

CONFIDENTIAL
(For research
purpose only)

1

I AVAILABILITY OF SERVICES

	ITEM	STATUS CODE	
1.1	Is this a designated FRU	YES 1 NO 2	→ Skip to 1.3
1.2	Since when did this facility started functioning as a 24x7 facility? (If it is not functioning 24x7, leave it blank)	Year <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	→ If 'Blank' then 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 1.6
1.5	Can you tell me whether the following services related to 'delivery' and 'New born care' are provided in this facility?		
	(a). Normal Delivery	YES, 24 X 7 1 YES, ONLY DAY TIME 2 NO 3	
	(b). Assisted delivery (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	
1.7	Is there a blood storage facility available in this facility?	YES..... 1 NO 2	
1.8	If 1.6 or 1.7 is YES, Do you have the 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)	
1.10	(i) Are low weight birth babies managed at the CHC	YES, 24 X 7 1 YES, Only day Time..... 2 NO 3	

	(ii) Is New born care facility available at CHC	YES, 24 X 7 1 YES, ONLY DAY TIME 2 NO 3					
	Whether the following essential newborn care services are available? If, yes, is it available in the labor room and ward?						
	a. Resuscitation (Multiple coding possible)	YES, IN LABOR ROOM 1 YES, IN WARD 2 BOTH IN LABOR 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 LABOR ROOM AND WARD 3 NOT AVAILABLE 4					
	Whether the following safe abortion services are available in this facility?						
1.11	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					
	ESSENTIAL LABORATORY SERVICES						
1.13	Whether laboratory services are available in this facility?	YES 1 NO 2	If 'NO' then skip to 1.15 →				
1.14	Are the laboratory services outsourced?	YES 1 NO 2					
	AMBULANCE SERVICES						
1.15	How many ambulances are there in this facility? Of these, how many are functional?	NO. AVAILABLE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NO. FUNCTIONAL <table border="1" style="display: inline-table; vertical-align: middle;"><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' then 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					
1.21	Whether the facility is providing assistance to those who received services at the CHC 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) CLINICAL HUMAN RESOURCE (IF NO RECORD (0))

Q.NO	PERSONNEL	NUMBER IN POSITION		IF NOT IN POSITION, SINCE HOW LONG NOT IN POSITION (SPECIFY DURATION IN MONTHS AND IF MORE THAN 99 MONTHS ENTER 99)
		REGULAR	CONTRACTUAL	
2.1	General Surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2	Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	Obstetrician /Gynecologist	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4	Pediatrician	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5	Anesthetist/ trained MO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.6	Public Health Programme Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.7	Eye surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.8	Dental Surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.9	General Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.10	Other specialist _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	

II. (B) SUPPORT HUMAN RESOURCE

Q. NO.	PERSONNEL	NUMBER IN POSITION		IF NOT IN POSITION, SINCE HOW LONG NOT IN POSITION (SPECIFY DURATION IN MONTHS AND IF MORE THAN 99 MONTHS ENTER 99)
		REGULAR	CONTRACTUAL	
2.11	Public Health Nurse (PHN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.12	Auxiliary Nurse Midwife (ANM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.13	Staff Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.14	Nurse/ Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.15	Dresser	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.16	Pharmacist/ Compounder	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.17	Lab. Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.18	Radiographer	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.19	Ophthalmic Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.20	OPD Attendant	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.21	Statistical Assistant/Data Entry Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.22	OT Attendant	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.23	Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.24	Data Entry Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.25	Registration Clerk	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.26	Class IV Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.27	Any other _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	
2.28	Is at least one staff nurse/LHV/ANM at CHC available round the clock?		YES..... 1 NO..... 2	
2.29	Are Gynecologist and Anesthetist/Trained Anesthetist available on call in case of emergency?		A. GYNAECOLOGIST YES.....1 NO.....2	B. ANAESTHETIST YES.....1 NO.....2

**III (A). TRAINING RECEIVED BY ANY 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	
		DURING LAST 5 YEARS	EVER
3.1	Non Scalpel Vasectomy (NSV) training	YES 1 NO 2	YES 1 NO 2
3.2	Vector Born Disease Control Programme (VBDCP) training	YES 1 NO 2	YES 1 NO 2
3.3	Directly Observed Treatment- Short Course (DOTS) training	YES 1 NO 2	YES 1 NO 2
3.4	Immunization training	YES 1 NO 2	YES 1 NO 2
3.5	Reproductive Tract Infection/Sexually Transmitted Infection(RTI/STI) training	YES 1 NO 2	YES 1 NO 2
3.6	Adolescent Reproductive Sexual Health (ARSH) Training	YES 1 NO 2	YES 1 NO 2
3.7	MDR (Maternal Death Review) Orientation	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 (IMNCI) training	YES 1 NO 2	YES 1 NO 2
3.17	Dental Hygiene	YES 1 NO 2	YES 1 NO 2
3.18	Medical Termination of Pregnancy (MTP) training	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 (SBA) 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	HMIS Training	YES 1 NO 2	YES..... 1 NO..... 2
3.30	MCTS Training	YES 1 NO 2	YES..... 1 NO..... 2
3.31	Any Other training _____ (SPECIFY)	YES 1 NO 2	YES..... 1 NO..... 2

IV. INVESTIGATIVE FACILITY. (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY)

Q.NO.	FACILITY	AVAILABLE AND FUNCTIONAL	AVAILABLE BUT NOT FUNCTIONAL	NOT AVAILABLE
4.1	ECG facility	1	2	3
4.2	X- Ray facility	1	2	3
4.3	Ultrasound facility	1	2	3
4.4	Mobile ventilator	1	2	3

V. PHYSICAL INFRASTRUCTURE

Q. NO.	A. LOCATION
5.1	Where is the CHC located? <div> <div>WITHIN THE BLOCK</div> <div>HEAD QUARTER 1 → Skip to Q5.3</div> <div>FAR FROM THE BLOCK</div> <div>HEAD QUARTER 2</div> </div>
5.2	What is the distance of CHC from Block Head Quarter? <div> <div>KMs</div> <div> <div></div> <div></div> <div></div> </div> </div>
	B. BUILDING
5.3	Is a designated government building available for the CHC? <div> <div>YES 1 → Skip to Q5.5</div> <div>NO 2</div> </div>
5.4	Where is the CHC located? <div> <div>RENTED PREMISES 1</div> <div>OTHER GOVERNMENT BUILDING 2</div> <div>PANCHAYAT/TRUST (Rent free)..... 3</div> <div>ANY OTHER 6</div> <div>(SPECIFY)</div> </div>
5.5	Since when this CHC is functioning from this building? <div> <div>YEAR</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div>
5.6	Is there a compound wall /Fencing present around the facility? (RECORD BY OBSERVATION) <div> <div>ALL AROUND 1</div> <div>PARTIAL 2</div> <div>NONE 3</div> </div>

5.7	RATE THE CLEANLINESS (RECORD BY OBSERVATION)	CLEANLINESS		
	(a) OPD cleanliness	GOOD..... 1	FAIR..... 2	POOR..... 3
	(b) Rooms cleanliness	GOOD..... 1	FAIR..... 2	POOR..... 3
	(c) Wards cleanliness	GOOD..... 1	FAIR..... 2	POOR..... 3
	(d) Premises (compound) cleanliness	GOOD..... 1	FAIR..... 2	POOR..... 3
C. WATER SUPPLY				
5.8	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;"> Skip to Q 5.12 </div>		
5.9	Is running water supply available for 24 hours at CHC?	YES..... 1	NO..... 2	<div style="text-align: right;"> Skip to Q5.12 </div>
5.10	Is regular water supply available in OT?	YES..... 1	NO..... 2	
5.11	Is regular water supply available in labor room?	YES..... 1	NO..... 2	
D. ELECTRICITY				
5.12	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→ Skip to Q 5.15		
5.13	Is three phase connection available?	YES..... 1	NO..... 2	
5.14	Is there power supply in all parts of the CHC?	IN ALL PARTS..... 1 IN SOME PARTS..... 2 NONE.....3		
5.15	Is standby facility of generator/inverter available in working condition?	YES.....1 NO.....2 → Skip to Q.5.16		
(RECORD BY OBSERVATION)				
	(a). What is the capacity of the generator?	KW.....	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
	(b). Whether the generator supply is connected to the Labor room:	YES..... 1	NO..... 2	
	(c). Whether the generator backup is assured at all times in the Labor room	YES, AT ALL TIMES..... 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	

E. TOILET AND SEWERAGE FACILITIES																													
5.16	Is proper sewerage facility available at CHC?	YES 1 NO 2 → Skip to Q 5.20																											
5.17	What type of sewerage system exists?	SOAK PIT 1 CONNECTED TO MUNICIPAL SEWERAGE 2 ANY OTHER 3 (SPECIFY)																											
5.18	Is toilet facility available at CHC?	YES 1 NO 2 → Skip to Q 5.20																											
(a)	Whether it is in use?	YES 1 NO 2																											
5.19	Is there separate toilet facility for males and females?	COMMON TOILET 1 SEPARATE TOILET 2																											
F. LAUNDRY FACILITIES																													
5.20	Is in-house laundry facility available at CHC?	YES 1 → Skip to Q 5.22 NO 2																											
5.21	If no, is it outsourced?	YES 1 NO 2																											
G. DIET FACILITIES																													
5.22	Is facility of providing food for inpatients available?	YES, IN HOUSE FACILITY IS AVAILABLE 1 YES, OUTSOURCED FACILITY IS AVAILABLE 2 NO DIET FACILITY 3																											
H. COMMUNICATION FACILITIES																													
5.23	Is telephone facility available in the CHC? (IF 'YES' NOTE DOWN CONTACT NUMBER)	YES 1 NO 2 → Skip to Q5.25 <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"></table>																											
5.24	Whether CHC has intercom facility?	YES 1 NO 2																											
I. WASTE DISPOSAL																													
5.25	Is biomedical waste segregated and treated before disposal?	YES 1 NO 2																											
5.26	Whether using different dustbins for biomedical waste?	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/Bio-Medical Waste? (RECORD ALL MENTIONED)	<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 (SPECIFY)</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 (SPECIFY)	1	2
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	(d). OBSERVE AND RECORD Are any discarded/used sharps visible in the facility?	YES 1 NO 2																											

J. SECURITY																															
5.27	Whether at least one person available round the clock for security?	YES 1 NO 2																													
K. VEHICLES																															
5.28		NO. OF VEHICLES																													
		AVAILABLE	ON ROAD FUNCTIONAL																												
	1. Ambulance	<input type="text"/>	<input type="text"/>																												
	2. Referral Vehicle for transporting emergency patients	<input type="text"/>	<input type="text"/>																												
	3. Jeep	<input type="text"/>	<input type="text"/>																												
	4. Car	<input type="text"/>	<input type="text"/>																												
5.29	Why the ambulance/emergency referral vehicles not on road?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Driver not available</td> <td>1. DRIVER NOT AVAILABLE 1</td> <td>2</td> </tr> <tr> <td>2. Money for POL not available</td> <td>2. NO MONEY FOR POL 1</td> <td>2</td> </tr> <tr> <td>3. Money for repair not available</td> <td>3. NO MONEY FOR REPAIR 1</td> <td>2</td> </tr> </table>				YES	NO	1. Driver not available	1. DRIVER NOT AVAILABLE 1	2	2. Money for POL not available	2. NO MONEY FOR POL 1	2	3. Money for repair not available	3. NO MONEY FOR REPAIR 1	2															
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5.30	Does the CHC have access to vehicle for transporting patients during emergency?	YES 1 NO 2																													
L. RESIDENTIAL FACILITY FOR THE MEDICAL STAFF																															
Q. NO.	PERSONNEL	AVAILABLE AND STAYING	AVAILABLE BUT NOT STAYING	NOT AVAILABLE																											
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5.35	Anesthetist	1	2	3																											
5.36	Staff Nurse	1	2	3																											
5.37	CHECK.Q.NO 5.33 If quarter is available for Obstetrician /Gynecologist and he/she is not staying in the quarters then: Why Obstetrician /Gynecologist are not staying in quarter?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A) POOR CONDITION OF QUARTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) NO WATER SUPPLY</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 QUARTER IS OUT SIDE VILLAGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) SPOUSE 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> </table> <p style="text-align: center;">(SPECIFY)</p>				YES	NO	A) POOR CONDITION OF QUARTER	1	2	B) NO WATER SUPPLY	1	2	C) NO ELECTRICITY FACILITY.....	1	2	D) LOCATION OF QUARTER IS OUT SIDE VILLAGE	1	2	E) SPOUSE STAYING IN ANOTHER PLACE	1	2	F) EDUCATION OF CHILDREN.....	1	2	G) SECURITY	1	2	H) ANY OTHER _____	1	2
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Q. NO.	M. OPERATION THEATRE																														
5.38	Is Operation Theatre available?	YES 1 NO 2 → Skip to Q 5.47																													
5.39	If YES, are surgeries carried out in the operation theatre?	YES 1 → Skip to Q 5.42 NO 2																													

5.40	Since how long surgeries are not carried out? (RECORD MONTHS, IF MORE THAN 99 MONTHS RECORD 99)	MONTHS	<input type="text"/>	<input type="text"/>
Q. NO.				
5.41	What are the reasons for not conducting the surgeries?		YES	NO
	a) Non-availability of doctors/staff	A) NON-AVAILABILITY OF DOCTORS/STAFF.....	1	2
	b) Lack of equipment	B) LACK OF EQUIPMENT	1	2
	c) Poor physical state of the operation theatre	C) POOR PHYSICAL STATE OF THE OPERATION THEATRE.....	1	2
	d) No power supply in the operation theatre	D) NO POWER SUPPLY IN THE OPERATION THEATRE.....	1	2
	e) Any other reason	E) OTHER REASONS	1	2
	RECORD ALL MENTIONED	(SPECIFY)		
5.42	Is Operation Theatre used for obstetrical / gynecological purpose?	YES.....	1	
		NO	2	
5.43	Is OT fitted with air conditioner?	YES.....	1	
		NO.....	2	→ Skip to Q 5.45
5.44	Is air conditioner working?	YES.....	1	
		NO	2	
5.45	Is back up facility for electricity cut-off available in OT?	YES.....	1	
		NO	2	
5.46	Is fumigation done regularly?	YES.....	1	
		NO	2	
Q. NO.	N. LABOR ROOM			
5.47	Is labor room available?	YES.....	1	
		NO.....	2	→ Skip to Q 5.51
5.48	If labor room is available, are deliveries carried out in the labor room?	YES.....	1	→ Skip to Q 5.51
		NO.....	2	
5.49	Since how long deliveries are not carried out? (RECORD MONTHS IF LESS THAN ONE YEAR)	MONTHS.....	<input type="text"/>	<input type="text"/>
		YEARS.....	<input type="text"/>	<input type="text"/>
5.50	What are the reasons for not conducting the deliveries?		YES	NO
	a) Non-availability of doctors / staff	A) NON-AVAILABILITY OF DOCTORS/STAFF.....	1	2
	b) Lack of equipment	B) LACK OF EQUIPMENT	1	2
	c) Poor Physical state of the operation theatre	C) POOR PHYSICAL STATE OF THE OPERATION THEATRE.....	1	2
	d) No power supply in the operation theatre	D) NO POWER SUPPLY IN THE OPERATION THEATRE.....	1	2
	e) Any other reason	E) OTHER REASONS	1	2
	RECORD ALL MENTIONED	(SPECIFY)		

5.51	Whether area earmarked as newborn care area is there in the labor room?	YES..... 1 NO 2
5.52	Whether emergency drug tray is there in the labor room?	YES..... 1 NO 2
Q. NO.		
5.53	Are the following services available, (PHYSICALLY VERIFY AND RECORD)	
	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 NOT AVAILABLE 3
	c) Autoclave/sterilizer	YES, FUNCTIONAL 1 YES, BUT NOT FUNCTIONAL 2 NOT AVAILABLE 3
	d) 24 hr running water supply (may be from an overhead tank)	YES 1 NO 2
	e) Attached toilet in the labor room	YES, FUNCTIONAL 1 YES, BUT NOT FUNCTIONAL 2 NOT AVAILABLE 3
	f) Condition of the toilet	SATISFACTORY 1 NOT SATISFACTORY 2 POOR 3
5.54	Whether the following emergency drugs and consumables are available (emergency drug tray)? (Yes/No)	
	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 NOT AVAILABLE 3
5.55	Observe and record the condition of the Labor Room (Satisfactory-1, Unsatisfactory-2)	
	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
Q. NO.		
5.56	ASK AND RECORD (Yes...1 No....2)	
	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
5.57	Whether the following items available in the labor room (Observe & Record)	
	a) Gloves	YES, USED ONE TIME 1 YES, WASHED & USED AGAIN 2 NOT AVAILABLE 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
5.58	Pantographs being recorded for the recently delivered women or women in Labor at the facility?	YES 1 NO 2
Q. NO.	O. LABORATORY:	
5.59	Is there operational laboratory in the CHC?	YES 1 NO 2
5.60	Is Blood Storage Facility available in the CHC?	YES 1 NO 2 → Skip to Q 5.62
5.61	Whether Blood Storage Facility is for 24-hour basis?	YES 1 NO 2
	P. PHYSICAL FACILITY:	
5.62	Are there prominent display boards regarding service availability in local language at CHC? (RECORD BY OBSERVATION)	YES 1 NO 2
5.63	Is there separate registration counter in CHC? (RECORD BY OBSERVATION)	YES 1 NO 2
5.64	Is there pharmacy for drug dispensing and drug storage at CHC? (RECORD BY OBSERVATION)	YES 1 NO 2
5.65	Is any suggestion / complaint box kept at CHC? (RECORD BY OBSERVATION)	YES 1 NO 2
5.66	Are there OPD rooms / cubicles at CHC? If YES, Give number..... (e.g. if there are 3 cubicles in a room enter "1 in ROOM" and "3 IN CUBICALS "	YES 1 NO 2 ROOM <input type="text"/> CUBICLES <input type="text"/>
5.67	Is separate waiting area in OPD for patients at CHC?	YES 1 NO 2
5.68	Is there a Minor OT in the CHC?	YES 1 NO 2
5.69	Is Injection Room and Dressing Room available in the CHC?	YES 1 NO 2
5.70	Is Emergency Room / Casualty room available in the CHC?	YES 1 NO 2
5.71	Total Number of beds in CHC	NUMBER..... <input type="text"/> <input type="text"/>

5.72	Are separate wards for males and females there in the CHC?	YES 1 NO 2 → Skip to Q 5.75
5.73	Number of beds for Male	NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.74	Number of beds for Female	NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.75	Number of beds for delivery cases	NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.76	Number of Pediatric beds	NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.77	Average days of inpatient stay in CHC	NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.78	Is Designated newborn baby corner available?	YES 1 NO 2 CALCULATION? <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
5.79	Is Separate drug tray available?	YES 1 NO 2

Q. AVAILABILITY OF NEWBORN CARE EQUIPMENTS (Physically verify and record)

Q.NO.	ITEM	AVAILABLE AND FUNCTIONAL	AVAILABLE BUT NOT FUNCTIONAL	NOT AVAILABLE
5.80	Ambu bag with mask	1	2	3
5.81	Radiant warmer	1	2	3
5.82	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
5.83	Suction catheter/Canula	1	2	3
5.84	Pedal suction machine/mucus extractor	1	2	3
5.85	Baby weighing machine of any type	1	2	3

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

	INSTRUMENTS	AVAILABLE AND FUNCTIONAL	AVAILABLE BUT NOT FUNCTIONAL	NOT AVAILABLE
5.86	a) Instrument trolley	1	2	3
	b) Instrument cabinet	1	2	3
	c) Blood / Saline stand	1	2	3
	d) Stretcher on trolley	1	2	3
	e) Stool for patients.	1	2	3
	f) Wheel chair	1	2	3
	g) Almeria / Cupboard with lock and key	1	2	3
	h) Autoclave	1	2	3
	i) Hub Cutter (OBSERVE)	1	2	3
	j) B.P. Instrument	1	2	3
	k) Stethoscope	1	2	3
	l) Weighing machine (adult)	1	2	3
	m) Weighing machine (infant)	1	2	3
	n) Haemoglobinometer (Sahlis)	1	2	3
	o) Foetoscope	1	2	3
	p) SIMS Speculum	1	2	3
	q) Separate dustbin for biomedical waste	AVAILABLE -----1	NOT AVAILABLE-----2	
	r) Auto Disposable (AD) Syringes	AVAILABLE -----1	NOT AVAILABLE-----2	

VI. FURNITURE/INSTRUMENT (RECORD FROM REGISTER ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)

Q. NO.	ITEM	AVAILABLE AND FUNCTIONAL	AVAILABLE BUT NOT FUNCTIONAL	NOT AVAILABLE
6.1	Examination Table	1	2	3
6.2	Delivery Table	1	2	3
6.3	Footstep	1	2	3
6.4	Bed Side Screen	1	2	3
6.5	Saline stand	1	2	3
6.6	Bed side locker	1	2	3
6.7	Dressing trolley	1	2	3
6.8	Instrument tray	AVAILABLE -----1 NOT AVAILABLE-----2		

VII. AVAILABILITY OF EQUIPMENTS AT CHC (RECORD FROM REGISTER ASK ABOUT FUNCTIONALITY IF EQUIPMENTS AVAILABLE)

A. OPERATION THEATER

Q. NO.	EQUIPMENTS	AVAILABLE AND FUNCTIONAL	AVAILABLE BUT NOT FUNCTIONAL	NOT AVAILABLE
7.1	Boyles Apparatus	1	2	3
7.2	Cardiac monitor	1	2	3
7.3	Ventilator	1	2	3
7.4	Horizontal high pressure sterilizer	1	2	3
7.5	Vertical high pressure sterilizer 2/3 drum capacity	1	2	3
7.6	Shadow less lamp ceiling track mounted	1	2	3
7.7	Shadow less lamp pedestal for minor OT	1	2	3
7.8	Oxygen Cylinder 660 Ltrs with regulator and Mask	1	2	3
7.9	Nitrous oxide cylinder 1780 Ltrs	1	2	3
7.10	Hydraulic operation table	1	2	3
7.11	Emergency drug tray	1	2	3

B. DIFFERENT SURGICAL EQUIPMENT

7.12	IUD Insertion Kit	1	2	3
7.13	Normal Delivery Kit	1	2	3
7.14	Equipment for Neo-Natal Resuscitation	1	2	3
7.15	Standard Surgical Set-I	1	2	3
7.16	Standard Surgical Set-II Instrument	1	2	3
7.17	CHC Standard Surgical Set III	1	2	3
7.18	Standard Surgical Set IV	1	2	3
7.19	Standard Surgical Set V	1	2	3
7.20	Standard Surgical Set VI	1	2	3
7.21	Equipments for Anesthesia	1	2	3
7.22	Equipments for laboratory test and blood transfusion.	1	2	3
7.23	Materials Kit for blood Transfusion	1	2	3
7.24	Equipment for Radiology	1	2	3

C. LABORATORY EQUIPMENT				
7.25	Binocular microscope with oil immersion	1	2	3
7.26	Refrigerator	1	2	3
7.27	Stool transport carrier	1	2	3
7.28	Centrifuge	1	2	3
7.29	Rapid Diagnostic Kit for Typhoid	1	2	3
7.30	Rapid test kit for faecal contamination	1	2	3
7.31	Blood culture bottles with broth	1	2	3
7.32	Cold Box	1	2	3
7.33	Rapid Plasma Reagents (RPR) test kits for syphilis	1	2	3
7.34	Kits for ABO blood grouping	1	2	3
7.35	HIV test kits	1	2	3
D. COLD CHAIN EQUIPMENT				
7.36	Walk in cooler	1	2	3
7.37	Walk in freezer	1	2	3
7.38	ILR Large	1	2	3
7.39	ILR Small	1	2	3
7.40	Deep freezer Large	1	2	3
7.41	Deep freezer Small	1	2	3

VIII. AVAILABILITY OF ESSENTIAL DRUGS IN THE CHC(RECORD FROM REGISTER)

Q.NO.	DRUGS	AVAILABLE ON THE DAY OF SURVEY		OUT OF STOCK MORE THAN 10 DAYS DURING LAST MONTH	
8.1	Anti-allergic and drugs used in Anaphylaxis	YES	1 NO 2	YES	1 NO 2
8.2	Anti Hypertensive	YES	1 NO 2	YES	1 NO 2
8.3	Anti Diabetics	YES	1 NO 2	YES	1 NO 2
8.4	Anti Anginal	YES	1 NO 2	YES	1 NO 2
8.5	Anti Tubercular	YES	1 NO 2	YES	1 NO 2
8.6	Anti Leprosy	YES	1 NO 2	YES	1 NO 2
8.7	Anti Filariasis	YES	1 NO 2	YES	1 NO 2
8.8	Anti Bacterials	YES	1 NO 2	YES	1 NO 2
8.9	Anti Helminthic	YES	1 NO 2	YES	1 NO 2
8.10	Anti Protozoal	YES	1 NO 2	YES	1 NO 2
8.11	Antidots (Antisnake Venom etc.)	YES	1 NO 2	YES	1 NO 2
8.12	Solutions correcting water and electrolyte imbalance	YES	1 NO 2	YES	1 NO 2
8.13	Essential Obstetric Care drugs.	YES	1 NO 2	YES	1 NO 2
8.14	Emergency Obstetric Care Drug				
	a) Emergency Contraceptive Pills	YES	1 NO 2	YES	1 NO 2
	b) Normal Saline	YES	1 NO 2	YES	1 NO 2
	c) Dextrose 5 %	YES	1 NO 2	YES	1 NO 2
	d) Condoms	YES	1 NO 2	YES	1 NO 2
	e) Oral Contraceptive Pills	YES	1 NO 2	YES	1 NO 2
	f) MVA Syringes	YES	1 NO 2	YES	1 NO 2

	g) Tab Misoprostol	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	h) IFA tablets	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	i) Reagents for cross matching of blood	YES..... 1 NO..... 2	YES..... 1 NO..... 2
8.15	RTI/STI Drugs under RCH programme		
	a) Tab Azithromycin (1 mg)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	b) Doxycycline Hydrochloride Capsules	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	c) Benzathine Penicillin Injection	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	d) Tab Metronidazole	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	e) Tab Fluconazole	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	f) Tab Cefixime (200mg and 400mg)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	g) Tab Secnidazole (500 mg)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	h) Tab Erythromycin (500 mg) base/stearate	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	i) Tab Acyclovir (400 mg)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	j) Cap Amoxicillin 500 mg	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	k) Clotrimazole Vaginal pessary (500 mg)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	l) Podophyllin tincture 20%	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	m) Permethrin cream (5%) and (1%)	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	n) Gamma Benzene Hexachloride 1% lotion or cream	YES..... 1 NO..... 2	YES..... 1 NO..... 2

IX. ESSENTIAL SERVICES PROVIDED

I. LABORATORY SERVICES RECORD FROM REGISTER (DURING LAST ONE MONTH)

Q. NO.	SERVICES PROVIDED	NUMBER OF TEST
9.1	Number of Blood grouping test	<input type="text"/> <input type="text"/> <input type="text"/>
9.2	Number of Haemogram (TLC/DLC)	<input type="text"/> <input type="text"/> <input type="text"/>
9.3	Number of test for diagnosis of RTIs/STDs with wet mounting, grams stain, etc.	<input type="text"/> <input type="text"/> <input type="text"/>
9.4	Number of Sputum test for TB	<input type="text"/> <input type="text"/> <input type="text"/>
9.5	Number of Blood smear examination for Malaria Parasite	<input type="text"/> <input type="text"/> <input type="text"/>
9.6	Number of Urine test (Routine culture/sensitivity/Microscopy)	<input type="text"/> <input type="text"/> <input type="text"/>
9.7	Number of Rapid test for pregnancy	<input type="text"/> <input type="text"/> <input type="text"/>
9.8	Number of Rapid Plasma Reagin (RPR) test for syphilis	<input type="text"/> <input type="text"/> <input type="text"/>
9.9	Number of test for HIV	<input type="text"/> <input type="text"/> <input type="text"/>
9.10	Others _____ _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/>

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

Q. No.	ESSENTIAL SERVICES PROVIDED	MALE	FEMALE
	A. SERVICE PROVIDED		
9.11	OPD Patients	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.12	In patient admission's	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.13	Number of cases referred for serious ailments to CHC	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.14	Number of cases referred for serious ailments from CHC	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	B. PERFORMANCE		
9.15	Number of deliveries performed		<input type="text"/> <input type="text"/> <input type="text"/>
9.16	Number of Caesarean section deliveries performed		<input type="text"/> <input type="text"/> <input type="text"/>
9.17	Of the total deliveries how many were beneficiaries of Janani Suraksha Yojana		<input type="text"/> <input type="text"/> <input type="text"/>
9.18	Number of blood transfusion done		<input type="text"/> <input type="text"/> <input type="text"/>
9.19	Number of MTP performed		<input type="text"/> <input type="text"/> <input type="text"/>
9.20	Number of IUD insertion cases		<input type="text"/> <input type="text"/> <input type="text"/>
9.21	Number of sterilization conducted	MALE <input type="text"/> <input type="text"/> <input type="text"/>	FEMALE <input type="text"/> <input type="text"/> <input type="text"/>
9.22	Number of cases provided with RTI/STI services		<input type="text"/> <input type="text"/> <input type="text"/>
9.23	Number of person completed treatment under DOTS		<input type="text"/> <input type="text"/> <input type="text"/>
9.24	Number of school health camp organized	NO OF CAMPS <input type="text"/> <input type="text"/> <input type="text"/>	

X. AVAILABILITY OF SPECIFIC SERVICES

Q.NO.	QUESTIONS	CURRENT AVAILABILITY AT CHC
10.1	Is CHC a microscopy centre?	YES..... 1 NO..... 2
10.2	Is CHC having an Integrated Counseling and Testing Center (ICTC)?	YES..... 1 ONLY COUNSELING.. 2 NO..... 3
10.3	Are surgeries for cataract done in the CHC?	YES..... 1 NO..... 2
10.4	Is the primary management of cases of poisoning /snake, insect or scorpion bite done at the CHC?	YES..... 1 NO..... 2
10.5	Is the primary management of burns done at CHC?	YES..... 1 NO..... 2

XI. MONITORING AND SUPERVISORY ACTIVITIES

Q. NO.	PARTICULAR	
11.1	Have you prepared the CHC plan for this year?	YES 1 → Skip to Q 11.3 NO 2
11.2	When was the last CHC plan prepared?	MONTH..... YEAR.....
11.3	Have you been provided with any feedback on reports from the district or Supervisory Officer?	YES 1 NO 2
11.4	During the last quarter has any Supervisory Officer visited CHC?	YES 1 NO 2
11.5	Is Citizen's Charter displayed at CHC?	YES 1 NO 2
11.6	Has the Rogi Kalyan Samiti (RKS) been constituted?	YES..... 1 NO 2 → Skip to Q 11.18
11.7	Does Rogi Kalyan Samiti (RKS) monitor your work regularly?	YES 1 NO 2
11.8	Have you received the untied fund for previous financial year?	YES 1 NO 2
11.9	Have you utilized the untied fund?	FULLY UTILISED 1 PARTIALLY UTILISED..... 2 NOT UTILISED..... 3

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

12.1	Whether the following registers are available and maintained: a) OPD registers b) IPD registers c) Delivery registers d) Sterilization registers e) Stock registers	<table border="0"> <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> </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	
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														
12.2	Whether the printed HMIS format available?	YES 1 NO 2													
12.3	Do you have enough printed registers and reports?	<table border="0"> <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														
12.4	Whether the data supplied regularly in HMIS format? (Interviewer to verify)	YES 1 NO 2	→ Skip to Q12.6												
12.5	What is the main reason for not submitting HMIS report on time? (Specify)	_____ (SPECIFY)													
12.6	Whether facility of Computer available	YES, AVAILABLE AND FUNCTIONAL..... 1 YES, AVAILABLE BUT NOT FUNCTIONAL 2 NOT AVAILABLE 3	→ Skip to Q12.8												
12.7	Is Internet connectivity available at CHC?	YES, FUNCTIONAL..... 1 YES, BUT NOT FUNCTIONAL..... 2 NOT AVAILABLE 3													

12.8	If Computer is not there, are you outsourcing for data compilation and tabulation work?	YES 1 NO 2	
Q. NO.	PARTICULAR		
12.9	Whether data of all the facilities under this CHC are consolidated at the CHC?	YES 1 NO 2	
12.10	How the data is consolidated / entered at the CHC?	By THE ANM..... 1 BY THE DATA ENTRY OPERATOR/DATA ASSISTANT AT THE CHC..... 2 OTHER (SPECIFY) 6	
12.11	Whether Facility-wise data uploaded on HMIS portal?	YES 1 NO 2	
12.12	Whether information on Mother & Child is collected and maintained at the CHC under MCTS?	YES 1 NO 2	
12.13	Whether the Medical Officer received any training / orientation for MCTS?	YES 1 NO 2	
12.14	Whether Work Plan for the facilities under this CHC is generated through MCTS?	YES, FOR BOTH MOTHER & CHILDREN..... 1 YES, FOR MOTHERS ONLY 2 YES, FOR CHILDREN ONLY 3 NO 4	
12.15	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	