

State : _____

District : _____

Block / Health Block : _____

Name of Health Institution : _____

Facility Sub Type: _____ Ownership: Public / Private

Number of Beds : _____ Reporting month: _____ Financial Year _____

Name & Designation of the person reported Data _____

Date of reporting Data _____

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
I	Physical Infrastructure	
1.1.	Other then 24x7 beds (these beds are beyond sanctioned beds)	
1.1.1	Total other then 24x7 beds (these beds are beyond sanctioned beds)	
1.2.	Category-wise bed distributions	
1.2.1	Other then 24x7 beds (these beds are beyond sanctioned beds)	
1.2.1.a	No. of labour Beds	
1.2.1.b	No. of day care beds	
1.3.2.c	No. of beds available other then above mentioned non 24X7 beds (if any)	
1.3	Other Infrastructural services	
1.3.1	Is there a designated government building (Yes / No).	
1.3.1.a	If there is no designated government building, then where is facility located?	
1.3.1.a.i	Rented Buildings(Yes / No)	
1.3.1.a.ii	Other Rent Free Building/Panchayat Voluntary Organization Building(Yes / No)	
1.3.2	Whether building is elderly and disabled friendly as per provisions of Disability Act? (Yes / No)	
1.3.2.a	If no, what disabled friendly facilities as per provisions of Disability Act are not available?	
1.3.2.a.i	Easy access of wheelchair, stretcher etc. (Yes / No)	
1.3.2.a.ii	Presence of ramp/ rails/ lifts at every place where there are stairs (Yes / No)	
1.3.3	Whether the building is certified disaster and fire preparedness as per norm? (Yes/No)	
1.3.3.a	If no, what all facilities are not available as per disaster and fire preparedness norms?	
1.3.3.a.i	Provision of Fire alarms (Yes / No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
1.3.3.a.ii	Provision of Fire extinguishers (Yes / No)	
1.3.3.a.iii	Emergency exit (Yes / No)	
1.3.4	Whether building is environment friendly as per norm? (Yes / No)	
1.3.4.a.	If no, what all facilities are not available as per environment friendly norms	
1.3.4.a.i	Rainwater harvesting (Yes / No)	
1.3.4.a.ii	Solar Energy (Yes / No)	
1.3.4.a.iii	Use of low energy LED lightings/ energy efficient lightings(Yes / No)	
1.3.5	Uninterrupted electric supply (Yes/No), if 'Yes' then following to be answered	
1.3.5.a	Regular electricity supply only (Yes / No), if 'No' then following to be answered	
1.3.5.a.i	Regular electric supply and solar panel(Yes / No)	
1.3.5.a.ii	Regular electric supply and inverter (Yes / No)	
1.3.5.a.iii	Regular electric supply and generator(Yes / No)	
1.3.6	Round the clock piped water supply (Yes/ No)	
1.3.6.a	If no, what is the source of water supply?	
1.3.6.a.i	Borewell/Handpump/Well/River(Yes / No)	
1.3.6.a.ii	Payment basis (Tanker/ Water Gallons/ Any other)(Yes / No)	
1.3.7	Availability of security cameras at entry gate, exit gate and other critical points (Yes/ No)	
1.3.8	Prominent display boards of Citizen's Charter (Yes / No)	
1.3.9	Separate public utilities for males and females	
1.3.9.a	Separate Public utilities (Male & Female) in OPD area (Yes /No)	
1.3.10	Suggestion / complaint box (Yes/No)	
1.3.11	Public Finance Management System (Yes/ No)	
1.3.12	Residential facility for the Staff (Yes / No), if yes then following to be answered	
1.3.12.a	Residential facility for ANM (Yes/No/Inadequate)	
1.3.12.c	Residential facility for Community Health Officer (CHO) (Yes/No/Inadequate)	
1.3.12.d	Residential facility for Any other staff (Yes/No/Inadequate)	
1.3.13	All weather motorable road (Yes/No)	
1.3.14	Functional Telephone (Yes/No)	
1.3.15	Functional Computer (Yes/No)	
1.3.16	Functional Internet connection (Yes/No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
II.	Services	
2.1	Roll-out of Services (Yes/No)	
2.1.1	NCD Screening services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.2	Eye care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.3	Oral care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.4	ENT care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.5	Emergency care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.6	MNS (Mental Neurological and Substance use) Care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2	Core Healthcare Services	
2.2.1	Dental Care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.3.	Lab / diagnostic Services (Yes/No)	
2.3.a	In-house mode Lab / diagnostic services	
2.3.b	Outsourced to government lab / diagnostic services	
2.3.c	Outsourced to private lab / diagnostic services	
2.3.1	Total number of Lab Test menu available in the facility as per Free Diagnostic Service Initiative (FDSI) 2019 guidelines	
2.3.2	Whether essential diagnostic test as per Indian Public Health Standards (IPHS) 2022 available? (Yes/No/Partial)	
2.3.2.a	Haematology (Yes/No/Partial)	
2.3.2.b	Urine Analysis (Yes/No/Partial)	
2.3.2.c	Stool Analysis (Yes/No/Partial)	
2.3.3	Papanicolaou test (PAP) smear (Yes/No)	
2.3.4	Sputum collection (Yes/No)	
2.3.5	Serology (Yes/No/Partial)	
2.3.6	Biochemistry (Yes/No/Partial)	
2.3.7	Whether desirable diagnostic test as per Indian Public Health Standards (IPHS) 2022 available? (Yes/No/Partial)	
2.4	Physiotherapy Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.5	AYUSH Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.6	Health & Wellness Service Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.7	Referral Services (Yes/No)	
2.8	Teleconsultation services (Yes/No)	
2.9	Special Services	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
2.9.1	Availability of Counselling facility on HIV/ AIDS / STD/Facility Integrated Counselling and Testing Centre (FICTC) etc. (Yes/No)	
2.9.2	Management of STI/RTI (Yes/No)	
2.9.3	Facilities under Janani Suraksha Yojana (Yes/No)	
2.9.4	School Health programmes (Yes/No)	
2.9.5	Disease surveillance and control of epidemics/ IDSP (S,P&L form) (Yes/No)	
2.10.	Support Services	
2.10.1	Whether Medical Air available? (Yes/No)	
2.10.1.a	Oxygen (Yes/No)	
2.10.2.	Is Ambulance services available in the facility? (Yes/No)	
2.10.3.	Whether ambulance services accessible within golden Hour (1 Hour) for Patient from the catchment area in emergency?(Yes/No)	
2.11	Is Hospital Information System implemented ? (Yes/No)	
2.11.1	Whether Computerised Hospital Information System functional in all departments (Yes/No)	
2.11.1.a	Is Hospital Information System functional in OPD? (Yes/No)	
2.11.1.b	Is Hospital Information System functional in Pharmacy? (Yes/No)	
2.11.1.c	Is Hospital Information System functional in Laboratory? (Yes/No)	
2.12	Availability of Drugs (Yes/No)	
III	Biomedical Equipment	
3.1	Equipment for OPD	
3.1.1	Functional B P apparatus (Yes/No)	
3.1.2	Functional Blood pressure instrument with Paediatric cuff (Aneroid/ Digital) (Yes/No)	
3.1.3	Functional Dental Chair motorized with panel and foot controlled with up and down movement. (Yes/No)	
3.1.4	Functional Mouth Mirror (Yes/No)	
3.1.5	Functional Cusco's Speculum (Yes/No)	
3.2	Area Equipment for LDR	
3.2.1	LDR (Labour, Delivery and Recovery)	
3.2.1.a	Functional labour room (Yes/No)	
3.2.1.b	Functional Labour Bed (Yes/No)	
3.2.1.c	Functional New Born Care Unit (Yes/No/Partial)	
3.3	Lab Diagnostics	
3.3.1	Functional Laboratory (Yes/No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
3.3.1.a	Functional Haemoglobinometer (Yes/No)	
3.3.1.b	Functional Microscope (Yes/No)	
IV	Governance	
4.1	Constitution of Rogi Kalyan Samiti (RKS) / Jan Aarogya Samiti (JAS) (Yes / No) (as applicable)	
4.2	Number of Anganwadi Centres functional under the Catchment area	
V	Human Resources (In numbers) as per Annex	
5.1	Specialists and Medical Officers	
5.1.1	Total Medical Officer	Data format at Annex
5.1.1.a	Medical Officer General Duty Medical Officer (GDMO)/MO	Data format at Annex
5.1.1.b	Medical Officer AYUSH Including RBSK AYUSH MO	Data format at Annex
5.2	Nurses, Paramedical and Allied Health Staff	
5.2.1	Community Health Officer (CHO)	Data format at Annex
5.2.2	Auxiliary Nurse and Midwife (ANM)	Data format at Annex
5.2.3	Health Worker (Female)/Multipurpose Health Worker (MPHW)	Data format at Annex
5.2.4	Health Worker (Male)/Multipurpose Health Worker (MPHW)	Data format at Annex
5.2.5	Total Staff Nurse	Data format at Annex
5.2.6	Pharmacist	Data format at Annex
5.3	Voluntary Workers	
5.3.1	ASHA/USHA (to be filled under in-position of contractual)	Data format at Annex
5.4	Support Services	
5.4.1	Total Support Staff (Sanitary Staff, Security Staff etc)	Data format at Annex
VI	Quality Control	
6.1	Is facility Peer Assessed under Kayakalp?(Yes/No)	
6.1.1	If Yes provide Kayakalp Peer Assessment Score (1-100) (in percentage)	
6.2	Is facility externally assessed under Kayakalp? (Yes/No)	
6.2.1	If Yes provide Kayakalp External Assessment Score (1-100) (in percentage)	
6.3	Is facility National Quality Assurance Standards (NQAS) Certified? (Yes/No)	
6.3.1	If Yes, facility is State or National NQAS Certified?(State/National score)	
6.3.2	Please provide NQAS score (1-100) (In percentage)	
VII	Sujlam 2.0 Campaign	
7.1	Does the Facility have GWM/ LWM arrangements? (Yes/No)	
7.2	Number of GWM assets constructed/ reported in the health facility	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
7.3	Number of Soak Pits constructed/ reported in the health facility	
7.4	Number of Leach pits constructed/ reported in the health facility	
7.5	Number of Magic pits constructed/ reported in the health facility	
7.6	Does the Facility have Kitchen garden? (Yes/No)	
7.7	Number of Rainwater harvesting structures constructed in the health facility	
7.8	Length of Drainage channel constructed (in metres) connecting to Community Soak pit/Leach pit, Waste Stabilization on Pond (WSP), constructed wetlands (CW), Decentralized wastewater treatment systems (DEWATs), etc. in the health facility	
VIII	IPHS (Indian Public Health Standards) 2022 Compliance	
8.1	Does the facility fulfill IPHS 2022 Essential criteria (Yes/No/Partial)	
8.1.1	Infrastructure (Yes/No)	
8.1.2	HR (Yes/No)	
8.1.3	Drugs (Yes/No)	
8.1.4	Diagnostic (Yes/No)	
8.1.5	Equipments (Yes/No)	

Format as on 19th Dec 2023

Signature of Facility Incharge

Date: _____

**Monthly Infra & HR Reporting format
HWC-Sub Centre (HWC-SC)/SC FORMAT**

V	Human Resources (In numbers)	Recommend ed as per IPHS	Regular		Contractual		Outsourced		Total		Remarks
			Sanctione d	In- position	Approved	In-position	Approved	In-position	Sanctioned / Approved	In-position	
5.1	Specialists and Medical Officers										
5.1.1.	Total Medical Officer										
5.1.1.a	Medical Officer General Duty Medical Officer (GDMO)/MO										
5.1.1.b	Medical Officer AYUSH Including RBSK AYUSH MO										
5.2	Nurses, Paramedical and Allied Health Staff										
5.2.1	Community Health Officer (CHO)										
5.2.2	Auxiliary Nurse and Midwife (ANM)										
5.2.3	Health Worker (Female)/Multipurpose Health Worker (MPHW)										
5.2.4	Health Worker (Male)/Multipurpose Health Worker (MPHW)										
5.2.5	Total Staff Nurse										
5.2.6	Pharmacist										
5.3	Voluntary Workers										
5.3.1	ASHA/USHA (to be filled under in-position of contractual)										
5.4	Support Services										
5.4.1	Total Support Staff (Sanitary Staff, Security Staff etc)										