

Proforma for PHCs on IPHS

Identification

Name of the State: _____

District: _____

Tehsil/Taluk/Block _____

Location Name of PHC: _____

Is the PHC providing 24 hours and 7 days delivery facilities

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.	Assured Services available	
a.	OPD Services(0 - yes & 1 - No)	
b.	Emergency services (24 Hours)(0 - yes & 1 - No)	
c.	Referral Services(0 - yes & 1 - No)	
d.	In-patient Services(0 - yes & 1 - No)	
e.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions(0 - yes & 1 - No)	
1.3.		
a.	Number of beds available	
b.	Bed Occupancy Rate in the last 12 months (2- less than 40%; 3 - 40-60%; 4 - More than 60%)	
1.4.	Average daily OPD Attendance	
a.	Males	
b.	Females	
1.5.	Treatment of specific cases	
a.	Is surgery for cataract done in the PHC?(0 - yes & 1 - No)	
b.	Is the primary management of wounds done at the PHC?(0 - yes & 1 - No)	
c.	Is the primary management of fracture done at the PHC?(0 - yes & 1 - No)	
d.	Are minor surgeries like draining of abscess etc done at the PHC?(0 - yes & 1 - No)	
e.	Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?(0 - yes & 1 - No)	
f.	Is the primary management of burns done at PHC?(0 - yes & 1 - No)	
1.6.	MCH Care including Family Planning	
1.6.1.	Service availability	
a.	Ante-natal care(0 - yes & 1 - No)	
b.	Intranatal care (24 - hour delivery services both normal and assisted)(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(0 - yes & 1 - No)	
g.	MTP(0 - yes & 1 - No)	
h.	Management of RTI / STI(0 - yes & 1 - No)	
i.	Facilities under Janani Suraksha Yojana(0 - yes & 1 - No)	
1.6.2.	Availability of specific services	
a.	Are antenatal clinics organized by the PHC regularly?(0 - yes & 1 - No)	
b.	Is the facility for normal delivery available in the PHC for 24 hours?(0 - yes & 1 - No)	
c.	Is the facility for tubectomy and vasectomy available at the PHC?(0 - yes & 1 - No)	
d.	Is the facility for internal examination for gynaecological conditions available at the PHC?(0 - yes & 1 - No)	
e.	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?(0 - yes & 1 - No)	
f.	If women do not usually go to the PHC, then what is the reason behind it?(0 - yes & 1 - No)	
g.	Is the facility for MTP (abortion) available at the PHC? (0 - yes & 1 - No)	
h.	Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's	
i.	Do women have to pay for MTP?(0 - yes & 1 - No)	
j.	Is treatment for anemia given to both pregnant as well as non-pregnant women?(0 - yes & 1 - No)	
k.	Are the low birth weight babies managed at the PHC?(0 - yes & 1 - No)	
l.	Is there a fixed immunization day?(0 - yes & 1 - No)	
m.	Is BCG and Measles vaccine given regularly in the PHC?(0 - yes & 1 - No)	
n.	Is the treatment of children with pneumonia available at the PHC?(0 - yes & 1 - No)	
o.	Is the management of children suffering from diarrhea with severe dehydration done at the PHC?(0 - yes & 1 - No)	
1.7.	Other fuctions and services performed	
a.	Nutrition services(0 - yes & 1 - No)	
b.	School Health programmes(0 - yes & 1 - No)	
c.	Promotion of safe water supply and basic sanitation(0 - yes & 1 - No)	
d.	Prevention and control of locally endemic diseases(0 - yes & 1 - No)	
e.	Disease surveillance and control of epidemics(0 - yes & 1 - No)	
f.	Collection and reporting of vital statistics(0 - yes & 1 - No)	
g.	Education about health / behaviour change communication(0 - yes & 1 - No)	
h.	National Health Programmes including HIV/AIDS control programes(0 - yes & 1 - No)	
i.	AYUSH services as per local preference(0 - yes & 1 - No)	
j.	Rehabilitation services(0 - yes & 1 - No)	
1.8.	Monitoring and Supervision activities	
a.	Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.(0 - yes & 1 - No)	
b.	Monitoring of National Health Programmes(0 - yes & 1 - No)	
c.	Monitoring activities of ASHAs(0 - yes & 1 - No)	
d.	Visits of Medical Officer to all sub-centres at least once in a month(0 - yes & 1 - No)	
e.	Visits of Health Assistants (Male) and LHV to sub-centres once a week(0 - yes & 1 - No)	

II. Manpower

S.No.	Personnel	Existing pattern	Recommended	Sanctioned	InPostion
2.1.	Medical Officer	1	2 (one may be from AYUSH and one other Medical Officer preferably a Lady Doctor)		
2.2.	Pharmacist	1	1		

2.3.	Nurse - Midwife (Staff Nurse)	1	3 (for 24 hour PHCs; 2 may be contractual))		
2.4.	Health Worker (Female)	1	1		
2.5.	Health Educator	1	1		
2.6.	Health Assistant (One male and One female)	2	2		
2.7.	Clerks	2	2		
2.8.	Laboratory Technician	1	1		
2.9.	Driver	1	Optional; vehicles may be out-sourced		
2.10.	Class IV	4	4		
2.11.	AYUSH practitioner				
2.12.	Account Manager				

IV. Essential Laboratory Services

S.No.		Current Availability at PHC	Remarks / Suggestions / Identified Gaps
4.1.	Routine urine, stool and blood tests(0 - yes & 1 - No)		
4.2.	Blood grouping(0 - yes & 1 - No)		
4.3.	Bleeding time, clotting time(0 - yes & 1 - No)		
3.4.	Diagnosis of RTI/STDs with wet mounting, grams stain, etc.(0 - yes & 1 - No)		
4.5.	Sputum testing for TB(0 - yes & 1 - No)		
4.6.	Blood smear examination for malaria parasite(0 - yes & 1 - No)		
4.7.	Rapid tests for pregnancy(0 - yes & 1 - No)		
4.8.	RPR test for Syphilis / YAWS surveillance(0 - yes & 1 - No)		
4.9.	Rapid tests for HIV(0 - yes & 1 - No)		

V. Physical Infrastructure (As per specifications)

S.No.		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.1.	Building			
a.	Is a designated government building available for the PHC?(0 - yes & 1 - No)			
b.	If there is no designated government building, then where is PHC located (14 - Rented premises & 15 - Other Rent Free Building (Panchayat Voluntary Organization Building))			
c.	Area of the building (Total area in Sq. mts.)			
e.	Compound Wall / Fencing (37-All around; 38-Partial; 25-None)			
f.	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)			
g.	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)			
h.	Condition of cleanliness			
h.i.	OPD (5 - Good; 6 - Fair; 7 - Poor)			
h.ii.	Rooms (5 - Good; 6 - Fair; 7 - Poor)			
h.iii.	Wards (5 - Good; 6 - Fair; 7 - Poor)			
h.iv.	Toilets (5 - Good; 6 - Fair; 7 - Poor)			
h.v.	Premises (compound) (5 - Good; 6 - Fair; 7 - Poor)			
I.	Are any of the following close to the hospital? (Observe)			
I.i.	Garbage dump(0 - yes & 1 - No)			
I.ii.	Cattle shed(0 - yes & 1 - No)			
I.iii.	Stagnant pool(0 - yes & 1 - No)			
I.iv.	Pollution from industry(0 - yes & 1 - No)			

j.	Is boundary wall with gate existing?(0 - yes & 1 - No)			
5.2.	Location			
a.	Whether located at an easily accessible area? (0 - yes & 1 - No)			
b.	Distance of PHC (in Kms.) from the farthest village in coverage area			
c.	Travel time (in minutes) to reach the PHC from farthest village in coverage area			
d.	Distance of PHC (in Kms.) from the CHC			
e.	Distance of PHC (in Kms.) from District Hospital			
5.3.	Prominent display boards regarding service availability in local language(0 - yes & 1 - No)			
5.4.	Registration counters (0 - yes & 1 - No)			
5.5.a.	Pharmacy for drug dispensing and drug storage (0 - yes & 1 - No)			
5.5.b.	Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (0 - yes & 1 - No)			
5.6.	Separate public utilities for males and females (0 - yes & 1 - No)			
5.7.	Suggestion / complaint box (0 - yes & 1 - No)			
5.8.	OPD rooms / cubicles (0 - yes & 1 - No)			
5.9	Adequate no. of windows in the room for light and air in each room (0 - yes & 1 - No)			
5.10.	Family Welfare Clinic (0 - yes & 1 - No)			
5.11.	Waiting room for patients (0 - yes & 1 - No)			
5.12.	Emergency Room / Casualty (0 - yes & 1 - No)			
5.13.	Separate wards for males and females (0 - yes & 1 - No)			
5.14	No. of beds : Male			
5.15	No. of beds : Female			
5.16.	Operation Theatre (if exists)			
a.	Operation Theatre available (0 - yes & 1 - No)			
b.	If operation theatre is present, are surgeries carried out in the operation theatre? (0 - YES; 1 - NO; 36 - Sometime)			
c.	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?			
c.i.	Non-availability of doctors /staff (0 - yes & 1 - No)			
c.ii.	Lack of equipment / poor physical state of the operation theatre (0 - yes & 1 - No)			
c.iii.	No power supply in the operation theatre (0 - yes & 1 - No)			
d.	Operation Theatre used for obstetric / gynaecological purpose (0 - yes & 1 - No)			
e.	Has OT enough space (0 - yes & 1 - No)			
5.17.	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 - Sometime)			
c.	If labour room is present. but deliveries are not being conducted there, then what are the reasons for the same?			
c.i.	Non-availability of doctors / staff (0 - yes & 1 - No)			
c.ii.	Poor condition of the labour room(0 - yes & 1 - No)			
c.iii.	No power supply in the labour room(0 - yes & 1 - No)			
d.	Is separate areas for septic and aseptic deliveries available? (Yes / No)(0 - yes & 1 - No)			
5.18.	Laboratory:			
a.	Laboratory(0 - yes & 1 - No)			
b.	Are adequate equipment and chemicals available? (0 - yes & 1 - No)			
c.	Is laboratory maintained in orderly manner? (0 - yes & 1 - No)			
5.19.	Ancillary Rooms - Nurses rest room (0 - yes & 1 - No)			
5.20.	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)			
5.21.	Sewerage			
	Type of sewerage system (19-Soak Pit ; 20 - Connection to Municipal Sewerage)			
5.22.	Waste disposal			
a.	Is there a proper mechanism for waste disposal?(0 - yes & 1 - No)			
5.23.	Electricity			
a.	Is there electric line in all parts of the PHC? (23 - In all Parts; 24 - In some Parts; 25 - None)			
b.	Stand by facility (generator) available in working condition (0 - yes & 1 - No)			
5.24.	Laundry facilities:			
a.	Laundry facility available(0 - yes & 1 - No)			
b.	If no, is it outsourced? (0 - yes & 1 - No)			
5.25.	Communication facilities			
a.	Telephone (0 - yes & 1 - No)			
b.	Personal Computer (0 - yes & 1 - No)			
c.	NIC Terminal (0 - yes & 1 - No)			
d.	E.Mail (0 - yes & 1 - No)			
e.	Is PHC accesible by			
i.	Rail (0 - yes & 1 - No)			
ii.	All whether road (0 - yes & 1 - No)			
5.26.	Vehicle (jeep/other vehicle) available? (0 - yes & 1 - No)			
5.27.	Office room (0 - yes & 1 - No)			
5.28.	Store room (0 - yes & 1 - No)			
5.29.	Kitchen (0 - yes & 1 - No)			
5.30.	Diet:			
a.	Diet provided by hospital (0 - yes & 1 - No)			
5.31.	Residential facility for the staff with all amenities			
i.	Medical Officer(0 - yes & 1 - No)			
ii.	Pharmacist(0 - yes & 1 - No)			
iii.	Nurses(0 - yes & 1 - No)			
5.32.	Behavioral Aspects			
a.	How is the behaviour of the PHC staff with the patient(39 - Courteous; 40 - Casual/Indifferent; 41 - Insulting/derogatory)			
b.	Any fee for service is charged from the users?(0 - yes & 1 - No)			
c.	Is there corruption in terms of charging extra money for any of the service provided? (0 - yes & 1 - No)			
d.	Is a receipt always given for the money charged at the PHC? (0 - yes & 1 - No)			
e.	Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical? (0 - yes & 1 - No)			
f.	Are woman patients interviewed in an environment that ensures privacy and dignity? (0 - yes & 1 - No)			
g.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (0 - yes & 1 - No)			
h.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (0 - yes & 1 - No)			

i.	If the health centre is unequipped to provide the services how and where the patient is referred and how patients transported?(0 - yes & 1 - No)			
j.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered? (0 - yes & 1 - No)			
k.	Is there an outbreak of any of the following diseases in the PHC area in the last three years?			
k.a.	Malaria(0 - yes & 1 - No)			
k.b.	Measles(0 - yes & 1 - No)			
k.c.	Gastroenteritis(0 - yes & 1 - No)			
k.d.	Jaundice(0 - yes & 1 - No)			
l.	If yes, did the PHC staff responded immediately to stop the further spread of the epidemic?(0 - yes & 1 - No)			
m.	Does the doctor do private practice during or after the duty hours?(0 - yes & 1 - No)			
n.	Are there instances where patients from particular social background dalits, minorities, villagers) have faced derogatory or discriminatory behavior or service of poorer quality?(0 - yes & 1 - No)			
o.	Have patients with specific health problems (HIV/AIDS, leprosy suffered discrimination in any form? (0 - yes & 1 - No)			

Equipment Drug & Furniture

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

9. Quality Control

S.No.	Particular	Whether functional / available as per norms		Remarks
9.1.	Citizen's charter (0 - yes & 1 - No)			
9.2.	Constitution of Rogi Kalyan Samiti (0 - yes & 1 - No)			
9.3.	Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc.(0 - yes & 1 - No)			
9.4.	External monitoring /Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis(0 - yes & 1 - No)			
9.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (0 - yes & 1 - No)			