERVATION)	KACHHA.....1 SEMI-PUCCA.....2 PUCCA.....3								
3.6	What is the present condition of the existing building? (RECORD BY OBSERVATION)	GOOD/SATISFACTORY.....1 NEEDS REPAIR.....2								
3.7	Whether the cleanliness of Sub -Centre is Good / Fair / Poor? (RECORD BY OBSERVATION)	<table border="0"> <tr> <td><b>I. IN SC BUILDING</b></td> <td><b>II. PREMISES</b></td> </tr> <tr> <td>GOOD.....1</td> <td>GOOD.....1</td> </tr> <tr> <td>FAIR.....2</td> <td>FAIR.....2</td> </tr> <tr> <td>POOR.....3</td> <td>POOR.....3</td> </tr> </table>	<b>I. IN SC BUILDING</b>	<b>II. PREMISES</b>	GOOD.....1	GOOD.....1	FAIR.....2	FAIR.....2	POOR.....3	POOR.....3
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GOOD.....1	GOOD.....1									
FAIR.....2	FAIR.....2									
POOR.....3	POOR.....3									
Q. No.	B. WATER SUPPLY									
3.8	What is the main source of water supply?	PIPED .....1 BORE WELL/ TUBE WELL .....2 HANDPUMP .....3 WELL .....4 NO WATER SUPPLY.....5 OTHER (SPECIFY) .....6								
Q. No.	C. ELECTRICITY									
3.9	Is power supply available?	REGULAR POWER SUPPLY .....1 OCCASIONAL POWER SUPPLY .....2 POWER CUT IN SUMMER ONLY .....3 REGULAR POWER CUT .....4 NO ELECTRICITY CONNECTION .....5								

<b>Q. No.</b>	<b>D. TOILET FACILITY</b>																																
3.10	Is functional toilet facility available?	YES.....1 NO.....2																															
	<b>E. COMMUNICATION FACILITY</b>																																
3.11	Does Sub- Centre has Government provided Telephone /Mobile phone facility?  (IF YES, NOTE DOWN CONTACT NUMBER)	YES.....1 NO.....2 PH. NO.... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
<b>Q. No.</b>	<b>F. QUARTERS</b>																																
	CHECK Q 3.3 ALL OTHERS <input type="checkbox"/> ANM HOUSE <input type="checkbox"/> → GO TO Q 3.17																																
3.12	Is ANM quarter attached to the Sub- Centre?	YES.....1 NO.....2 → Skip to Q3.15																															
3.13	Is the ANM residing in the quarter?	YES.....1 → Skip to Q3.17 NO.....2																															
3.14	Why ANM is not staying Sub- Centre quarter?  (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>A) POOR CONDITION OF SC QUARTER .....</td><td>1</td><td>2</td></tr> <tr> <td>B) NO WATER FACILITY... ..</td><td>1</td><td>2</td></tr> <tr> <td>C) NO ELECTRICITY FACILITY.....</td><td>1</td><td>2</td></tr> <tr> <td>D) LOCATION OF SC QUARTER IS OUTSIDE VILLAGE.....</td><td>1</td><td>2</td></tr> <tr> <td>E) HUSBAND STAYING IN ANOTHER PLACE.....</td><td>1</td><td>2</td></tr> <tr> <td>F) EDUCATION OF CHILDREN.....</td><td>1</td><td>2</td></tr> <tr> <td>G) SECURITY.....</td><td>1</td><td>2</td></tr> <tr> <td>H) ANY OTHER.....</td><td>1</td><td>2</td></tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>			Yes	No	A) POOR CONDITION OF SC QUARTER .....	1	2	B) NO WATER FACILITY... ..	1	2	C) NO ELECTRICITY FACILITY.....	1	2	D) LOCATION OF SC QUARTER IS OUTSIDE VILLAGE.....	1	2	E) HUSBAND STAYING IN ANOTHER PLACE.....	1	2	F) EDUCATION OF CHILDREN.....	1	2	G) SECURITY.....	1	2	H) ANY OTHER.....	1	2	(SPECIFY)		
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G) SECURITY.....	1	2																															
H) ANY OTHER.....	1	2																															
(SPECIFY)																																	
3.15	Where ANM is staying?	WITHIN THE SC VILLAGE.....1 OUT SIDE SC VILLAGE.....2																															
3.16	How far is the ANM's residence from Sub-Centre? (RECORD IN KMS.)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																															
<b>Q. No.</b>	<b>G. LABOUR ROOM</b>																																
3.17	Whether the SC is having labour room?	YES.....1 NO.....2 → Skip to 3.20																															
3.18	Are deliveries being conducted in the labour room?	YES.....1 NO.....2																															
3.19	Whether labour room is having 24 hours water supply? CHECK.Q.NO.3.8	YES.....1 NO.....2																															
<b>Q. No.</b>	<b>H. WASTE DISPOSAL</b>																																
3.20	How is the Biomedical waste disposed?  (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>A) BURY IN PIT.....</td><td>1</td><td>2</td></tr> <tr> <td>B) THROWN IN COMMON/ PUBLIC DISPOSAL PIT.....</td><td>1</td><td>2</td></tr> <tr> <td>C) THROWN OUTSIDE SC COMPOUND.....</td><td>1</td><td>2</td></tr> <tr> <td>D) THROWN INSIDE SC COMPOUND.....</td><td>1</td><td>2</td></tr> <tr> <td>E) BURNING.....</td><td>1</td><td>2</td></tr> <tr> <td>F) ANY OTHER.....</td><td>1</td><td>2</td></tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>			Yes	No	A) BURY IN PIT.....	1	2	B) THROWN IN COMMON/ PUBLIC DISPOSAL PIT.....	1	2	C) THROWN OUTSIDE SC COMPOUND.....	1	2	D) THROWN INSIDE SC COMPOUND.....	1	2	E) BURNING.....	1	2	F) ANY OTHER.....	1	2	(SPECIFY)								
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**IV. AVAILABILITY OF SELECTED FURNITURE (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF AVAILABLE)**

Q. NO.	FURNITURE	AVAILABLE	FUNCTIONAL
4.1.	Examination Table	YES.....1 NO.....2	YES.....1 NO.....2
4.2.	Labour Table	YES.....1 NO.....2	YES.....1 NO.....2
4.3.	Foot Step	YES.....1 NO.....2	YES.....1 NO.....2
4.4.	Cupboard with lock and key	YES.....1 NO.....2	YES.....1 NO.....2
4.5.	Bedside Screen	YES.....1 NO.....2	YES.....1 NO.....2

**V. AVAILABILITY OF EQUIPMENT (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF AVAILABLE)**

Q. NO.	EQUIPMENTS	AVAILABLE	FUNCTIONAL
5.1.	Instrument Sterilizer	YES.....1 NO.....2	YES.....1 NO.....2
5.2.	Auto Disposable (AD) Syringes	YES.....1 NO.....2	YES.....1 NO.....2
5.3.	Hub Cutter ( <b>OBSERVE</b> )	YES.....1 NO.....2	YES.....1 NO.....2
5.4.	B.P. Instrument	YES.....1 NO.....2	YES.....1 NO.....2
5.5.	Stethoscope	YES.....1 NO.....2	YES.....1 NO.....2
5.6.	Weighing machine (adult)	YES.....1 NO.....2	YES.....1 NO.....2
5.7.	Weighing machine (infant)	YES.....1 NO.....2	YES.....1 NO.....2
5.8.	Haemoglobinometer	YES.....1 NO.....2	YES.....1 NO.....2
5.9.	Foetoscope	YES.....1 NO.....2	YES.....1 NO.....2
5.10.	SIMS Speculum	YES.....1 NO.....2	YES.....1 NO.....2
5.11.	IUD Insertion Kit	YES.....1 NO.....2	YES.....1 NO.....2
5.12.	Vaccine Carrier	YES.....1 NO.....2	YES.....1 NO.....2

**VI. AVAILABILITY OF ESSENTIAL DRUGS/ITEMS IN THE SUB-CENTRE (RECORD FROM STOCK REGISTER)**

Q. NO.	A.NAME OF THE ITEM/DRUG		
	ITEM/DRUG	AVAILABLE (ON THE DAY OF SURVEY)	OUT OF STOCK FOR MORE THAN 10 DAYS DURING LAST ONE MONTH
6.1.	Drug Kit -A	YES.....1 NO .....2	YES .....1 NO .....2
6.2.	Drug Kit -B	YES.....1 NO .....2	YES .....1 NO .....2
6.3.	IFA Tablets	YES.....1 NO .....2	YES .....1 NO .....2
6.4.	Vitamin A Solution	YES.....1 NO .....2	YES .....1 NO .....2
6.5.	ORS Packets	YES.....1 NO .....2	YES .....1 NO .....2

Q. NO. B. ADDITIONAL DRUGS FOR INTRA NATAL CARE			
	DRUGS	AVAILABLE (ON THE DAY OF SURVEY)	OUT OF STOCK FOR MORE THAN 10 DAYS DURING LAST ONE MONTH
6.6.	Inj. Gentamycin	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.7.	Inj. Magnesium Sulphate	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.8.	Cap. Ampicillin	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.9.	Tab. Metronidazole	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.10.	Tab. Misoprostol	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
Q. NO. C. MEDICINES AND OTHER CONSUMABLES REQUIRED FOR CONTROL OF DIFFERENT DISEASES			
6.11.	Tab. or syrup Chloroquine Blister pack for treatment of Plasmodium Falciparum (P.F). cases	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.12.	Tab. Primaquine	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.13.	Tab. or syrup Paracetamol	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.14.	Tab. DEC (Di Ethyle Carbamazine )	YES..... 1 NO ..... 2 NA..... 9	YES ..... 1 NO ..... 2 NA..... 9
6.15.	Anti Leprosy medicines (MDT)	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.16.	Anti-Tubercular drugs	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.17.	Diagnostic Kit for Malaria	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.18.	Testing strips for Glucose in Urine	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.19.	Testing strips for proteins in Urine	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
Q. NO. D. CONTRACEPTIVE SUPPLY REQUIRED FOR FAMILY PLANNING			
6.20.	Nirodhs	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.21.	Daily Oral Pills	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.22.	Weekly Oral Pills	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.23.	Copper – T	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.24.	Emergency Contraceptive Pills	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2

**VII. SERVICES PROVIDED (DURING LAST ONE MONTH)  
RECORD FROM REGISTER**

Q. NO	A. SERVICES PROVIDED	NUMBER OF CASES/TEST
7.1.	Number of pregnant women registered for ANC	<input type="text"/> <input type="text"/> <input type="text"/>
7.2.	Number of Hemoglobin estimation tests	<input type="text"/> <input type="text"/> <input type="text"/>
7.3.	Number of Urine test for presence of Protein and Sugar	<div>I. PROTEIN</div> <input type="text"/> <input type="text"/> <input type="text"/> <div>II. SUGAR</div> <input type="text"/> <input type="text"/> <input type="text"/>
7.4.	A. Number of deliveries conducted at home B. Number of deliveries conducted at Sub- Centre	<div>AT HOME.....</div> <input type="text"/> <input type="text"/> <div>AT SUBCENTRE.....</div> <input type="text"/> <input type="text"/>
7.5.	Number of post-natal care contacts made	<input type="text"/> <input type="text"/>
7.6.	Number of newborn care provided	<input type="text"/> <input type="text"/>
7.7.	Number of children treated for Diarrhoea	<input type="text"/> <input type="text"/>
7.8.	Number of Immunization sessions planned and conducted	<div>PLANNED.....</div> <input type="text"/> <input type="text"/> <div>CONDUCTED.....</div> <input type="text"/> <input type="text"/>
7.9.	Total number of infants and children immunized	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Q. NO.</b>	<b>B. FAMILY PLANNING AND CONTRACEPTION/ OTHERS SERVICES</b>	
7.10.	Number of Oral Pills users	<input type="text"/> <input type="text"/>
7.11.	Number of Condom users	<input type="text"/> <input type="text"/>
7.12.	Number of women given EC Pills	<input type="text"/> <input type="text"/>
7.13.	Number of IUD insertion cases	<input type="text"/> <input type="text"/>
7.14.	Number of Sterilization cases accompanied	<input type="text"/> <input type="text"/>
7.15.	Number of school health checkups organized	<input type="text"/> <input type="text"/>
7.16.	Number of eligible couples	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.17.	Number of beneficiaries of Janani Suraksha Yojana registered	<input type="text"/> <input type="text"/>
7.18.	Number of cases treated of minor ailments/first aid	<input type="text"/> <input type="text"/>
7.19.	Number of TB cases referred	<input type="text"/> <input type="text"/>
7.20.	No. of peripheral blood smear prepared for the detection of malarial parasite in case of fever ( IF FACILITY NOT AVAILABLE ENTER CODE '99')	<input type="text"/> <input type="text"/>

Q. NO.	C. MONITORING AND SUPERVISION ACTIVITIES																			
8.1	Have you prepared the Sub- Centre plan for this year?	YES.....1 NO..... 2																		
8.2	When was the last Sub- Centre plan prepared?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
8.3	Do you have the following printed materials in enough quantity?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) REGISTERS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) REPORTS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) IMMUNIZATION CARD .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) ANC CARD .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) ANY OTHER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A) REGISTERS .....	1	2	B) REPORTS .....	1	2	C) IMMUNIZATION CARD .....	1	2	D) ANC CARD .....	1	2	E) ANY OTHER .....	1	2
	YES	NO																		
A) REGISTERS .....	1	2																		
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C) IMMUNIZATION CARD .....	1	2																		
D) ANC CARD .....	1	2																		
E) ANY OTHER .....	1	2																		
8.4	Do you submit the reports in time?	YES.....1 → Skip to Q.8.6 NO.....2																		
8.5	What are the main reasons for not submitting reports in time?	_____																		
8.6	Were you provided with any written feedback from the PHC?	YES.....1 NO.....2																		
8.7	During the last month has Medical Officer visited the Sub- Centre?	YES.....1 NO.....2																		
8.8	During the last month has LHV/Male health Assistant visited the Sub- Centre?	YES.....1 NO.....2																		
8.9	Is Citizen's Charter displayed at Sub- Centre?	YES.....1 NO.....2																		
8.10	Do all the villages in your Sub- Centre area have Village Health and Sanitation Committee (VHSC) established?	YES; ALL.....1 YES; SOME.....2 NOT YET.....3 → Skip to Q.8.13																		
8.11	Has the VHSC facilitated in carrying out your activities?	YES.....1 NO.....2																		
8.12	Does VHSC monitor your work regularly?	YES.....1 NO.....2																		
8.13	Do you observe any Village Health day?	YES.....1 NO.....2																		
8.14	Number of ASHA's identified in your Sub- Centre villages and received 1 <sup>st</sup> round of training?	IF NONE.....00 <input type="text"/> <input type="text"/>																		
8.15	Have you received the untied fund for previous financial year?	YES.....1 NO.....2 → Skip to Q.8.17																		
8.16	Have you utilized the untied fund?	FULLY UTILISED.....1 PARTIALLY UTILISED.....2 NOT UTILISED.....3																		
8.17	Did any woman from the Sub- Centre villages die during pregnancy, delivery or during six weeks after delivery since 1 Jan 2006?	YES.....1 NO.....2 → Skip to Q.8.19																		
8.18	Number of such maternal deaths, during Since 1 Jan 2006?	<table border="1"> <thead> <tr> <th>NO.OF DEATHS</th> <th>RECORD AVAILABLE</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td>YES .....1 NO.....2</td> </tr> </tbody> </table>	NO.OF DEATHS	RECORD AVAILABLE	<input type="text"/> <input type="text"/>	YES .....1 NO.....2														
NO.OF DEATHS	RECORD AVAILABLE																			
<input type="text"/> <input type="text"/>	YES .....1 NO.....2																			
8.19	Number of newborn deaths Since1 Jan 2006?	<table border="1"> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td>YES.....1 NO.....2</td> </tr> </tbody> </table>	<input type="text"/> <input type="text"/>	YES.....1 NO.....2																
<input type="text"/> <input type="text"/>	YES.....1 NO.....2																			
8.20	Number of infant deaths Since1 Jan 2006?	<table border="1"> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td>YES.....1 NO.....2</td> </tr> </tbody> </table>	<input type="text"/> <input type="text"/>	YES.....1 NO.....2																
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THANKS FOR GIVING YOUR PRECIOUS TIME