

Proforma for PHCs on IPHS

Identification					
	Name of District : _____				
	Tehsil/Taluk/Block _____				
	Location Name of PHC: _____				
	Is the PHC providing 24 hours and 7 days delivery facilities (Yes /No)				
	Date of Data Collection		Day	Month	Year
Name and Signature of the Person Collecting Data					
I. Service					
S.No.					
1.1.	Population covered (in numbers)				
1.2.	Assured Services available (Yes/No)				
a.	OPD Services				
b.	Emergency services (24 Hours)				
c.	Referral Services				
d.	In-patient Services				
1.3.					
a.	Number of beds available				
b.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)				
1.4.	Average daily OPD Attendance				
a.	Males				
b.	Females				
1.5.	Treatment of specific cases (Yes / No)				
a.	Is surgery for cataract done in the PHC?				
b.	Is the primary management of wounds done at the PHC?				
c.	Is the primary management of fracture done at the PHC?				
d.	Are minor surgeries like draining of abscess etc done at the PHC?				
e.	Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?				
f.	Is the primary management of burns done at PHC?				
1.6.	MCH Care including Family Planning				
1.6.1.	Service availability (Yes / No)				
a.	Ante-natal care				
b.	Intranatal care (24 - hour delivery services both normal and assisted)				
c.	Post-natal care				
d.	New born Care				
e.	Child care including immunization				

f.	Family Planning	
g.	MTP	
h.	Management of RTI / STI	
i.	Facilities under Janani Suraksha Yojana	
1.6.2.	Availability of specific services (Yes / No)	
a.	Are antenatal clinics organized by the PHC regularly?	
b.	Is the facility for normal delivery available in the PHC for 24 hours?	
c.	Is the facility for tubectomy and vasectomy available at the PHC?	
d.	Is the facility for internal examination for gynaecological conditions available at the PHC?	
e.	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?	
f.	If women do not usually go to the PHC, then what is the reason behind it?	
g.	Is the facility for MTP (abortion) available at the PHC?	
h.	Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP?	
i.	Do women have to pay for MTP?	
j.	Is treatment for anemia given to both pregnant as well as non-pregnant women?	
k.	Are the low birth weight babies managed at the PHC?	
l.	Is there a fixed immunization day?	
m.	Is BCG and Measles vaccine given regularly in the PHC?	
n.	How is the vaccine received at PHC and distributed to Sub Centres?	
o.	Is the treatment of children with pneumonia available at the PHC?	
p.	Is the management of children suffering from diarrhea with severe dehydration done at the PHC?	
1.7.	Other functions and services performed (Yes / No)	
a.	Nutrition services	
b.	School Health programmes	
c.	Promotion of safe water supply and basic sanitation	
d.	Prevention and control of locally endemic diseases	
e.	Disease surveillance and control of epidemics	
f.	Collection and reporting of vital statistics	

g.	Education about health / behaviour change communication				
h.	National Health Programmes including HIV/AIDS control programmes				
i.	AYUSH services as per local preference				
j.	Rehabilitation services (please specify)				
1.8.	Monitoring and Supervision activities (Yes / No)				
a.	Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.				
b.	Monitoring of National Health Programmes				
c.	Monitoring activities of ASHAs				
d.	Visits of Medical Officer to all sub-centres at least once in a month				
e.	Visits of Health Assistants (Male) and LHV to sub-centres once a week				
II. Manpower					
S.No.	Personnel	Existing pattern	Recommended	Current Availability at PHC (Indicate Numbers)	Remarks / Suggestions / Identified Gaps
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		
	Total	15	17/18		
III. Training of personnel during previous (full) year					
3.1.	Available training for	Number trained			
a.	Tradition birth attendants				
b.	Health Worker (Female)				
c.	Health Worker (Male)				
d.	Medical Officer				
e.	Initial and periodic training of paramedics in treatment of minor ailments				

f.	Training of ASHAs	
g.	Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care	
h.	Training of Health Workers in antenatal care and skilled birth attendance	

IV. Essential Laboratory Services

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

V. Physical Infrastructure (As per specifications)

S.No.		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.1.	Where is this PHC located?			
a.	Within Village Locality			
b.	Far from village locality			
c.	If far from locality specify in km			
5.2.	Building			
a.	Is a designated government building available for the PHC? (Yes /			
b.	If there is no designated government building, then where does the PHC located			
	Rented premises			
	Other government building			
	Any other specify			
c.	Area of the building (Total area in Sq. mts.)			
d.	What is the present stage of construction of the building			
	Construction complete			
	Construction incomplete			
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)			
f.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)			
g.	Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring)			
h.	Whether the cleanliness is Good / Fair / Poor?(Observe)			
	OPD			
	Rooms			

	Wards				
	Toilets				
	Premises (compound)				
I.	Are any of the following close to the PHC? (Observe) (Yes/No)				
i.	Garbage dump				
ii.	Cattle shed				
iii.	Stagnant pool				
iv.	Pollution from industry				
j.	Is boundary wall with gate existing? (Yes / No)				
5.3.	Location				
a.	Whether located at an easily accessible area? (Yes/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				
5.4.	Prominent display boards regarding service availability in local language (Yes/No)				
5.5.	Registration counters (Yes/No)				
5.6.					
a.	Pharmacy for drug dispensing and drug storage (Yes/No)				
b.	Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (Yes / No)				
5.7.	Separate public utilities for males and females (Yes/No)				
5.8.	Suggestion / complaint box (Yes/No)				
5.9.	OPD rooms / cubicles (Yes/No) (Give numbers)				
5.10.	Adequate no. of windows in the room for light and air in each room (Yes/No)				
5.11.	Family Welfare Clinic (Yes/No)				
5.12.	Waiting room for patients (Yes/No)				
5.13.	Emergency Room / Casualty (Yes/No)				
5.14.	Separate wards for males and females (Yes/No)				
5.15.	No. of beds : Male				
5.16.	No. of beds : Female				
5.17.	Operation Theatre (if exists)				
a.	Operation Theatre available (Yes/No)				
b.	If operation theatre is present, are surgeries carried out in the operation theatre?				
	Yes				
	No				
	Sometimes				
c.	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?				
	Non-availability of doctors /staff				
	Lack of equipment / poor physical state of the operation theatre				
	No power supply in the operation theatre				
	Any other reason (specify)				
d.	Operation Theatre used for obstetric / gynaecological purpose (Yes / No)				
e.	Has OT enough space (Yes / No)				

5.18.	Labour room			
a.	Labour room available? (Yes/ No)			
b.	If labour room is present, arc deliveries carried out in the labour room?			
	Yes			
	No			
	Sometimes			
c.	If labour room is present. but deliveries are not being conducted there, then what are the reasons for the same?			
	Non-availability of doctors / staff			
	Poor condition of the labour room			
	No power supply in the labour room			
	Any other reason (specify)			
d.	Is separate areas for septic and aseptic deliveries available? (Yes / No)			
5.19.	Laboratory:			
a.	Laboratory (Yes/No)			
b.	Are adequate equipment and chemicals available? (Yes/No)			
c.	Is laboratory maintained in orderly manner? (Yes / No)			
5.20.	Ancillary Rooms - Nurses rest room (Yes/No)			
5.21.	Water supply			
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))			
b.	Whether overhead tank and pump exist (Yes / No)			
c.	If overhead tank exist, whether its capacity sufficient? (Yes/No)			
d.	If pump exist, whether it is in working condition? (Yes / No)			
5.22	Sewerage			
	Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)			
5.23.	Waste disposal			
	How the waste material is being disposed (please specify)?			
5.24.	Electricity			
a.	Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)			
b.	Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply			
c.	Stand by facility (generator) available in working condition (Yes / No)			
5.25.	Laundry facilities:			
a.	Laundry facility available(Yes/No)			
b.	If no, is it outsourced?			
5.26.	Communication facilities			
a.	Telephone (Yes/No)			
b.	Personal Computer (Yes/No)			
c.	NIC Terminal (Yes/No)			
d.	E.Mail (Yes / No)			
e.	Is PHC accesible by			
i.	Rail (Yes / No)			
ii.	All whether road (Yes / No)			
iii.	Others (Specify)			
5.27.	Vehicles			

	Vehicle (jeep/other vehicle) available? (Yes / No)				
	Room (Yes/No)		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.28.	Office room (Yes/No)				
5.29.	Store room (Yes/No)				
5.30.	Kitchen (Yes / No)				
5.31.	Diet:				
a.	Diet provided by hospital (Yes/No)				
b.	If no, how diet is provided to the indoor patients?				
5.32.	Residential facility for the staff with all amenities				
	Medical Officer				
	Pharmacist				
	Nurses				
	Other staff				
5.33.	Behavioral Aspects (Yes / No)				
a.	How is the behaviour of the PHC staff with the patient				
	Courteous				
	Casual/indifferent				
	Insulting / derogatory				
b.	Any fee for service is charged from the users? (Yes / No). If yes, specify.				
c.	Is there corruption in terms of charging extra money for any of the service provided? (Yes / No)				
d.	Is a receipt always given for the money charged at the PHC? (Yes / No)				
e.	Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical? (Yes / No)				
f.	Are woman patients interviewed in an environment that ensures privacy and dignity? (Yes / No)				
g.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (Yes / No)				
h.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (Yes / No)				
i.	If the health centre is unequipped to provide the services how and where the patient is referred and how patients transported?				
j.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered? (Yes / No)				
k.	Is there an outbreak of any of the following diseases in the PHC area in the last three years?				
	Malaria				
	Measles				
	Gastroenteritis				
	Jaundice				
l.	If yes, did the PHC staff responded immediately to stop the further spread of the epidement				
m.	Does the doctor do private practice during or after the duty hours? (Yes/ 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? (Yes / No)			
o.	Have patients with specific health problems (HIV/AIDS, leprosy suffered discrimination in any form? (Yes / No)			

VI. Equipment (As per list)

Equipment	Available (As per Guidelines)	Functional	Remarks / Suggestions / Identified Gaps

VII. Drugs (As per essential drug list)

Drug	Available (As per Guidelines)	Remarks / Suggestions / Identified Gaps

V III. Furniture

S.No.	Item	Current Availability at PHC	If available, numbers	Remarks / Suggestions / Identified Gaps
8.1.	Examination Table			
8.2.	Delivery Table			
8.3.	Footstep			
8.4.	Bed Side Screen			
8.5.	Stool for patients			
8.6.	Arm board for adult & child			
8.7.	Saline stand			
8.8.	Wheel chair			
8.9.	Stretcher on trolley			
8.10.	Oxygen trolley			
8.11.	Height measuring stand			
8.12.	Iron bed			
8.13.	Bed side locker			
8.14.	Dressing trolley			
8.15.	Mayo trolley			
8.16.	Instrument cabinet			
8.17.	Instrument trolley			
8.18.	Bucket			
8.19.	Attendant stool			
8.20.	Instrument tray			
8.21.	Chair			
8.22.	Wooden table			
8.23.	Almirah			
8.24.	Swab rack			
8.25.	Mattress			
8.26.	Pillow			
8.27.	Waiting bench for patients / attendants			

8.28.	Medicine cabinet			
8.29.	Side rail			
8.30.	Rack			
8.31.	Bed side attendant chair			
8.32.	Others			

IX. Quality Control

S.No.	Particular	Whether functional / available as per norms			Remarks
9.1.	Citizen's charter (Yes/No)				
9.2.	Constitution of Rogi Kalyan Samiti (Yes/No) (give a list of office order notifying the members)				
9.3.	Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)				
9.4.	External monitoring /Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis				
9.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)				

RECOMENDATION

