

**CONFIDENTIAL**  
(For Research  
Purpose only)

<b>IDENTIFICATION</b>																					
<b>A. STATE</b> _____ <b>DISTRICT</b> _____ <b>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</b> _____ <b>SUB HEALTH CENTRE</b> _____ <b>PRIMARY HEALTH CENTRE</b> _____ <b>COMMUNITY HEALTH CENTRE</b> _____ <b>LOCATION OF PHC:</b> _____ <b>RURAL...1 URBAN.....2</b> <b>NUMBER OF SUB HEALTH CENTERS CATERED BY THE PHC</b> _____ <b>POPULATION COVERED BY THE PHC (LATEST) YEAR</b> _____ <b>WHETHER PHC RUN BY NGO:</b> _____ <b>YES...1 NO...2</b> <b>DISTANCE (IN KM) BETWEEN CHC AND PHC</b> _____ <b>NEAREST REFERRAL CENTER :</b> <b>DH...1     CHC...2     FRU...3</b> ..... <b>WHETHER PRIMARY HEALTH CENTRE IS LEVEL-1 MCH CENTRE: YES-1 NO-2</b> ..... <b>WHETHER PRIMARY HEALTH CENTRE IS LEVEL-2 MCH CENTRE: YES-1 NO-2</b> .....																					
<b>INTERVIEW DATE</b> <b>DATE</b> <b>MONTH</b> <b>YEAR</b> <div style="display: flex; justify-content: space-around;"> <span>[ ][ ] [ ][ ]</span> <span>[ ][ ] [ ][ ]</span> <span>[ ][ ][ ][ ] [ ][ ][ ][ ]</span> </div>																					
<b>GPS information:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number of Satellite signals received</td> <td style="width: 10%;">Accuracy (signal in feet)</td> <td style="width: 15%;">Latitude North - N</td> <td style="width: 15%;">Longitude East - E</td> <td style="width: 45%;">Way point circle one 1 = in front of PHC 2 = nearby landmark</td> </tr> <tr> <td>No. = [ ]  (Signals must be 3 or more)</td> <td>[ ]</td> <td>Degree [ ][ ] Minutes [ ][ ] Sec [ ][ ][ ]</td> <td>Degree [ ][ ] Minutes [ ][ ] Sec [ ][ ][ ]</td> <td>[ ]</td> </tr> </table>												Number of Satellite signals received	Accuracy (signal in feet)	Latitude North - N	Longitude East - E	Way point circle one 1 = in front of PHC 2 = nearby landmark	No. = [ ]  (Signals must be 3 or more)	[ ]	Degree [ ][ ] Minutes [ ][ ] Sec [ ][ ][ ]	Degree [ ][ ] Minutes [ ][ ] Sec [ ][ ][ ]	[ ]
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<b>B. DESIGNATION OF THE RESPONDENT</b>  MEDICAL OFFICER..... 1 PHARMACIST ..... 2 HEALTH ASSISTANT (MALE/FEMALE) ..... 3 HEALTH WORKER (MALE/FEMALE)..... 4 OTHER..... 6 <p style="text-align: center;"><b>SPECIFY</b></p>																					
<b>C. SERIAL NUMBER OF QUESTIONNAIRE (TO BE ENTERED AT OFFICE)</b> <b>C1.</b> SERIAL NUMBER OF PHC QUESTIONNAIRE ..... <b>C2.</b> SERIAL NUMBER OF CHC QUESTIONNAIRE ..... <b>C3.</b> SERIAL NUMBER OF DH/SDH QUESTIONNAIRE .....																					
<b>D. NUMBER OF VISITS MADE TO HEALTH FACILITY</b>																					
<b>E1. SPOT CHECKED BY</b> NAME _____ DATE _____			<b>E2. FIELD EDITED BY</b> CODE [ ][ ][ ]			<b>E3. OFFICE EDITED BY</b> CODE [ ][ ][ ]			<b>E4. KEYED BY</b> CODE [ ][ ][ ]												
NAME OF THE INVESTIGATOR _____			CODE [ ][ ][ ]			SIGNATURE OF THE INVESTIGATOR _____															

# I. AVAILABILITY OF SERVICES

	ITEM	STATUS CODE	Skip/Remarks
1.1	Is this a functional 24x7 (functional round the clock) health facility?	YES..... 1 NO ..... 2	→ Skip to 1.3
1.2	Since when did this facility started functioning as a 24x7 facility?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 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	→ Skip to Q.1.12
1.5	<b>Can you tell me whether the following services related to delivery are provided in this facility? If yes, ask 24x7 status</b>		
	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 haemorrhages	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	
1.6	<b>Whether the following essential newborn care services are available? If yes, ask 24x7 status</b>		
	a.) Resuscitation	YES, 24 X 7..... 1 YES, Only day Time..... 2 NO ..... 3	
	b.) Thermal protection (warmer/table lamp)	YES, 24 X 7..... 1 YES, Only day Time..... 2 NO ..... 3	
1.7	Whether the facility has the following services for the sick children? If, yes, 24x7 or not?		
	(a). Management of diarrhoea	YES, 24 X 7..... 1 YES, Only day Time..... 2 NO ..... 3	
	(b). Management of ARI/Pneumonia	YES, 24 X 7..... 1 YES, Only day Time..... 2 NO ..... 3	
1.8	Whether antenatal care services provided in this facility?	YES..... 1 NO ..... 2	
1.9	Whether the following services provided to the pregnant women?		
	(a). IFA tables	YES..... 1 NO ..... 2	
	(b). Haemoglobin estimation in antenatal clinic	YES..... 1 NO ..... 2	
	(c). TT injection	YES..... 1	

		NO ..... 2													
1.10	Whether manual vacuum aspiration is done in this facility for early abortion service?	YES..... 1 NO ..... 2													
1.11	Whether RTI/STI treatment and counselling provided in this facility? If, yes, both or only treatment or only counselling?	YES, BOTH ..... 1 YES, TREATMENT ONLY..... 2 YES, COUNSELLING ONLY ..... 3 NONE..... 4													
<b>ESSENTIAL LABORATORY SERVICES</b>															
1.12	Whether laboratory services are available in this facility?	YES..... 1 NO ..... 2	If 'NO' then skip to 1.14												
1.13	Are the laboratory services outsourced?	YES..... 1 NO ..... 2													
<b>AMBULANCE SERVICE</b>															
1.14	How many ambulances are there in this facility? Of these, how many are functional	AVAILABLE ..... <input type="text"/> <input type="text"/> FUNCTIONAL..... <input type="text"/> <input type="text"/>	If '00' Skip to 1.16												
1.15	If ambulance available Do you have adequate funds available for operating the ambulances?	YES..... 1 NO ..... 2													
1.16	Is there any other 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' then skip to 1.18												
1.17	Whether a government ambulance are available or is it out sourced?	YES..... 1 NO ..... 2													
1.18	Whether the facility has free diagnostic services for pregnant women?	YES..... 1 NO ..... 2													
1.19	Whether the facility is providing assistance to those who received services at the PHC for following: a) Birth Certificate b) Death Certificate c) Any other vital events (Multiple coding possible)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>BIRTH CERTIFICATE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DEATH CERTIFICATE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER VITAL EVENTS.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	BIRTH CERTIFICATE.....	1	2	DEATH CERTIFICATE.....	1	2	ANY OTHER VITAL EVENTS.....	1	2	
	YES	NO													
BIRTH CERTIFICATE.....	1	2													
DEATH CERTIFICATE.....	1	2													
ANY OTHER VITAL EVENTS.....	1	2													

## II. AVAILABILITY OF HUMAN RESOURCES

Q. No.	PERSONNEL	No. in position		IF NO, SINCE HOW LONG (SPECIFY DURATION IN MONTHS)  RECORD IN ACTUAL MONTHS IF MORE THAN 99 MONTHS CODE 99
		Regular	Contractual	
2.1	Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.2	Lady Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.3	Ayush Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.4	Medical Officer Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.5	Staff Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.6	Pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.7	LHV/Health Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.8	Male Health Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.9	Laboratory Technician	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.10	ANM/ Female Health Worker	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.11	Additional Staff Nurse/ANM (Contractual)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2.12	Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

2.13	Data Entry Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14	Registration Clerk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Class IV Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Any other _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. TRAINING AT PHC

Q.NO.	(A) TRAINING ORGANIZED AT PHC																
3.1 (a)	Whether any training programme was organized at PHC last year?	YES..... 1 NO ..... 2 → Skip to Q3.2															
3.1 (b)	What were the trainings organized?	<table border="0"> <thead> <tr> <th>TYPE OF TRAININGS</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) PULSE POLIO TRAINING .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) TRAINING OF ASHA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) TRAINING FOR ANM/MALE HEALTH WORKER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) ANY OTHER _____ (SPECIFY)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	TYPE OF TRAININGS	YES	NO	A) PULSE POLIO TRAINING .....	1	2	B) TRAINING OF ASHA.....	1	2	C) TRAINING FOR ANM/MALE HEALTH WORKER .....	1	2	D) ANY OTHER _____ (SPECIFY)	1	2
TYPE OF TRAININGS	YES	NO															
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B) TRAINING OF ASHA.....	1	2															
C) TRAINING FOR ANM/MALE HEALTH WORKER .....	1	2															
D) ANY OTHER _____ (SPECIFY)	1	2															

### B. TRAINING RECEIVED BY ANY MEDICAL OFFICER DURING LAST FIVE YEARS/EVER (IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)

	TYPE OF TRAINING	LAST 5 YEAR	EVER
3.2	MDR (Maternal Death Review) Orientation	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.3	Vector Born 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
	<b>SPECIAL SKILL TRAINING</b>		
3.6	NSV-Non Scalpel Vasectomy training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.6 (a)	F-IMNCI (Facility Based IMNCI) training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.6 (b)	NSSK (Navjat Shishu Suraksha Karyakram) Training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.7	MTP-Medical Termination of Pregnancy training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.8	Minilap training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.8 (a)	IUD Insertion Training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.9	Reproductive Tract Infection/Sexually Transmitted Infection(RTI/STI) training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.10	SBA or Basic Emergency Obstetric Care training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.11	EMOC (Emergency Obstetric Care) training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.12	IMNCI-Integrated Management of Neonatal and Childhood Illnesses training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.12 (a)	Adolescent Reproductive Sexual Health (ARSH) Training	YES..... 1 ↘ NO ..... 2 ↓	YES ..... 1 NO ..... 2
3.12 (b)	HMIS training	YES..... 1 ↘	YES ..... 1

		NO ..... 2	NO ..... 2
3.12 (c)	Mother Child Tracking System	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.12 (d)	Blood Banking/ Storage	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.13	Any other training _____ (SPECIFY)	YES..... 1 NO ..... 2	YES ..... 1 NO ..... 2

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

	TYPE OF TRAINING	TRAINED	
		DURING LAST 5 YEARS	EVER
3.14	Reproductive Tract Infection /Sexually Transmitted Infection (RTI/STI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.15 (a)	F-IMNCI (Facility Based IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.15 (b)	NSSK (Navjat Shishu Suraksha Karyakram) Training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.16	Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.17	Skilled Birth Attendant training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.18	HMIS training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.19	MCTS training	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
3.20	Any other training _____ (SPECIFY)	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

**IV.A. DETAILS OF ALL SUB HEALTH CENTRE VILLAGES COVERED BY THE PHC**

Q. No	SUB HEALTH CENTRES UNDER PHC							
4.1	NAME OF THE VILLAGE WHERE THE SUB HEALTH CENTRES ARE LOCATED	CONNECTIVITY OF PHC						
		DISTANCE TO PHC IN. KM	CONNECTED WITH PUCCA ROAD		BUS/PVT. VEHICLE AVAILABLE		ACCESSIBLE THROUGHOUT THE YEAR	
			YES	NO	YES	NO	YES	NO
1			1	2	1	2	1	2
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
9			1	2	1	2	1	2
10			1	2	1	2	1	2

#### IV.B. PHYSICAL INFRASTRUCTURE

Q. No.	A. BUILDING	
4.2	Is a designated government building available for the PHC?	YES ..... 1 → <b>Skip to Q4.4</b> NO ..... 2
4.3	where is PHC located?	RENTED BUILDING ..... 1 <b>RENT FREE/PANCHAYAT/VOLUNTARY</b> SOCIETY BUILDING ..... 2 OTHERS ..... 6 (SPECIFY)
4.4	Since when this PHC is functioning from this building?	YEAR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
4.5	What is the type of PHC building? <b>(RECORD BY OBSERVATION)</b>	PUCCA ..... 1 SEMI-PUCCA ..... 2 KACHHA ..... 3
4.6 (a)	What is the present condition of the existing building? <b>(RECORD BY OBSERVATION)</b>	GOOD ..... 1 SATISFACTORY ..... 2 NEEDS REPAIR ..... 3
(b)	Is there a compound wall /Fencing present around the facility? <b>(RECORD BY OBSERVATION)</b>	ALL AROUND ..... 1 PARTIAL ..... 2 NONE ..... 3
4.7	<b>RATE THE CLEANLINES (RECORD BY OBSERVATION)</b>	<b>CLEANLINESS</b>
	Premises Cleanliness	GOOD----1      FAIR----2      POOR----3
	Wards Cleanliness	GOOD----1      FAIR----2      POOR----3
	OPD Cleanliness	GOOD----1      FAIR----2      POOR----3
<b>B. WATER SUPPLY</b>		
4.8	What is the main source of water supply?	PIPED ..... 1 BORE WELL/TUBE WELL ..... 2 HANDPUMP ..... 3 WELL ..... 4 OTHER (SPECIFY) ..... 5 NO WATER SUPPLY ..... 6 → <b>Skip to 4.10</b>
4.9	Is there running water supply for 24 hours in PHC?	YES ..... 1 NO ..... 2
<b>C. ELECTRICITY</b>		
4.10	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
4.11	Is standby facility of generator/inverter available in working condition? <b>(RECORDED BY OBSERVATION)</b>	YES ..... 1 NO ..... 2
a)	What is the capacity of the generator?	KW <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
b)	Whether the generator supply is connected to the Labour room:	YES ..... 1 NO ..... 2
c)	Whether the generator backup is assured at all times in the Labour room	YES, AT ALL TIME ..... 1 YES, BUT NOT AT ALL TIMES ..... 2 NOT AT ALL ..... 3
d)	Whether the generator supply is connected to the Ice lined Refrigerator (ILR)?	YES ..... 1 NO ..... 2
e)	Whether the generator backup is assured at all times in the Ice lined Refrigerator (ILR)?	YES, AT ALL TIMES ..... 1 YES, BUT NOT AT ALL TIMES ..... 2

		NOT AT ALL..... 3																											
f)	Whether the generator supply is connected to the Wards	YES ..... 1 NO ..... 2																											
g)	Do you have adequate funds available for operating the generator?	YES ..... 1 NO ..... 2																											
<b>D.TOILET FACILITIES</b>																													
4.12	Is proper sewerage facility available at PHC?	YES ..... 1 NO ..... 2																											
4.13	What type of sewerage system exists?	Soak Pit ..... 1 Connected to municipal sewerage..... 2 Any other (Specify)..... 3																											
4.14	Is toilet facility available at PHC?	YES ..... 1 NO ..... 2 → <b>Q.4.16</b>																											
(a)	Whether it is in use?	YES ..... 1 NO ..... 2																											
4.15	Is separate toilet facility available for males and females?	COMMON TOILET ..... 1 SEPARATE TOILET ..... 2																											
<b>E. COMMUNICATION FACILITIES</b>																													
4.16	Is telephone facility available in the PHC?  IF YES. NOTE CONTACT NO	YES ..... 1 NO ..... 2 <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>																											
4.17	Whether Personal Computer available or not?	YES ..... 1 NO ..... 2 → <b>Q.4.19</b>																											
4.18	Is Internet connectivity available at PHC?	YES, FUNCTIONAL..... 1 YES, BUT NOT FUNCTIONAL..... 2 NOT AVAILABLE..... 3																											
4.19	Are you outsourcing for data compilation and tabulation work?	YES ..... 1 NO ..... 2																											
4.20	Whether PHC has a functional vehicle?	YES ..... 1 → <b>Q.4.22</b> NO ..... 2																											
4.21	Does PHC have access to vehicle for transporting patients during emergency?	YES ..... 1 NO ..... 2																											
4.22	Is there any complaint box/suggestion box kept at PHC?	YES ..... 1 NO ..... 2																											
<b>F. WASTE DISPOSAL</b>																													
4.23	Is biomedical waste segregated and treated before disposal?	YES ..... 1 NO ..... 2																											
4.24	Whether using different dustbins for biomedical waste?	YES ..... 1 NO ..... 2																											
(a)	Are colour coded waste bags available for segregated waste?	YES ..... 1 NO ..... 2																											
(b)	What is the mode of disposal of infectious/biological waste? <b>(RECORD ALL MENTIONED)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DEEP BURIAL PIT .....</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..... <b>(SPECIFY)</b></td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DEEP BURIAL PIT .....	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..... <b>(SPECIFY)</b>	1	2
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OTHER..... <b>(SPECIFY)</b>	1	2																											

(c)	What is the mode of disposal of non-infectious waste?  (RECORD ALL MENTIONED)		YES	NO
		DEEP BURIAL PIT .....	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	
(SPECIFY)				
(d)	<b>OBSERVE AND RECORD</b> Are any discarded/used sharpnals visible in the facility?	YES ..... 1 NO ..... 2		
<b>SECURITY</b>				
4.25	Whether at least one person available round the clock for security?	YES ..... 1 NO ..... 2		
Q. No.	<b>G. QUARTERS</b>			
4.26 (a)	<b>A</b> RESIDENTIAL QUARTER FOR PHC STAFF	<b>B</b> AVAILABLE	<b>C</b> WHETHER RESIDING	<b>D</b> QUARTER IS AVAILABLE AND NOT RESIDING WHAT ARE THE REASONS:
	Medical Officer	YES.....1 NO.....2 ↓ Skip to next row	YES..... 1 ↓ Skip to next row  NO..... 2	<div style="text-align: right;">YES NO</div> A) POOR CONDITION OF PHC QUARTERS ..... 1 2 B) NO WATER SUPPLY ..... 1 2 C) NO ELECTRICITY FACILITY..... 1 2 D) SPOUSE STAYING IN ANOTHER PLACE ..... 1 2 E) LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE..... 1 2 F) EDUCATION OF CHILDREN ..... 1 2 G) SECURITY ..... 1 2 H) ANY OTHER ..... 1 2 (SPECIFY)
Q. No.	<b>QUARTERS</b>			
4.26 (b)	Pharmacist	YES.....1 NO.....2 ↓ Skip to next row	YES..... 1 ↓ Skip to next row  NO..... 2	<div style="text-align: right;">YES NO</div> A) POOR CONDITION OF PHC QUARTERS ..... 1 2 B) NO WATER SUPPLY ..... 1 2 C) NO ELECTRICITY FACILITY..... 1 2 D) SPOUSE STAYING IN ANOTHER PLACE ..... 1 2 E) LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE..... 1 2 F) EDUCATION OF CHILDREN ..... 1 2 G) SECURITY ..... 1 2 H) ANY OTHER ..... 1 2 (SPECIFY)
4.26 (c)	LHV	YES.....1 NO.....2 ↓	YES..... 1 ↓	<div style="text-align: right;">YES NO</div> A) POOR CONDITION OF PHC QUARTERS ..... 1 2 B) NO WATER SUPPLY ..... 1 2 C) NO ELECTRICITY FACILITY..... 1 2



		Skip to next row	Skip to next row NO..... 2	D) SPOUSE STAYING IN ANOTHER PLACE ..... 1 2 E) LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE..... 1 2 F) EDUCATION OF CHILDREN ..... 1 2 G) SECURITY ..... 1 2 H) ANY OTHER ..... 1 2 (SPECIFY)
4.26 (d)	Staff Nurse	YES.....1 NO.....2 ↓ Skip to next row	YES..... 1 ↓ Skip to next row NO..... 2	YES NO A) POOR CONDITION OF PHC QUARTERS ..... 1 2 B) NO WATER SUPPLY ..... 1 2 C) NO ELECTRICITY FACILITY..... 1 2 D) SPOUSE STAYING IN ANOTHER PLACE ..... 1 2 E) LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE..... 1 2 F) EDUCATION OF CHILDREN ..... 1 2 G) SECURITY ..... 1 2 H) ANY OTHER ..... 1 2 (SPECIFY)
<b>Q. No.</b>	<b>H. LABOUR ROOM AND OPERATION THEATRE</b>			
<b>LABOUR ROOM AND OPERATION THEATRE</b>		<b>AVAILABLE</b>	<b>Whether deliveries are conducted or not</b>	<b>What are the reasons for not conducting deliveries</b>
4.27 (a)	Labour Room	YES.....1 NO.....2 ↓ Skip to next row	YES..... 1 ↓ Skip to next row NO..... 2	YES NO A) NON-AVAILABILITY OF DOCTORS AND STAFF..... 1 2 B) LACK OF EQUIPMENTS..... 1 2 C) POOR PHYSICAL STATE..... 1 2 D) NO POWER SUPPLY..... 1 2 E) ANY OTHER ..... 1 2 (SPECIFY)
4.27 (b)	Operation theatre	YES.....1 NO.....2 ↓ Skip to next row	YES..... 1 ↓ Skip to next row NO..... 2	YES NO A) NON-AVAILABILITY OF DOCTORS AND STAFF..... 1 2 B) LACK OF EQUIPMENTS..... 1 2 C) POOR PHYSICAL STATE..... 1 2 D) NO POWER SUPPLY..... 1 2 E) ANY OTHER ..... 1 2 (SPECIFY)
4.27 (c)	Whether operation theatre has Boyle's apparatus and enough Anaesthetic Medicines?			<b>i. BOYLES APPARATUS</b> YES ..... 1 NO ..... 2 <b>ii. ANESTHETIC MEDICINES</b> YES..... 1 NO ..... 2
<b>LABOUR ROOM</b>				
4.28	<b>Are the following services available, if facility is a Level I MCH Centre as answered in section A on Identification.</b> <b>Physically verify and record</b>			
(a)	Labour table with McIntosh sheet			YES, WITH MCINTOSH SHEET ..... 1 YES, WITHOUT MCLNTOSH 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 ..... 1 NO ..... 2
(e)	Attached toilet in the labour room	YES, FUNCTIONAL..... 1 YES, BUT NOT FUNCTIONAL..... 2 NO..... 3
(f)	Condition of the toilet	GOOD..... 1 FAIR ..... 2 POOR..... 3
(g)	<b>Observe and record the condition of the Labour Room (Record Satisfactory-1, Unsatisfactory-2)</b>	
	g (a). Privacy in the labour room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
	g (b). Condition of the flooring in the Labour Room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
	g(c). Condition of walls in the Labour Room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
	g (d). Condition of ceiling in the Labour Room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
	g (e). Condition of lighting in the Labour Room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
	g (f). Overall condition of the Labour Room	SATISFACTORY..... 1 UNSATISFACTORY..... 2
(h)	<b>Ask and record (Yes-1/No-2 )</b>	
	h (a). Normal delivery kits available in the facility?	YES ..... 1 NO..... 2
	h (b). Surgical set for Episiotomy and minor procedures available	YES ..... 1 NO..... 2
(i)	<b>Whether the following items available in the labour room (Observe &amp; Record)</b>	
	i (a). Gloves	YES, USED ONE TIME ..... 1 YES, WASHED & USED AGAIN ..... 2 NO..... 3
	i (b). <b>Sterilized</b> cotton gauze	YES ..... 1 NO..... 2
	i (c). <b>Sterile</b> syringes and needles	YES ..... 1 NO..... 2
	i (d). <b>Sterile</b> drip sets	YES ..... 1 NO..... 2
	i (e). IV infusions like Dextrose 5%	YES ..... 1 NO..... 2
(j)	Partographs being recorded for the recently delivered women or women in Labour at the facility	YES ..... 1 NO..... 2
<b>K. Whether the following emergency drugs and consumables are available (emergency drug tray)? (Yes/No)</b>		
	K (a). Oxytocin injection	YES ..... 1 NO..... 2
	K (b). Diazepam Injection	YES ..... 1 NO..... 2

	K(c.) Magnesium Sulphate Injection	YES ..... 1 NO ..... 2
	K (d). Lignocaine Hydrochloride Injection	YES ..... 1 NO ..... 2
	K (e). Nifedipine Tablet	YES ..... 1 NO ..... 2
	K (f). Tablet Misoprostol	YES ..... 1 NO ..... 2
	K (g). Sterilized cotton and gauze	YES ..... 1 NO ..... 2
	K (h). At least 2 pairs of gloves	YES ..... 1 NO ..... 2
	K (i). Sterile I/V sets (at least 2)	YES ..... 1 NO ..... 2
	K (j). Sterile syringes and needles (different sizes)	YES ..... 1 NO ..... 2
	K(k). Oxygen cylinder with face mask, wrench & regulator	YES, FUNCTIONAL..... 1 YES, BUT NOT FUNCTIONAL..... 2 NO..... 3

Q. No.	PHYSICAL FACILITIES	
4.29	Total number of beds sanctioned and available in the facility?	SANCTIONED..... <input type="text"/> AVAILABLE..... <input type="text"/>
4.30	Whether PHC has separate room for drug storage?	YES ..... 1 → Q.4.32 NO ..... 2
4.31	If NO, where are drugs stored?	_____ ( SPECIFY)
4.32	Is there separate waiting area for the patients in the OPD of PHC?	YES ..... 1 NO ..... 2
4.32 (a)	Is there any Waiting area/room for relatives/attendants with the pregnant women coming for delivery?	YES ..... 1 NO ..... 2
4.32 (b)	Are there one or more designated ASHA rest rooms in the facility?	YES ..... 1 NO ..... 2

**IV. AVAILABILITY OF NEWBORN CARE EQUIPMENTS (Physically verify and record (Yes, functional-1; Yes, but not functional-2; Not Available-3))**

Q.NO.	ITEM	AVAILABLE AND FUNCTIONAL (Code-1)	AVAILABLE BUT NOT FUNCTIONAL (Code-2)	NOT AVAILABLE (Code-3)
4.33	Designated newborn baby corner	1	2	3
4.34	Ambu bag with mask	1	2	3
4.35	Radiant warmer	1	2	3
4.36	Any other mechanism available in the facility to keep the baby warm, like 200wt bulb at a height of 18 inches above newborn baby corner.	1	2	3
4.37	Suction catheter/canula	1	2	3
4.38	Pedal suction machine/mucus extractor	1	2	3
4.39	Baby weighing machine of any type	1	2	3
4.40	Separate drug tray	1	2	3

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

Q.NO.	ITEM	AVAILABLE AND FUNCTIONAL (Code-1)	AVAILABLE BUT NOT FUNCTIONAL (Code-2)	NOT AVAILABLE (Code-3)
4.41	Instrument trolley	1	2	3
4.42	Instrument cabinet	1	2	3
4.43	Blood / Saline stand	1	2	3
4.44	Stretcher on trolley	1	2	3
4.45	Stool for patients.	1	2	3
4.46	Wheel chair	1	2	3
4.47	Almirah/Cupboard with lock and key	1	2	3
4.48	Separate dustbin for biomedical waste	1	2	3
4.49	Autoclave	1	2	3
4.50	Auto Disposable (AD) Syringes	1	2	3
4.51	Hub Cutter <b>(OBSERVE)</b>	1	2	3
4.52	B.P. Instrument	1	2	3
4.53	Stethoscope	1	2	3
4.54	Weighing machine (adult)	1	2	3
4.55	Weighing machine (infant)	1	2	3
4.56	Haemoglobinometer (Sahlis)	1	2	3
4.57	Foetoscope	1	2	3
4.58	SIMS Speculum	1	2	3

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

Q.NO.	Equipment	AVAILABLE AND FUNCTIONAL (Code-1)	AVAILABLE BUT NOT FUNCTIONAL (Code-2)	NOT AVAILABLE (Code-3)
5.1	IUD Insertion Kit	1	2	3
5.2	Minilap Kit	1	2	3
5.3	NSV Kit	1	2	3
5.4	Laparoscopes	1	2	3
5.5	Normal Delivery Kit	1	2	3
5.6	Equipment for assisted vacuum delivery	1	2	3
5.7	Equipment for assisted forceps delivery	1	2	3
5.8	Equipment for New Born Care and Neonatal Resuscitation	1	2	3
5.9	Standard Surgical Set (for minor procedures like episiotomies stitching)	1	2	3
5.10	Equipment for Manual Vacuum Aspiration	1	2	3

**(B). COLD CHAIN EQUIPMENT**

Q.NO.	Equipment	AVAILABLE AND FUNCTIONAL (Code-1)	AVAILABLE BUT NOT FUNCTIONAL (Code-2)	NOT AVAILABLE (Code-3)
5.11	Ice Lined Refrigerator (Large)	1	2	3
5.12	Ice Lined Refrigerator (Small)	1	2	3
5.13	Deep Freezer Large	1	2	3
5.14	Deep Freezer Small	1	2	3
5.15	Cold Box	1		3
5.16	Vaccine Carrier	1		3
<b>(C). REQUIREMENTS OF THE LAB</b>		<b>AVAILABLE AND FUNCTIONAL (Code-1)</b>	<b>AVAILABLE BUT NOT FUNCTIONAL (Code-2)</b>	<b>NOT AVAILABLE (Code-3)</b>
5.17	Chemical for Hb estimation	1	2	3
5.18	Reagent strips for urine albumin and urine sugar analysis	1	2	3
5.19	Rapid Plasma Reagin (RPR) test kits for syphilis	1	2	3
5.20	Reagents for peripheral blood smear examination for MP	1	2	3
5.21	Residual chlorine in drinking water testing strips	1	2	3
5.22	Centrifuge	1	2	3
5.23	Light Microscope	1	2	3
5.24	Binocular Microscope	1	2	3

**VI. AVAILABILITY OF ESSENTIAL DRUGS IN THE PHC (RECORD FROM REGISTER)**

Q. NO.	ESSENTIAL DRUGS	AVAILABLE ON THE DAY OF SURVEY	OUT OF STOCK FOR MORE THAN TEN DAYS DURING LAST 30 DAYS
6.1	Anti-allergic and drugs used in Anaphylaxis	YES.....1 NO.....2	YES.....1 NO.....2
6.2	Anti Hypertensives	YES.....1 NO.....2	YES.....1 NO.....2
6.3	Anti Diabetics	YES.....1 NO.....2	YES.....1 NO.....2
6.4	Anti Anginal	YES.....1 NO.....2	YES.....1 NO.....2
6.5	Anti Tubercular	YES.....1 NO.....2	YES.....1 NO.....2
6.6	Anti Leprosy	YES.....1 NO.....2	YES.....1 NO.....2
6.7	Anti Filariasis	YES.....1 NO.....2	YES.....1 NO.....2
6.8	Anti Bacterials	YES.....1 NO.....2	YES.....1 NO.....2
6.9	Anti Helminthic	YES.....1 NO.....2	YES.....1 NO.....2
6.10	Anti Protozoal	YES.....1 NO.....2	YES.....1 NO.....2
6.11	Antidotes (Antisnake Venom etc.)	YES.....1 NO.....2	YES.....1 NO.....2
6.12	Anti Rabies	YES.....1 NO.....2	YES.....1 NO.....2
6.13	Low Osmolarity ORS packets (and Zinc)	YES.....1 NO.....2	YES.....1 NO.....2
6.14	Essential Obstetric Care drugs.	YES.....1 NO.....2	YES.....1 NO.....2
(i)	Emergency Contraceptive Pills	YES.....1 NO.....2	YES.....1 NO.....2

(ii)	Normal Saline	YES.....1 NO.....2	YES.....1 NO.....2
(iii)	Dextrose 5 %	YES.....1 NO.....2	YES.....1 NO.....2
(iv)	Condoms	YES.....1 NO.....2	YES.....1 NO.....2
(v)	Oral Contraceptive Pills	YES.....1 NO.....2	YES.....1 NO.....2
(vi)	MVA Syringes	YES.....1 NO.....2	YES.....1 NO.....2
(vii)	Tab Misoprostol	YES.....1 NO.....2	YES.....1 NO.....2
(viii)	IFA tablets	YES.....1 NO.....2	YES.....1 NO.....2
(ix)	Reagents for cross matching of blood	YES.....1 NO.....2	YES.....1 NO.....2
6.15	<b>RTI/STI DRUGS</b>		
(i)	Tab Azithromycin (1 g)	YES.....1 NO.....2	YES.....1 NO.....2
(ii)	Doxycycline Hydrochloride Capsules	YES.....1 NO.....2	YES.....1 NO.....2
(iii)	Benzathine Penicillin Injection	YES.....1 NO.....2	YES.....1 NO.....2
(iv)	Tab Metronidazole	YES.....1 NO.....2	YES.....1 NO.....2
(v)	Tab Fluconazole	YES.....1 NO.....2	YES.....1 NO.....2
(vi)	Tab Cefixime (200mg and 400mg)	YES.....1 NO.....2	YES.....1 NO.....2
(vii)	Tab Secnidazole (500 mg)	YES.....1 NO.....2	YES.....1 NO.....2
(viii)	Tab Erythromycin (500 mg) base/stearate	YES.....1 NO.....2	YES.....1 NO.....2
(ix)	Tab Acyclovir (400 mg)	YES.....1 NO.....2	YES.....1 NO.....2
(x)	Cap Amoxicillin 500 mg	YES.....1 NO.....2	YES.....1 NO.....2
(xi)	Clotrimazole Vaginal pessary (500 mg)	YES.....1 NO.....2	YES.....1 NO.....2
(xii)	Podophyllin tincture 20 %	YES.....1 NO.....2	YES.....1 NO.....2
(xiii)	Permethrin cream (5%) and (1%)	YES.....1 NO.....2	YES.....1 NO.....2
(xiv)	Gamma Benzene Hexachloride 1 % lotion or cream	YES.....1 NO.....2	YES.....1 NO.....2

**VII. ESSENTIAL LABORATORY TEST (DURING LAST ONE MONTH)  
(IF TESTING FACILITY IS NOT AVAILABLE RECORD '999')**

Q. NO.	SERVICES	NUMBER OF TEST DONE
7.1	Blood grouping	<input type="text"/> <input type="text"/> <input type="text"/>
7.2	Haemogram (TLC/DLC)	<input type="text"/> <input type="text"/> <input type="text"/>
7.3	Diagnosis of RTIs/STDs with wet mounting, grams stain, etc.	<input type="text"/> <input type="text"/> <input type="text"/>
7.4	Sputum testing for TB	<input type="text"/> <input type="text"/> <input type="text"/>
7.5	Blood smear examination for Malaria Parasite	<input type="text"/> <input type="text"/> <input type="text"/>
7.6	Urine (Routine culture/sensitivity/Microscopy )	<input type="text"/> <input type="text"/> <input type="text"/>
7.7	Rapid tests for pregnancy	<input type="text"/> <input type="text"/> <input type="text"/>
7.8	Rapid Plasma Reagin (RPR) test for Syphilis	<input type="text"/> <input type="text"/> <input type="text"/>

7.9	Others ( <b>Specify</b> )			
	i) _____			
	ii) _____			
	iii) _____			
	iv) _____			
	v) _____			

#### VIII. SERVICES (DURING LAST ONE MONTH) RECORD FROM REGISTER

Q. NO.	A. ESSENTIAL SERVICES PROVIDED	MALE	FEMALE
8.1	OPD Patients		
8.2	In-patient Admissions		
8.3	Number of cases referred for serious ailments from PHC to Higher centre.		
	<b>B. SERVICES PROVIDED</b>	<b>NUMBER OF CASES</b>	
8.4	Number of cases provided with antenatal care services		
8.5	Number of Pregnant women registered in 1 <sup>st</sup> trimester		
8.6	Number of pregnant women referred from Health Sub Centre to PHC		
8.7	Number of Deliveries performed		
8.8	If deliveries performed, how many were beneficiaries of Janani Suraksha Yojana?		
8.9	Number of complicated pregnancies/delivery cases referred to other facilities?		
8.10	Number of women provided with postnatal care services		
8.11	Number of newborn care provided		
8.12	Number of children treated for Diarrhoea		
8.13	Number of children treated for Acute Respiratory Tract Infection (ARI)		
8.14	Number of infants and children immunized		
	i) BCG		
	ii) Measles		
	iii) Polio (III Dose)		
	iv) DPT (III Dose)		
8.15	Number of MTPs performed		
8.16	No. of Manual Vacuum Aspirations done		
<b>Q. No.</b>	<b>C. FAMILY PLANNING AND CONTRACEPTION/OTER SERVICES</b>		
8.17	No. of oral pill cycles distributed		
8.18	No. of condom pieces distributed		
8.19	No. of women given EC pills		
8.20	No. of IUD insertion conducted		

8.21	Number of Sterilization operations performed	MALE.....1	<input type="text"/>	<input type="text"/>
		FEMALE.....2	<input type="text"/>	<input type="text"/>
8.22	Number of RTI/STI cases provided services		<input type="text"/>	<input type="text"/>
8.23	Number of school health check-ups organized		<input type="text"/>	<input type="text"/>
8.24	Number of eligible couples under PHC area		<input type="text"/>	<input type="text"/>
<b>Q. No.</b>	<b>D. AVAILABILITY OF SPECIFIC SERVICES</b>			
8.25	Is there a fixed immunization day?	YES..... 1 NO ..... 2		
8.26	How vaccines are distributed to Sub Centres?	<b>DISTRIBUTION OF VACCINE</b> <b>YES NO</b> A). PHC STAFF DELIVERS VACCINES TO SUB-CENTRE..... 1 2 B). THE SAME IS OUTSOURCED IN THE FORM OF COURIER ..... 1 2 C). ANMs COLLECT VACCINES FROM THE PHC ON THEIR OWN ..... 1 2 D). ANY OTHER ..... 1 2 (SPECIFY)		
8.27	Has any outbreak of Diarrhoea, Diphtheria, Measles, jaundice and fever taken place during last three month?  (RECORD ALL MENTIONED)	<b>OUTBREAK</b> <b>YES NO</b> A). DIARRHOEA..... 1 2 B). DIPHTHERIA..... 1 2 C). MEASLES..... 1 2 D). JAUNDICE..... 1 2 E). FEVER..... 1 2		
8.28	Does the PHC collects and reports vital events?	YES..... 1 NO ..... 2		
<b>Q. No.</b>	<b>E. MONITORING AND SUPERVISION ACTIVITIES</b>			
8.29	Have you prepared the PHC Plan for this year?	YES..... 1 → <b>Q.8.31</b> NO ..... 2		
8.30	If 'no' when was the last PHC Plan prepared?	MONTH      YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
8.31	Do you have enough printed registers and reports?	<b>A. REGISTERS</b> <b>B. REPORTS</b> YES.....1      YES .....1 NO..... 2      NO .....2		
8.32	Do you submit the HMIS reports in time?	YES..... 1 → <b>Q.8.34</b> NO ..... 2		
8.33	What are the main reasons for not submitting HMIS reports on time?	<input type="text"/>		
8.34	Were you provided with any written feedback from the CHC or supervisory officers?	YES..... 1 NO ..... 2		
8.35	During last month has any supervisory officer visited the PHC?	YES..... 1 NO ..... 2		
8.36	During last month has any supervisory officer from this facility visited the Sub-centre?	YES..... 1 NO ..... 2		
8.37	How many Sub Centres were visited during the last month?	NUMBER OF SUBCENTERS..... <input type="text"/>		
8.38	Is Citizen's Charter displayed at PHC?	YES..... 1 NO ..... 2		



8.39	Has Rogi Kalyan Samiti (RKS) been constituted?	YES..... 1 NO ..... 2
8.40	Has Rogi Kalyan Samiti (RKS) been registered?	YES..... 1 NO ..... 2
8.41	Does RKS conduct monthly meetings?	YES..... 1 NO ..... 2
8.42	Has any RKS fund been utilized for patient welfare?	YES..... 1 NO ..... 2
8.43	Have you received the untied fund for previous financial year?	YES..... 1 NO ..... 2
8.44	Have you utilized the untied fund?	FULLY UTILISED..... 1 PARTIALLY UTILISED..... 2 NOT UTILISED ..... 3

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

9.1	Whether the following registers are available and maintained: a) OPD registers b) IPD registers c) Delivery registers d) Sterilization registers e) Stock registers	<b>AVAILABLE</b> (YES-1, No-2)  1    2 1    2 1    2 1    2 1    2	<b>MAINTAINED</b> (YES-1, No-2)  1    2 1    2 1    2 1    2 1    2
9.2	Whether the printed HMIS format available?	YES..... 1 NO ..... 2	
9.3	Whether the data supplied regularly in HMIS format? (Interviewer to verify)	YES..... 1 NO ..... 2	
9.4	Whether facility of Computer available?	YES, AVAILABLE AND FUNCTIONAL..... 1 YES, AVAILABLE BUT NOT FUNCTIONAL. 2 NOT AVAILABLE ..... 3	
9.5	Whether facility of Internet Connectivity is available?	YES, AVAILABLE AND FUNCTIONAL..... 1 YES, AVAILABLE BUT NOT FUNCTIONAL. 2 NOT AVAILABLE ..... 3	
9.6	Whether data of all the Sub Centres under this PHC are consolidated at the PHC?	YES..... 1 NO ..... 2	
9.7	Whether consolidated data verified/scrutinised before computer entry?	YES..... 1 NO ..... 2	
9.8	If yes, who verify the data?	MEDICAL OFFICER I/C ..... 1 ANY DESIGNATED OFFICIALS _____ 2 <b>(SPECIFY)</b>	
9.9	How the data is entered at the PHC?	BY THE SUB CENTRE ANMS..... 1 BY THE DATA ENTRY OPERATOR/DATA ASSISTANT AT THE PHC ..... 2 OTHER _____ 3 <b>(SPECIFY)</b>	
9.10	Whether Facility-wise data uploaded on HMIS portal?	YES..... 1 NO ..... 2	

9.11	Whether Mother & Child Tracking System (MCTS) is being implemented?	YES..... 1 NO ..... 2
9.12	Whether the Medical Officer received any training / orientation for MCTS?	YES..... 1 NO ..... 2
9.13	Whether Work Plan for the Sub Centres under this PHC is generated through MCTS?	YES, FOR BOTH MOTHER & CHILDREN... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY..... 3 NO ..... 4
9.14	Whether Work Plan generated through MCTS is being distributed to ANM for tracking the beneficiaries?	YES, FOR BOTH MOTHER & CHILDREN... 1 YES, FOR MOTHERS ONLY ..... 2 YES, FOR CHILDREN ONLY..... 3 NO ..... 4