

**FACILITY SURVEY**  
**DISTRICT LEVEL HOUSEHOLD AND FACILITY SURVEY- 4**  
**DISTRICT HOSPITAL/ SUB DIVISIONAL HOSPITAL**

IDENTIFICATION									
<b>A. STATE</b> _____ <b>DISTRICT</b> _____ <b>DISTRICT HOSPITAL</b> _____ <b>TOTAL NUMBER OF BEDS</b> _____ <b>SINCE WHEN IS THIS DH FUNCTIONING FROM THIS BUILDING? (YEAR)</b> _____ <b>POPULATION COVERED BY THE DH/SDH (LATEST) YEAR</b> _____ <b>NUMBER OF CHCs CATERED BY DH/SDH</b> _____ <b>DISTANCE FROM THE FARTHEST CHC (IN K.M.)</b> _____ <b>TYPE OF HEALTH FACILITY:</b> <b>DH.....1</b> <b>SDH.....2</b>							<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 20px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 40px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 60px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 80px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; left: 0; top: 50px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; 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# I AVAILABILITY OF SERVICES

Q. NO.	ITEM	STATUS CODE	
1.1	Is this a functional FRU	YES ..... 1 NO ..... 2 →	If 'NO' Skip to 1.3
1.2	Since when did this facility start functioning as a 24x7 facility?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....9998 →	Skip to 1.4
1.3	Is it planned to be made a 24x7 functional facility by March 2012?	YES ..... 1 NO ..... 2	
1.4	Whether deliveries are conducted in this facility or not? If, yes, whether the deliveries are conducted 24x7?	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3 →	If 'NO' Skip to 1.6
1.5	Can you tell me whether the following services related to delivery are provided in this facility? If yes, ask 24x7 status		
	(a). Normal Delivery	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(b). Assisted (forceps delivery/Vacuum)	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(c). Administration of parental oxytocics	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(d). Administration of parental antibiotics	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(e). Administration of Magnesium sulphate injection	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(f). Management of post-partum hemorrhages	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(g). Management of other delivery complications	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
	(h). Caesarian section	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3	
1.6	Is there a blood bank available in this facility? If yes, is it functional 24x7	YES, 24 X 7..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3 →	If 'NO' Skip to 1.9
1.7	Is there a blood storage facility available in this facility? If Yes then .....	YES ..... 1 NO ..... 2 → Specify .....	If 'NO' Skip to 1.9
1.8	Do you have license for the blood bank/approval for the blood storage centre? If, yes, can you show the license/approval?	YES, LICENSE/APPROVAL SEEN ..... 1 YES, BUT NOT SEEN ..... 2 NOT AVAILABLE..... 3	
1.9	What are the reasons for non-availability of blood bank/blood storage facility?  Multiple coding possible	NO EQUIPMENT/REFRIGERATOR..... 1 NO REAGENTS ..... 2 NO LICENSE..... 3 NO POWER BACKUP ..... 4 NO MANPOWER..... 5 OTHER ..... 6 (SPECIFY)	

Q. NO.	ITEM	STATUS CODE					
1.10	Whether the following essential newborn care services are available? If, yes, is it available in the labour room and ward? a.) Resuscitation Multiple coding possible	YES, IN LABOR ROOM ..... 1 YES, IN WARD ..... 2 BOTH IN LABOUR ROOM AND WARD. 3 NOT AVAILABLE ..... 4					
	b.) Thermal protection (warmer/table lamp) Multiple coding possible	YES, IN LABOR ROOM ..... 1 YES, IN WARD ..... 2 BOTH IN LABOUR ROOM AND WARD 3 NOT AVAILABLE ..... 4					
1.11	<b>Whether the following safe abortion services are available in this facility?</b>						
	a. Manual Vacuum Aspiration (MVA)	YES ..... 1 NO ..... 2					
	b. Electric Vacuum Aspiration (EVS)	YES ..... 1 NO ..... 2					
	c. Dilatation & Curettage (D&C)	YES ..... 1 NO ..... 2					
	d. Others _____ (SPECIFY)	YES ..... 1 NO ..... 2					
1.12	Whether RTI/STI treatment and counseling provided in this facility? If, yes both or only treatment or only counseling?	YES, BOTH ..... 1 YES, TREATMENT ONLY ..... 2 YES, COUNSELING ONLY ..... 3 NO ..... 4					
	<b>ESSENTIAL LABORATORY SERVICES</b>						
1.13	Whether laboratory services are available in this facility?	YES ..... 1 NO ..... 2 →	If 'NO' skip to 1.15				
1.14	Are the laboratory services outsourced?	YES ..... 1 NO ..... 2					
	<b>AMBULANCE SERVICES</b>						
1.15	How many ambulances are there in this facility? Of these, how many are functional?	Available ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> Functional ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> →					If '00' Skip to 1.17
1.16	If ambulance available Do you have adequate funds available for operating the ambulances?	YES ..... 1 NO ..... 2					
1.17	Is there any mechanism to assure referral transport? If yes, is it available 24x7	YES, 24 X 7 ..... 1 YES, ONLY DAY TIME ..... 2 NO ..... 3 →	If 'NO' Skip to 1.19				
1.18	Whether government ambulances are used for referral transport or is it outsourced?	GOVERNMENT ..... 1 OUT SOURCED ..... 2					
1.19	Whether the facility has free diagnostic services for pregnant women?	YES ..... 1 NO ..... 2					
1.20	Whether the facility has free referral transport?	YES ..... 1 NO ..... 2					
	<b>OTHER SERVICES</b>						
1.21	Whether the facility is providing assistance to those who received services at the DH/SDH for following: a) Birth Certificate b) Death Certificate c) Any other vital events (Multiple coding possible)	YES NO BIRTH CERTIFICATE ..... 1 2 DEATH CERTIFICATE ..... 1 2 ANY OTHER VITAL EVENTS ..... 1 2					

**II.A. AVAILABILITY OF HUMAN RESOURCES (CLINICAL)**

Q. NO.	PERSONNEL	NUMBER IN POSITION		IF NONE IN POSITION SINCE HOW LONG NOT IN POSITION (RECORD IN ACTUAL MONTHS & IF MORE THAN 99 MONTHS CODE 99)
		REGULAR	CONTRACTUAL	
2.1	MEDICAL SUPERINTENDENT/PMO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2	SPECIALIST (MEDICINE)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	SPECIALIST (SURGERY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4	OBSTETRICIAN /GYNAECOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5	PEDIATRICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.6	ANESTHETIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.7	PATHOLOGIST/ MICROBIOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.8	RADIOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.9	DERMATOLOGIST / VENEROLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.10	OPHTHALMOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.11	DENTIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.12	E.N.T SPECIALIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.13	GENERAL DUTY DOCTOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.14	AYUSH PHYSICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.15	OTHER MOs OR SPECIALISTS  ( SPECIFY )  (List out all other categories of MOs and Specialists in the facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**II. B. AVAILABILITY OF HUMAN RESOURCES (PARA MEDICAL)**

Q. NO.	PERSONNEL	NUMBER IN POSITION		IF NONE IN POSITION SINCE HOW LONG NOT IN POSITION (RECORD IN ACTUAL MONTHS & IF MORE THAN 99 MONTHS CODE 99)
		REGULAR	CONTRACTUAL	
2.16	PUBLIC HEALTH NURSES	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.17	NURSES WORKING IN OBS-GYNIC DEPARTMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.18	AUXILLARY NURSE MIDWIFE (ANM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.19	STAFF NURSE ( Excluding those already covered in 2.17)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.20	TECHNICIANS	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.21	RADIOGRAPHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.22	PHARMACIST	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.23	PHYSIOTHERAPIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.24	MEDICAL RECORD OFFICER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.25	COMPOUNDER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.26	DRESSER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.27	PUBLIC HEALTH PROGRAMME MANAGER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.28	LAB TECHNICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.29	OPHTHALMIC ASSISTANT	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.30	Dental Hygienist	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.31	OTHER STAFF _____ ( SPECIFY) (List out all other paramedical categories in the facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**III.A.TRAINING FOR MEDICAL OFFICER (MO) DURING LAST FIVE YEARS/EVER  
(IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)**

Q. NO.	TYPE OF TRAINING	TRAINED	
		LAST 5 YEARS	EVER
3.1	MDR (Maternal Death Review) Orientation	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.2	Non Scalpel Vasectomy (NSV) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.3	Vector Borne Disease Control Programme (VBDCP) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.4	Directly Observed Treatment- Short Course (DOTS) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.5	Immunization training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.6	Reproductive Tract Infection/Sexually Transmitted Infection(RTI/STI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.7	Adolescent Reproductive Sexual Health (ARSH) Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.8	F-IMNCI (Facility Based IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.9	NSSK (Navjat Shishu Suraksha Karyakram) Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.10	Minilaprotomy training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.11	IUD insertion training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.12	HIV/AIDS Prevention, Care and Support training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.13	Emergency Obstetric Care(including C-Section) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.14	Newborn Care training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.15	SBA or Basic Emergency Obstetric Care training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.16	Integrated Management of Neonatal and Childhood Illnesses training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

Q. NO.	TYPE OF TRAINING	TRAINED	
		LAST 5 YEARS	EVER
3.17	Medical Termination Of Pregnancy (MTP) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.18	Dental Hygiene	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.19	Mother Child Tracking System	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.20	HMIS Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.21	Any Other training _____ (SPECIFY)	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

**III.B.TRAINING FOR PARA MEDICAL STAFF DURING LAST FIVE YEARS/EVER  
(IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)**



Q.NO	TYPE OF TRAINING	TRAINED	
		LAST 5 YEARS	EVER
3.22	Reproductive Tract Infection /Sexually Transmitted Infection (RTI/STI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.23	F-IMNCI (Facility Based IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.24	NSSK (Navjat Shishu Suraksha Karyakram) Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.25	Blood grouping and cross matching training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.26	Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.27	Skilled Birth Attendant training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.28	Electro Cardiogram (ECG) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.29	Dental Hygiene	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.30	Mother Child Tracking System	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.31	HMIS Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

**III.C.INVESTAGATIVE AND LABORATORY SERVICES**

A. LABORATORY SERVICES		
3.32	CLINICAL PATHOLOGY	
	(a). Hematology	YES ..... 1 NO ..... 2
	(b). Urine analysis	YES ..... 1 NO ..... 2
	(c). Stool analysis	YES ..... 1 NO ..... 2
3.33	PATHOLOGY	
	(a). Pap smear	YES ..... 1 NO ..... 2
	(b). Sputum	YES ..... 1 NO ..... 2
	(c). Histopathology	YES ..... 1 NO ..... 2

3.34	<b>MICROBIOLOGY</b>	
	(a). Diagnosis of RTIs/STDs with wet mounting, grams stain, etc.	YES ..... 1 NO ..... 2
	(b). RPR for Syphilis	YES ..... 1 NO ..... 2
3.35	<b>BIOCHEMISTRY</b>	
	(a). Blood sugar	YES ..... 1 NO ..... 2
	(b). Blood urea,	YES ..... 1 NO ..... 2
	(c). Blood creatinen	YES ..... 1 NO ..... 2
3.36	<b>SEROLOGY</b>	
	(a). Pregnancy test	YES ..... 1 NO ..... 2
	(b). Coomb's test	YES ..... 1 NO ..... 2
	(c). Widal test	YES ..... 1 NO ..... 2
	(d). Elisa for HIV test	YES ..... 1 NO ..... 2
	(e). R A factor test	YES ..... 1 NO ..... 2
	(f). VDRL test	YES ..... 1 NO ..... 2
3.37	<b>INVESTIGATION</b>	
	(a). ECG	YES ..... 1 NO ..... 2
	(b). STRESS TEST(TMT)	YES ..... 1 NO ..... 2
	(c). 2D-ECHO	YES ..... 1 NO ..... 2
3.38	<b>RADIOLOGY</b>	
	(a). X-RAY	YES ..... 1 NO ..... 2
	(b). ULTRASOUND	YES ..... 1 NO ..... 2
3.39	<b>BLOOD BANK</b>	
	FULLY OPERATIONAL BLOOD BANK	YES ..... 1 NO ..... 2
3.40	<b>PHYSIOTHERAPY UNIT</b>	
	FULLY FUNCTIONAL PHYSIOTHERAPY UNIT	YES ..... 1 NO ..... 2

#### IV. INFRASTRUCTURE

A WATER SUPPLY		
4.1	What is the main source of water supply?	PIPED ..... 1 BOREWELL/ TUBEWELL ..... 2 HANDPUMP ..... 3 WELL ..... 4 OTHER ..... 5 NO WATER SUPPLY ..... 6 <div style="text-align: right;">   <b>Skip to Q 4.5</b> </div>
4.2	Is running water supply available for 24 hours at District Hospital?	YES ..... 1      NO ..... 2 <div style="text-align: right;">   <b>Skip to Q 4.5</b> </div>
4.3	Is regular water supply in OT?	YES ..... 1 NO ..... 2
4.4	Is regular water supply in labor room?	YES ..... 1 NO ..... 2
B ELECTRICITY		
4.5	Is there a three-phase connection?	YES ..... 1 NO ..... 2
4.6	Standby facility of generator/inverter available in working condition – (RECORD BY OBSERVATION)	YES ..... 1 NO ..... 2 → <b>Skip to Q 4.10</b>
4.7	What is the capacity of the generator?	KW ..... <input type="text"/> <input type="text"/>
4.8	Whether the generator supply is connected to the following areas:	
4.8 (a)	Whether the generator supply is connected to Labor room?	YES ..... 1 NO ..... 2 → <b>Skip to Q4.10</b>
4.8 (b)	If, yes, whether the generator backup is assured at all times.	YES, AT ALL TIMES ..... 1 YES, BUT NOT AT ALL TIMES ..... 2 NO ..... 3
4.8 (c)	Whether the generator supply is connected to Ice lined Refrigerator (ILR)?	YES ..... 1 NO ..... 2 → <b>Skip to Q4.10</b>
4.8 (d)	If, yes, whether the generator backup is assured at all times.	YES, AT ALL TIMES ..... 1 YES, BUT NOT AT ALL TIMES ..... 2 NO ..... 3
4.8 (e)	Whether the generator supply is connected to Wards?	YES ..... 1 NO ..... 2
4.9	Do you have adequate funds available for operating the generator?	YES ..... 1 NO ..... 2
C TOILET, DRAINAGE AND SANITATION FACILITY		
4.10	Whether proper drainage and sanitation system for waste water, surface water, sub soil water and sewerage exists in the facility?	YES ..... 1 NO ..... 2
4.11	Is functional toilet facility available?	YES ..... 1 NO ..... 2 → <b>Skip to Q 4.13</b>
4.12	Is there separate toilet facility for males and females?	COMMON TOILET ..... 1 SEPARATE TOILET ..... 2



<b>D LAUNDRY FACILITY</b>																														
4.13	Is in house laundry facility available at DH/SDH?	YES ..... 1 —→ <b>Skip to Q4.15</b> NO ..... 2																												
4.14	If NO, is it outsourced?	YES ..... 1 NO ..... 2																												
<b>E DIET FACILITY</b>																														
4.15	Is facility for providing food for inpatients available	YES, in house facility is available ..... 1 YES, outsourced facility is available .... 2 NO DIET FACILITY..... 3																												
<b>F COMMUNICATION FACILITY</b>																														
4.16	Telephone facility available in all the sections of the hospital?	ALL SECTIONS..... 1 SOME SECTIONS..... 2 NOT AT ALL..... 3																												
4.17	Whether DH/SDH has intercom facility?	YES ..... 1 NO ..... 2																												
<b>G. VEHICLES</b>		<b>AVAILABLE</b>	<b>ON ROAD</b>																											
4.18	1. Ambulance	<input type="text"/>	<input type="text"/>																											
	2. Jeep	<input type="text"/>	<input type="text"/>																											
	3. Car	<input type="text"/>	<input type="text"/>																											
<b>H. CSSD</b>																														
4.19	Whether CSSD (Central Sterile and Supply Department) is there at DH/SDH?	YES ..... 1 —→ <b>Skip to Q4.21</b> NO ..... 2																												
4.20	Where instruments & items are sterilized?	<input type="text"/> <input type="text"/>																												
<b>I. BIO-MEDICAL WASTE AND DISPOSAL</b>																														
4.21	Whether DH/SDH has the facility for disposing of bio medical waste?	YES ..... 1 NO ..... 2 —→ <b>Skip to Q 4.23</b>																												
4.22	How waste is disposed? (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a). INCINERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b). AUTOCLAVING/MICROWAVING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c). SHREDDER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d). NEEDLE AND SYRINGE DESTROYER..</td> <td>1</td> <td>2</td> </tr> <tr> <td>e). ANY OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>			YES	NO	a). INCINERATOR.....	1	2	b). AUTOCLAVING/MICROWAVING.....	1	2	c). SHREDDER .....	1	2	d). NEEDLE AND SYRINGE DESTROYER..	1	2	e). ANY OTHER.....	1	2	(SPECIFY)								
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c). SHREDDER .....	1	2																												
d). NEEDLE AND SYRINGE DESTROYER..	1	2																												
e). ANY OTHER.....	1	2																												
(SPECIFY)																														
4.23	Are Biomedical disposal services out sourced?	YES ..... 1 NO ..... 2																												
	(a). Are color coded waste bags available for segregated waste?	YES ..... 1 NO ..... 2																												
	(b). What is the mode of disposal of infectious/biomedical waste? (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) BURY IN A DEEP BURIAL PIT .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) BURY IN A PIT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) THROWN IN COMMON/ PUBLIC DISPOSAL PIT .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) THROWN OUTSIDE HOSPITAL COMPOUND .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) THROWN INSIDE HOSPITAL COMPOUND .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F) USE INCINERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G) OUT SOURCED .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H) OTHER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	A) BURY IN A DEEP BURIAL PIT .....	1	2	B) BURY IN A PIT.....	1	2	C) THROWN IN COMMON/ PUBLIC DISPOSAL PIT .....	1	2	D) THROWN OUTSIDE HOSPITAL COMPOUND .....	1	2	E) THROWN INSIDE HOSPITAL COMPOUND .....	1	2	F) USE INCINERATOR.....	1	2	G) OUT SOURCED .....	1	2	H) OTHER .....	1	2
	YES	NO																												
A) BURY IN A DEEP BURIAL PIT .....	1	2																												
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E) THROWN INSIDE HOSPITAL COMPOUND .....	1	2																												
F) USE INCINERATOR.....	1	2																												
G) OUT SOURCED .....	1	2																												
H) OTHER .....	1	2																												

	(c). What is the mode of disposal of non-infectious waste?  (RECORD ALL MENTIONED)	<div>YES NO</div> <div>A) BURY IN A DEEP BURIAL PIT ..... 1 2</div> <div>B) BURY IN A PIT..... 1 2</div> <div>C) THROWN IN COMMON/ PUBLIC DISPOSAL PIT ..... 1 2</div> <div>D) THROWN OUTSIDE HOSPITAL COMPOUND ..... 1 2</div> <div>E) THROWN INSIDE HOSPITAL COMPOUND ..... 1 2</div> <div>F) USE INCINERATOR..... 1 2</div> <div>G) OUT SOURCED ..... 1 2</div> <div>H) OTHER ..... 1 2</div>
	(d). <b>OBSERVE AND RECORD</b> Are any discarded/used sharps visible in the facility?	<div>YES ..... 1</div> <div>NO ..... 2</div>

#### J. SECURITY

4.24	Is at least one person available round the clock for security?	<div>YES ..... 1</div> <div>NO ..... 2</div>
4.25	Is Critical Care Area there at DH/SDH?	<div>YES ..... 1</div> <div>NO ..... 2</div>
4.26	Is Integrated Counseling and Testing Centre (ICTC) there in DH/SDH .	<div>YES ..... 1</div> <div>NO ..... 2</div>

#### V. RESIDENTIAL FACILITY FOR STAFF

Q. No.	QUARTERS			
	RESIDENTIAL QUARTER FOR DH STAFF	(A) AVAILABLE	(B) WHETHER RESIDING	( C ) IF NOT RESIDING, WHAT ARE THE REASONS?
5.1	Medical Superintendent	<div>YES ..... 1</div> <div>NO ..... 2 ↘</div> <div>SKIP TO NEXT ROW</div>	<div>YES.....1 ↘</div> <div>SKIP TO NEXT ROW</div> <div>NO.....2</div>	<div>YES NO</div> <div>A). POOR CONDITION OF QUARTERS ..... 1 2</div> <div>B). NO WATER SUPPLY ..... 1 2</div> <div>C). NO ELECTRICITY FACILITY..... 1 2</div> <div>D). SPOUSE STAYING IN ANOTHER PLACE..... 1 2</div> <div>E). EDUCATION OF CHILDREN..... 1 2</div> <div>F). SECURITY ..... 1 2</div> <div>G). ANY OTHER ..... 1 2</div> <div>(SPECIFY)</div>
5.2	iii) Obstetrician /Gynaecologist	<div>YES.....1</div> <div>NO.....2 ↘</div> <div>SKIP TO NEXT ROW</div>	<div>YES.....1 ↘</div> <div>SKIP TO NEXT ROW</div> <div>NO.....2</div>	<div>YES NO</div> <div>A). POOR CONDITION OF QUARTERS ..... 1 2</div> <div>B). NO WATER SUPPLY ..... 1 2</div> <div>C). NO ELECTRICITY FACILITY..... 1 2</div> <div>D). SPOUSE STAYING IN ANOTHER PLACE..... 1 2</div> <div>E). EDUCATION OF CHILDREN..... 1 2</div> <div>F). SECURITY ..... 1 2</div> <div>G). ANY OTHER ..... 1 2</div> <div>(SPECIFY)</div>
5.3	iii) Matron/Nurse In-Charge Obs. & Gyne.	<div>YES.....1</div> <div>NO.....2 ↘</div> <div>SKIP TO Q 6.1</div>	<div>YES.....1 ↘</div> <div>SKIP TO Q6.1</div> <div>NO.....2</div>	<div>YES NO</div> <div>A). POOR CONDITION OF QUARTERS ..... 1 2</div> <div>B). NO WATER SUPPLY ..... 1 2</div> <div>C). NO ELECTRICITY FACILITY..... 1 2</div> <div>D). SPOUSE STAYING IN ANOTHER PLACE..... 1 2</div> <div>E). EDUCATION OF CHILDREN..... 1 2</div> <div>F). SECURITY ..... 1 2</div> <div>G). ANY OTHER ..... 1 2</div> <div>(SPECIFY)</div>

## VI. OTHER PHYSICAL FACILITIES

6.1	Are prominent display boards regarding service availability in local language displayed at District Hospital?	YES ..... 1 NO ..... 2
6.2	Are there separate registration counters in District Hospital?	YES ..... 1 NO ..... 2
6.3	Are there any complaint box/ Suggestion box kept at District Hospital?	YES ..... 1 NO ..... 2
6.4	Is there Pharmacy of drug storage and drug dispensing at District Hospital?	YES ..... 1 NO ..... 2

### WARDS AND BEDS

	WARD	AVAILABLE A	TOTAL NO OF BEDS B	MALE C	FEMALE D
6.5	General Medicine Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
6.6	General Surgery Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.7	Pediatric Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.8	Intensive Medicare Unit	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.9	Post Operation Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.10	Labor Room	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.11	ANC Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.12	PNC Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.13	Post Partum Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.14	High Dependency Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		
6.15	Burn Ward	Yes ..... 1 No ..... 2 ↓	<input type="text"/> <input type="text"/>		

### OPERATION THEATRE

Q. No.	OPERATION THEATER	AVAILABLE	CURRENTLY IN USE
6.16	Elective OT-Major	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
6.17	Emergency OT/ Family Welfare OT	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
6.18	Ophthalmology / ENT OT	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

DELIVERY SUIT UNIT			
Q. NO.	DELIVERY SUIT UNIT	AVAILABLE	CURRENTLY IN USE
6.19	Labor room ( aseptic & Clean )	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.20	Delivery room	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
6.21	Neo-natal room	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
<b>VII.</b>	<b>EMERGENCY OBSTETRIC CARE</b>	<b>AVAILABLE</b>	
7.1	Whether obstetrician /gynecologist is available for 24 hrs?	YES..... 1 NO ..... 2	
7.2	Whether anesthetist is available for 24 hrs?	YES..... 1 NO ..... 2	
7.3	Whether Nurse in Obs/Gynae is available for 24 hrs?	YES..... 1 NO ..... 2	
7.4	Whether District Hospital provides for 24 hrs surgical interventions?	YES..... 1 NO ..... 2	

#### VIII. SERVICES (DURING LAST ONE MONTH) RECORD REFERENCE

Q. No.	A. Essential Services Provided Obs / Gynae department	Total Number
8.1	OPD Patients	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.2	In-patient Admissions	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.3	Average day of inpatients stay	<input type="text"/> <input type="text"/>
	<b>B. Performance</b>	
8.4	Total No. of surgeries done (Considered only RCH related surgeries ex. Delivery, Hysterectomy etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
8.5	Total Number of Hysterectomy done	<input type="text"/> <input type="text"/> <input type="text"/>
8.6	Total Number of D&C done	<input type="text"/> <input type="text"/> <input type="text"/>
8.7	Number of Deliveries performed	<input type="text"/> <input type="text"/> <input type="text"/>
8.8	Number of C-Section deliveries performed	<div> <div>PLANNED</div> <div>A. <input type="text"/><input type="text"/></div> </div> <div> <div>ELECTIVE</div> <div>B. <input type="text"/><input type="text"/></div> </div>
8.9	Of the total deliveries performed, how many were beneficiaries of Janani Suraksha Yojana	<input type="text"/> <input type="text"/> <input type="text"/>
8.10	Number of blood transfusions done	<input type="text"/> <input type="text"/> <input type="text"/>
8.11	Number of MTPs performed	<input type="text"/> <input type="text"/>
8.12	Number of Sterilizations Conducted	<div>A. Male <input type="text"/><input type="text"/></div> <div>B. Female <input type="text"/><input type="text"/></div>
8.13	Number of cases provided with RTI/STI services	<input type="text"/> <input type="text"/>
8.14	<b>CHECK: Q1.12</b> Total Number of cases visited Integrated Counseling and Testing Centre (ICTC)	<div>STI</div> <div>A. <input type="text"/><input type="text"/><input type="text"/></div> <div>HIV</div> <div>B. <input type="text"/><input type="text"/><input type="text"/></div>
8.15	Total Number of Pap smear prepared	<input type="text"/> <input type="text"/>

## IX. OTHER ACTIVITIES

Q. No.	Particulars	
9.1	Is Citizen's charter displayed at DH?	YES..... 1 NO ..... 2
9.2	Has the Rogi Kalyan Samiti (RKS) been constituted?	Yes.....1 No.....2 → Skip to Q9.4
9.3	Does RKS monitor your work regularly?	YES..... 1 NO ..... 2
<b>CLEANLINESS (BY OBERVATION)</b>		
9.4	Whether the Cleanliness of	<b>GOOD.....1      FAIR.....2      POOR.....3</b>
	A. OPD	GOOD.....1      FAIR.....2      POOR.....3
	B. ROOMS	GOOD.....1      FAIR.....2      POOR.....3
	C. WARDS	GOOD.....1      FAIR.....2      POOR.....3
	D. PREMISES	GOOD.....1      FAIR.....2      POOR.....3

## X. DETAILS REGARDING HEALTH MANAGEMENT INFORMATION SYSTEM AND MOTHER & CHILD TRACKING SYSTEM

10.1	Whether the following registers are available and maintained: a) OPD registers b) IPD registers c) Delivery registers d) Sterilization registers e) Stock registers f) Others (Specify) (Note: List out registers maintained in the facility)	<table> <thead> <tr> <th>AVAILABLE</th><th>MAINTAINED</th></tr> </thead> <tbody> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td>YES... 1 NO...2</td><td>YES... 1 NO...2</td></tr> <tr> <td colspan="2">OTHERS _____ (Specify)</td></tr> </tbody> </table>	AVAILABLE	MAINTAINED	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	YES... 1 NO...2	OTHERS _____ (Specify)										
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YES... 1 NO...2	YES... 1 NO...2																										
OTHERS _____ (Specify)																											
10.2	Whether the printed HMIS format available?	YES ..... 1 NO ..... 2																									
10.3	Whether enough printed registers are available?	<table> <thead> <tr> <th>A. REGISTERS</th><th>B. REPORTS</th></tr> </thead> <tbody> <tr> <td>YES..... 1</td><td>YES..... 1</td></tr> <tr> <td>NO..... 2</td><td>NO..... 2</td></tr> </tbody> </table>	A. REGISTERS	B. REPORTS	YES..... 1	YES..... 1	NO..... 2	NO..... 2																			
A. REGISTERS	B. REPORTS																										
YES..... 1	YES..... 1																										
NO..... 2	NO..... 2																										
10.4	Whether the data is supplied regularly in HMIS format? (Interviewer to verify)	YES.....1 → NO.....2	<b>Skip to 10.6</b>																								
10.5	What is the main reason for not submitting HMIS report in time? ( <b>Specify</b> )	_____ (SPECIFY)																									
10.6	Whether DH/SDH is using personal computer? (RECORD ALL MENTIONED)	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A). OPD RECORD.....</td><td>1</td><td>2</td></tr> <tr> <td>B). MAINTENANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>C). ADMINISTRATIVE WORK....</td><td>1</td><td>2</td></tr> <tr> <td>D). PRODUCING REPORTS.....</td><td>1</td><td>2</td></tr> <tr> <td>E). ANY OTHER _____</td><td>1</td><td>2</td></tr> <tr> <td colspan="3">(SPECIFY)</td></tr> <tr> <td>F). NOT AT ALL.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A). OPD RECORD.....	1	2	B). MAINTENANCE .....	1	2	C). ADMINISTRATIVE WORK....	1	2	D). PRODUCING REPORTS.....	1	2	E). ANY OTHER _____	1	2	(SPECIFY)			F). NOT AT ALL.....	1	2	
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E). ANY OTHER _____	1	2																									
(SPECIFY)																											
F). NOT AT ALL.....	1	2																									
10.7	Is Internet connectivity available at DH/SDH?	YES, FUNCTIONAL..... 1 YES, BUT NOT FUNCTIONAL..... 2 NOT AVAILABLE..... 3																									
10.8	If Computer is not there, are you outsourcing for data compilation and tabulation work?	YES ..... 1 NO ..... 2																									
10.9	Whether data of all the facilities under this DH/SDH are consolidated at the facility?	YES ..... 1 NO ..... 2																									

10.10.	How the data is consolidated / entered at the DH/SDH	BY THE DATA ENTRY OPERATOR/ DATA ASSISTANT AT THE DH/SDH .... 1 OTHER ..... 2 <b>(SPECIFY)</b>	
10.11	Whether Facility-wise data uploaded on HMIS portal?	YES ..... 1 NO ..... 2	
10.12	Whether information on Mother & Child is collected and maintained at the DH/SDH under MCTS?	YES ..... 1 NO ..... 2	
10.13	Whether the Medical Officer received any training / orientation for MCTS?	YES ..... 1 NO ..... 2	
10.14	Whether Work Plan for the facilities under this DH/SDH is generated through MCTS?	YES, FOR BOTH MOTHER & CHILDREN ..... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY ..... 3 NO ..... 4	
10.15	Whether Work Plan generated through MCTS is used for tracking the beneficiaries?	YES, FOR BOTH MOTHER & CHILDREN ..... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY ..... 3 NO ..... 4	