



Ministry of Health and Family Welfare  
Government of India

## **HEALTH INVESTIGATOR'S MANUAL (FACILITY)**

### **District Level Household and Facility Survey (DLHS-4) (2012-2013)**



Established in 1956  
Capacity Building for Better Future

# **International Institute for Population Sciences**

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## INTRODUCTION

Three rounds of District Level Household and Facility Surveys (DLHS) have been undertaken in the past (Round- I in 1998-99, Round-II in 2002-04, and Round-III in 2007-08) with the main objective to provide reproductive and child health database at district level in India. The data from these surveys have been useful in setting the benchmarks and examining the progress the country has made after the implementation of RCH Programmes. These surveys were useful for the central and state governments in evaluation, monitoring and planning strategies. In view of the completion of six years of National Rural Health Mission (2005-12), there is a felt need to focus on the achievements and improvements so far. It is, therefore, proposed to conduct DLHS-4 during 2011-2012.

Along with the Household Survey, Facility Survey is also carried out. Facility Survey will provide information on the availability and utilization of services at District Hospital (DH), Sub-divisional hospital (SDH), Community Health Centre (CHC), Primary Health Centre (PHC) and Sub Health Centre (SHC). India's Public Health System is a three tier system namely Primary, Secondary and Tertiary level of health care, which aims to develop as well as deliver health care services to the individuals and communities in the country.

**Primary Health Care** provides preventive, curative and promotive services to the community, in which only common and simple ailments are taken care of at this level. Primary Health Centre's and Sub Health Centre's form the Primary Health Care.

**Secondary Health Care** is meant to provide curative and specialized care to the community and works as first referral centre for PHC and Sub Health Centre. Community Health Centers, Sub-Divisional Hospitals, District-Hospitals function as secondary level of health care.

**Tertiary Health Care** provides super specialized as well as comprehensive health care services to the community for complex ailments. Medical colleges and apex health Centers function as tertiary health care.

Primary Health Care	Secondary Health Care	Tertiary Health Care
↓	↓	↓
Sub- Health Centre	Community Health Centre	Medical College
Primary Health Centre	District Hospital/Sub-Divisional Hospital	Apex Centre

Every district is expected to have a District Hospital linked with other public hospitals and health centers down below the district such as Sub-district/Sub-divisional Hospitals, Community Health Centers, Primary Health Centers and Sub Health Centers.

### **National Rural Health Mission (NRHM)**

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has launched the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health, viz nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian Systems of Medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling Resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals in compliance with the Indian Public Health Standards of the country. The goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

### **Vision of NRHM**

The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

- The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP. • It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.

- It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.
- It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.
- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- It seeks decentralization of programmes for district management of health.
- It seeks to address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- It shall define time-bound goals and report publicly on their progress.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

### **NRHM Goals**

1. Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
2. Universal access to public health services such as Women's health & child health, water, sanitation & hygiene, immunization, and Nutrition.
3. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
4. Access to integrated comprehensive primary healthcare.
5. Population stabilization, gender and demographic balance.
6. Revitalize local health traditions and mainstream AYUSH.
7. Promotion of healthy life styles.

## **Reproductive and Child Health Programme (RCH)**

Reproductive and Child Health Programme is a national health programme aiming at improving the health status of women and children. RCH is an integrated for the approach in implementation of family welfare programme, oral rehydration therapy, child survival & safe motherhood programme, acute respiratory infection control Programme, etc at field level, which not only cut the overlapping expenditure but also optimizes the outcome at field level.

Reproductive and Child Health Programme has the following components.

1. Maternal and Child health
2. Family Welfare
3. Client Approach Health Care
4. Prevention /Management of RTI/STD/AIDS

All the maternal and child health interventions and fertility regulation services have been delivered through RCH. Important interventions of RCH Programme include Immunization, Vitamin A prophylaxis, Oral Rehydration Therapy, Prevention of death due to pneumonia, Antenatal checkups, Safe delivery, Anemia control Programme for safe motherhood, etc. In addition in some districts the programmes include screening and treatment of RTI/ STI/HIV. Essential Obstetric Care (EOC) implemented to provide basic maternity services to all pregnant women such as early registration of pregnancy (within 12 to 16 weeks), minimum three antenatal checkups by ANM and Medical Officer, safe delivery at home, institutional delivery and three postnatal checkups. On the other hand emergency obstetric care (EMOC) services will deal with complications arising during pregnancy and new born care by setting up first referral unit (FRUs) at Sub-District level on a 24x7 basis.



## **II. OBJECTIVES**

The primary objective of the facility survey is to assess district health care system in terms of appropriateness, comprehensiveness, adequacy, availability, accessibility and affordability of MCH and RCH services at various government health facilities. The facility survey will focus on supply of critical materials / inputs of MCH and RCH project, man power availability and availability of services at the DH (District Hospital), SDH (Sub-Divisional Hospital), CHC (Community Health Centre), PHC (Primary Health Centre) and SHC (Sub- Health Centre), DLHS-4 would make efforts to link the data from household and facility surveys.

## **III. METHODOLOGY**

During mapping and listing the teams collect the names of Sub-Health Center (SHC), Primary Health Center (PHC), and Community Health Center (CHC) of the selected rural PSU. From each district about 40, 50, 60 or 70 PSUs are selected based on PPS (Probability Proportional to Size) systematic sampling method. The selected village (PSU) will be under the jurisdiction of one Health Sub-Centre and that Sub Health Centre will be identified and will be covered for the facility survey. Subsequently the PHC that caters to the Sub Health Centre will also be covered in the survey. Therefore all CHCs, SDHs and DHs within the district will be covered in the facility survey. Initially, identification of the SHC and PHC of each selected PSU may be done by obtaining the list of facilities from the office of the Chief medical Officer (CMO) or District Medical Officer (DMO). The list has to be verified in the field with local ANMs or Sarpanch. In some cases, DH may be attached to some teaching facility, in that case such DHs have to be identified and covered for the survey but the facilities related to teaching are not be covered. In some district there can be two District Hospitals, and both the DHs will be surveyed.

## IDENTIFICATION AND CODING OF HEALTH FACILITY

Another important component of DLHS-4 is the Facility Survey (FS) in which information on various aspects related to facilities will be collected from different officials/departments of health facilities such as Sub Health Centre, Primary Health Centre (PHC), Sub-Divisional Hospital (SDH), Community Health Centre (CHC), and District Hospital (DH) in each district, to understand their coverage as well as services provided. It is therefore essential to identify the link health facilities that serve the selected PSU. Mapping and listing team will collect the names of such Sub Health Centre and PHC of the selected rural PSU at the time of mapping and listing operation and record them in the format provided. Along with this, the mapping and listing team will also collect the entire list of the CHC and SDH and DH of the concern district. The selected village (PSU) will be under the jurisdiction of one of the Sub Health Centers and that Sub Health Centre will be identified and covered in the survey. Subsequently, the next higher facility, i.e. the PHC, which caters to the Sub Health Centre will also be covered in the survey. All CHCs, SDHs and DH within the district will be covered in facility survey. For the identification of the SHC and PHC of each selected PSU, one has to approach Chief Medical Officer's office and obtain the list for the same and verify the jurisdiction of the SHC and PHC from the village *Sarpanch*, PHC and CHC/BPHC/RH. In some cases, DH may be attached to a teaching facility, and in that case the DH has to be identified but the facilities related to teaching are not be covered. In case a district has two District Hospitals, then both the DHs will be surveyed.

Identification & coding of health facility will be done based on the list provided by the mapping listing team. After preparing the list, a copy will be provided to the supervisor and health investigators (HIs) of the district. The same list will be entered in excel sheet by FA and should be sent to IIPS along with the list of PSUs. While assigning code to a specific health facility, ensure that the correct code is entered for each health facility as given in the obtained list with the supervisor.

**Example:**

**IDENTIFICATION OF PSU AND LINK HEALTH FACILITIES**

State Name: \_\_\_\_\_ State Code..... 

--	--

District Name: \_\_\_\_\_ District Code..... 

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PSU No.	Name of the Sub-centre	Sub-centre code	Name of the PHC	PHC code	Name of CHC/BPH C/Rural Hospital	Code of CHC/BPHC/ RH	Name of DH	Code. No. of DH/SD H
01	A	01	M	01	X	01	H	01
02	B	02	M	01	X	01	H	01
03	B	02	M	01	X	01	H	01
04	C	03	N	02	X	01	H	01
05	D	04	N	02	X	01	H	01
06	E	05	N	02	X	01	H	01
07	F	06	O	03	Y	02	H	01
08	F	06	O	03	Y	02	H	01
09	G	07	O	03	Y	02	H	01
10								
PSU 30								
					Name of CHC not catering any PSU	Code no. of CHC not catering any PSU		

## **SUPERVISION OF INTERVIEWER'S**

The team supervisor will play very important role in ensuring quality of the survey data. They must:

1. Spot-check the addresses of facilities selected and ensure that the correct facilities are covered. Review each completed schedule to check consistency and errors.
2. Observe some of the interviews to ensure that they are asking the questions in right manner and recording the answers correctly.
3. Discuss performance and progress and also to plan for the next field works on a daily basis with the interviewers.
4. Resolve any field problem faced by investigators.

## **FIELDWORK PROCEDURES**

The fieldwork will proceed according to a time schedule and the survey will be successful only if each member of the interviewing team understand and follow correct field procedures. In the following sections, these procedures are reviewed in detail and a number of problems, which are likely to be encountered in the field, are discussed. As an interviewer for the DLHS-4 Survey it is important that you become familiar with DLHS-4 Survey field procedures and you should know how to handle various problems that you may experience during the fieldwork.

### **A. CHECKING FILLED SCHEDULES**

It is the responsibility of the investigator to review each schedule when interview is completed. This review should be done before you leave the facility so that you can be sure that the entire questions have been asked, answers are clear and accurate and your handwriting is readable.

Also be sure that you have followed the skipping pattern correctly. You can make minor corrections, which are obvious mis-recordings of the response. Any serious error has to be clarified with the respondent. Apologize and explain that you have made an error and then ask the question again.

Record the correct information on the schedules you have been provided. If you need to make calculations, you may write in the margins or use the back of the schedules. Also, we encourage you to explain anything extraordinary either in the margins or near the relevant question, or in

the comments section at the end. These comments are very helpful to the supervisor in checking schedules.

## **B. GENERAL PROCEDURES TO COMPLETE THE SCHEDULE**

To collect the correct information, which is needed for DLHS-4 survey, you must understand how to ask each question, what information the question is attempting to collect and how to handle problems, which might arise during the interview. You must also know how to record the answers correctly and how to follow special instructions in the schedule. This part of the training manual is designed to familiarize you with the facility schedule.

### **i) Procedure to ask the questions**

It is very important that you ask each question exactly as it is written in the schedule. When asking a question make sure you speak slowly and clearly so that the respondent you are interviewing will have no difficulty in hearing or understanding the question. At times you may need to repeat the question in order to be sure that the respondent understands it. In those cases, do not paraphrase the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, ensure that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions (we call this probing), to obtain a complete answer from a respondent. If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill and it will be one of the most challenging aspects of your work as a DLHS-4 interviewer.

### **ii) Recording the responses**

All interviewers should use pen with Blue ink to complete all schedules. Supervisors will do correction using pen with Red ink. The Field agency will be using Green pen and the Nodal agency will use Black pen.

### C. CORRECTING MISTAKES

It is very important that you record all answers neatly. For pre-coded responses, circle the given code for the correct response. For open ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or he/she changes the response, be sure that you cross out the incorrect response and re-enter the right answer. Do not try to erase an answer. Just put two lines through the incorrect response. Remember that if there are two responses for a particular question, it may not be possible later, when the data are being coded, to determine the correct answer. Here is an example of how to correct a mistake:

Example: for Q 1.12, if answer is 'NO', then **circle** '2'. But by mistake if the response is recorded as 'YES' i.e., '1' instead of '2', **circle** the right response and then cross the wrong answer twice as in the example below:

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q1.12	Whether laboratory services are available in this facility?	YES..... <del>1</del> ..... NO..... <b>2</b> .....	→ Q1.14

### IV. QUESTIONNAIRES

There are four sets of schedules for Facility Survey, i.e. District Hospital/ Sub Divisional Hospital, Community Health Centre, Primary Health Centre and Sub Health Centre. In case of BPHCs /RH, CHC questionnaire will be administered.

## **HEALTH FACILITIES**

The Indian public health system has 3 tier consists of 5 main health facilities as described below:-

### **1. DISTRICT HOSPITAL (DH)**

Hospital serving at secondary referral level responsible for a district of a defined geographical area containing defined population is termed as District Hospital. District Hospital can be graded as 100 bedded, 200 bedded, 300 bedded and 500 bedded. There may be District Hospitals with a capacity of 700 beds and may be attached to a teaching institute such as Medical College.

### **2. SUB - DISTRICT HOSPITALS (SDH)**

Sub-district (Sub-divisional) hospitals are below the district and above the block level(CHC) hospitals and act as First Referral Units for the Tehsil /Taluk /block population in which they are geographically located. Specialist services are provided through these Sub-district hospitals and they receive referred in cases from neighboring CHCs. These hospitals should play an important referral link between the Community Health Centers, Primary Health Centers and sub-centers. They have an important role to play as First Referral Units in providing emergency obstetrics care and neonatal care and help in bringing down the Maternal Mortality and Infant Mortality. It also saves the travel time for the cases needing emergency care and reduces the workload of the district hospital. In some of the states, each district is subdivided in to two or three sub divisions. A subdivision hospital caters to about 5-6 lakhs people. In bigger districts the sub-district hospitals fills the gap between the block level hospitals and the district hospitals. There are about 1200 such hospitals in the country with a varying strength of number of beds ranging from 50 to 100 beds or more.

There has been effort to set standards for 30 and 100 bedded hospitals by the Bureau of Indian Standards (BIS). However, these standards are considered very resource intensive and lack the process to ensure community involvement, accountability and citizens charter issues that are important for public hospitals.

### **Objectives of Indian Public Health Standards (IPHS) for Sub-District Hospitals:**

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for Sub District Hospitals are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the Sub District Hospital.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the people of the district and act as the First Referral Unit (FRU) for the hospitals/centers from which the cases are referred to the Sub District hospitals.

### **Definition of Sub District hospitals**

The term Sub District / Sub Divisional Hospital is used here to mean a hospital at the secondary referral level responsible for the Sub District / Sub Division of a defined geographical area containing a defined population.

### **Categorizing of Sub District hospitals**

The size of a sub district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. In India the population size of a sub district varies from 1,00,000 to 5,00,000. Based on the assumptions of the annual rate of admission as 1 per 50 populations and average length of stay in a hospital as 5 days, the number of beds required for a sub district having a population of 5 lakhs will be around 100-150 beds. However, as the population of the sub district varies a lot, it would

be prudent to prescribe norms by categorizing the size of the hospitals as per the number of beds. For the purpose of classification, we have arbitrarily leveled Sub-district Hospitals as Category-I (31-50) and Category II (51-100). We presume that above 100 beds strength, health care facility will constitute District Hospital Group.

Category I: Sub District hospitals norms for 51-100 beds.

Category II: Sub District hospitals norms for 31 to 50 beds.

### **3. COMMUNITY HEALTH CENTRE (CHC)**

The Community Health Centre (CHC) functions as the secondary level of health care designed to provide first referral curative as well as specialized health care to the rural population. It is catering to approximately 80,000 population in tribal / hilly areas and 1,20,000 population in plain areas so 4 or 5 PHCs are attached to each CHC. It is a 30-bedded hospital providing specialized care in Medicine, Obstetrics and Gynecology, Surgery and Pediatrics.

### **4. PRIMARY HEALTH CENTRE**

The concept of Primary Health Centre (PHC) is not new to India. Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide to the people as close as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. It acts as a referral unit for 6 Sub Health -



Centre's and refers out cases to Community Health Centre's (CHC- 30 bedded hospital) and higher order public hospitals and sub-district hospitals. It has 4-6 indoor beds for patients covering 20,000 to 30,000 populations.

## **5. SUB HEALTH CENTRE**

Sub Health Centre's (SHCs) are the most peripheral health units catering to the health care needs of the rural population. It is the most peripheral contact point between the Primary Health Care system and the community. SHC caters the population of 5000 in plain area and 3000 in hilly area. It is manned by Health worker (male) and one Health worker (female) /ANM.

## **V. GENERAL INSTRUCTION FOR FILLING UP THE SCHEDULE**

Most of the questions are self-explanatory. A brief description is given below:

### **IDENTIFICATION OF HEALTH FACILITY ON COVER PAGE**

Before starting an interview, fill in the identification information on the cover page. Note that most of the lines have boxes and codes. Write the name of the State, District, and Tahsil/Taluk in which you are working, and fill in the boxes by writing the codes given for the State, District and Tahsil/Taluk.

Write the name of the Facility and code, in the given boxes. Also write the name and code of the Facility, which is catering to this Facility. In SHC questionnaire write number of villages catered by the SHC in the box provided; write total time taken by the ANM to reach the farthest village from the SHC village. Write distance between SHC and CHC, and SHC to PHC in relevant columns.

In case of PHC Questionnaire record the number of SHCs catered by PHC. Record whether PHC provides services for 24 hours. Somewhere PHC are run by NGO, record accordingly. Write the distance between CHC and PHC; in subsequent question ask which higher order facility such as CHC/FRU/DH is nearest to that PHC circle it and write distance in the box in Km.

In case of CHC record number of PHCs catered by CHC. Record whether the CHC is designated as First Referral Unit (FRU) by circling 1 or 2 and write the same in the box. Write the distance between CHC and farthest SHC village and DH to CHC in relevant columns.

District Hospitals are classified according to their bed strength (no. of beds). Write how many-bedded hospital is. Write population of the latest year, which SHC/PHC/CHC/DH/SDH is

catering, in the box provided, also write that year. If more than one day is required to collect the information, enter that date when the interview is completed.

**Respondent:** There can be more than one respondent as the information sought is such that one person may not be able to give all. Hence circle the numbers against all the respondents. If respondent is any person other than those specifically mentioned, specify who it is.

In case of SHC, ANM /Male Health Worker will be the respondent.

In case of PHC, Medical Officer will be the respondent along with him/her Pharmacist, LHV, and other person like Lab Technician etc.

In CHC, Medical Superintendent, Specialist, Obstetrician/Gynecologist, along with administrative personnel, PHN/ANM and other person like Chief Pharmacist, Lab Technician, Head Nurse (OT), and Medical Record Keeper etc. will be the respondent for their relevant section. In case of District Hospital Medical Superintendent/PMO, Obstetrician /Gynecologist other person like Administrative Officer etc. will be preferred as respondent.

Record the number of visits, which are made by health investigator to health facility to complete the survey.

### **GPS Device: GLOBAL POSITIONING SYSTEM (GPS)**

The ability to accurately determine position location has always been a major problem for large scale surveys. However, the global positioning system has solved that problem. The GPS is a satellite-based, radio navigational system. It consists of a constellation with 24 active satellites that interfaces with a ground-, air-, or sea-based receiver. Each satellite transmits data that enables the GPS receiver to provide precise position and time to the user. The GPS receivers come in several configurations, hand-held, vehicular-mounted, aircraft-mounted, and watercraft-mounted. The GPS is based on satellite ranging. It figures the users' position on earth by measuring the distance from a group of satellites in space to the users' location. For accurate three-dimensional data, the receiver must track four or more satellites. Most GPS receivers provide the user with the number of satellites that it is tracking, and whether or not the signals are good. Some receivers can be manually switched to track only three satellites if the user knows his altitude. This method provides the user with accurate data much faster than that provided by tracking four or more satellites. Each type receiver has a number of mode keys that

have a variety of functions. To better understand how the GPS receiver operates, refer to the operators' manual. The GPS provides worldwide, 24-hour, all-weather, day or night coverage when the satellite constellation is complete. The GPS can locate the position of the user accurately to within 21 meters—95 percent of the time. However, the GPS has been known to accurately locate the position of the user within 8 to 10 meters. It can determine the distance and direction from the user to a programmed location or the distance between two programmed locations called way points. It provides exact date and time for the time zone in which the user is located. The data supplied by the GPS is helpful in performing several techniques, procedures, and missions that require soldiers to know their exact location. All GPS receivers have primarily the same function, but the input and control keys vary between the different receivers. The GPS can reference and format position coordinates in any of the following systems:

- **Degrees, Minutes, Seconds (DMS):** Latitude/longitude-based system with position expressed in degrees, minutes, and seconds.
- **Degrees, Minutes (DM):** Latitude/longitude-based system with position expressed in degrees and minutes.

Some examples are:

- Sighting.
- Surveying.
- Sensor or minefield emplacement.
- Forward observing.
- Close air support.
- Route planning and execution.
- Amphibious operations.
- Artillery and mortar emplacement.
- Fire support planning.

## **Latitude**

Latitude is used to express how far north or south you are, relative to the equator. If you are on the equator your latitude is zero. If you are near the North Pole your latitude is nearly 90 degrees north. If you are near the South Pole your latitude is almost 90 degrees south. Conventionally latitude is expressed as degrees north or south. Since India is situated in north from equator (northern hemisphere). So Latitudinal distance of any place over India will be in North Latitude.

For inputting to the satellite dish pointing calculator, south latitude figures need to be input as negative numbers.

Note that from small regions around the north or south poles you cannot see geostationary satellites at all. The geostationary satellites are below the horizon and directly above the equator, in a circle all around.

### **Longitude**

Longitude shows your location in an east-west direction, relative to the Greenwich meridian. Places to the east of Greenwich (such as Middle East, India and Japan) have longitude angles up to 180 degrees east. Since India is situated in the East from Greenwich- meridian, longitudinal distance of any place over India will be east Longitude. Places to the west of Greenwich (such as the Atlantic and North and South America) have angles up to 180 deg west. For inputting to the satellite dish pointing calculator, longitude west figures need to be input as negative numbers.

Geostationary satellites are located in orbit directly above the equator and stay in the same place in the sky since they go around the earth at the same angular speed as that of the earth as it rotates. Satellite locations may thus be defined by longitude only. The use of east and west longitudes is popular for public use since the numbers are smaller. Use of degrees east only (0 to +360 deg, going east from Greenwich) however is preferred since the satellites go around this way and it makes sense for the numbers to keep increasing if the satellite moves forwards. Trying to do orbit calculations is bad enough without having numbers that keep switching forwards and backwards. Many satellite operators also use the 0 to +360 deg method, but may additionally provide the "deg west" notation for some output publications.

**NOTE-:** There should be a practice section for Health investigators for usage of GPS Device and the Values which we get in GPS Device should be entered in Identification detail page :

1. Numbers of Satellite signals Received (There should be at least/ more than 3 satellite Signals)
2. Accuracy( Signals in feet )
3. Latitude (North) Degree..., Minutes....., Seconds..... Should be entered.
4. Longitude (East) Degree..., Minutes....., Seconds..... Should be entered.
5. Place (in front of house or any nearby landmark).

Enter the GPS information details in the columns given on the cover page of Facility Survey questionnaire.

GPS information:				
<b>Number of Satellite signals received</b>  	<b>Accuracy (signal in feet)</b>  	<b>Latitude North - N</b> <input type="text"/>	<b>Longitude East - E</b> <input type="text"/>	<b>Way point circle one</b> 1 = in front of Facility 2 = nearby landmark
<b>No. =</b> <input type="text"/> (Signals must be 3 or more)	<input type="text"/> <input type="text"/> <input type="text"/>	<b>Degree</b> <input type="text"/> <input type="text"/> <b>Minutes</b> <input type="text"/> <input type="text"/> <b>Second</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Degree</b> <input type="text"/> <input type="text"/> <b>Minutes</b> <input type="text"/> <input type="text"/> <b>Second</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Enter the circled number</b> <input type="text"/>

## **QUESTIONNAIRE A:**

### **DISTRICT HOSPITAL / SUB DISTRICT-HOSPITAL**

#### **IDENTIFICATION DETAILS:**

This information is to be collected from the Office of Medical Superintendent of the Hospital.

Part A on the cover page is related with the identification (with location) details of the hospital. Here we collect the information on population covered by DH/SDH in last year. It has covered the information about Number of CHC that is directly under DH/SDH and distance from the farthest CHC. GPS information and designation of the respondent should also be entered with identification details.

General information should be available from the office of Medical Superintendant or any other specialist Doctor.

**SECTION I- AVAILABILITY OF SERVICES:** This information is to be collected from the Office of Medical Superintendent of the Hospital.

Questions **1.1 to 1.3** are about the functioning of First Referral Unit (FRU) duration since functioning as 24x7 facilities and whether they have planned to make this 24x7 functional by March 2012 (**See Annexure 9 for defining FRU**). If answer to Q1.1 is NO then skip to Q1.3. In Q1.2 if the response is 'DK' write 9998 in the box and skip to Q1.4.

Question **1.4** is about the deliveries conducted in facility 24 x 7 i.e. 24 hrs in a week. (If response is NO skip to Q1.6)

Questions **1.5(a) to 1.5(h)** are about the Services related to deliveries provided in facility, like normal delivery, Forceps/vacuum delivery, administration of parental Oxytocics, Antibiotics, Magnesium Sulphate Injection, management of Post-Partum, Hemorrhages and other delivery complications and caesarian section.

Questions **1.6 to 1.9** are about the Availability, Storage and license approval for Blood bank. If respondent is saying yes then you have to see the license approval for Blood storage centre. If availability of Blood bank is not there then what are the reasons for non availability (if the response to question 1.6 is NO than skip to Q1.9)

Question **1.10** asks the respondent whether New born baby care facility is available, if YES, ask if it is available in Labor room and ward.

Question **1.11** is related to the services available for safe abortion. These services include MVA (Manual vacuum Aspiration), EVA (Electric vacuum Aspiration) and D&C (Dilation & Curettage). Specify if any other facilities are available.

Question **1.12** asks the respondent about the availability of treatment and counseling services at health facility for RTI/STI and then further asks for the availability of both services.

Questions **1.13 to 1.14** ask the respondent about the laboratory services provided. Whether it is available in facility or is it out sourced. If response to Q1.13 is NO then skip to Q1.15.

Questions **1.15 to 1.18** are about functioning of the ambulance , adequate funds to operate the ambulance, mechanism to assure referral transport and whether government ambulance are used for referral transport 24 hrs in a week or is it outsourced. If answer of Q1.17 is NO then skip to Q1.19.

Question **1.19** asks the respondent whether the facility has free diagnostic and delivery services for pregnant women.

Question **1.20** asks the respondent whether the facility has free referral transport services.

Question **1.21** asks whether the facility is providing assistance to those who received services at District Hospital for Birth Certificate, Death Certificate and any other Vital Events.

## **SECTION II A and B: AVAILABILITY OF CLINICAL HUMAN RESOURCES AND OTHER PARA MEDICAL SUPPORT STAFF**

Information is to be collected from the Statistics Section of the Office of Medical Superintendant of the Hospital.

Questions **2.1 to 2.31**: Ask the respondent about the availability of Medical and Para medical staff.

Record the number of staff's in positions on regular or contractual basis. If none in position ask since how long not in position record it in actual months. Information about human resources is being asked separately for I. Clinical Human Resources and II. Support Human Resources. Investigators are required to record number of person in position, if no one in position then

record 0. Record if anyone is working on contract basis. If response is 0 in-position column, ask since how long the post is vacant and record it accordingly.

DH is supposed to deliver services on round the clock basis, Medical superintendent/PMO, Specialist (medicine), Specialist (surgery), Obstetrician /Gynaecologists, Pediatrician, Anesthetist, pathologist/Microbiologist, Radiologist, Dermatologist/Venerologist, Ophthalmologist, Dentist, E.N.T specialist, General duty doctor, Ayush Physician, Other MOS or Specialists, Public Health Nurses, Nurses Working in Obs-Gynac Department, Auxiliary nurse midwife (ANM), staff nurse, technicians, Radiographer, Pharmacist, Physiotherapist, Medical record officer, Compounder, Dresser, Public Health Programme Manager, Lab technician, Ophthalmic assistant, Dental hygienist are required for 24- hours' basis. Record information sought pertaining to it. In supportive staff record all the information given by the respondent. It is related with the employees who are working in administrative department. These questions shall be answered by the interviewer after discussing the issues with hospital authorities. The clerical staff is broadly divided into two categories – accounts and administrative. Collect information about the medical and Para-medical employees working in the hospital.

### **SECTION-III A & IIIB: TRAINING FOR MEDICAL OFFICER (MO) AND PARA MEDICAL STAFF DURING LAST FIVE YEARS/ EVER.**

To enhance the quality of health care services provided by health care provider's time-to-time training programme are conducted. They are aimed at improving the quality of health services. Interviewer has to ask about the training received during the last five years or ever. In case of DH/SDH questionnaire collect the number of such personnel who received such training.

Questions **3.1 – 3.31** are related to type of trainings which were received by Medical Officer and Para-Medical staff. Interviewer should be able to capture information about all types of training received. Separate sheet may be used if required. The training may have been funded and supported by District Team, but carried out in DH/SDH then it should be reported accordingly.



### **SECTION III.C: INVESTIGATIVE AND LABORATORY SERVICES**

Questions **3.32 to 3.36**: Ask the respondent whether the facility has Laboratory services which includes Clinical pathology, pathology, Microbiology, Bio-Chemistry, Serology test and record the information in Yes or No.

Questions **3.37 to 3.38**: Ask the respondent whether the facility has investigative facility like ECG, stress test & 2d-Echo and radiology department which has x-ray and Ultra Sonography department.

Questions **3.39 to 3.40**: Ask the respondent whether the facility has Operational Blood Bank and fully functioning Physiotherapy unit.

### **SECTION IV: INFRASTRUCTURE**

Information is to be collected from the Office of Medical Superintendant of the Hospital and supplemented by observation.

Questions **4.1to 4.23** are related with the physical infrastructure of the hospital. If the facility survey of the hospital has been carried out in last six months, the report would be available which will provide some of the information required in this section. Otherwise hospital in charge will have to be contacted for this information which may have to be collected from more than one source. Even if the survey has been done, interviewer would still be required to verify some of the information and provide comments under remarks section.

#### **A. Water Supply**

Questions **4.1 to 4.4** are about water supply. Collect the information on main source of water supply, overhead tank and its capacity and availability of regular water supply in the Operation Theatre (OT) and labor room. If the answer to questions Q4.1 and Q4.2 is NO then skip to Q4.5.

#### **B. Electricity**

Questions **4.5 to 4.9** pertain to electricity. Like three- phase electric connection, regular power supply, Generator power supply, whether generator is connected in labor room, to the Ice-lined refrigerator and wards. Inquire about having adequate funds for operating the generator. If the answer to question 4.6, Q4.8 (a), Q4.8(c) is NO then skip to 4.10.

### **C. Toilet, Drainage and Sanitation Facility**

Questions **4.10 to 4.12** is about the toilet facility. Ask the respondent whether functional public utility (toilet), Proper drainage and sanitation facility is available in the hospital. Whether it is common or separate public utility (toilet) for males and females, whether there is numbers of adequate toilets and bathing spaces for patients. If answer to Q4.11 is NO then skip to Q4.13.

### **D. Laundry Facilities.**

Questions **4.13 to 4.14** are about the availability of laundry facility in DH/SDH. If answer to Q4.13 is YES then Skip to Q 4.15. In case of non availability ask whether it is outsourced.

### **E. Diet Facility**

Question **4.15** asks the respondent about the food facility available at DH/SDH for in patients who got admitted.

### **F. Communication Facilities**

Questions **4.16 to 4.17** are about communication facility, ask the respondent whether phones and intercom are available or not for administrative work.

### **G. Vehicles**

Question **4.18** is about vehicle services (Ambulance, Jeep, and Car). Number of vehicles available and out of them number of vehicles on the road.

### **H. CSSD**

Questions **4.19 to 4.20** are related to services like Central Sterile and Supply Department (CSSD) and the place where instrument is sterilized. Circle the appropriate answers which are reported by respondent. If answer to Q4.19 is YES then skip to Q4.21.

### **I. Biomedical Waste**

Questions **4.21to 4.23** asks the respondent about the Biomedical Waste related questions and circle the appropriate code."Bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining there to or in the production or testing of bio-medical waste. Ask the respondent about the mode of disposal of infectious/ non-Infectious and bio-medical waste. **(Refer annexure 1)**. If answer to Q4.21 is NO then skip to 4.23.

**Question 4.23d:** Observe and record if any discarded/used sharps are seen in the facility.

## **J. Security**

Questions **4.24 to 4.26:** Respondent should be asked about security arrangements round the clock, availability of critical care area and Integrated Counseling and Testing Centre availability at health facility.

## **SECTION V: RESIDENTIAL FACILITY FOR STAFF**

Questions **5.1 to 5.3** are about residential quarters for all Medical staff, specialist Doctors and Para-medical staffs which pertained to availability of infrastructure at District Hospital. If they are not residing at quarters ask reasons for the same.

## **SECTION VI: OTHER PHYSICAL FACILITIES**

Questions **6.1 to 6.3** collect information about display boards regarding services availability in local language, separate registration counters and complaint/suggestion box kept at appropriate place in District Hospital.

Question **6.4** is related to pharmacy of drug storage and drug dispensing at District Hospital.

## **Wards and Beds**

Questions **6.5 to 6.15** ask the respondent whether there is a separate ward available for male/female patients. Here additional information is collected on the numbers of beds sanctioned and in use in Medicinal, surgery &, pediatric ward, Intensive Medicare Unit, post operation ward, labor Room, ANC, PNC and Post partum ward, High dependency and Burn ward.

## **Operation Theatre**

Questions **6.16 to 6.18** are about operation theatre where we have to ask about the availability and usage of Major OT, Emergency OT/family welfare OT, Ophthalmology and ENT OT.

## **Delivery Suit unit**

Questions **6.19 to 6.21** are about availability and use of labor (aseptic & clean), delivery and neonatal room.

## **SECTION VII: Emergency Obstetric Care**

Questions **7.1 to 7.4** collect the information about the availability of services in the section. Whether Obstetrician/Gynaecologist, anesthetist, Nurse in OBS/Gynae is available for 24 Hrs and also asks whether the health facility provides for 24 Hrs surgical interventions.

## **SECTION VIII: SERVICES (DURING LAST ONE MONTH) RECORD REFERENCE**

Questions **8.1 to 8.3**: Ask the respondent about all the records of the essential services provided in OBS/Gynac department. Number of OPD, admission and average number of day patient stayed in the hospital during last one month period. *(we should calculate by total no. of patient admitted last one month / No of days in month = average days of patient stayed in hospital )*

Questions **8.4 to 8.9**: Ask the respondent about the total numbers of surgeries, Hysterectomy, D&C, Deliveries, C-Section deliveries that has been carried out. Among them how many were beneficiaries of Janani Suraksha Yojana.

Questions **8.10 to 8.13** collect information about the blood transfusion done, MTPs performed, Sterilization conducted and number of cases provide with RTI/STI services at the health facility.

Question **8.14**: Check from Q1.12 and record the number of cases visited ICTC centre.

Question **8.15** asks the respondent about the total Number of PAP smear prepared.

## **SECTION IX: OTHER ACTIVITIES**

Questions **9.1 to 9.3**: Ask the respondent about the citizens charter displayed at District hospital, Rogi Kalyan Samiti (registered, regular meetings and fund utilization for patient welfare) and whether the work of RKS is monitored or not. If answer to Q9.2 is NO then skip to Q9.4)

**(See Annexure- 8 for Reference).**

**Cleanliness is to be observed.**

Question **9.4**: You have to observe properly the cleanliness of OPD, ROOMS, WARDS and PREMISES and record in the Schedule.

## **SECTION X: DETAILS REGARDING HEALTH MANAGEMENT INFORMATION SYSTEM AND MOTHER & CHILD TRACKING SYSTEM**

Question **10.1** asks the respondent about availability and maintenance of registers for OPD, IPD, Delivery, Sterilization, Stock and other registers.

Questions **10.2 to 10.3** ask for availability of Printed HMIS format and enough printed register availability as per requirement.

Questions **10.4 to 10.5** collect the information on whether data is supplied regularly in HIMS format and reason for not submitting HIMS report on time.

Questions **10.6 to 10.8:** Collect information on having personal computer, internet connectivity at DH/SDH and if computer is not there, ask whether outsourced for data compilation and tabulation work.

Questions **10.9 to 10.10** gather the information on whether the data of all the facility under DH/SDH are consolidated at the facility and also how the data is consolidated / entered.

Questions **10.11** ask the respondent whether facility wise data is uploaded on HMIS Portal.

Questions **10.12 to 10.13** ask respondent about the information collected and maintained for Mother & Child at DH/SDH under MCTS and whether any Medical officer has received any training /orientation for MCTS.

Question **10.14** is regarding work plan for the facilities under the DH/SDH is prepared through MCTS.

Question **10.15** asks whether plan prepared through MCTS is used for tracking the beneficiaries.

## **QUESTIONNAIRE B: COMMUNITY HEALTH CENTRE (CHC)**

*(The infrastructure details captured during the visit are to be supported by digital photographs of the facility and other areas like Operation Theatre, Wards, Pharmacy, Lab etc)*

### **Identification**

In case of CHC record number of PHCs catered by CHC. Write the distance between DH/SDH to CHC/RH in relevant columns and the population covered by CHC in the given column. GPS information and designation of the respondent need to be entered in the identification details. There may be more than one respondent so circle accordingly in part of the identification part.

**SECTION I- AVAILABILITY OF SERVICES:** This information is to be collected from the Office of Medical Superintendent of the Hospital.

Questions **1.1 to 1.3** are about the functioning of FRU (First Referral Unit) duration since functioning as 24x7 facilities and whether they have planned to make this 24x7 functional by March 2012 (See Annexure 9 for defining FRU). If answer to Q1.1 is NO then skip to 1.3. In Q1.2 if the response is 'DK' write 9998 in the box and skip to Q1.4.

Question **1.4** are about the deliveries conducted in facility 24 x 7 i.e. 24 hrs in a week. (If response is NO skip to Q1.6)

Questions **1.5 (a) to 1.5(h)** are about the Services related to deliveries provided in facility, like normal delivery, Forceps/vacuum delivery, administration of parental Oxytocics, Antibiotics, Magnesium Sulphate Injection, management of Post-Partum ,Hemorrhages and other delivery complications and caesarian section.

Questions **1.6 to 1.9** are about the Availability, Storage and license approval for Blood bank. If respondent is saying yes then you have to see the license approval for Blood storage centre. If availability of Blood bank is not there then what are the reasons for non availability (if 1.6 is NO than skip to Q1.9)

Question **1.10** asks the respondent about the management of low weight birth babies and whether New born baby care facility is available, if YES, ask if it is available in Labor room and ward.

Question **1.11** is related to the services available for safe abortion.

- a. MVA (Manual vacuum Aspiration)
- b. EVA (Electric vacuum Aspiration )
- c. D&C (Dilation & Curettage)
- d. Any other then specify.

Question **1.12** asks the respondent about the availability of treatment and counseling services at health facility for RTI/STI and then further asks for the availability of both services.

Questions **1.13 to 1.14** ask the respondent about the laboratory services provided. Whether it is available in facility or is it out sourced. (If response Q1.13 is NO then skip to Q1.15)

Questions **1.15 to 1.18** are about functioning of the ambulance , adequate funds to operate, mechanism to assure referral transport and whether government ambulance are used for referral transport 24 hrs in a week or is it outsourced.( if answer of Q1.15 is NO then skip to Q1.17 and if answer of Q1.17 is NO then skip to Q1.19.)

Question **1.19** asks the respondent whether the facility has free diagnostic and delivery services for pregnant women.

Question **1.20** asks the respondent whether the facility has free referral services.

Question **1.21** asks for the other services (facility like Birth Certificate, Death Certificate and any other Vital Events).

## **SECTION II (A & B): CLINICAL HUMAN RESOURCES AND OTHER SUPPORT STAFF**

Questions **2.1 to 2.29**: ask the respondent about the availability of Medical and Para medical staff.

Record the number of staff's in positions on regular or contractual basis. If none in position ask since how long not in position record it in actual months. Information about human resources is being asked separately for I. Clinical Human Resources and II. Support Human Resources. Investigators are required to record numbers of person in position if no one in position then

record 0. Record if anyone is working on contract basis. If response is 0 in-position column, ask since how long the post is vacant and record it accordingly.

CHC is supposed to deliver services on round the clock basis, a General Surgeon, Physician Pediatrician, Gynecologist/ Anesthetist & is required for 24- hours' basis. Record information sought pertaining to it. In supportive staff record all the information given by the respondent. It is related with the employees who are working in administrative department. These questions shall be answered by the interviewer after discussing the issues with hospital authorities. The clerical staff is broadly divided into two categories – accounts and administrative division's .Collect information about the medical and Para-medical employees working in the hospital.

### **SECTION III (A & B): TRAINING FOR MEDICAL OFFICERS (MO)/ PARA MEDICAL STAFF DURING LAST FIVE YEARS/EVER.**

To enhance the quality of health care services provided by health care provider's time-to-time training Programme are conducted. They are aimed in improving the quality of health services. Interviewer has to ask about the training received during the last five years or ever.

Questions **3.1 to 3.31** are related to different trainings received by Medical Officers and Para-medical staffs. Interviewer should be able to capture information about all types of training received. Separate sheet may be used if required. The training may have been funded and supported by District team, but carried out in CHC then it should be captured by investigators while asking the question on training.

### **SECTION IV: INVESTIGATIVE FACILITY.**

Questions **4.1 to 4.4** are related to availability of ECG facility, X-ray facility and Ultra Sound and mobile ventilator at CHC. Ask about their availability and subsequently whether it is functional or not. It can be recorded from register as well as by observation.

### **SECTION V: PHYSICAL INFRASTRUCTURE**

#### **A. Location**

Questions **5.1 to 5.2:** Collect information about the location of the CHC and its distance from block headquarter/Tehsildar Office. To the extent possible, the CHC should be located at headquarters tehsil in order to improve its access to community people. If response to Q5.1 is 1, that is, the location of CHC is “within the Block Head Quarter” then skip to Q5.3.



## **B. Building**

Questions **5.3 to 5.6**: Pertain to the CHC building which includes availability of Govt. building for CHC, since when CHC is functioning from building, compound wall and fencing. In **Q5.3** if response is 'YES' then skip to **5.5**. If the CHC does not have Government building, then in **Q.5.4** it is to be specified that where it is located in rented building or along with any other government building.

## **Cleanliness**

Question **5.7** is related to the cleanliness of OPD, rooms, wards, Labor room, OT and premises (compound). Interviewer has to circle '1' or '2' or '3' for 'GOOD, FAIR, POOR' by observation while conducting the interview.

## **C. Water Supply**

Questions **5.8 to 5.11** are about the main source of water supply, overhead tank and its capacity and working condition of pump. Also includes the water supply for 24 hours in the CHC and whether regular water supply is available in Operation Theatre and Labor Room.( If question 5.8 and 5.9 is NO water supply then skip to Q5.12).

## **D. Electricity**

Questions **5.12 to 5.15** ask the respondent about power supply in all parts of CHC, three phase electricity connection, regular power supply in case of power cut, generator in the working condition for standby facilities (If response to 5.12 is 'NONE' then skip to 5.15 and If response to 5.15 is 'NO' then skip to 5.16). You should ask about the generator working capacity, backup assured all the times and confirm that supply is there in all the areas of CHCs and whether they have adequate funds available for operating the generator.

## **E. Toilet facilities**

Questions **5.16 to 5.19** it gives information about toilet facilities, whether it is common or separate public utility (toilet) for males and females. (If **Q5.16** is NO then skip to **Q5.18** and If **Q5.18** is NO then skip to **Q5.20**). Ask for the proper sewerage facility and which kind of sewerage facility exists.

## **F. Laundry facilities**

Questions **5.20 to 5.21** give information about whether a laundry facility available at CHC or it is outsourced. (If Q5.20 is NO then skip to Q5.22)

## **G. Diet facility**

Question **5.22** it related to availability of food which can be provided to inpatients at the health facility.

## **H. Communication Facilities**

Questions **5.23 to 5.24** are the information about the availability of communication facilities including telephone, fax, personal computer and internet connectivity and its functional conditions. Interviewer has to verify it and write the number of available and functional areas and remark about each of the item in last column (If response to Q5.23 is NO then skip to 5.25).

## **I. Waste Disposal**

Questions **5.25 to 5.26** record how disposal of biomedical waste is carried out in the facility. Record all the required information sought in the questionnaire. Investigator should observe and record if any discarded used sharps are found anywhere in the facility (Refer annexure).

## **J. Security**

Question **5.27** is about the security arrangements round the clock in the health facility in case of any emergency.

## **K. Vehicles**

Questions **5.28 to 5.30** are about vehicle services (Ambulance, Jeep, and Car). Number of vehicles available, and out of them number of vehicles on the road. It explains if anyone is not functional then Q.5.29 is to be asked. **Q5.29** gives the reasons for ambulance / emergency referral vehicles not being on road. **Q5.30** asks about the access of vehicle for transporting the patients during emergency.

## **L. Residential facility for the Medical staff**

Questions **5.31 to 5.37**: ask the respondent about the number of residential facilities available for the Medical staffs and if available whether it is occupied by Medical staff. Q5.37 gives the reasons for Obstetrician/Gynecologist not staying in the quarter.

## **M. Operation Theatre**

Questions **5.38 to 5.40** collect information about operation theatre availability and surgeries carried out. Operation theatre is to facilitate for conducting selected surgical procedure (vasectomy, tubectomy, hydrocelectomy, cataract surgery camps). If Q5.38 is NO then skip to Q5.47 and in Q5.39 if the answer is YES then skip to Q5.42. In Q5.39 if the answer is NO, that is surgeries are not carried out, and then in Q5.40 ask the duration since when surgeries are not carried out.

Question **5.41 to 5.46** asks about reasons for not conducting the surgeries. Q5.42 to Q5.44 collect information on whether theatre is used for Obstetrical/gynecological purposes, Air Condition in OT and working condition of AC. If answer to Q5.43 is NO, that is, an operation theatre is not fitted with air condition, and then skip to Q5.45. In Q5.45 availability of electricity and back-up has to be checked. Q5.46 is about the fumigation of OT. Fumigation is a method by which sterilization of the operation theatre is done by the fumes of certain chemicals record it accordingly.

## **N. Labor Room**

Questions **5.47 to 5.52**: Collect the information about availability of Labor Room for conducting the deliveries, if it is there, whether being used to conduct deliveries and if not the reasons for the same are to be recorded. If Q5.47 is NO, then skip to Q5.51. In Q5.48 we are asking whether deliveries are carried out in labor room, if response to this question is YES then skip to Q5.51.). Also collect information about the availability of new born care corner and emergency obstetric drugs etc. in the labor room (*For emergency obstetric care drugs refer to Annexure 3*).

Question **5.53 to 5.58**: Verify and record about labor table with McIntosh sheet, suction machine, Autoclave/sterilizer, 24 hrs water supply, attached toilet, condition of toilet. See the emergency

drug tray and record or ask the respondent about the emergency injections and sterilized materials and equipments used during delivery. Compulsory see whether there is availability of oxygen cylinder with face mask, wrench & regulator. Observe and record the condition (flooring, lighting, walls, and privacy) of labor room. Ask the respondent whether normal delivery kits, surgical set for episiotomy and minor procedures sterile items (Gloves, Cotton gauze, Syringes and needles, drip sets, dextrose 5%) are available in labor room. Also ask whether partographs are being recorded for recent delivery at facility.

#### **O. Laboratory:**

Questions **5.59 to 5.61**: collect information about the availability, functioning, services and outcome of laboratory. Information is also collected about blood storage facility and whether it is on 24 hours basis. (If answer to **Q5.60** is 'NO' then skip to **Q5.62**.)

#### **P. Physical facility:**

Questions **5.62 to 5.79**: Collect the information on physical facilities available at CHC. This includes display boards regarding services availability in local language, separate registration counters and complaint/Suggestion box kept at CHC Hospital. The physical facility details includes the availability of pharmacy, number of OPD rooms/cubicles, family welfare clinic, waiting room for patients, Minor OT, Injection and Dressing room, Emergency/casualty room for relatives/attendants with pregnant women/patients and number of beds sanctioned and in use for male, female and pediatrics. Also collect information about availability of separate wards for male and female, the average number of day's patient stay and separate designated newborn baby corner in the CHC. Q 5.66 collects the information of availability of number of OPD rooms and Cubicles at CHC. **Q 5.77 is about the stay of patient in CHC** (If answer to **Q5.72** is 'NO' then skip to **Q5.75**.)

#### **Q. Availability of New born care equipments:**

Questions **5.80 to 5.85** Collects information about the Newborn care equipments availability with functional condition, Investigator has to verify each equipment and record. Verification is to be done about, Ambu bag with mask, radiant warmer, any other mechanism to keep baby warmer, suction catheter/Canula, pedal suction and baby weighing machine.

## **R. Availability of Other Equipment:**

Question **5.86** collects the information of equipment used for patient for their daily routine. For doing different diagnostic and therapeutic procedures and surgical interventions a set of instruments/equipments are needed. At CHC different sets of instruments are supplied in the form of kit (**Refer annexure-2**). Investigator is supposed to ask, whether those kits are available or not and if available then ask whether functional or not and record it accordingly.

**SECTION VI: FURNITURE/INSTRUMENT** (Record from register, ask about functionality if items are available).

Questions **6.1 to 6.8** collect the information about the furniture in functioning condition in the facility such as examination table, delivery table, saline stand, Dressing and Instrument Trolley etc.

## **SECTION VII: AVAILABILITY OF EQUIPMENTS AT CHC**

(Record from register, ask about functionality if equipments are available)

### **A. Operation Theater**

Questions **7.1 to 7.11** collect the information about the instruments /equipments which is in use and in functional condition at operation theatre.

### **B & C. Different Surgical and Laboratory Equipment**

Questions **7.12 to 7.35** collect the information about the surgical instruments and different types of Kits used for surgeries and tests. Check the register whether they have refrigerator, centrifuge machine, stool transport carrier and all other necessary instruments/kits used for surgery and operation (For different types of kit refer Annexure 1).

### **D.Cold Chain equipment**

Questions **7.36 to 7.41** capture the information about **Cold Chain Equipments**. Cold chain equipments are available under different Programmes like immunization, pulse polio etc. The interviewer is supposed to find out the total number of equipments supplied and also the number currently functioning. Cold chain equipments come with temperature control device.

## **SECTION VIII: AVAILABILITY OF ESSENTIAL DRUGS IN THE CHC (Record from register)**

Questions **8.1 to 8.15**: Ask about the essential drugs which are critical for health care delivery for different ailments. Drugs are grouped into different groups according to its satiability. There might be several drugs in particular group. Record whether drugs of concerned group is available on the day of survey from drug register and at the same time inquire about whether drug was out of stock for more than ten days during last month (**Refer Annexure-6**).

## **SECTION IX: ESSENTIAL SERVICES PROVIDED**

### **I. LABORATORY SERVICES**

Questions **9.1 to 9.10** pertain to different services like Blood group test, Haemoglobin, Routine Urine Examination, Rapid Test for Pregnancy and Rapid test for HIV etc. that has been conducted in the CHC. Obtain the number of tests carried out in the last one month (verify the registration).

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

#### **A. SERVICE PROVIDED**

Questions **9.11 to 9.14** Capture information about average Daily OPD attendance for male and female, and referred cases from PHC/Sub Health-Centre. It also gives information about serious ailments cases referred from CHC to the higher level health facility.

#### **B. PERFORMANCE**

Questions **9.15 to 9.20** collect information about the number of Deliveries, C-Section deliveries conducted and among them how many were beneficiaries of Janani Suraksha Yojana. Ask the respondent about number of blood transfusion done, MTPs performed and IUD insertion cases covered.

Questions **9.21 to 9.24** collect the information about the number of Sterilization conducted, number of RTI/STI cases treated and number of persons completed DOTS treatment. CHC has to conduct regular School health camp in the area that has to be recorded at the appropriate place in the questionnaire.

## **SECTION X: AVAILABILITY OF SPECIFIC SERVICES**

Questions **10.1 to 10.5** collect the information whether CHC is microscopy & ICTC centre? Record if cataract surgeries are done. Primary management (treatment) of cases like wounds, fracture, poisoning, dog bites, snake bites and burns are taken care at CHC level.

## **SECTION XI: MONITORING AND SUPERVISORY ACTIVITIES**

Questions **11.1 to 11.9**: provide information on quality care and whether there is some mechanism in place for continuous supervision of the services. Respective facilities are supposed to prepare a plan about service delivery and activities for the year. Ask whether such plan has been prepared. If not ask when such plan was prepared the last time. For reporting and to maintain records there should be enough registers /Report format/immunization card/ANC card, record accordingly. Reports regarding the services are required to be submitted in first week of the month. Supervisory authorities are required to guide them by their suggestions and comments. Every facility is supposed to display Citizen's Charter, which is a Charter giving information about the services provided, user's Charges, etc. Under this component, we ask whether CHC have formulated **Rogi Kalyan Samiti**, is it registered, regular meetings are conducted and whether their fund have been utilized for patients and monitor the work properly. (If answer to Q 11.1 is 'YES' then skip to Q11.3 and If answer to Q **11.6** is 'NO' then skip to Q 11.18)

## **SECTION XII: HEALTH MANAGEMENT INFORMATION SYSTEM AND MOTHER & CHILD TRACKING SYSTEM**

Questions **12.1 to 12.8**: collect the information about maintaining registers, printed HMIS Format, data supplied regularly in HMIS format and the reasons for not submitting HMIS report on time. Also ask if computer and internet facility is available in CHC. If answer to Q12.6 is NO, that is, computer facility is not available then in Q12.8 asks where data compilation and tabulation work is done. (If answer to Q 12.6 is 'NO' then skip to Q 12.8)

Questions **12.9 to 12.11**: ask whether data of all facilities under the CHC are consolidated, how it is done and whether facility wise data uploaded on HMIS portal.

Questions **12.13 to 12.15**: ask if information about the mother and child is collected under MCTS, medical officer received any training /orientation for MCTS and work plan generated through MCTS is used for tracking the beneficiaries.

## **QUESTIONNAIRE- C      PRIMARY HEALTH CENTRE**

**(The infrastructure details collected during the visit are to be supported by digital photographs of the facility and of other areas like Operation Theatre, Wards, Pharmacy, Lab etc).**

Some of the questions are self explanatory. Sub Health-Centers which come under particular PHC, distance from PHC to nearest CHC and nearest referred centre. Whether the PHC is run by any NGO .GPS information about level 1 or 2 MCH center has to be entered in the identification details. The designation of respondent from whom the information is collected has to be entered; there may be more than one respondent who could be given information about various dept in the PHC that has to be collected in part B on identification part.

### **I. Availability of services**

Questions **1.1 to 1.5** is related to the functioning of the PHC, whether the PHC is functioning on 24 x 7 basis, if yes then circle 1.If No skip to question 1.3. If yes for 1.1 ask since when did this facility start functioning as”24x7 facility .For NO to question 1.1 ask 1.3 is it planned to be made a 24x7 functional facility by March 2012 since when it started functioning or whether it is planned to make function by March 2012. Ask the respondent about the deliveries conducted in facility and enquire about the Services related to deliveries that are provided in facility, like normal delivery, Forceps/ vacuum delivery, parental administration of Oxytocics, Antibiotics, magnesium sulphate injection, management of post-mortem Hemorrhages and other delivery complications.

Question **1.6(a & b):** Are about the availability of new born care services and whether Resuscitation and Thermal protection (warmer/table lamp) are available or not.

Question **1.7** is about the availability of services for the management of diarrhoea ARI/ Pneumonia and whether this facility being provided on 24 hours basis.

Questions **1.8 to 1.10** are about the services provided for antenatal care to pregnant women. Ask whether pregnant women are given IFA tablets, hemoglobin level is checked and T.T injection is given or not. Ask the respondent about the manual vacuum aspiration done for early abortion services.



Question **1.11:** Ask the respondent whether this facility provides RTI/STI treatment and Counseling to the patients and ask if it is for both or only for treatment or only for counseling, if nothing is provided circle code 4.

Questions **1.12 to 1.13:** Ask the respondent about the availability of laboratory services in the facility or is it out sourced. If Q1.12 is NO then skip to Q1.14.

Questions **1.14 to 1.15:** Ask the respondent about the numbers of ambulance/available and functioning in the PHC Write the number of ambulance and out of which how many are functional in the been provided. If ambulance is not available skip to 1.16. 1.15 Ask if adequate funds available for the operating ambulance. If YES circle 1 or of NO circle 2.

Questions **1.16 to 1.17:** Is about mechanism to assure referral transport 24x7, whether Government ambulance are used or is it outsourced. If Q1.14 resulted 00 then skip to Q1.16 and if Q1.16 is NO then skip to Q1.18.

Question **1.18:** Ask the respondent whether the facility has free diagnostic services for pregnant women.

Question **1.19** asks the respondent whether the facility is providing assistance to those who received services at the PHC on Birth certificate, death certificate, both birth and death certificate or any other vital events.

## **II. Availability of Human Resources**

Question **2.1 to 2.16:** It is about availability of Medical officers, Lady medical officer, Ayush, Medical officer, Contractual staff , Para-medical staff, class IV employee and assistants in the facility, their position and since when they are working in this facility.

It is about availability of staffs on pooling/call/direct payment basis and for the given services. In some places, pooling of resources may have to be done for more than one facility, If Lab Technician is not available in PHC, and the same may be called from nearby CHC etc. Sometimes pool of staff may be available from private sector on payment basis. Write the number of personal for regular and contractual position. If there is no regular or contractual positions write the duration in months if more than 99 months code it as 99.

### **III. . Training**

This section of the questionnaire is about various types of training for Medical Officer and Para-Medical staff. It is designed to capture information on duration of training. The important trainings are mentioned in these questions, the interviewer is required to capture all information about all the types of training received during last five years/ever.

Question **3.1(a) to 3.1(b)** is about the training organized in PHC, In Q3.1(a) if the answer is NO then Skip to Q3.2, if YES in 3.1(a) then ask what training were organized. Circle 1 for YES and 2 for NO.

Questions **3.2 to 3.5** Provides the information on the ever training received or during last 5 years by any of the Medical officer. If training is received in last five years then skip to next training otherwise whether medical officer had ever received training.

Questions **3.6 to 3.13** capture the information on special skill training to the medical officer had ever received training. It may be the training of NSV, IMNCI, NSSK, MTP, Minilap, IUD, RTI/STI, SBA, EMOC, ARSH, Blood Banking and other special training. If training received in last 5 years then skip to the next training.

Questions **3.14 to 3.20**: Collect the information on training for the Para Medical staff during last five years or on ever training received. If training not received in last five years then ask if ever received any training.

### **SECTION IV.A: DETAILS OF ALL SUB HEALTH-CENTRE (SHC) VILLAGES COVERED BY THE PHC**

Question **4.1**: It is about number of Sub Health -Centre Villages which come under the particular PHC, distance and connectivity to the PHC, by road, availability of vehicle and accessibility throughout the year. Write the name of Sub- health centre and distance to PHC in Km. Circle YES for 1 and NO for 2. If connected with pucca road availability of vehicle and if accessible throughout the year.

## **SECTION IV.B: INFRASTRUCTURE**

### **A. Building**

If the facility survey of the PHC has been carried out and the report is available, then report may provide some of the information required for this section. Otherwise PHC in-charge will have to be contacted for the information. The information have to be collected from more than one source. Even if the survey has been done, interviewer would still be required to verify some of the information and provide comments under remarks section.

Questions **4.2 to 4.4** is about PHC building, its Location functioning and whether it is government building. If the answer is YES, then skip to Q4.4, if response is NO, then ask them where it is located and duration since when the PHC is working from that building.

Questions **4.5 to 4.7**: Record by observation the type of building, whether it is Pucca, Semi-Pucca or Kuchha and present condition of existing building and compound wall. Also observe about the cleanliness on the premises, wards cleanliness, OPD cleanliness. Circle the appropriate response

### **B. Water Supply**

Questions **4.8 to .4.9**: The question basically collects information on water facility within the PHC, The water supply and whether it is for 24 hours. If answer to Q4.8 is NO WATER SUPPLY, then skip to Q4.10.

### **C. Electricity**

Questions **4.10 to 4.11** pertains to availability of electricity, availability of power supply, generator to support cold chain equipment, capacity of generator, whether generator is connected to labor room, and assured generator back up to the labor room, connected to ILR ward. Q4.11 is on availability of funds to operate generator.

### **D. Toilet Facilities**

Questions **4.12 to 4.15** Ask the respondent about availability of toilet facility whether in use and also the availability of toilet separately for males and females. And also ask on the availability of sewerage facility and type of sewerage system For 4.14 if the response is NO, circle 2 and skip to 4.16.

## **E. Communication Facilities.**

Questions **4.16 to 4.19** is about communication facility. Ask the respondent about availability of telephone if available write the contact number, whether computers and internet are available for administrative work and for producing reports and data compilation. If 4.17 is NO, then skip to 4.19 and ask whether data compilation and tabulation work is outsourced. Interviewer has to verify the working condition of it and write the number of available and functional. If the 4.17 is YES then ask 4.18 and circle appropriate responses

Questions **4.20 to 4.21** collects information whether PHC has functional vehicles and its access to vehicles for transporting patient during emergency. If Q4.20 is YES, then skip to 4.22.

Question **4.22** enquires about any complaint box/ Suggestion box kept in PHC.

## **F. Waste Disposal**

Questions **4.23 to 4.24(a to d)**: asks the respondent about the Biomedical Waste related questions. "**Bio-medical waste**" means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining there to or in the production or testing of biomedical waste. Ask the respondent about the mode of disposal of infectious/ non-Infectious and biomedical waste. **(Refer annexure 1)**

Question 4.24 is having multiple question, therefore it is must to record all the response mentioned by the respondent.

Observe whether any discarded/used sharps visible in the facility.

## **G. Security**

Question **4.25** is about the security arrangement round the clock in the health facility in case of any emergency.

## **H. Quarters**

Questions **4.26a to 4.26d**: The information is to be collected about the residential quarters for medical officers and Para Medical Staff. Ask the respondent about the availability of residential quarters. If it is available, whether Medical Officer or Para- medical staff is residing or not. If not residing ask respondent the purpose for not residing though there is availability of quarters. 4.24 b is multiple question therefore it is to record all the responses mentioned by the respondent.

## **I. Labor room and operation Theatre**

Question **4.27a to 4.27c** is on availability of Boyles apparatus and anesthetic medicine collects the information about labor room and operation theatre. It captures the information on availability, conducting of deliveries, and if deliveries are not conducted, the reason for not conducting.

Question **4.28 (a-k)**: If the facility is Level 1 MCH Center then ask the services available in PHC by observing and verifying the labour room. Record about labor table with McIntosh sheet, suction machine, Autoclave/sterilizer, 24 hrs water supply, attached toilet and condition of toilet in the labor room. See the emergency drug tray and record or ask the respondent about the emergency injections and sterilized materials and equipments used during delivery. Compulsory see whether there is availability of oxygen cylinder with face mask, wrench & regulator. Observe and record the condition, infrastructure (flooring, lighting, walls, and privacy) of labor room. Record the availability of normal delivery kits, surgical set for episiotomy and minor procedures, sterile items (Gloves, Cotton gauze, Syringes and needles, drip sets, dextrose 5%) in labor room and whether partographs are being recorded for recent delivery at the facility. The Interviewers has to observe and record the condition whether each of the items are satisfactory or unsatisfactory. If it is satisfactory circle 1 or if unsatisfactory circle 2.

Question **4.28 (g)**: Is on the condition of labor room (g.a) to (g.f) is on privacy, condition of flooring, wall, ceiling, lighting and overall condition of labor room. The interviewer has to observe and recorded the condition whether each of the item are satisfactory or unsatisfactory. If satisfactory circle 1 or if unsatisfactory circle 2.

### **Physical facilities:**

Question **4.29**: Is on the total number of beds sanctioned and available write number of sanctioned and available.

Questions **4.30 to 4.32(a-b)**: Is about drug storage, separate waiting area/room for the OPD patient and relatives for pregnant woman and rest room for designated ASHA. (If answer to Q 4.30 is 'YES' then skip to Q 4.32.)

#### **IV. Availability of New Born care Equipments**

Questions **4.33 to 4.40** collect information about the availability and functioning of Newborn care equipments. The interviewer has to verify and record whether it is functional, available, not functional, and not available. Investigator has to verify each equipment and record whether it is functional, available, not functional, and not available.. Verification is to be done about designated new born corner, Ambu bag with mask, Radiant warmer, any other mechanism to keep baby warmer, Suction catheter/Canella, Pedal suction, Baby weighing machine and separate drug tray. (See Annexure 1)

##### **IV.A. Availability of Other Equipment (Record from register and ask about functionality)**

Questions **4.41 to 4.58** ask about the availability and functioning of equipment used for patient for their daily routine, and for different diagnostic and therapeutic procedures and surgical interventions. Record from register equipment functioning in the facility such as instrument trolley, instrument cabinet, Blood saline stand, Stretcher, Stool, Wheel Chair, Almariah/Cupboard, separate dustbin for Bio-Medical waste, Autoclave, Auto Disposable (AD) Syringes, Hub Cutter, B.P Instrument, Stethoscope, weighing Scale, Haemoglobinometer, Foetoscope, and SIMS Speculum etc.

##### **V.A. Availability of Equipment**

Questions **5.1 to 5.10**. Record from register Kit functioning in the facility such as IUD, Minilap, NSV, Laproscopes, Normal delivery kit, Equipment for assisted vacuum delivery, Forceps delivery, New Born Care and neonatal resuscitation, Standard surgical set and equipment for manual vacuum aspiration.

##### **B. Cold Chain Equipment**

Questions **5.11 to 5.16** capture the information about **Cold Chain Equipments**. Cold chain equipments are available under different Programmes like immunization, pulse polio etc. The interviewer is supposed to verify Cold chain equipments to be functioned, not functioned or not being available. The cold chain equipments are Ice lined (Big/Small) refrigerator, Deep Freezer (Small/Big), cold Box and vaccine carrier

### **C. Requirements of the Lab**

Questions **5.17 to 5.24** is about availability and functional of the laboratory, having equipments, chemicals/reagents, RPR test Kits, Reagents for Peripheral blood Smear, residual chlorine in drinking water testing strips, Centrifuge, light microscope and Binocular Microscope.

### **VI. Availability of Essential Drugs in the PHC**

Questions **6.1 to 6.14** are about the availability of essential drugs on the day of survey and if not available out of stock for more than ten days during last one month have to be recorded. The receipt register will contain details like date of last receipt. The essential drugs that are to be recorded as available and out of stock.

Questions **6.14 (i-ix) to 6.15 (i-xiv)**: Record the information about availability and being out of stock the drug essential for obstetrics care and the availability of RTI/STI Drugs.

### **VII. Essential laboratory test. (During last one Month)**

Questions **7.1-7.9**: Write down the number of respective tests conducted. The information has to be collected for the last one month services provide for Blood grouping, Haemogram, diagnosis of RTIs/STDs, Sputum test for Tuberculosis, Blood Smear for Malaria, Urine test, Rapid test for pregnancy and PPR test for Syphilis and enter the number of tests conducted during last one month. If there is any other test the interviewer has to specify or write in the space provided.

### **VIII. Services (During last one month) Record from register**

#### **A. Essential services provided:**

Questions **8.1 to 8.3**: All the information has to be recorded from register separately for males and females. The information is to be collected separately for males and females are on OPD patients, in patient's admission and cases referred for serious ailments.

#### **B. Services provided**

**All the information has to be recorded from register, record number of cases for each of the service.**

Questions **8.4 to 8.16** captures information about the number of cases on antenatal care services, registration of pregnant women in 1<sup>st</sup> trimester, referred pregnancy cases, number of women provided with post natal care services. Deliveries performed, children treated for Diarrhoea, acute respiratory tract, Child immunized, MTPs performed and number of Manual vacuum aspirations done.

### **C. Family planning and Contraception/other services.**

Questions **8.17 to 8.24** collect the information on number of oral pills, condoms & EC Pills distributed, IUD inserted, Sterilization performed, Services provided to RTI/STI cases. Question 8.23 is about the number of School Health check-up organized for children and Q8.24 is about the number of eligible couples visited PHC

### **D. Availability of Specific Services:**

Questions **8.25 to 8.28** collect information about the fixed Immunization day, distribution of vaccines to Sub Health Centre's and whether any outbreak of Diarrhea, Diphtheria, Measles, Jaundice and Fever taken place in last three months. Whether PHC collect and reports vital events. Record all the information mentioned by respondent at appropriate questions carefully. Circle 1 for Yes or 2 for No.

### **E. Monitoring and Supervision Activities**

Questions **8.29 to 8.34** are about availability of various plans prepared by PHC. This information shall be available with PHC Medical Officer In-charge and/or Statistical Assistant responsible for reporting. If Plan was not prepared then record the month and year of the last plan prepared. Separate questions are also asked about printing registers and reports. Ask whether HMIS reports are submitted in time, if not ask the reason for not submitting report in time. (If answer to Q 8.31 is 'YES' then skip to Q8.32 and If answer to Q 8.32 is 'YES' then skip to Q8.34)

Questions **8.35 to 8.38** collect the information about supervision of Sub Health-Centers, Supervisors visit and written feedback in the last month or whether if someone from PHC has visited Sub Health-Centre's. Q8.38 is about Citizens charter display at PHC.

Questions **8.39 to 8.44** collect the information about constitution of Rogi Kalyan Samiti (RKS) registration, Monthly and utilization/receiving of funds, and utilization of funds.



## **IX. HMIS AND MOTHER & CHILD TRACKING SYSTEM (MCTS)**

Questions **9.1 to 9.14** ask for the details regarding the register maintained for OPD, IPD, sterilization and stock. Also ask about availability of printed HMIS format connectivity, regular data supply in HMIS format, availability of computer and internet facility. The Interviewer is also to ask on Consolidation of Sub center, data at PHC and on verification of data before computer entry. The question are also on who verifies the data, entering of data, uploading of data to HMIS portal, implementation of MCTS,Traning/Orientation for MCTS by Medical officer, generation of work plan for Sub centers through MCTS and work plan distributed to ANM for Tracking Beneficiaries..

## **QUESTIONNAIRE-D: SUB HEALTH-CENTRE**

This schedule covers two aspects; one on the Sub Health-Centre (Infrastructure, equipment availability etc.) and second on the ANM (Skills & Practices). The ANM in-charge of Sub Health-Centre is the respondent.

### **IDENTIFICATION DETAILS**

Collect the information about location of the Sub Health-Centre with respect to the facilities available, distance between PHC and Sub Health-Centre and connectivity by various modes of transport services. Along with this we are collecting the information on whether Sub Health centre is Level 1 MCH or not. The respondent designation ANM, Male/Female Health Worker or others population served by Sub Health-Centre information is collected. Information of GPS device is also recorded on this page. **(Information on Level 1, 2, 3 MCH is given in Annexure 10)**

### **DETAIL OF GPS INFORMATION**

The GPS information we get during the Mapping- listing of the Sub Health-Centre should be filled.

### **SECTION I: HUMAN RESOURCES**

Questions **1.1 to 1.5**: Collects details about in position post of the ANM /Female/Male Health Worker and other Voluntary Workers. If in 1.1 and 1.2 the response is No ask since how many months they are not in position. Number of ASHAs working in SHC is to be recorded in Q1.5

### **SECTION II: Training Received**

This section is about various types of training received by ANM/Female Health Worker and Male Health Worker. It is designed to capture information on types of training received in last five years or ever received the training. Some of the important trainings are mentioned in these questions, but the interviewer is required to capture all information about all types of training received during last five year.

Questions **2.1 to 2.14**: is about the training received in Sub Health-Centre and collects the information about the type of training given; on RTI/STI (Reproductive Tract Infection/Sexually Transmitted Infection), NSSK, HBNC, ASHA, MDR, VBDCP, DOTS, Immunization training, IUD, IMNCI, Skilled birth attendant training, HMIS, MCTS .If there are any other training that has to be specified in the space provided.

### **SECTION III A: Details of all villages covered by the Sub Health Centre**

Question **3.1** collects the information about the name of the villages starting from Sub-Health Centres Village and then circles the PSU village. The information is collected about the distance from SHC, Pucca road to SHC to main road, availability of any bus/private vehicle to SHC and accessibility throughout the year. If more than 8 villages covered by Sub Health-Centre then attach one more sheet.

### **SECTION III B: Physical Infrastructure**

If, the facility survey of the Sub Health-Centre has been carried out and the report is available, then it may provide the information required in this section. Even if the survey has been done, interviewer would still be required to physically verify some of the information and provide comments under remarks section.

**The infrastructure details are to be supported by digital photographs of the facility and of other areas like Labor Room etc in the SHC.**

#### **B: Building**

Questions **3.2 to 3.6** are about the availability of the designated government building for the Sub Health-Centre. (If Q 3.2 is yes then asks Q3.4), If the Sub-Health Centre does not have own designated building, then ask 3.3. Where sub Health centre is located. If the response is any other ask the respondent to specify and write the response in the space provided. Circle the appropriate response. The Q 3.4 is about the year since the Sub-center is functioning from government building and year has to be mentioned. Q3.5 is whether the Sub Health centre is Pucca, semi pucca or Kuchha, the interviewer should observe and circle the appropriate response. If the response is any other ask the respondent to specify and write the respondent in the space provided.

Questions **3.6 to 3.7(b)**: The Investigator has to observe and record about the condition of building cleanliness, and whether compound wall is present around the facility or not.

**C: Water Supply:**

Question **3.8** is related to the main source of water supply in the facility. Ask and circle appropriate response. It may be through Piped, Bore well/Tube well, Hand Pump, well or other..

**D: Electricity/Inverter:**

**Question 3.9(a) to Q3.9(c):** Pertains to alternative arrangement of electricity connection like Inverter installed in the facility. Further whether adequate funds are available for maintaining the inverter. (If answer to Q 3.9(b) is 'NO' then skip to Q3.10)

**E: Toilet facility:**

Question **3.10:** ask for at least one toilet facility available at the Sub Health-Centre.

**F: Communication facility**

Question **3.11:** collect information on the availability of Telephone/Mobile. If telephone facility is available, record the Number.

**G: Quarters**

For Questions **3.12 to Q3.13:** check Q3.3 if it is ANM house then skips to Q3.17

Collects information about whether ANM quarter is attached to Sub Health-Centre or not, If no then skip to 3.15. It is related with the residential status of ANM. If yes in 3.12 ask 3.13 ANM residing in the quarters. If response is yes circle 1 and skip to 3.15. Whether she lives in the Sub Health-Centre or in another place, if the answer is 'YES' then skip to **3.17**.

Question **3.14** Is about ANM not staying in that facility. Here investigator encircles all the responses given by respondent on reasons for not staying in the official residence.

Questions **3.15 to 3.16** has been asked to find out whether ANM is staying in the Sub-Health Centre village or not and also on the distance from the ANMs residence to SHC.

**H: Labor Room**

Questions **3.17 to Q3.18** is related whether the facilities have labor room and deliveries are conducted in labor room If 3.17 is no then skip to Q3.25

Question **3.19(a) to Q3.19 (f)**: Verify and record about labor table with McIntosh sheet, Suction machine, Autoclave/Sterilizer, 24 hrs running water supply, attached toilet, and on the condition of the toilet.

#### **I: INVERTER**

Question **3.20(a) to 3.20 (b)**: Verify and record the information about the inverter supply connected to the labor room, If yes to 3.20 ask whether the inverter backup is assured at all the times.

#### **J: EMERGENCY DRUG TRAY**

Question **3.21(a) to 3.21(k)**: Collect the information about the availability of emergency drugs like (Oxytocin Injection, Diazepam Injection, Magnesium Sulphate Injection, Lignocaine Hydrochloride Injection, Nifedipine Tablet, Misoprostol Tablet, Sterilized Cotton and Gauze, At least 2 pairs of Gloves, Sterile I/V sets (at least 2), Sterile Syringes and Needles (different sizes) Oxygen Cylinder with Face Mask, Wrench & Regulator.

#### **K: CONDITION OF LABOR ROOM**

Question **3.22(a) to 3.21(f)**: Interviewer has to Observe and record the condition is satisfactory or unsatisfactory on the labor room flooring, wall, ceiling, lighting and other condition in the labor room.

**L:** Question **3.23(a) to 3.23(b)**: Ask and record the availability of normal delivery kits (see annexure-1), surgical set for episiotomy and minor procedures.

**M:** Question **3.24(a) to 3.24(f)**: Record the availability of sterile items (Gloves, Cotton Gauze, Syringes & Needles, Drip sets, and Dextrose 5%) in labor room and whether pantographs' are being recorded for recent delivery at facility.

#### **N: Waste Disposal**

Questions **3.25 to 3.28** is related to "**Bio-medical waste**" means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining there to or in the production or testing of biological. Ask and Record the availability of color coded waste bags, mode of disposal of infectious and disposal of non-Infectious biomedical waste. (Refer annexure 1). Even Observe whether any discarded/used sharps are visible in the facility.

#### **SECTION IV: Availability selected furniture**

Questions **4.1 to 4.5:** Investigator has to check from register and ask about the functionality of each furniture and record about the availability of items like Examination -Table, Labor Table, Foot Step, and Cup-board with lock and, ask also about the Bedside-Screen.

#### **SECTION V: Availability of Other Equipment**

Questions **5.1 to Q5.12** collects the information of equipment used for patient for their daily routine and that are used for different diagnostic and therapeutic procedures and surgical interventions a set of instruments/equipments are needed. Interviewer has to see the register and record on the availability and being functional, available and not functional and not available. The equipments are Autoclave, Auto Disposable Syringes, and HUB - Cutter, BP instrument, Stethoscope, Weighing Scale (adult/infant) Haemoglobinometer (Sahlis), Foetoscope, SIMS Speculum, IUD Insertion Kit, and Vaccine Carrier.

#### **SECTION VI: Availability of Essential Drugs Items in the Sub Health-Centre**

##### **A. ITEM/DRUG**

Questions **6.1 to 6.5:** The interviewer has to see the stock register and record whether item drug is available on the day of survey. The items are Drugs (Kit-A, Kit-B, IFA tablets, Vitamin A solution & Low Osmolarity ORS packets). If No to the availability then was the Item/drugs were out of stock for more than 10 days in last one month. (See annexure-1)

##### **B. Additional drugs for Intra Natal Care.**

Questions **6.6 to 6.10:** Is about the availability of additional drugs (Inj Genatmycin/magnesium sulphate, cap Ampicillin, Tab metronidazole & misoprostol) on the day of survey or out of stock, for more than 10 days during last one month.

##### **C. Medicines and other Consumables required for control of Different Diseases.**

Questions **6.11 to 6.19:** collects the information about the availability of consumables medicines required for different diseases. Investigator should check the register and record in the questionnaire (Tab or syrup chloroquine, Primaquine, paracetamol, DEC, Anti leprosy medicine, anti tubercular drugs, diagnostic Kit for malaria, testing strips for glucose and proteins in urine).

#### **D. Contraceptive supply required for family planning.**

Questions **6.20 to 6.24**: Record the information about the supply of Nirodhs, Daily/Weekly Oral Pills, Copper-T and Emergency Contraceptive Pills in the facility. Whether they are available on the day of survey. If not available, whether out of stock for more than 10 days during the last month.

#### **VII Services Provided (During last one month) Record from register**

##### **Services provided**

Questions **7.1 to 7.4**: Captures the number of pregnant women registered in first trimester, urine test for pregnancy and referred pregnancy cases due to unavailability of SBA trained staff/non availability of Blood transfusion or any other reason it has to be specified.

Questions **7.5 to 7.6**: captures the number of hemoglobin, urine test for presence of Protein and sugar are to be entered separately.

Questions **7.7 to 7.9**: is about number of deliveries at home and sub centre who were JSY beneficiaries. And total number of deliveries at home and Sub centre. **7.8 and 7.9** is on number of post natal care and new born care.

Questions **7.10 to 7.12**: Write down the number of children treated for diarrhea, number of Immunization sessions planned and conducted and immunization to the total number of infants and children immunized.

##### **B. Family planning and Contraception/other services.**

Questions **7.13 to 7.17**: collects the information of number of oral pills, condoms, EC Pills, IUD insertions, and Sterilization cases accompanied.

Question **7.18** is about the number of School Health check-up camps organized for children

Questions **7.19 to 7.22** is about the number of eligible couples visited SHC, Pregnant women registered for beneficiaries of (JSY), cases treated of minor ailments/first Aid and TB cases referred.

Question **7.23** is about the number of peripheral blood smears prepared for detection of malaria in case of fever. If facilities not available then enter code '99'.

Questions **7.24 to 7.25** record the information on adolescent health care services provided at SHC and their nature of services .(if Q7.24 is no circle 2 and skip to Q8.1)

### **C. Monitoring and Supervision activities.**

Questions **8.1 to 8.2:** It is about the preparation of Sub health-centre plan and month & year of the last plan prepared. (If answer to Q 8.1 is 'YES' then skip to Q8.3)

Questions **8.3 to 8.5:** 8.3 Collects the information of the quantity of materials (registers, Reports, Immunization cards, ANC card, HB testing strips) asks material individually. 8.4 is on submitting of referral in time. Circle 1 for yes and skip to 8.6. If the response is No circle 2 and ask reason for not submitting reports on time. The response is to be written as is said by the respondent.

Question **8.6:** is about the written feedback provided from PHC during the monitoring and supervision activities.

Questions **8.7 to 8.9:** collects the information about the visits by Medical Officer, LHV/male health assistant in last one month and display of Citizen Chart in SHC.

Questions **8.10 to 8.12** gathers information about the establishment of VSHC in all the villages of Sub health-centre, VSHC carrying the activities and monitoring the work regularly (If the Q8.10 is not yet then skip to Q8.13).

Question **8.13:** Ask respondent about the Village Health Day.

Question **8.14** collects the information of number of Village health days or nutrition days observed in past six months.

Questions **8.15 to 8.16** gather the information about receiving and utilization of the united funds for previous financial year. If Q8.15 is NO then Skip to Q8.17.

Question **8.17:** enquires about the death of women during pregnancy delivery during six weeks after delivery since 1 Jan 2008 in Sub Health-Centre villages'. If yes circle 1 or if no circle 2 and skip to 8.20.

Questions **8.18 to 8.21:** Collects the number of maternal deaths /maternal deaths reviewed through MDR, number of new born death and infant deaths since 1st Jan 2012.write the number for each and check whether record is available or not.



## **IX. HMIS AND MOTHER AND CHILD TRACKING SYSTEM (MCTS)**

Question **9.1** collects the information on maintaining the data in printed form or hand written of pregnancy registration, Antenatal care, postnatal care, eligible couple, family planning, immunization, JSY, Untied funds and cash books. There are three options if yes maintained in printed form circle 1 or yes, maintained in hand written circle 2 or if No circle 3.

Question **9.2** asks about the availability of mother and child protection cards.

Questions **9.3 to 9.4** pertain to the availability of printed HMIS format and whether reporting for HMIS is area wise or facility wise.

Questions **9.5 to 9.6:** Interviewer has to verify whether data is supplied regularly in HMIS format and ANM is doing data entry for HIMS

Questions **9.7 to 9.9:** Ask respondent about the information of mother and child tracking system maintained in SHC under MCTS, work plan is generated through MCTS and being used for tracking the beneficiaries. Circle the appropriate response for each. (If answer to Q 9.7 is 'NO' then skip to Q 9.10)

Questions **9.10 to 9.11:** Collect the information on availability of the telephone number of ANM and beneficiaries. Circle the appropriate response for each

Questions **9.12 to 9.15** are about reporting of all maternal and infant deaths in facility. If maternal and infant deaths are not reported then the reason for not getting reported. (If answer to Q 9.12 is 'YES' then skip to Q9.14 and If answer to Q 9.14 is 'YES' then END)

**UNTIED FUND:** Under NRHM every facility SHC, PHC, CHC, and DH are supposed to get a fixed amount of money, which they can use for various purposes. E.g. Sub Health-Centre gets a fixed amount of RS. 10,000 P.A, PHC gets a fixed amount of RS 25,000 P.A; CHC gets a fixed amount of RS, 50,000 P.A, District Hospital get an amount of RS, 5, 00000 P.A.

**XVI. ASSIGNMENT SHEET:** There are four assignment sheets each one for SHC, PHC, CHC and DH as **FORM 1 FORMS 2 FORM 3, FORM 4** respectively. Health investigator is required to fill the assignment sheet after completing interview of facility and submit this sheet to supervisor.

Supervisors are also responsible to check the health Investigator's work and theirs assignment sheets and field questionnaires. There are four-assignment sheets for health investigator. After completing the survey of specific health facility supervisor will collect all the information. All the codes are to be provided during mapping and listing.

**FORM 1****ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR****SUB CENTRE**

NAME OF HEALTH INVESTIGATOR \_\_\_\_\_

STATE NAME: \_\_\_\_\_ DISTRICT NAME \_\_\_\_\_ VILLAGE NAME \_\_\_\_\_

FACILITY NO 

--	--

S r .No	Date of survey (1)	Code of Facility (2)	Name of the in- charge of Facility (3)	PSU Villag e (4)	Name of the Village Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

**Note: Codes for column (6): 1).ANM                      2). Male Health Worker                      3). Other**

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD  
COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)

NAME AND SIGNATURE OF P.O. (IIPS)

(FIELD AGENCY)

**FORM 2**

**ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR**  
**PRIMARY HEALTH CENTRE**

NAME OF HEALTH INVESTIGATOR \_\_\_\_\_ STATE- NAME: \_\_\_\_\_

DISTRICT-NAME \_\_\_\_\_ VILLAGE -NAME \_\_\_\_\_

FACILITY NO

--	--

Sr. No	Date of survey (1)	Code of Facility (2)	Name of the in- charge of Facility (3)	SHC Code (4)	Name of the SHC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

**Note: Codes for column (6): 1. Medical Officer   2. Pharmacist   3. Health Assistant Male/Female ANM**  
**4. Health Worker Male/Female   5. Other**

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD  
COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)

NAME AND SIGNATURE OF P.O. (IIPS)

(FIELD AGENCY)

**FORM 3**

**ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR**  
**COMMUNITY HEALTH CENTRE**

**NAME OF HEALTH INVESTIGATOR** \_\_\_\_\_ **STATE NAME:** \_\_\_\_\_

**DISTRICT NAME** \_\_\_\_\_ **VILLAGE NAME** \_\_\_\_\_

**FACILITY NO**

--	--

S r. .No	Date of survey (1)	Code of Facility (2)	Name of the in- charge of Facility (3)	PHC Code (4)	Name of the PHC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

**Note:** Codes for column (6): 1. Medical Superintendent   2. Doctor/ Specialist/ Obstetrician / Gynecologist  
3. Administrative personnel   4. ANM/Male Health Worker   5. Other

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD  
COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)

**NAME AND SIGNATURE OF P.O. (IIPS)**

(FIELD AGENCY)

**FORM 4****ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR****DISTRICT HOSPITAL/SUB-DIVISIONAL HOSPITAL**

NAME OF HEALTH INVESTIGATOR \_\_\_\_\_

STATE NAME: \_\_\_\_\_ DISTRICT NAME \_\_\_\_\_ FACILITY NO

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S r .No	Date of survey (1)	Code of Facility (2)	Name of the in- charge of Facility (3)	CHC Code (4)	Name of the CHC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

**Note: Codes for column (6): 1. Medical Superintendent      2. Obstetrician /Gynecologist      3. Other**

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD  
COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)

NAME AND SIGNATURE OF P.O. (IIPS)

(FIELD AGENCY)

**DISTRICT LEVEL HOUSEHOLD SURVEY (DLHS - 4)**

**FORM 5**

**PARTICULARS OF HEALTH FACILITIES**

<b>IDENTIFICATION</b>  STATE _____ <span style="float: right;">□ □</span>  DISTRICT _____ <span style="float: right;">□ □</span>  RURAL/URBAN (rural=1, urban=2) <span style="float: right;">□</span> CITY/TOWN/VILLAGE _____ <span style="float: right;">□ □ □ □ □ □</span> DATE ..... <span style="float: right;">□ □ □ □ □ □</span>								<div style="text-align: center;">OBSERVATION</div> <hr/> <hr/> <hr/> <hr/> <hr/>					
--	--	--	--	--	--	--	--	--	--	--	--	--	--

PSU NO.	TEHSIL/ TALUK	TEHSIL/ TALUK CODE	NAME OF SHC	SHC CODE	NAME OF PHC	PHC CODE	NAME OF CHC/BPHC/RH	CODE OF CHC/BPHC/RH	NAME OF SDH	CODE OF SDH	NAME OF DH	CODE OF DH

## ANEXXURE-1

**Color coding-biomedical waste:** Color coding of container Waste categories

Sr.No	Color coding	Type containers	Waste Categories	Treatment Options
1	Yellow	Plastic bags	Cat 1: Human anatomical waste, Cat 2: Animal waste, Cat 3 :Microbiology waste, Cat 6: Soiled waste.	Incineration/deep burial
2	Red	Disinfected container plastic bags	Cat 3 :Microbiology waste, Cat 6: Soiled waste. Cat 7 : Solid waste (Waste IV tubes catheters, etc.)	Autoclaving/ Micro waving/ Chemical Treatment
3	Blue/White	Plastic bag/puncture proof containers	Cat 4 :Waste sharps Cat 7: Plastic disposable tubings, etc.	Autoclaving/ Micro waving/ chemical treatment and destruction/ shredding
4	Black	Plastic bag/puncture proof containers	Cat 5:Discarded medicines Cat 9 :Incineration ash Cat 10 :Chemical waste	Disposal in secured landfill

## ANEXXURE-2

### EQUIPMENT

<b>KIT A:</b>	Contains IFA tablets (Large & small), Vit. A solution, ORS packet, Cotrimoxazole tablet (Pediatric), and DDK kit. This kit is especially for the SHC.
<b>KIT B:</b>	Tab. Methelergometrine Maleate, Tab. Paracetamol, Inj. Methelergometrine Maleate, Tab. Mebendazole, Dicyclomine, Chloramphenicol Eye Ointment, Providone Iodin Ointment, Cetrimide Powder, Absorbent Cotton, Cotton Bandage.
Kit A and B are especially for the SHC.	
<b>KIT – E: Standard Surgical Set – I</b>	This Kit contains Instrument Tray, Surgeon Gloves, Backhaus Towel Forceps, Sponge Holding Forceps, Artery Forceps, Hysterectomy Forceps, Hemostatic Forceps, Tissue Forceps, Uterine Forceps, Mayo Needle Holder, Knife-Handle Surgical, Surgical Knife-Blade, Suture Needles Triangular Point, Suture Needles Round Bodied, Abdominal Deavers Retractor, Double-Ended Abdominal Retractor, Operating Scissors, Balfour 3 Blade Abdominal Retractor, Operating Scissors, Gauze, Suction Tube, , Doyen Intestinal Clamp Curved, Doyen Intestinal Clamp Straight, Tissue Forceps,



<b>K-F: Standard Surgical Set – II</b>	This Kit contains Thomas-Allis Tissue Forceps, Backhaus Towel Forceps, Anesthetic Syringe, Hypodermic Syringe, Hypodermic Needles, Tissue Forceps, , Mosquito Halsteads Hemostat Forceps, Artery Forceps Straight Pean, Artery Forceps Curved Pean, Babcock Tissue Forceps, Knife Handle For Minor Surgery , Knife Blade For Minor Surgery, Needle Holder( Straight Narrow-Jaw Mayo–Heger), Suture Needle Straight, Mayo Needle ½ Circle, Urethral Catheter Nelaton, Forceps Uterine Tenaculum, Uterine Elevator (Ranathlbod), Obstetric Hook, Proctoscope, Sponge Bowl, Abdominal Retractor Richerdson -Eastman, Abdominal Retractor Deaver, Vaginal Speculum Bi-Valve Graves, Ligature Scissors, Operating Scissors, Instrument Tray .
<b>KIT-G: IUD Insertion Kit.</b>	This Kit contains Sterilization Tray With Cover, Surgeon Gloves Latex, , Metal Bowl Sponge, Vaginal Bi-Valve Speculum Cusco's Graves Small , Sponge Holding Forceps, Straight Simpson Uterine Sound, Forceps Uterine Tenaculum Duplay , Tissue Forceps Anterior Vaginal Wall Retractor, Torch Without Batteries , Surgeon Gloves Latex, Battery Dry Cell 1.5 V 'D', Speculum Vaginal Bi-Valve Cusco's, Artery Forceps Straight Pean, Operating Scissors Straight, , Forceps Uterine Vulsellum Curved, Museux Speculum Vaginal Double-Ended.
<b>KIT-H: Standard Surgical Set – III</b>	This Kit contains Instrument Tray, backhaus towel Forceps, hemostat straight and curved Kelly Forceps, Allis tissue Forceps, Knife handle, Knife blade, hypodermic Needle, suture Needle straight, Suture Needle Mayo ½ circle, ligature Scissors, anesthetic Syringe, Syringes, instrument Sterilizer, Hypodermic Syringe, Cheatle Forceps,
<b>KIT-I: Normal Delivery Kit</b>	This Kit contains Dressing Trolley, carriage, Towel trolley, operation Gown, surgeon's operation Cap. Absorbent Gauze, instrument Tray, Macintosh, face Mask, Towel, Cotton wool absorbent, Sterilizing Drum, instrument Table adjustable type
<b>KIT-J: Standard Surgical Set - IV</b>	This Kit contains Vacuum Extractor, Wrigley's Obstetric Forceps, Obstetric Forceps, Sponge Holding Forceps, Artery Forceps, Spencer-Wells Straight and curved, Straight Needle Holder Mayo-Hagar, Ligature Scissors Spencer, Episiotomy Scissors, Tissue Forceps, Foley's Urethral Catheter, Nelaton Urethral Catheter Set Of Five, Backhaus Towel Forceps, Sim's Double-ended Vaginal Speculum, Vaginal Speculum Hamilton-Bailey
<b>KIT-K: Standard Surgical Set–V</b>	This Kit contains, , Neville-Barnes Obstetric Forceps,, W/Traction, , Braun Decapitation Hook, , Crochet Obstetric Hook, Mesnard Bone Forceps, Smellie,, Perforator, Forceps, Cranial, Gouss, Cranioclast Braun, Ligature Scissors Spencer, Sponge Holding Forceps, , Tissue Forceps Spring-Type, Tissue Forceps Spring-Type Serrated Tips, Artery Forceps Spencer–Wells, Straight, Artery Forceps Spencer-Wells Straight, Scalp Flap Forceps Willet's, ForcepsVulsellum Duplay Double Curved, Urethral Catheter, Needle Holder Mayo-Hagar, Narrow Jaw, Cusco Vaginal Bi-Valve Speculum , Sim's Vaginal Speculum Double-Ended, , Backhaus Towel Forceps
<b>KIT-L: Standard Surgical Set – VI</b>	This Kit contains Sponge holding Forceps straight, Sim's double-ended vaginal Speculum, tenaculum Forceps, Uterine Sound, uterine Dilator hegar, uterine Curette blunt and sharp, artery Forceps, tissue Forceps, Forceps
<b>KIT-M: Kit for Anesthesia</b>	This kit contains Facemask, Airway, Laryngoscope, Catheter, Endotracheal, Urethral Catheter, Catheter Forceps, Magill, Catheter Connectors, Cuffs For Endotracheal Catheters, Breathing Tubes, Self Inflating Breathing Bag, Vaporizer, Vaporiser, Ether Or Methoxyflurane, Intravenous Set, Needle, Spinal, Syringe, Anesthetic, Control 5ml

<b>KIT-N: Kit for Neo-natal Resuscitation</b>	This kit contains mucus Catheter, nasal Catheter, end tracheal Catheter, Stilette, suction, Catheter, infant LaryngoSHCope Lateral mask, with ventilatory bag Resuscitator, automatic, basinet type ultra-violet (heat source) Lamp,
<b>KIT-O: Kit for Laboratory Tests &amp; Blood Transfusion</b>	This kit contains Measuring Cylinder, Polyethylene wash Bottle, Timer, slide drying Rack, staining Tray, Rod, flint-glass, neubauer Chamber, Serological Glass. Pipette, differential, Blood Cells Counter, micro-Hematocrit Centrifuge, Heparinized Capillary Tube, Lancet, Benedict's reagent, Micro SHCope, and autoclave.
<b>KIT-P: Kit for Blood Transfusion</b>	This kit contains Centrifuge, Pipette, Cuff, sphygmomanometer, blood collection Needle, artery, Spencer-Wells Scissors, CPDA anti-coagulant, pilot bottle 350ml, Binocular Microscope,

### Annexure 3

#### Essential Obstetric Care Drugs

Following is the list of the drug used in intra natal care they are supplied as essential obstetric care drug kit.

1.	Diazepam	17	Doxycycline hydrochloride
2.	Lignocaine Hydrochloride Inj.	18	Tinidazole IP
3.	Pethidine Hydrochloride Inj.	19	Salbutamol tab.
5.	Pentazocine Lactate Inj. IP	20	Phenoxy Methyl Penicillin
5.	Dexamethasone Sodium Phosphate inj. IP 4 mg per ml Inj.	21	Hemostatic capsule
6.	Promethazine Hydrochloride Inj.	22	Vit. K3 (Menadione Inj.) IP
7.	Methyl Ergometrine Maleate Inj. IP 0.2 mg per ml Inj.	23	Atropine sulphate inj. IP
8.	Ethophylline BP plus 169.4 mg Inj.	24	Nalidixic Acid tablet IP
9.	Aminophylline Inj.	25	Oxytocin Inj. 1 ml
10.	Adrenaline Bitartrate Inj. IP	26	Phenytoin ml Inj
11.	Compound Sodium Lactate Inj.	27	Chlorpromazine
12.	Methyl Ergometrine tab IP	28	Cephalexin Cap.
13.	Diazepam tab. IP	29	Ritridine Inj. 5 ml Amp
14.	Paracetamol tab. IP	30	Dextrose Inj. IP I.V. Solution 5% Inj.
15.	Amoxycillin Trihydrate	31	Sodium Chloride Inj. IP I.V. solution 0.9% w/v Inj.
16.	Cotrimoxazole combination of - Trimethoprim IP - Sulphamethoxazole IP Per Tablet.		

**Annexure 4**  
**Emergency Obstetric Care Drugs**

	Product		Product		Product
1	Halothane BP	26	Oxytocin Inj. IP	51	Insulin Zinc Suspension Inj. IP
2	Atropine Sulphate Injection	27	Etophylline Anhydrous Theophylline	52	Sodium Bicarbonate Solution BP
3	Thiopentone Sodium IP	28	Hydrocortisone Acetate IP	53	Magnesium Sulphate Inj. BP
4	Bupivacaine Hydrochloride Inj. IP	29	Salbutamol Sulphate Tablets	54	Phenytoin IP
5	Lignocaine Hydrochloride Inj. IP	30	Adrenaline Bitartrate Injection	55*	Oxygen IP
6	Lignocaine Hydrochloride Inj. IP	31	Succinyl Choline Chloride Inj. IP	56*	Sodium chloride Solution BP
7	Diazepam Injection	32	Ketamine Hydrochloride Inj. IP	57*	Dextrose Inj. Ip. I.V.Solution
8	Pentazocine Lactate Injection	33	Diazepam Tablets	58*	Nitrous oxide IP
9	Dexamethasone Sodium Phosphate Inj. IP	34	Vecuronium Bromide BP	59*	Plasma Volume expander brand name: Haemaccel
10	Promethazine hydrochloride Inj. IP	35	Pancuronium Bromide Inj. BP	60*	Water for Injection
11	Nifedipine Capsules IP	36	Neostigmine Methyl Sulphate Inj. IP	61*	I.V.Infusion Sets
12	Mephentermine Sulphate Inj. IP	37	Benzyl Pencillin Inj. IP	62*	Intracath cannula (size-16,18,20,22)
13	Dopamine hydrochloride Inj. USP	38	Fortified Procaine Penicillin Inj. IP	63*	Syringes & Needles (Glass) size- 1ml, 2ml, & 5ml
14	Digoxin IP Tab	39	Benzathine Benzyl Penicillin Inj. IP	64*	Compound Sodium Lactate
15	Digoxin Inj. IP	40	Cotrimoxazole Tabs. Trimethoprim IP Sulphamethoxazole IP Tablets	65*	Gloves (size-6, 7,& 8)
16	Methyldopa Tablet IP	41	Phenoxyethyl Penicillin Potassium Tablets		
17	Furosemide Tab. IP	42	Nalidixic Acid Tablets		
18	Furosemide Inj. USP	43	Cloxacillin Sodium Inj. IP		
19	Ampicillin Sodium Inj. IP	44	Metronidazole IV IP		
20	Gentamycin Sulphate Inj. IP	45	Ergometrine Maleate Tab. IP		
21	Amoxycillin Trihydrate Capsules	46	Chloroquin Phosphate Inj. IP		
22	Norfloxacin Tab. IP	47	Phenytoin Sodium Tab IP		
23	Doxycycline Hydrochloride Capsule IP	48	Hydroprogesterone Hexanoate Inj USP		
24	Tinidazole Tablets	49	Norethisterone Acetate BP		
25	Ergometrine Maleate Inj. IP	50	Insulin Inj. IP		

**Annexure 5**  
**Miscellaneous**

<b>IPHS:</b>	Indian Public Health Standards is a set of standards envisaged to improve the quality of health care delivery in the country under National Rural Health Mission. (NRHM) IPHS will be a yardstick to which services provided in the CHCs, PHCs and SHCs would be measured in terms of quality as well as their availability
<b>ASHA:</b>	Under NRHM the Accredited Social Health Activist (ASHA) is being envisaged in each village. With Asha in place, there will be increase demands for health services and system needs to be geared to face challenge.
<b>IMNCI:</b>	A new approach to tackling the major diseases of early childhood and neonate called the Integrated Management of childhood and neonatal Illnesses (IMNCI). The integrated approach ensures that all relevant needs of the child and neonate are looked at and attended to during the contact of the child with the health workers. IMNCI is a skill-based training. The training is based on a participatory approach combining classroom sessions with hands-on clinical sessions in both facility and community settings.
<b>NEWBORN</b>	A baby up to 30 days after birth termed as newborn
<b>INFANT</b>	A baby up to one year termed as infant

**Annexure 6**  
**Bio Medical Waste**

Any waste, which is generated during Diagnosis, treatment or immunization of human beings or animal or in research activities, is termed as biomedical waste. Following are the methods by which biomedical waste is disposed.

1. **INCINERATION:** It is high temperature dry oxidation process that reduces organic and combustible waste to inorganic incombustible matter.
2. **CHEMICAL DISINFECTION:** Chemicals are added to waste to kill or inactivate the pathogen in it.
3. **WET AND DRY THERMAL TREATMENT:** Sharp Waste is a shredded and mutilated.
4. **MICROWAVE:** Water contain in the waste is rapidly heated by microwave and the infectious component are destroyed by heat conduction.

Colour of the container	Category of waste	Method of disposal
Yellow	Human organ part	Incinerator
Red	Microbiology & Biotechnology waste	Autoclaving, micro waving
Blue	Sharp waste	Destruction shredding
Black	General waste	Secure land fill

### **Annexure 7** **Essential Drugs**

These are the handful of the drugs, which are time tested and better in efficacy and safety wise to their newer congeners. There supply is ensured in every facility.

Drugs are grouped according to their function in following categories:

<b>Anti-allergies and drugs-used Anaphylaxis:</b>	These are the drugs, which are used in case of allergic reactions and anaphylaxis as Atropine, Phenargan, Dexamethasone, Adrenaline, etc.
<b>Anti-hypertensive:</b>	These are the drugs, which are used for lowering the BP and have long-term beneficial effects. These are Amlodipine, Atenolol, Enalapril, and Methyldopa etc
<b>Anti-diabetics:</b>	These are the drugs, which are used to control sugar level in diabetics – Glibenclamide, Insulin, Metformin.
<b>Anti-anginal :</b>	These are the drugs, which are used to abort the attack of angina (sever chest pain) – Glyceryl Trinitrate, Isosorbide di nitrate, Mononitrate, Propanolol.
<b>Anti-tuberCular:</b>	These are the drugs, which are used in the treatment of tuberculosis through Dots.
<b>Anti-Leprosy</b>	These are the drugs, which are used in the treatment of Leprosy, Multi drug treatment (MDT) where two or three drugs are used.
<b>Anti-Filarial</b>	These are drugs, which are used in the treatment of filariasis. These are DEC.
<b>Anti-Bacterial</b>	These are the drugs, which either kills or stop the growth of bacteria. There are several group of antibiotics. Co-trimoxazole, Ciprofloxacin, Metronidazole, Erythromycin, Ampicillin, Benzathine Penicillin.
<b>Anti-Protozoal.</b>	These are the drugs, which are used to contain, the infection caused by protozoal (microorganism) e.g. Tinidazole, Metronidazole

### **Annexure 8** **RKS (Rogi Kalyan Samiti):**

Rogi Kalyan Samiti/Hospital Management society is responsible for policy formulation and decision making (General body) and Executive body for implementing the decisions.

The main objective of RKS is creation of a better atmosphere, Management training, Orientation and incentives for staff, Management of resources.

**RKS has been named differently in different regions such as:**

- Rogi kalyan Samiti - MP
- Medical Relief Society - Rajasthan
- Hospital Kalyan Samiti – Assam/ Himachal Pradesh
- Chikitsa Sudhar Samiti – UK

### **VHSHC (Village Health and Sanitation Committee):**

At village level Village Health and Sanitation Committee has been constituted their roll and responsibilities are to facilitate and monitor the functioning of Sub health-centre.

### **CITIZEN'S CHARTER:**

This charter is the framework for the users to know about the availability of the services, Quality of the services, Standard of services and other general information also responsibility of the users. Every Health Facility is suppose to display it

## **Annexure 9**

### **FRUs: (First Referral Unit)**

A facility can be declared fully operational FRUs. Only if it is equipped to provide round the clock emergency obstetric care & newborn care. FRUs are expected to deliver following services

1. 24 hours delivery services including normal and assisted delivery.
2. Newborn care.
3. Emergency care of sick children.
4. Full range of family planning services including laprotomy services.
5. Safe abortion services.
6. Treatment of RTI/ STI.
7. Blood storage facility.
8. Essential Laboratory Services.
9. Referral Transport Services.

Critical Determinants of FRU are:

1. Availability of surgical interventions on 24-hour basis.
2. Newborn care on 24-hour basis.
3. Blood storage facility on 24-hour basis.

## **Annexure 10**

### **MCH Centers**

The MCH centers flow out of the 'operational guidelines on Maternal and Newborn Health'. Any health facility where institutional deliveries are conducted is an MCH Centre(delivery points).

Grading of MCH centers.

Three levels of MCH centers have been defined on the basis of service delivery packages:-

Level 1 MCH Center: Sub health centers and PHCs providing basic SBA level delivery care.

Level 2 MCH Center: Health facilities e.g.PHCs and CHCs providing Institutional deliveries, including management of complicated deliveries not requiring surgery, along with other RCH services like MTP,sterilization,sick newborn care,etc.

Level 3 MCH Center: Health facilities( CHCs/SDHs/DHs) providing critical emergency obstetric and new born care(CEmONC) and family welfare services, with fully functional OT,blood bank/BSUs,Sick new born care units(SNCU) and malnutrition treatment centres.

Level 1 Facility – Skilled Birth Attendance

- Maternal Health
- ANC Package-Registration (Within 12 weeks).Physical examination,Identification of referral for danger signs,IFA for pregnant and anaemic women.

- Delivery package-Minimum 6 hrs post delivery stay,home visit for PNC check up
- Safe abortion services-Counselling and facilitation
- New born health
- Newborn Resuscitation,warmth,infection prevention,support for breast feeding initiation,weighing, care of LBW<2500gm and referral of sick new born
- RTI/STI management
- Counselling and Referral
- Family Planning services
- Emergency Contraceptive pills, Counselling and motivation for small family norm, distribution of OCP, Condoms, IUD insertion Y, Follow up of beneficiaries.
- Assured referral system to higher facilities, Complete immunization, Counseling for feeding, Nutrition, family Planning, Immunization.

Human resources: minimum two skilled birth attendants-Midwives.

#### Level 2 facilities-Basic Obstetric and Newborn care

- All services as in level 1 +
- Maternal Health
- ANC package:
- Delivery package
- PNC Package
- Safe Abortion services
- New born Health
- RTI/STI management
- Family Planning services

Human resources: One or Two medical Officers, three to five nurses or midwives with SBA training.

#### Level 3-comprehensive obstetric and new born care

- All services as in Level 2 +
  - Maternal health
  - Management of severe anemia, management of intrapartum and post Partum, complications including those requiring caesarean section and blood transfusion. Blood bank storage /Blood bank.
  - Safe abortion services-both first and second trimester's abortion services (up to 20 weeks). Management of post abortion complications.
  - New Born Health
  - Care of Sick new born, management of LBW babies less than 1800 gms.
  - RTI/STI management
  - Identification and management, desirable-ICTC/PPTCT services
  - Family planning services
  - Male –sterilization-Non scalpel Vasectomy, Female sterilization: Conventional tubectomy, Minilap, laparoscopic Tubectomy, All other FP services as mentioned in Level 1 and Level 2 plus management of complications.
- Human Resources: An obstetrician, an anesthetist and a pediatrician or medical officer with short term training for appropriate specialist skills, also a technician or medical officer with skills for blood transfusion support and, nine nurses, medical officers and nurses as per case load

**APPENDIX: A Glossary of Key Terms Used in the Schedules**

Sl. No	Abbreviation	Full Form
1.	AD Syringe	Auto-destruct Syringes. These syringes can be used once only and are provided for immunization free of cost.
2.	AEFI	Adverse events following Immunization
3.	AFB	Acid fast Bacilli.
4.	AMC	Annual maintenance Contract
5.	Antibiotic	Antibiotic is a substance that kills or inhibits the growth of bacteria.
6.	Anticonvulsant	Anticonvulsant is a drug which is used in the treatment of Convulsions/ neurological illness
7.	ANC	Ante Natal Care
8.	ANC completed IFA prophylaxis	Number of Antenatal cases who have taken Tablet Iron & Folic Acid for 100 days during pregnancy.
9.	ANC given 3 checkups	Antenatal cases who have been given three checkups as per Schedule 1 <sup>st</sup> Check-up at 20-24 weeks, 2nd at 28-32 weeks and 3rd at 36 weeks of pregnancy
10.	ANC given TT	Number of Antenatal cases given Tetanus Toxoid injections
11.	ANM	Auxiliary Nurse Midwife
12.	APH	Stands for Ante partum haemorrhage. It refers to any episode of bleeding during pregnancy in the period ranging from 28 weeks onwards till delivery.
13.	APL	Above Poverty Line
14.	Aseptic delivery	Delivery not contaminated by sepsis/infection. Normal deliveries are usually aseptic.
15.	ASHA	Accredited Social Health Activist
16.	ASHA Kit	Drug and item kit provided to ASHA for daily use.
17.	Asphyxia	Shortness of breath (hypoxia) to a newborn infant long enough to cause harm.
18.	Assisted delivery	An assisted delivery is a situation where birth of a child may have to be assisted using forceps or vacuum extraction. It may happen in normal delivery or during abnormal presentations like Breech delivery etc. It may also be required in medical conditions like pre-eclampsia, inadequate pelvic aperture etc.
19.	Audiometric an	A technician trained to tests the hearing ability by frequencies & various level of loudness using special equipment.
20.	Auto analyzer	Equipment for carrying out automatic tests in labs.
21.	Autoclave	Equipment used to sterilize equipments/ dressing material.
22.	AV Aids	Audio Visual Aids



Sl. No	Abbreviation	Full Form
23.	Average daily OPD	Calculated by dividing total OPD visits of the month by available OPD days (Total No. of days on which OPD services are available)
24.	AWW	Anganwadi Worker
25.	AYUSH	Stands for department of Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy
26.	BCC	Behavioral Change Communication
27.	BCG	Bacillus Calmette-Guerin
28.	Bed occupancy rate (Inpatient days of care)	<p>The bed occupancy rate refers to the period from 1<sup>st</sup> October to 31<sup>st</sup> December 2008. If it is not available from the record , please calculate as follows:</p> <p>1. Bed days available = If 50 beds were available for use each day during last three months ( 1<sup>st</sup> October to 31<sup>st</sup> December 2008) , total bed days available would be <math>50 \times 90 = 45,00</math>.</p> <p>2. Bed days occupied = It would be ascertained based on number of in-patients and the duration of their stay. For example if there are 500 patients admitted during 1<sup>st</sup> October to 31<sup>st</sup> December 2008, and each patient stayed in the hospital on an average 3 days, the number bed days occupied would be <math>500 \times 3 = 15, 00</math> bed days occupied.</p> <p>3. Bed Occupancy Rate would be: <math>15, 00 / 45, 00 \times 100 = 33.3 \%</math></p>
29.	BEE	Block Extension Educator
30.	BHELO	Block Health Education and Information Officer
31.	BeMOC	<p>Services refer to facilities with following essential services –</p> <ol style="list-style-type: none"> <li>1 Parenteral administration of Antibiotic</li> <li>2. Parenteral administration of Anticonvulsants</li> <li>3. Parenteral administration of Oxytocins</li> <li>4. Assisted vaginal delivery</li> <li>5. Manual removal of Placenta.</li> <li>6. Removal of retained products of conception</li> </ol>
32.	Biomedical waste	Refers to any waste, which is generated during the diagnosis, treatment or immunisation of human beings
33.	BITOT'S Spots	Bitot's spots are superficial, foamy gray, triangular spots on the SHClera (white) of the eyeball due to Vitamin A deficiency
34.	Blood Smear	Examination of blood for different types of cell counts.
35.	Blood Storage Unit	These are smaller blood storage facilities primarily designed for FRUs. It may also be located at any CHC, PHC or any other govt. hospital. These units have blood storage capability of 50 units of blood at one time.
36.	Bone marrow biopsy	Biopsy of bone marrow to examine the bone marrow cells.
37.	Boyle's Apparatus	Equipment used for providing anaesthesia and respiratory assistance.
38.	BPL	Below Poverty Line
39.	Breech presentation	Position of foetus in uterus with feet as its presenting part.
40.	Bronchoscope	Examination of respiratory passage (Bronchial system) using an instrument – BronchoSHCope.

Sl. No	Abbreviation	Full Form
41.	CEMOC	Services refer to facilities with all services listed under BeMOC and also include the following- 1. Availability of blood and blood transfusion facility. 2. Facility for Caesarean section for delivery of foetus in emergency cases
42.	Cervical tear	Tear of cervix during delivery.
43.	Citizen's charter	It is a document which focuses on rights of citizens with respect to services to be provided at different levels and in different types of facilities. It describes level and quality of services which a citizen can expect and also the people responsible for these services.
44.	Cold Chain	This is a temperature controlled supply chain, usually for temperature sensitive items like vaccines and sera. Different types of equipment is usually available at various facilities like – Deep freezer, ILR(Ice Lined Refrigerator), Cold boxes etc.
45.	Colony Hospital	Health facilities in Urban areas having indoor facilities with more than 30 Beds. The name of such facilities may however vary as no structured convention exists at present.
46.	Cradle	A <b>cradle</b> (also called a crib) is a small bed, for holding babies in maternal wards.
47.	CSF	Cerebrospinal fluid
48.	CSF Analysis	Study (Lab test) of Cerebra-spinal fluid.
49.	CSSD	Central Sterilize And Supply Department
50.	DBCS	District Blindness Control Society
51.	DDK	Disposable delivery Kit
52.	DDCs	Drugs Distribution Centres
53.	DDR	Doctor Duty Room
54.	Disease classification hospital records.	It is a coding system used to classify diseases and other health problems which are recorded on many types of health and vital records including death certificates. The system is based on WHO ICD classification
55.	DMC	Designated Microscopic Centre
56.	DOTS	Directly Observed Treatment Short Course. This term is used for the treatment of tuberculosis usually.
57.	DPMU	District Programme Management Unit
58.	DPT 3	Number of infants given 3 <sup>rd</sup> dose of DPT vaccine during routine immunization.
59.	Eclampsia	Eclampsia is the condition with high blood pressure diagnosed during the span of pregnancy. If untreated, it may lead to serious complication like convulsions.
60.	Ectopic pregnancy	Pregnancy where product of conception is outside the uterus.
61.	ECG	Electro Cardiogram. It is the recording of the electrical activity of heart using skin electrodes.
62.	EDD	Expected date of delivery
63.	ENT Surgeon	Ear, Nose, Throat Surgeon
64.	ESI	Employee State Insurance

Sl. No	Abbreviation	Full Form
65.	Fibrotic endoscopy	Examination of internal cavities of body like digestive system of human body using an instrument – endoscope- which has a Fiber optic light source at the end and is flexible.
66.	FMR	Financial Monitoring report
67.	FTDs	Fever Treatment Depots
68.	FRU	First Referral Unit
69.	Forceps delivery	Delivery of child in which using forceps are used to pull out the head of the fetus.
70.	GIS	Geographical Information System
71.	GOI	Government of India
72.	GP	Gram Panchayat
73.	Hematology	Refers to study of blood and blood products. Usually refers to examination of blood cells and their functions through laboratory testing.
74.	<b>HBNC</b>	<b>Home Based Neonatal Care</b>
75.	Health Post (Urban)	Outreach service post (Type A, B and C) in urban areas serving to less than 10,000 population. It is manned by ANM. Type D health post is manned by Medical officer and caters to a population of 30,000 – 50,000.
76.	HFWTC	Health& Family welfare Training Centre
77.	High Dependency Units (HDU)	Special Wards for patients needing more intensive care (Its services are more than that of general ward, but less than that of intensive care unit).
78.	Histopathology	Branch of pathology that deals with examination of different types of tissues.
79.	HIV	Human Immunodeficiency Virus
80.	HRD	Human Resource Development
81.	Hysterectomy	Surgical removal of uterus.
82.	ICDS	Integrated Child Development Services
83.	ICU	Intensive Care Unit
84.	IDSP	Integrated Disease Surveillance Programme
85.	IEC	Information Education & Communication
86.	ICTC	Integrated Counseling and Testing Centre
87.	IFA	Iron & Folic Acid
88.	ILR	Ice Lined Refrigerators
89.	IMEP	Infection Management and Environmental Protection
90.	IMNCI	Integrated Management of Neonatal & Child Infections
91.	Incubator	It is an apparatus used for maintaining an infant especially a premature infant in an environment of controlled temperature, humidity & oxygen concentration.
92.	Infant	Newborn up to 1st year of life.

Sl. No	Abbreviation	Full Form
93.	Infertility	Failure to conceive.
94.	IOL	Intra Ocular Lens
95.	IPD	In patient Department
96.	IPHS	Indian Public Health Standards
97.	Isolation room	It is the room used for isolating or quarantining the highly infected patients. This may be a negative pressure room that uses reverse circulation of the air to maintain isolation.
98.	1 <sup>st</sup> trimester registration of Pregnancy	Registration of pregnancy in 1st trimester (1st 12 weeks of pregnancy)
99.	IUD	Intra Uterine Device- A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation
100.	IUD 380 A	A variant of Intra uterine device (IUD) which can provide contraception/ protection for 10 years.
101.	JE	Japanese Encephalitis
102.	JSY	Janani Suraksha Yojana – It is a safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. It is 100% centrally sponsored Scheme and it integrates cash assistance with delivery and post-delivery care.
103.	Laprotomy	A Laprotomy is a procedure to gain access into the abdominal cavity by means of Laparoscope.
104.	Laryngoscope	A laryngoscope is a medical instrument that is used to obtain a view of the vocal cords and the glottis, which is the space between the cords.
105.	LHV	Lady Health Visitor
106.	LMP	Last menstrual period ( usually refers to first day of last cycle)
107.	Lumber puncture	Puncture of lower spinal cord (in lumber region), usually done as a diagnostic procedure to get the sample of Cerebra Spinal Fluid (CSF) for laboratory examination
108.	Major surgery	Usually refers to surgery which is done under general /spinal anesthesia and takes more than 30 minutes.
109.	Malnutrition	Malnutrition is a general term for a medical condition caused by an improper or insufficient diet. It most often refers to under nutrition resulting from inadequate consumption, poor absorption, or excessive loss of nutrients.
110.	Maternal Death	Death of any woman during pregnancy due to any cause or during post partum period (up to 42 days after delivery).
111.	Maternity Home	Health facilities in urban areas which provide indoor services for institutional deliveries. They have less than 30 Beds.
112.	MCH	Maternal and Child Health
113.	MD	Mission Director
114.	MDT	Multi Drug Treatment

Sl. No	Abbreviation	Full Form
115.	Meeting register	Register for recording minutes of meeting and other details.
116.	Micro birth plan	This is a tool basically to structure the events/actions related with pregnancy and delivery (To be drawn up by ANM/ASHA). Essentially it consists of – a. Registration and filling up of JSY card b. Calculation of EDD (Expected date of delivery) c. Dates of three essential check ups d. Identification of health facility where delivery will take place e. Identification of means of transport
117.	Mid trimester abortion	Abortion in second trimester (16 to 24 weeks) of pregnancy.
118.	MMU	Mobile Medical Unit
119.	Minor surgery	Usually refers to surgery which is done without anesthesia or with local anesthesia and takes less than 30 minutes. This type of surgery also does not require respiratory assistance.
120.	MIS	Management Information System
121.	Miscarriage	Spontaneous abortion on or before 20 weeks of pregnancy.
122.	MOU	Memorandum of Understanding
123.	MPHW (M)	Multi Purpose Health Worker (Male)
124.	MTP	Medical Termination of Pregnancy
125.	MVA Syringe	Manual Vacuum Aspiration Syringe
126.	NBC	New Born Care
127.	Neonatal sepsis	Neonatal sepsis is a blood infection that occurs in a neonate (less than 28 days of life). It may be caused due to bacterial infection, candidacies, viral infection etc.
128.	Neonate	Newborn up to 28 days after birth.
129.	Newborn care corner	Refers to set up for the sick newborns care. It has minimum resuscitation equipment, baby warmer, weighing machine etc.
130.	NIDDCP	National Iodine Deficiency Disorders Control Programme
131.	NLEP	National Leprosy Eradication Programme
132.	NPCB	National Programme for Blindness Control
133.	NRHM	National Rural Health Mission
134.	NSP	Non Sputum Positive Case of tuberculosis
135.	NSV	Non Scalpel Vasectomy
136.	NVBDCP	National Vector Borne Disease Control Programme
137.	OCP	Oral Contraceptive Pills
138.	OPD	Out Patient Department
139.	OPV	Oral Polio Vaccine

Sl. No	Abbreviation	Full Form
140.	OPV3	Number of infants given 3 <sup>rd</sup> dose of oral polio vaccine during routine immunization.
141.	ORS	Oral Rehydration Solution
142.	OT	Operation Theatre
143.	Oxytocics	It is group of drugs used to induce labor at term, to prevent or control postpartum or post abortion hemorrhage, and to assess fetal status in high risk pregnancies.
144.	PAP smear (Papanicolaou test)	A Pap smear is a microscopic examination of the cells Scraped from the cervix.
145.	Pantograph	The Pantograph is a tool that is used to assess the progress of labor and to identify when intervention is necessary.
146.	Pericardial tapping	Removal of pericardial fluid from the pericardium covering the heart either to take sample or to relieve excessive accumulation.
147.	PHN	Public Health Nurse
148.	Phototherapy unit	Equipment used to provide phototherapy to babies with neonatal jaundice.
149.	Pleural biopsy	Biopsy of membrane (pleura) covering the lungs.
150.	PNC	Postnatal Care
151.	POL	Petroleum Oil and Lubricants
152.	PP Units	Post Partum Units
153.	PPH – (Post Partum Hemorrhage)	Excessive bleeding occurring after child birth (up to six weeks after delivery).
154.	PPI	Pulse Polio Immunization
155.	PPP	Public Private Partnership.
156.	Pre-Eclampsia	It is medical condition arising in pregnancy which is characterized by hypertension and loss of proteins in urine.
157.	PRI	Panchayat Raj Institution
158.	Pulmonary function test	Pulmonary function tests are a group of tests to measure the efficiency of lungs (while taking in and releasing air) and their ability to oxygenate the blood.
159.	Radiant heat warmer	Equipment designed to provide high radiant heat to keep the babies warm.
160.	RCH	Reproductive and Child Health
161.	Refractions	A technician trained to measure the refraction of the eye and to determine the proper corrective lenses.
162.	Resuscitation equipments	Equipments used for cardio-pulmonary resuscitation like – end tracheal tubes, laryngoscope, ambu bag etc.
163.	Retained placenta	It is a condition where all or part of placenta is retained in the uterus.
164.	RIMS	Routine Immunization Monitoring System
165.	RKS	Rogi Kalyan Samiti

Sl. No	Abbreviation	Full Form
166.	RMP	Registered Medical Practitioner
167.	RNTCP	Revised National Tuberculosis Control Programme
168.	RPR Test	Rapid Plasma Regain Test
169.	RTI/STI	Reproductive Tract Infection/Sexually Transmitted Infection
170.	SBA	Skilled Birth Attendant
171.	SHCOVA	Standing Committee Of Voluntary Agencies
172.	Septic delivery	Delivery process contaminated by infection.
173.	SHG	Self Help Group
174.	SPMU	State Programme Management Unit
175.	STLS	Senior Tuberculosis Laboratory Supervisor
176.	STS	Senior Treatment Supervisor for Tuberculosis
177.	TNSMC	Tamil Nadu State Medical Corporation
178.	Total ANC Registration	Total number of all new antenatal cases registered during the given period.
179.	TU	Tuberculosis Unit
180.	Ultrasound guided biopsy	A biopsy carried out using ultrasound for guidance.
181.	VCTC	Voluntary Counseling and Testing Centre.
182.	Vertical health Programmes/societies	These are stand alone health Programmes which have not been integrated so far such as – National AIDS control Programme, pulse polio immunization Programme etc. These Programmes have separate funding and organization structure
183.	VHND	Village Health and Nutrition Days.
184.	VHSHC	Village Health & Sanitation Committee
185.	VVM	Vaccine Vial Monitor. It is a grey shaded heat marker printed on vaccine vial label to check the usability of vaccine vial.
186.	Wet mount	The wet mount test is a test to detect an infection of the vagina (virginities).

**APPENDIX: B: Checklist for Pictures to be taken at the time of survey**  
*(At the end, few pictures for your reference has been pasted)*

<b>DISTRICT HOSPITAL</b>			
1.	Hospital buildings	10	Operation theater and critical equipments
2.	If the hospital has a gate take the picture of that gate	11	OPD ( e.g. queue )
3.	Boundary Wall / Fencing	12	Store room
4.	Condition of plaster on walls	13	X-ray and ECG machine
5.	Condition of floor	14	Inside of the public utilities
6.	Water tank	15	Waiting room
7.	Generator	16	Patients laying on bed
8.	Vehicle	17	Labour room
9.	Laboratory	18	Drain outside the hospital
<b>FIRST REFERRAL UNIT (FRU)</b>			
1.	Hospital building	9	Operation theatre and critical equipments
2.	Boundary Wall / Fencing	10	X-ray and ECG machine
3.	Condition of plaster on walls	11	Inside of the public utilities
4.	Condition of floor	12	Doctor see patient
5.	Water tank	13	Waiting room
6.	Generator	14	Patients lying on bed
7.	Vehicle	15	Labour room
8.	Laboratory	16	Drain outside the hospital
<b>COMMUNITY HEALTH CENTRE</b>			
1.	Hospital building	13	Store room
2.	If the hospital has a gate take the picture of that gate	14	Doors and windows of the store room
3.	Corridor wall / Fencing	15	X-ray and ECG machine
4.	Condition of plaster on walls	16	Inside of the public utilities
5.	Condition of floor	17	Doctor see patient
6.	Water tank	18	Waiting room
7.	Generator	19	Patients laying on bed
8.	Vehicle	20	Beds
9.	Laboratory	21	Labour room
10.	Operation theater and critical equipments	22	Drain outside the hospital
11.	Separate operation theater for gynecological purposes	23	Insight of the public utilities
12.	OPD		



PRIMARY HEALTH CENTRE			
1.	PHC building	8	Labour room
2.	Boundary Wall / Fencing	9	Waiting room
3.	Condition of plaster on walls	10	Flush toilets(take picture from outside and inside)
4.	Condition of floor	11	Beds
5.	Tap, well	12	Electric connections
6.	Laboratory	13	Deep freeze
7.	Vehicle	14	Weighing machine
SUB CENTRE			
1.	Building of the sub centre		
2.	Tap/well or any other source of water used by this sub centre		
3.	Toilet facility		
4.	Electric connections (fan, light)		
5.	Examination room		
6.	If women are in queue, take a picture of them		
7.	Take a picture of posters (inside or outside) hanging on the wall		

**Figure 1: Primary Health Centre motivating the women to come forward for “Janani Suraksha Yojana”**



**Figure 2: - This picture shows the condition of the walls and cleanliness in and around PHC.**



**Figure 3: Pulse Polio Immunization**



**Figure 4: Ambulance Service**



**Figure 5: Free Health – Check-up camp**

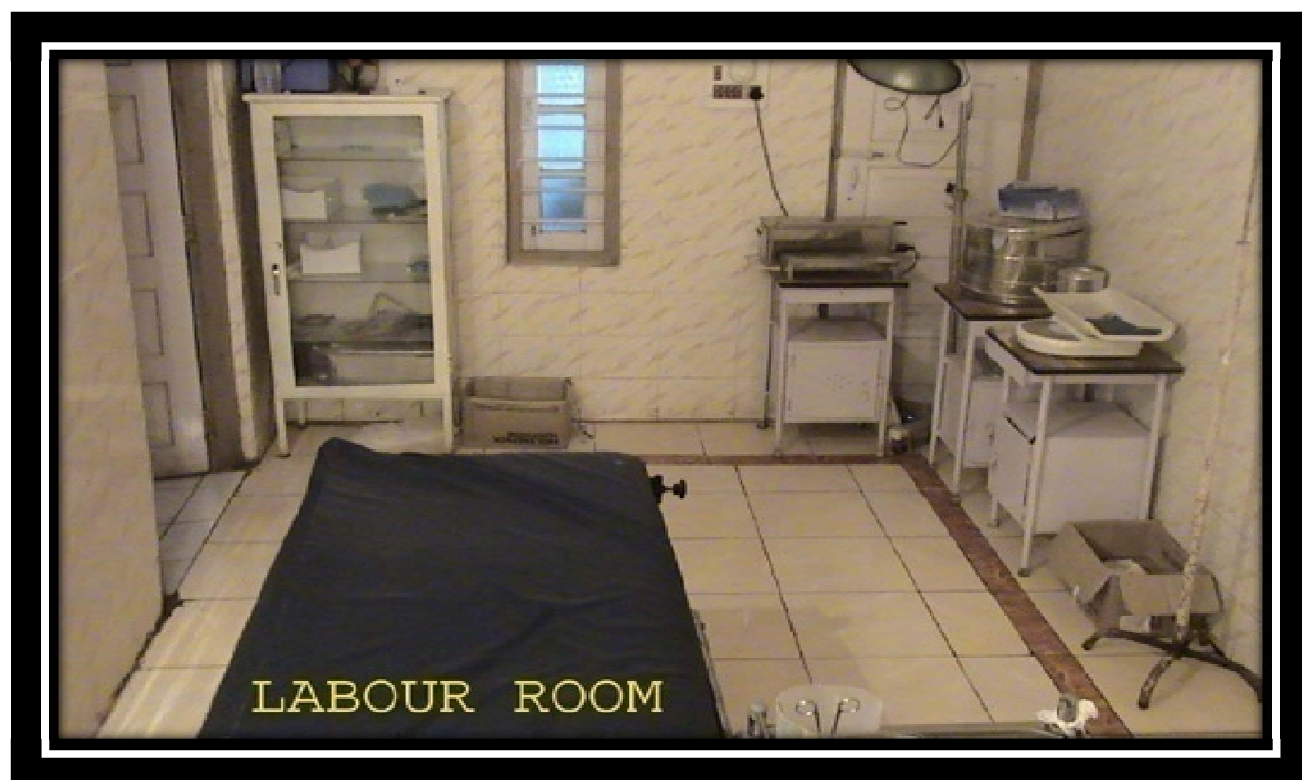


**Figure 6: This picture illustrate the condition of the room**













**Figure 7: Labour Room**








**Figure 8: This picture depicts the condition of the ward and the kind of facility they provide to patients**











Sr.no	Picture	Name of the Instrument	Usage
1		Baby Weighing Scale	Use to measure Baby weight
2		Weighing Scale	Measuring instrument for determining the weight of human being
2		X ray	Use to view a x-ray
3		I -V Stand	Use to hang the fluids

4		Nebulizer	Use in Respiratory tract infection patient
5		Blood pressure Instrument	Use to measure blood pressure
6		Hammer	Use in Orthopaedic treatment
7		Steel -Tray	Use to keep the Surgical instruments





8		Steel- Drum Set	Use to Store Bandages and sterile instruments
9		C-Speculum	an instrument inserted into a body passage especially to facilitate visual inspection or medication
10		Delivery Kit	Instuments use in delivery
11		O.T-(Operation Theatre) Table	To conduct major and minor operation
12		Delivery Table	To conduct the deliveries







13		Delivery Table with Macintosh Sheet	To conduct the deliveries
14		Cautery machine	Use in major operations to stop the bleeding from veins
15		Surgical Glove	A covering garment for the hand with a separate sheath for each finger.
16		Surgical needles	A needle designed to carry sutures when sewing tissues

17		Ventilator	A ventilator is a machine which mechanically assists patients in the exchange of oxygen and carbon dioxide (sometimes referred to as artificial respiration).
18		Kidney tray	Use to put the small instruments
19		OT Light	Use to operating operations
20		AD Syringe	An auto disposable instrument used for injecting or withdrawing fluids





21		Ambu Bag	A self re-inflating bag with non re-breathing valves to provide positive pressure ventilation during resuscitation with oxygen or air.
22		Auto Analyser	Equipment for carrying out automatic tests in laboratories.
23		Autoclave	It is used to sterilise equipments/ dressing material. Also known as High pressure sterilisers
24		Baby Incubator	Equipment used to keep the new born babies warm especially after premature birth. Can also be used to transport the baby to other hospitals.


25		Baby radiant heat warmer	Equipment designed to provide intense source of radiant energy to keep the babies warm
26		Bandages	A piece of cloth or other material, of varying shape and size, applied to a body part to make compression, absorb drainage, prevent motion, retain surgical dressings
27		Boyles Apparatus	It is a anesthesia machine used to deliver oxygen and anesthetic gases to patients
28		Cardiac Monitor	Monitor to look & analyse heart activity, usually recorded by ECG machine apparatus

29		Cold Box	It is thermally insulated container used to store & transport large quantity of vaccines
30		Condoms	A latex (rubber) sleeve that fits over the penis and is used to prevent pregnancy and sexually transmitted infections
31		Copper T	A contraceptive device that is placed within the uterus for the purpose of inhibiting conception
32		Cradle	A cradle (also called a crib) is a small bed, for holding babies in maternal wards





33		Cusco Vaginal speculum	An instrument for dilating vagina and throwing light within it, thus facilitating examination or surgical operations.
34		Cylinder with trolley	A cylindrical container for storing oxygen, Nitrous oxide, compressed air etc
35		Disposable Delivery Kit	A kit used by SBA for birth delivery 1) Soap 2) Thread 3) Blade 4) Cord Clamp
36		Deep Freezer	A freezer for the quick-freezing and storage of ice packs, frozen items etc.







37		Defibrillator	A device which delivers a measured electrical shock to arrest fibrillation of the heart.
38		ECG Machine	A machine which records the electrical activity of the heart on a moving strip of paper
39		Laryngoscope	A laryngoscope is a medical instrument that is used to obtain a view of the vocal cords and the glottis, which is the space between the cords
40		Needle Cutter	Equipment used to cut & destroy needles. It may be mechanical or electrical.

41		X Ray Machine	It is machine used for imaging purposes that uses energy beams of very short wavelengths (X Rays) that can penetrate most substances except heavy metals. The image can be seen on an X Ray film or on a digital device.
42		Wheel Chair	A chair with wheels used for the transportation of patients
43		Ventilator	A ventilator is a machine which mechanically assists patients in the exchange of oxygen and carbon dioxide (sometimes referred to as artificial respiration).
44		Microscope	A piece of laboratory equipment that is used to magnify small things that are too small to be seen by the naked eye, or too small for the details to be seen by the naked eye, so that their finer details can be seen and studied.



45		Suction machine	It is machine used to suck or draw fluids by exhausting the air
46		Generator (Portable)	A machine that converts mechanical energy into electricity to serve as a power source for other machines
47		Inverter	An electrical device used to convert direct current of batteries into alternating current & serve as power source for other machines.
48		Haemoglobin meter	A machine used to measure haemoglobin concentration in blood.

49		Vaccine Carrier	It is a box with airtight-lid used to carry vaccines, maintaining temperature required during transportation. It contains ice packs, which provide constant low temperature for a longer duration.
50		Ultrasound Machine	A type of imaging machine which uses high-frequency sound waves to view internal organs & pathological conditions like tumours
51		Foetoscope	A type of instrument used with stethoscope designed for listening to the foetal heartbeat.
52		Patient trolley	A wheeled table used for moving or shifting patients.