

**CONFIDENTIAL**  
(For Research  
Purpose only)

1

# I. AVAILABILITY OF HUMAN RESOURCES

Q. NO.	PERSONNEL	IN POSITION	IF NO, SINCE HOW LONG (SPECIFY DURATION IN MONTHS IF MORE THAN 99 MONTHS CODE 99)
1.1	ANM/ Female Health Worker	YES ..... 1 NO ..... 2	<input type="text"/> <input type="text"/>
1.2	Male Health Worker	YES ..... 1 NO ..... 2	<input type="text"/> <input type="text"/>
1.3	Additional ANM (Contractual)	YES ..... 1 NO ..... 2	
1.4	Any other (Voluntary Worker) _____ (SPECIFY)	YES ..... 1 NO ..... 2	
1.5	Number of ASHA's working in your Sub Health-Centre villages?	IF NONE ..... 00	<input type="text"/> <input type="text"/>

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

Q. NO.	TYPE OF TRAINING	CHECK Q 1.1 ANM/FEMALE HEALTH WORKER		CHECK Q 1.2 MALE HEALTH WORKER	
		LAST 5 YEAR	EVER	LAST 5 YEAR	EVER
2.1	RTI/STI Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.2	NSSK Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.3	HBNC Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.4	ASHA Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.5	MDR (Maternal Death Review) Orientation	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.6	Vector Borne Disease Control Programme (VBDCP) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.7	Directly Observed Treatment Short course (DOTS) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.8	Immunization training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.9	Intra Uterine Device (IUD) Insertion training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2		
2.10	Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.11	Skilled Birth Attendant training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.12	HMIS training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.13	MCTS training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
2.14	Any other training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
		(SPECIFY)		(SPECIFY)	

### III –A DETAILS OF ALL VILLAGES COVERED BY THE SUB HEALTH-CENTRE

Q. No	VILLAGES UNDER SUB HEALTH-CENTRE								
3.1	NAME OF THE VILLAGE (START FROM SUB HEALTH - CENTRE VILLAGE & CIRCLE THE PSU VILLAGE)	PSU NO.	CONNECTIVITY TO SUB HEALTH-CENTRE						
			DISTANCE FROM SUB-HEALTH CENTRE In.km	CONNECTED WITH PUCCA ROAD		BUS/PVT. VEHICLE AVAILABLE		ACCESSIBLE THROUGHOUT THEYEAR	
				YES	NO	YES	NO	YES	NO
1									
2				1	2	1	2	1	2
3				1	2	1	2	1	2
4				1	2	1	2	1	2
5				1	2	1	2	1	2
6				1	2	1	2	1	2
7				1	2	1	2	1	2
8				1	2	1	2	1	2
IF THERE ARE MORE THAN 8 VILLAGES COVERED BY SUB HEALTH CENTRE ATTACH ONE MORE SHEET									

#### PHYSICAL INFRASTRUCTURE

III- B BUILDING					
3.2	Is a designated government building available for the Sub Health-Centre? YES..... 1 —————> Skip to Q 3.4 NO..... 2				
3.3	If no, Where is Sub Health-Centre located? RENTED BUILDING..... 1 <b>RENT FREE/PANCHAYAT/VOLUNTARY</b> SOCIETY BUILDING..... 2 SCHOOL BUILDING ..... 3 ANM HOUSE ..... 4 OTHERS..... 6 (SPECIFY)				
3.4	Since when this Sub Health-Centre is functioning from this building? YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>				
3.5	What is the type of Sub Health-Centre building? ( RECORD BY OBSERVATION) PUCCA ..... 1 SEMI-PUCCA ..... 2 KACHHA..... 3 OTHERS..... 6 (Specify)				
3.6	What is the present condition of the existing building? (RECORD BY OBSERVATION) GOOD ..... 1 SATISFACTORY..... 2 NEEDS REPAIR ..... 3				
3.7 (a)	Whether the cleanliness of Sub Health Centre/premises is Good / Fair / Poor? (RECORD BY OBSERVATION) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>I. IN SUB HEALTH-CENTRE BUILDING</b>  GOOD..... 1  FAIR..... 2  POOR..... 3 </td> <td style="width: 50%; vertical-align: top;"> <b>II. PREMISES</b>  GOOD..... 1  FAIR..... 2  POOR..... 3 </td> </tr> </table>	<b>I. IN SUB HEALTH-CENTRE BUILDING</b> GOOD..... 1 FAIR..... 2 POOR..... 3	<b>II. PREMISES</b> GOOD..... 1 FAIR..... 2 POOR..... 3		
<b>I. IN SUB HEALTH-CENTRE BUILDING</b> GOOD..... 1 FAIR..... 2 POOR..... 3	<b>II. PREMISES</b> GOOD..... 1 FAIR..... 2 POOR..... 3				
3.7 (b)	Is there a compound wall present around the facility? (RECORD BY OBSERVATION) YES..... 1 NO..... 2				

<b>III-C WATER SUPPLY</b>																													
3.8	What is the main source of water supply?	PIPED ..... 1 BORE WELL/TUBE WELL ..... 2 HANDPUMP ..... 3 WELL ..... 4 NO WATER SUPPLY ..... 5 OTHER (SPECIFY) ..... 6																											
<b>III-D ELECTRICITY</b>																													
3.9(a)	Is power supply available?	REGULAR POWER SUPPLY ..... 1 OCCASIONAL POWER SUPPLY ..... 2 POWER CUT IN SUMMER ONLY ..... 3 REGULAR POWER CUT ..... 4 NO ELECTRICITY CONNECTION ..... 5																											
3.9(b)	Is there an inverter / alternative arrangement installed in this facility?	YES ..... 1 NO ..... 2 → <b>Skip to Q3.10</b>																											
3.9(c)	Are there adequate funds available for maintaining the inverter / alternative arrangement?	YES ..... 1 NO ..... 2																											
<b>III-E TOILET FACILITY</b>																													
3.10	Is at least one functional toilet facility available?	YES ..... 1 NO ..... 2																											
<b>III-F COMMUNICATION FACILITY</b>																													
3.11	Does Sub Health -Centre has Government provided Telephone /Mobile phone facility? (IF YES, NOTE DOWN CONTACT NUMBER)	YES ..... 1 NO ..... 2 PH. NO. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
<b>III-G QUARTERS</b>																													
	CHECK Q 3.2 & Q.3.3 ALL OTHERS <input type="checkbox"/> ANM HOUSE <input type="checkbox"/> → <b>GO TO Q 3.17</b>																												
3.12	Is ANM quarter attached to the Sub Health-Centre?	YES ..... 1 NO ..... 2 → <b>Skip to Q3.15</b>																											
3.13	Is the ANM residing in the quarter?	YES ..... 1 → <b>Skip to Q3.17</b> NO ..... 2																											
3.14	Why ANM is not staying in Sub Health-Centre quarter?  (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) POOR CONDITION OF SUB HEALTH-CENTRE QUARTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) NO WATER FACILITY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) NO ELECTRICITY FACILITY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) LOCATION OF SUB HEALTH-CENTRE QUARTER IS OUTSIDE VILLAGE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) HUSBAND STAYING IN ANOTHER PLACE</td> <td>1</td> <td>2</td> </tr> <tr> <td>F) EDUCATION OF CHILDREN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G) SECURITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H) ANY OTHER _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		YES	NO	A) POOR CONDITION OF SUB HEALTH-CENTRE QUARTER.....	1	2	B) NO WATER FACILITY .....	1	2	C) NO ELECTRICITY FACILITY .....	1	2	D) LOCATION OF SUB HEALTH-CENTRE QUARTER IS OUTSIDE VILLAGE.....	1	2	E) HUSBAND STAYING IN ANOTHER PLACE	1	2	F) EDUCATION OF CHILDREN .....	1	2	G) SECURITY.....	1	2	H) ANY OTHER _____	1	2
	YES	NO																											
A) POOR CONDITION OF SUB HEALTH-CENTRE QUARTER.....	1	2																											
B) NO WATER FACILITY .....	1	2																											
C) NO ELECTRICITY FACILITY .....	1	2																											
D) LOCATION OF SUB HEALTH-CENTRE QUARTER IS OUTSIDE VILLAGE.....	1	2																											
E) HUSBAND STAYING IN ANOTHER PLACE	1	2																											
F) EDUCATION OF CHILDREN .....	1	2																											
G) SECURITY.....	1	2																											
H) ANY OTHER _____	1	2																											
3.15	Where ANM is staying?	WITHIN THE SUB HEALTH-CENTRE VILLAGE ..... 1 OUT SIDE SUB HEALTH-CENTRE VILLAGE ..... 2																											
3.16	How far is the ANM's residence from Sub-Health Centre? (RECORD IN KMS.)	<input type="text"/> <input type="text"/> IN KM.																											

III- H LABOR ROOM		
3.17	Whether the Sub Health-Centre is having labor room?	YES..... 1 NO..... 2 —————> Skip to Q3.25
3.18	Are deliveries being conducted in the labor room?	YES..... 1 NO..... 2
3.19	<b>Are the following services available, if facility a Level I MCH Centre as answered in "Section A" on Identification? Physically verify and record</b>	
	(a). Labor table with McIntosh sheet	Yes, with McIntosh sheet..... 1 Yes, without McIntosh sheet..... 2 Not Available..... 3
	(b). Suction machine	Yes, functional ..... 1 Yes, but not functional..... 2 No ..... 3
	(c). Autoclave/sterilizer	Yes, functional ..... 1 Yes, but not functional..... 2 No ..... 3
	(d). 24 hr running water supply (may be from an overhead tank)	Yes, functional ..... 1 Yes, but not functional..... 2 No ..... 3
	(e). Attached toilet in the labor room	Yes, functional ..... 1 Yes, but not functional..... 2 No ..... 3
	(f). Condition of the toilet	GOOD ..... 1 FAIR..... 2 POOR..... 3
III-I INVERTER		
3.20	(a) Whether the inverter supply is connected to the labor room.	YES..... 1 NO..... 2
	(b) If, yes, whether the inverter backup is assured at all times.	YES, AT ALL TIMES ..... 1 YES, BUT NOT AT ALL TIMES ..... 2 NOT AT ALL..... 3
III-J Whether the following emergency drugs are available (emergency drug tray)? (Yes/No)		
3.21	(a). Oxytocin injection	YES..... 1 NO..... 2
	(b). Diazepam Injection	YES..... 1 NO..... 2
	(c). Magnesium Sulphate Injection	YES..... 1 NO..... 2
	(d). Lignocaine Hydrochloride Injection	YES..... 1 NO..... 2
	(e). Nifedipine Tablet	YES..... 1 NO..... 2
	(f). Tablet Misoprostol	YES..... 1 NO..... 2
	(g). Sterilized cotton and gauze	YES..... 1 NO..... 2
	(h). At least 2 pairs of gloves	YES..... 1 NO..... 2
	(i). Sterile I/V sets (at least 2)	YES..... 1 NO..... 2
	(j). Sterile syringes and needles(different sizes)	YES..... 1 NO..... 2
	(k). Oxygen cylinder with face mask, wrench & regulator	Yes, functional ..... 1 Yes, but not functional..... 2 No ..... 3

III-K Observe and record the condition of the Labor Room (Record Satisfactory-1, Unsatisfactory-2)																													
3.22	(a). Privacy in the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
	(b). Condition of the flooring in the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
	(c). Condition of walls in the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
	(d). Condition of ceiling in the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
	(e). Condition of lighting in the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
	(f). Overall condition of the labor room	Satisfactory ..... 1 Unsatisfactory ..... 2																											
III-L Ask and record (Yes-1 /No-2 )																													
3.23	(a).Normal delivery kits available in the facility?	YES..... 1 NO..... 2																											
	(b). Surgical set for Episiotomy and minor procedures available	YES..... 1 NO..... 2																											
III-M Whether the following items available in the labor room (Observe & Record)																													
3.24	(a). Gloves	Yes, used one time ..... 1 Yes, washed & used again ..... 2 NO..... 3																											
	(b). Sterilized cotton gauze	YES..... 1 NO..... 2																											
	(c). Sterile syringes and needles	YES..... 1 NO..... 2																											
	(d). Sterile drip sets	YES..... 1 NO..... 2																											
	(e). IV infusions like Dextrose 5%	YES..... 1 NO..... 2																											
	(f). Partograph being recorded for the recently delivered women or women in labor at the facility	YES..... 1 NO..... 2																											
III-N WASTE DISPOSAL																													
3.25	Are colour coded waste bags available for segregated waste?	YES..... 1 NO..... 2																											
3.26	What is the mode of disposal of infectious/biological waste? (RECORD ALL MENTIONED)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DEEP BURIAL PIT (AS PER IPHS STANDARDS) .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BURY IN A PIT .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>THROWN IN COMMON/PUBLIC DISPOSAL PIT .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>THROWN OUTSIDE HOSPITAL COMPOUND .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>THROWN INSIDE HOSPITAL COMPOUND .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE INCINERATOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OUT SOURCED .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DEEP BURIAL PIT (AS PER IPHS STANDARDS) .....	1	2	BURY IN A PIT .....	1	2	THROWN IN COMMON/PUBLIC DISPOSAL PIT .....	1	2	THROWN OUTSIDE HOSPITAL COMPOUND .....	1	2	THROWN INSIDE HOSPITAL COMPOUND .....	1	2	USE INCINERATOR .....	1	2	OUT SOURCED .....	1	2	OTHER.....	1	2
	YES	NO																											
DEEP BURIAL PIT (AS PER IPHS STANDARDS) .....	1	2																											
BURY IN A PIT .....	1	2																											
THROWN IN COMMON/PUBLIC DISPOSAL PIT .....	1	2																											
THROWN OUTSIDE HOSPITAL COMPOUND .....	1	2																											
THROWN INSIDE HOSPITAL COMPOUND .....	1	2																											
USE INCINERATOR .....	1	2																											
OUT SOURCED .....	1	2																											
OTHER.....	1	2																											

3.27	What is the mode of disposal of non-infectious waste?  (RECORD ALL MENTIONED)		YES	NO
		DEEP BURIAL PIT (AS PER IPHS STANDARDS) .....	1	2
		BURY IN A PIT .....	1	2
		THROWN IN COMMON/PUBLIC DISPOSAL PIT .....	1	2
		THROWN OUTSIDE HOSPITAL COMPOUND .....	1	2
		THROWN INSIDE HOSPITAL COMPOUND .....	1	2
		USE INCINERATOR .....	1	2
		OUT SOURCED .....	1	2
		OTHER.....	1	2
3.28	<b>OBSERVE AND RECORD</b> Are any discarded/used sharps visible in the facility?	YES..... 1 NO..... 2		

**IV. AVAILABILITY OF SELECTED FURNITURE (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF AVAILABLE)**

Q. NO.	FURNITURE	Available and Functional (Code-1)	Available but not Functional (Code-2)	Not Available (Code-3)
4.1	Examination Table	1	2	3
4.2	Labor Table	1	2	3
4.3	Foot Step	1	2	3
4.4	Cupboard with lock and key	1	2	3
4.5	Bedside Screen	1	2	3

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

Q. NO.	EQUIPMENTS	Available and Functional (Code-1)	Available but not Functional (Code-2)	Not Available (Code-3)
5.1	Autoclave	1	2	3
5.2	Auto Disposable (AD) Syringes	1	2	3
5.3	Hub Cutter ( <b>OBSERVE</b> )	1	2	3
5.4	B.P. Instrument	1	2	3
5.5	Stethoscope	1	2	3
5.6	Weighing machine (adult)	1	2	3
5.7	Weighing machine (infant)	1	2	3
5.8	Haemoglobin meter (Sahlis)	1	2	3
5.9	Foetoscope	1	2	3
5.10	SIMS Speculum	1	2	3
5.11	IUD Insertion Kit	1	2	3
5.12	Vaccine Carrier	1	2	3

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

Q. NO.	A. NAME OF THE ITEM/DRUG		
	ITEM/DRUG	AVAILABLE (ON THE DAY OF SURVEY)	OUT OF STOCK FOR MORE THAN 10 DAYS DURING LAST ONE MONTH
6.1	Drug Kit-A	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.2	Drug Kit-B	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.3	IFA Tablets	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.4	Vitamin A Solution	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.5	Low Osmolarity ORS packets (and Zinc)	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
Q. NO.	B. ADDITIONAL DRUGS FOR INTRA NATAL CARE		
	DRUGS	AVAILABLE (ON THE DAY OF SURVEY)	OUT OF STOCK FOR MORE THAN 10 DAYS DURING LAST ONE MONTH
6.6	Inj. Gentamycin	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.7	Inj. Magnesium Sulphate	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.8	Cap. Ampicillin	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.9	Tab. Metronidazole	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.10	Tab. Misoprostol	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
Q. NO.	C. MEDICINES AND OTHER CONSUMABLES REQUIRED FOR CONTROL OF DIFFERENT DISEASES		
	DRUGS	AVAILABLE (ON THE DAY OF SURVEY)	OUT OF STOCK FOR MORE THAN 10 DAYS DURING LAST ONE MONTH
6.11	Tab. or syrup Chloroquine Blister pack for treatment of Plasmodium Falciparum (P.F.) cases	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.12	Tab. Primaquine	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.13	Tab. or syrup Paracetamol	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.14	Tab. DEC (Di Ethyle Carbamazine )	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.15	Anti Leprosy medicines (MDT)	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.16	Anti-Tubercular drugs	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.17	Diagnostic Kit for Malaria	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.18	Testing strips for Glucose in Urine	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.19	Testing strips for proteins in Urine	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

Q. NO.	D. CONTRACEPTIVE SUPPLY REQUIRED FOR FAMILY PLANNING			
6.20	Condom (Nirodhs)	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
6.21	Daily Oral Pills	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
6.22	Weekly Oral Pills	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
6.23	Copper-T	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
6.24	Emergency Contraceptive Pills	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	

# VII. SERVICES PROVIDED (DURING LAST CALENDAR MONTH) RECORD FROM REGISTER

Q. NO	A. SERVICES PROVIDED	NUMBER OF CASES/TEST	
7.1	Number of pregnant women registered for ANC	<input type="text"/> <input type="text"/> <input type="text"/>	
7.2	Number of women registered in first trimester (Average per month) based :Last three month)	<input type="text"/> <input type="text"/> <input type="text"/>	
7.3	Number of Urine tests for pregnancy	<input type="text"/> <input type="text"/> <input type="text"/>	
7.4	Number of Pregnant women referred Reasons for referral	<input type="text"/> <input type="text"/> <input type="text"/>	
	a. Non-availability of SBA Trained Staff	<input type="text"/> <input type="text"/> <input type="text"/>	
	b. Non-availability of Blood Transfusion	<input type="text"/> <input type="text"/> <input type="text"/>	
	c. Others _____ _____ (specify)	<input type="text"/> <input type="text"/> <input type="text"/>	
7.5	Number of Haemoglobin estimation tests conducted	<input type="text"/> <input type="text"/> <input type="text"/>	
7.6	Number of Urine tests for presence of Protein and Sugar conducted	I. PROTEIN <input type="text"/> <input type="text"/> <input type="text"/>	II. SUGAR <input type="text"/> <input type="text"/> <input type="text"/>
7.7	A. Total Number of deliveries conducted at home	AT HOME.....	<input type="text"/> <input type="text"/>
	B. Total Number of deliveries conducted at Sub Health-Centre	AT SUB HEALTH-CENTRE.....	<input type="text"/> <input type="text"/>
	C. Out of total number of deliveries	TOTAL NUMBER OF DELIVERIES	<input type="text"/> <input type="text"/>
	<b>JSY Beneficiaries</b>	<b>JSY BENEFICIARIES</b>	
	i) Number of deliveries conducted at home	AT HOME.....	<input type="text"/> <input type="text"/>
	ii) Number of deliveries conducted at Sub Centre	AT SUB HEALTH-CENTRE.....	<input type="text"/> <input type="text"/>
7.8	Number of post-natal care contacts made	<input type="text"/> <input type="text"/>	
7.9	Number of newborn care provided	<input type="text"/> <input type="text"/>	
7.10	Number of children treated for Diarrhoea	<input type="text"/> <input type="text"/>	
7.11	Number of Immunization sessions planned and conducted	PLANNED .....	<input type="text"/> <input type="text"/>
		CONDUCTED.....	<input type="text"/> <input type="text"/>
7.12	Total number of infants and children immunized	<input type="text"/> <input type="text"/> <input type="text"/>	

Q. NO.	B. FAMILY PLANNING AND CONTRACEPTION/ OTHERS SERVICES																						
7.13	Number of Oral Pills users	<input type="text"/> <input type="text"/>																					
7.14	Number of Condom users	<input type="text"/> <input type="text"/>																					
7.15	Number of women given EC Pills	<input type="text"/> <input type="text"/>																					
7.16	Number of IUD insertion cases	<input type="text"/> <input type="text"/>																					
7.17	Number of Sterilization cases accompanied	<input type="text"/> <input type="text"/>																					
7.18	Number of school health checkups organized	<input type="text"/> <input type="text"/>																					
7.19	Number of eligible couples	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
7.20	Number of pregnant women registered for Janani Suraksha Yojana	<input type="text"/> <input type="text"/>																					
7.21	Number of cases treated of minor ailments/first aid	<input type="text"/> <input type="text"/>																					
7.22	Number of TB cases referred	<input type="text"/> <input type="text"/>																					
7.23	No. of peripheral blood smear prepared for the detection of malaria parasite in case of fever (IF FACILITY NOT AVAILABLE ENTER CODE '99')	<input type="text"/> <input type="text"/>																					
7.24	Whether any adolescent health care services provided at Sub Health-Centre?	YES..... 1 NO ..... 2 → <b>Skip to Q.8.1</b>																					
7.25	What is the nature of services?	Counselling..... 1 Awareness related ..... 2 Any other _____ 3 (SPECIFY)																					
Q. NO.	C. MONITORING AND SUPERVISION ACTIVITIES																						
8.1	Have you prepared the Sub Health-Centre plan for this year?	YES.....1 → <b>Skip to Q.8.3</b> NO.....2																					
8.2	When was the Sub Health-Centre plan last prepared?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
8.3	Do you have the following materials in enough quantity?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) REGISTERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) REPORTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) IMMUNIZATION CARD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) ANC CARD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) HB Testing Strips.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F) ANY OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> (SPECIFY)		YES	NO	A) REGISTERS.....	1	2	B) REPORTS.....	1	2	C) IMMUNIZATION CARD.....	1	2	D) ANC CARD.....	1	2	E) HB Testing Strips.....	1	2	F) ANY OTHER.....	1	2
	YES	NO																					
A) REGISTERS.....	1	2																					
B) REPORTS.....	1	2																					
C) IMMUNIZATION CARD.....	1	2																					
D) ANC CARD.....	1	2																					
E) HB Testing Strips.....	1	2																					
F) ANY OTHER.....	1	2																					
8.4	Do you submit the reports in time?	YES..... 1 → <b>Skip to Q.8.6</b> NO..... 2																					
8.5	What are the main reasons for not submitting reports in time?	_____ _____																					
8.6	Were you provided with any written feedback from the PHC?	YES..... 1 NO..... 2																					
8.7	During the last month has Medical Officer visited the Sub Health-Centre?	YES..... 1 NO..... 2																					
8.8	During the last month has LHV/Male health Assistant visited the Sub Health-Centre?	YES..... 1 NO..... 2																					
8.9	Is Citizen's Charter displayed at Sub Health-Centre?	YES..... 1																					

		NO..... 2						
8.10	Do all the villages in your Sub Health-Centre area have Village Health and Sanitation Committee (VHSC) established?	YES: ALL..... 1 YES: SOME ..... 2 NOT YET ..... 3 → <b>Skip to Q.8.13</b>						
8.11	Has the VHSC facilitated in carrying out your activities?	YES..... 1 NO..... 2						
8.12	Does VHSC monitor your work regularly?	YES..... 1 NO..... 2						
8.13	Do you observe any Village Health day?	YES..... 1 NO..... 2						
8.14	How many Village Health Days or Nutrition days have been observed in the past six months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
8.15	Have you received the untied fund for previous financial year?	YES..... 1 NO..... 2 → <b>Skip to Q.8.17</b>						
8.16	Have you utilized the untied fund?	FULLY UTILISED..... 1 PARTIALLY UTILISED ..... 2 NOT UTILISED ..... 3						
8.17	Did any woman from the Sub Health-Centre villages die during pregnancy, delivery or during six weeks after delivery since 1 Jan 2008?	YES..... 1 NO..... 2 → <b>Skip to Q.8.20</b>						
8.18	Number of such maternal deaths, Since 1 Jan 2012?	<table border="1"> <thead> <tr> <th>NO.OF DEATHS</th> <th>RECORD AVAILABLE</th> </tr> </thead> <tbody> <tr> <td><input type="text"/><input type="text"/></td> <td>YES..... 1</td> </tr> <tr> <td></td> <td>NO..... 2</td> </tr> </tbody> </table>	NO.OF DEATHS	RECORD AVAILABLE	<input type="text"/> <input type="text"/>	YES..... 1		NO..... 2
NO.OF DEATHS	RECORD AVAILABLE							
<input type="text"/> <input type="text"/>	YES..... 1							
	NO..... 2							
8.19	Number of Maternal Deaths Reviewed through MDR?	<table border="1"> <tbody> <tr> <td><input type="text"/><input type="text"/></td> <td>YES..... 1</td> </tr> <tr> <td></td> <td>NO..... 2</td> </tr> </tbody> </table>	<input type="text"/> <input type="text"/>	YES..... 1		NO..... 2		
<input type="text"/> <input type="text"/>	YES..... 1							
	NO..... 2							
8.20	Number of newborn deaths Since 1 Jan 2012?	<table border="1"> <tbody> <tr> <td><input type="text"/><input type="text"/></td> <td>YES..... 1</td> </tr> <tr> <td></td> <td>NO..... 2</td> </tr> </tbody> </table>	<input type="text"/> <input type="text"/>	YES..... 1		NO..... 2		
<input type="text"/> <input type="text"/>	YES..... 1							
	NO..... 2							
8.21	Number of infant deaths Since 1 Jan 2012?	<table border="1"> <tbody> <tr> <td><input type="text"/><input type="text"/></td> <td>YES..... 1</td> </tr> <tr> <td></td> <td>NO..... 2</td> </tr> </tbody> </table>	<input type="text"/> <input type="text"/>	YES..... 1		NO..... 2		
<input type="text"/> <input type="text"/>	YES..... 1							
	NO..... 2							

#### VIII. DETAILS REGARDING HMIS AND MOTHER & CHILD TRACKING SYSTEM (MCTS)

9.1	Are you maintaining data on the following services:	Response Category	Remarks
		Yes, maintained in printed form ..... 1 Yes, maintained in hand written ..... 2 No ..... 3	
	a) Pregnancy registration b) Ante Natal Care c) Eligible Couple d) Post Natal Care e) Family Planning i. IUD ii. Condom iii. Oral Pills f) Immunization g) JSY h) Untied Funds i) Cash Book	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9.2	Whether Mother & Child Protection Cards are available?	YES..... 1 NO ..... 2	
9.3	Whether the printed HMIS format available?	YES..... 1 NO ..... 2	

9.4	What is the pattern of reporting for HMIS	AREA WISE..... 1 FACILITY WISE ..... 2	
9.5	Whether the data supplied regularly in HMIS format? (Interviewer to verify)	YES..... 1 NO ..... 2	
9.6	Whether ANM doing data entry for HMIS?	YES..... 1 NO ..... 2	
9.7	Whether information on Mother & Child is collected and maintained at the SHC under MCTS?	YES.....1 NO.....2 →	<b>Skip to Q.9.10</b>
9.8	Whether Work Plan for the Sub Centre is generated through MCTS?	YES, FOR BOTH MOTHER & CHILDREN.... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY ..... 3 NO ..... 4	
9.9	Whether Work Plan generated through MCTS is being used for tracking the beneficiaries?	YES, FOR BOTH MOTHER & CHILDREN.... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY ..... 3 NO ..... 4	
9.10	Whether telephone number of ANM available?	YES..... 1 NO ..... 2	
9.11	Whether telephone number of beneficiaries available and compiled?	YES, BEING TAKEN IN ALL CASES..... 1 YES, BEING TAKEN IN MOST CASES ..... 2 YES, BEING TAKEN IN ONLY FEW CASES 3 NONE..... 4	
9.12	Whether all maternal deaths in Sub health Centre area getting reported?	YES.....1 → NO.....2	<b>Skip to Q.9.14</b>
9.13	If No, what are the main reasons for not reporting?	DEATH OCCURRED IN PRIVATE FACILITY 1 ANY OTHER (SPECIFY)..... 2	
9.14	Whether all infant deaths in Sub Health Centre area getting reported?	YES.....1 → NO.....2	<b>END</b>
9.15	If No, what are the main reasons for not reporting?	DEATH OCCURRED IN PRIVATE FACILITY 1 ANY OTHER.....2 (SPECIFY)	