

Proforma for Sub Centres on IPHS

Identification

Name of the State: _____

District: _____

Tehsil/Taluk/Block _____

Name of the Village _____

Location Name of Sub Centre: _____

Date of Data Collection

Day

Month

Year

Name and Signature of the Person Collecting Data

I. Services

S.No.	
1.1.a	Population covered (in numbers)
1.1.b	Total Coverage Area (Sq. Kms.)
1.2.	MCH Care including Family Planning
1.2.1.	Service availability
a.	Ante-natal care(0 - yes & 1 - No)
b.	Intranatal care(0 - yes & 1 - No)
c.	Post-natal care(0 - yes & 1 - No)
d.	New born Care(0 - yes & 1 - No)
e.	Child care including immunization(0 - yes & 1 - No)
f.	Family Planning and contraception(0 - yes & 1 - No)
g.	Adolescent health care(0 - yes & 1 - No)
h.	Assistance to school health services(0 - yes & 1 - No)
i.	Facilities under Janani Suraksha Yojana(0 - yes & 1 - No)
j.	Treatment of minor ailments(0 - yes & 1 - No)
k.	First aid (0 - yes & 1 - No)
1.2.2.	Availability of specific services
a.	Does the doctor visit the Sub centre at least once in a month?(0 - yes & 1 - No)
b.	Is the day and time of this visit fixed?(0 - yes & 1 - No)
c.	Are the residents of the village aware of the timings of the doctor's visit? (0 - yes & 1 - No)
d.	Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?(0 - yes & 1 - No)
e.	Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided by those in the Sub centre?(0 - yes & 1 - No)
f.	Is the facility for referral of complicated cases of pregnancy / delivery available at Sub centre for 24 hours?(0 - yes & 1 - No)
g.	Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral?(0 - yes & 1 - No)
h.	Are the Immunization services as per Government schedule provided by the Sub centre(0 - yes & 1 - No)
i.	Is the ORS for prevention of diarrhea and dehydration available in the Subcentre? (0 - yes & 1 - No)
j.	Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc. available in the Sub centre(0 - yes & 1 - No)
k.	Is the facility for taking Peripheral blood smear in case of fever for detection available in the Sub centre?(0 - yes & 1 - No)
l.	Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided by the Sub centre?(0 - yes & 1 - No)
m.	Is it a DOT centre?(0 - yes & 1 - No)
1.3.	Other fuctions and services performed
a.	Disease surveillance(0 - yes & 1 - No)
b.	Control of local endemic diseases(0 - yes & 1 - No)
c.	Promotion of sanitation(0 - yes & 1 - No)
d.	Field visits and home care(0 - yes & 1 - No)
e.	National Health Programmes including HIV/AIDS control programes(0 - yes & 1 - No)
1.4.	Monitoring and Supervision activities (Yes / No)
a.	Training of traditional birth attendants and ASHA(0 - yes & 1 - No)
b.	Monitoring of Water quality in the village(0 - yes & 1 - No)
c.	Watch over unusual health events(0 - yes & 1 - No)
d.	Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs(0 - yes & 1 - No)
e.	Coordination and supervision of activities of ASHA(0 - yes & 1 - No)
f.	Proper maintance of records and registers(0 - yes & 1 - No)
g.	Preparation of Village Health Plan / Sub Centre Plan(0 - yes & 1 - No)

II. Manpower

S.No.	Personnel	Existing	Recommended	Sanctioned	InPostion	Remarks / Suggestions / Identified Gaps
2.1.	Health Worker (Female)	1	1 or 2 (Optional)			

2.2.	Health Worker (Male)	1	1 or 0 (optional; may be replaced by female health worker)			
2.3.	Voluntary worker	1 (optional)	1 (optional)			

III. Physical Infrastructure (As per specifications)

S.No.		Current Availability at Sub Centre	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
3.1.	Location			
a.	Whether located at an easily accessible area?(54 - Within Village Locality & 55 - Far from village locality)			
b.	The distance of Sub Centre (in Kms.) from the remotest village in the coverage area			
c.	Travel time to reach the Sub Centre from the remotest place in the coverage area			
d.	The distance of Sub Centre (in Kms.) from the PHC			
e.	The distance of Sub Centre (in Kms.) from the CHC			
3.2.	Building			
a.	Is a designated government building available for the Sub Centre? (0 - yes & 1 - No)			
b.	If there is no designated government building, then where does the Sub Centre located (14 - Rented premises & 15 - Other Rent Free Building (Panchayat Voluntary Organization Building))			
c.	Area of the building (Total area in Sq. mts.)			
e.	What is the present stage of construction of the building (34 - Construction complete & 35 - Construction incomplete)			
f.	Compound Wall / Fencing (37 - All around & 38 - Partial & 25 - None)			
g.	Condition of plaster on walls (8 - Well plastered with plaster intact every where & 9 - Plaster coming off in some places & 10- Plaster coming off in many places or no plaster)			
h.	Condition of floor (11 - Floor in good condition & 12 - Floor coming off in some places & 13- Floor coming off in many places or no proper flooring)			
i.	Condition of cleanliness in the building (5 - Good & 6 - Fair & 7 - Poor)			
j.	Are any of the following close to the Sub Centre?			
i.	Garbage dump (0 - yes & 1 - No)			
ii.	Cattle shed (0 - yes & 1 - No)			
iii.	Stagnant pool (0 - yes & 1 - No)			
iv.	Pollution from industry (0 - yes & 1 - No)			
k.	Is boundary wall with gate existing? (0 - yes & 1 - No)			
3.3.	Prominent display boards in local language (0 - yes & 1 - No)			
3.4.	Separate public utilities for males and females (0 - yes & 1 - No)			
3.5.	Suggestion / complaint box (0 - yes & 1 - No)			
3.6.	Labour room			
a.	Labour room available? (0 - yes & 1 - No)			
b.	If labour room is present, are deliveries carried out in the labour room? (0-Yes & 1- No & 36 - Sometimes)			
c.	If labour room is present, but deliveries not being conducted there, then what are the reasons for the same?			
i.	Staff not staying (0 - yes & 1 - No)			
ii.	Poor condition of the labour room (0 - yes & 1 - No)			
iii.	No power supply in the labour room (0 - yes & 1 - No)			
3.7.	Clinic Room (0 - yes & 1 - No)			
3.8.	Examination room (0 - yes & 1 - No)			
3.9.	Water supply			
a.	Source of water (16 - Piped & 17- Bore well/ hand pump / tube well & 18- Well)			
b.	Whether overhead tank and pump exist (0 - yes & 1 - No)			
c.	If overhead tank exist, whether its capacity sufficient? (0 - yes & 1 - No)			
d.	If pump exist, whether it is in working condition? (0 - yes & 1 - No)			
3.10.	Waste disposal			
a.	Is there any proper medical waste disposal mechanism?(0 - yes & 1 - No)			
3.11.	Electricity			
a.	Regular electric supply available? (0 - yes & 1 - No)			
3.12.	Communication facilities			
a.	Telephone (0 - yes & 1 - No)			
3.13.	Transport facility for movement of staff (0 - yes & 1 - No)			
3.14.	Residential facility for the staff	Current Availability at Sub Centre	If available, area in Sq. mts.)	If available, whether staff staying or not?
i.	Health Worker (Female) (0 - yes & 1 - No)			

Equipment Drug & Furniture

4	Are Equipment Available As per the prescribed list (31 - Available & 32 - Partially Available & 33 - Not Available)			
5	Are Drugs Available As per the prescribed list (31 - Available & 32 - Partially Available & 33 - Not Available)			
6	Are Furniture Available As per the prescribed list (31 - Available & 32 - Partially Available & 33 - Not Available)			
7	Whether two months supply of essential drugs available? (31 - Available & 32 - Partially Available & 33 - Not Available)			
8	Whether two months supply of essential vaccines available? (31 - Available & 32 - Partially Available & 33 - Not Available)			
9	Whether two months supply of essential contraceptives available? (31 - Available & 32 - Partially Available & 33 - Not Available)			

7. Quality Control

S.No.	Particular	Whether functional / available as per norms			Remarks
7.1.	Citizen's charter in local language (0 - yes & 1 - No)				
7.2.	Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month) (0 - yes & 1 - No)				
7.3.	External monitoring: Village health and sanitation committee, evaluation by independent external agency (0 - yes & 1 - No)				
7.4.	Availability of various guidelines issued by GOI or State Govt. (specify) (0 - yes & 1 - No)				