

FACILITY SURVEY
Under
Reproductive Child Health Project

2007-08

SC, PHC, CHC & DH

MANUAL



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I. INTRODUCTION

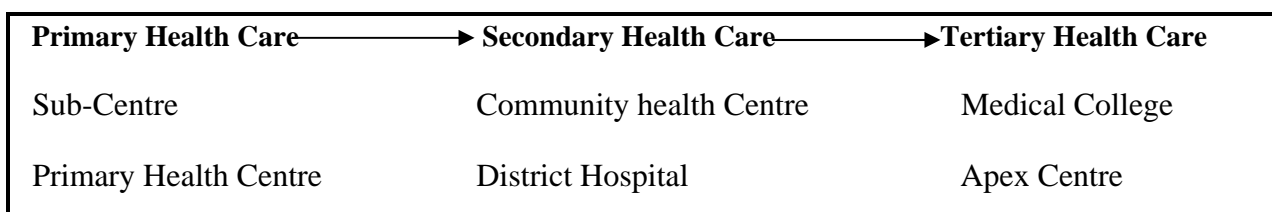
To create a database and to indicate the reproductive health status of women, District Level Household Survey is conducted. The round –1 of the DLH survey was conducted during the year 1998-99 in two phases (each phase covered half the district from all states and union territories) in 504 districts. In round-2 the survey was conducted during 2002-04 in 593 districts as per the 2001 Census. DLHS-3 will cover all the district of the country during year 2007-08.

Along with District Level Household Survey, Facility Survey is also carried out. Facility Survey is expected to provide information on the availability and utilization of services at District Hospital (DH), Community Health Centre (CHC), and Primary Health Centre (PHC) and Sub Centre (SC) level. Health care is the expression of concern which one individual has for fellow human being. Health system intends to deliver health services. Aim of health system is to develop health of the individual and community as a whole. India's Public Health System is a three tier system namely Primary, Secondary and Tertiary level of health care.

Primary Health Care is to provide preventive, curative & promotive services to the community. Common and simple ailments are taken care of at that level only. Primary Health Centre and Sub-Centre function at this level.

Secondary Health Care is to provide curative and specialized care to the community as well as works as first referral centre for PHC and Sub-Centre. Community Health Centre, Sub-Divisional Hospital, District-Hospital function as secondary level of health care.

Tertiary Health Care is to provide super specialized as well as comprehensive services to the community for the complex ailments. Medical college and apex center function as tertiary Centre



Every district is expected to have a District Hospital linked with public hospitals, health centers down below the district such as Sub-district/Sub-divisional Hospitals, Community Health Centres, Primary Health Centres and Sub-Centers.

Reproductive & Child Health Program

Reproductive & Child Health program is a National health Program aiming at improving the health status of women and children. It is an approach in which there is an integrated implementation of family welfare program, Oral Rehydration Therapy, Child Survival & Safe Motherhood program, Acute Respiratory Infection control program at field level, which will not only cut the overlapping expenditure, but also optimize the outcome at field level.

The second phase of RCH program i.e. RCH -2 has been commenced from 1st April 2005.

Reproductive and Child health programme has following components

1. Maternal and Child health
2. Family Welfare
3. Client approach Health Care
4. Prevention /Management of RTI/STD/AIDS

All the maternal and child health interventions, fertility regulation services to be delivered through RCH. Some important interventions of RCH programme are Immunization, Vitamin A prophylaxis, Oral Rehydration Therapy, Prevention of death due to pneumonia, and child health; Antenatal check ups, Immunization for TT, Safe delivery, Anemia control program for safe motherhood. In addition to it there will be screening and treatment of RTI/ STI/HIV in some selected districts. Essential Obstetric Care includes basic maternity services to be provided to all pregnant women such as Early registration of pregnancy (within 12 to 16 weeks), Provision of minimum three antenatal checkups by ANM and Medical Officer, safe delivery at home or in institution and provision of three postnatal check ups. While emergency obstetric care intent to deal with complications arise through pregnancy by setting up FRUs at Sub-District Level. FRUs are being set up to provide Emergency Obstetric Care and Newborn care as 24-hour basis.

II. OBJECTIVES

The primary objective of the facility survey is to assess district health care system in terms of appropriateness, comprehensiveness, adequacy, availability, accessibility, and affordability of MCH services at various levels. The facility survey will focus on supply of critical materials / inputs under RCH project, man power availability and availability of services. The main objectives of the facility survey are to assess the DH, CHC, PHC and SC in terms of position of staff, infrastructure, availability of services and quality of services provided. In view of time and cost, DLHS-3 would make efforts to link the data from household and facility survey.

III. METHODOLOGY

The entire districts as in 2001 census of India will be covered for the survey. From each district 50 PSUs are selected by using PPS (Probability Proportion to Size) systematic sampling method. The selected village (PSU) will be in the jurisdiction of one Sub-Center that Sub-Center will be identified and will be covered for the survey. The PHC, which is catering to this sub center subsequently, will be covered for the survey. All CHCs, within the district will be covered for facility survey. Finally District Hospital will be covered for facility survey. For identification of the SC and PHC of each selected PSU one has to approach Chief Medical Officer's office and to obtain the list for the same and verify the jurisdiction of the SC and PHC from Sarpanch, PHC, CHC/BPHC/RH. In some cases DH may be attached to some teaching facility in that case such DHs have to be identified and covered for the survey. In some district there might be two District Hospitals, in this situation both the DH will be surveyed.

Identification & Coding of Health Facility :

Identification & coding of Health Facility will be done by mapping listing team. Following steps explain the procedure. After preparing the list, a copy will be provided to the Health Investigators of the district. They will be instructed to put the code where ever required according to the list only.

Step 1:

Hospital in the District which is designated as district hospital will be covered for facility survey, and will be coded as 01. In case two district hospitals are there, code them 01 and 02.

Step 2:

As all the CHCs and equivalent health facilities to be covered for the survey, prepare the list of all community Health Centres (CHC)/ Rural Hospital (RH)/ Block Primary Health Centres (BPHCs) of a district and assign two digit code starting from 01. The name and address of this level facilities area available with CMOs office/ DHOs/District RCH Officer. We have to

code all CHCs as complete enumeration will be done at this level.

Step 3:

Also obtain the list of Primary Health Centres and Sub-Centres from the CMOs office and try to identify the Sub-centres and PHCs which are catering to the selected PSU. Identify and locate the SC of the PSU with the help of Sarpanch. Verify it from the list which was obtained from the CMO's office and visiting to that SC. If there is any ambiguity about the jurisdiction of SC, ascertain it from the concerned PHC. The same way concerned PHC s will be identified.

Step 4:

After preparing the list of the Sub-centres and PHCs of selected PSUs, assign the code to them within a district. The code will be of two digits starting from 01,02,..... In some cases one Sub-centre may cater more than one PSUs e.g. PSU 2 & 3 are catered by the sub-centre B, will be coded as 02 and PSU 7 & 8 is catered by sub-centre F will be coded as 06, as shown in the table. Accordingly codes will be given to SCs and PHCs.

Villages	Name of the Sub-centre	Sub-centres code	Name of the PHC	PHC code	Name of CHC/BPHC/Rural Hospital	Code of CHC/BPHC/Rural Hospital	Name of DH	Code. No. of DH
PSU 1	A	01	M	01	X	01	H	01
PSU 2	B	02	M	01	X	01	H	01
PSU 3	B	02	M	01	X	01	H	01
PSU 4	C	03	N	02	X	01	H	01
PSU 5	D	04	N	02	X	01	H	01
PSU 6	E	05	N	02	X	01	H	01
PSU 7	F	06	O	03	Y	02	H	01
PSU 8	F	06	O	03	Y	02	H	01
PSU 9	G	07	O	03	Y	02	H	01
.....								
.....								
PSU 30								
					Name of CHC not catering any PSU	Code no. of CHC not catering any PSU		

IV. QUESTIONNAIRES

There are four sets of questionnaires for each Facility i.e. District Hospital, Community Health Centre, Primary Health Centre and Sub-Centre. In case of BPHCs /RH, CHC questionnaire will be administered.

DISTRICT HOSPITAL (DH)

Hospital serving at secondary referral level responsible for a district of a defined geographical area containing defined population i.e. district termed as District Hospital. District Hospital can be graded as 100 bedded, 200 bedded, 300 bedded and 500 bedded. There may be District Hospitals of capacity 700 beds which may be attached to the teaching facility such as Medical Collage.

COMMUNITY HEALTH CENTRE (CHC)

The Community Health Centre (CHC) functions as the secondary level of health care designed to provide first referral curative as well as specialized health care to the rural population. it is catering to approximately 80,000 population in tribal / hilly areas and 1,20,000 population in plain areas so 4 or 5 PHCs are attached to each CHC .

It is a 30-bedded hospital providing specialized care in Medicine, Obstetrics and Gynecology, Surgery and Pediatrics.

PRIMARY HEALTH CENTRE

The concept of Primary Health Centre (PHC) is not new to India. Bhole Committee in 1946 gave the concept of a PHC as a basic health unit to provide to the people as close as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. It acts as a referral unit for 6 sub-centres and refers out cases to Community Health Centres (CHC- 30 bedded hospital) and higher order public hospitals and sub-district hospitals. It has 4-6 indoor beds for patients covering 20,000 to 30,000 populations.

SUB CENTRE

Sub-Centers (SCs) are the most peripheral health units catering to the health care needs of the rural population. It is the most peripheral contact point between the Primary Health Care system and the community. SC caters the population of 5000 in plain area and 3000 in hilly area. It is manned by one multipurpose worker (male) and one multi-purpose worker (female) /ANM.

CHILD IMMUNIZATION

In SC questionnaire (Q7.9): **Total No. of infants and children immunized:** We are not particular about the type and complete immunization, as we are considering No. of children immunized.

V. GENERAL INSTRUCTION FOR FILLING UP THE QUESTIONNAIRE

Most of the questions are self-explanatory. A brief description is given below:

IDENTIFICATION OF HEALTH FACILITY ON COVER PAGE

Before begin an interview, fill in the identification information in the cover page. Note that most of the lines have boxes and codes. Write the name of the State, District, and Tahsil/Taluk in which you are working, and fill in the boxes by writing the codes given for the State, District and Tahsil/Taluk.

Write the name of the Facility and code, in the given boxes. Also write the name and code of the Facility, which is catering to this Facility. In SC questionnaire write number of villages catered by the SC in the box provided; write total time taken by the ANM to reach the farthest village form the SC village. Write distance between SC and CHC, and SC to PHC in relevant columns.

In case of PHC Questionnaire record the number of SCs catered by PHC. Record whether PHC provides services for 24 hours. Somewhere PHC are run by NGO, record accordingly. Write the distance between CHC and PHC; in subsequent question ask which higher order facility such as CHC/FRU/DH is nearest to that PHC circle it and write distance in the box in Km.

In case of CHC record number of PHCs catered by CHC. Record whether the CHC is designated as First Referral Unit by circling 1 or 2 and write the same in the box. Write the distance between CHC and farthest SC village and DH to CHC in relevant columns.

District Hospitals are classified according to their bed strength (no. of beds). Write how many-bedded hospital is.

Write population of the latest year, which SC/PHC/CHC/DH is catering, in the box provided, also write that year.

If more than one day is required to collect the information, enter that date when the interview is completed.

Respondent: There can be more than one respondent as the information sought is such that one person may not be able to give all. Hence circle the numbers against all the respondents. If the respondents are any person other than those specifically mentioned, specify who it is.

In case of SC, ANM /Male Health Worker will be the respondent.

In case of PHC Medical Officer will be the respondent along with him/her Pharmacist, LHV, and other person like Lab Technician etc.

In CHC Medical Superintendent, Specialist, Obstetrician/Gynecologist, along with administrative personnel, PHN/ANM and other person like Chief Pharmacist, Lab Technician, Head Nurse (OT), , and Medical Record Keeper etc. will be the respondent for their relevant section. In case of District Hospital Medical Superintendent/PMO, Obstetrician /Gynecologist other person like Administrative Officer etc. will be preferred as respondent.

Record the number of visits, which made by health investigator to health facility to complete the survey.

Serial Number of questionnaire; Supervisor will assign serial number to the questionnaire at office.

VI. HUMAN RESOURCES

SC/PHC: Record in position staff, if response is no then ask since how long the post is vacant and record it accordingly. In some states medical doctors are on deputation in that case the same person comes under in position (**Q1.11 PHC Questionnaire**).

CHC/DH: Information about human resources is being asked separately for I. Clinical Human Resources and II. Support Human Resources. Investigators are required here to record number of person in position if no one in position then record 0. Record if any one is working on contract. If response is 0 in in-position column, ask since how long the post is vacant and record it accordingly.

As PHC, CHC, DH is supposed to deliver services on round the clock basis, a Gynecologist/ Anesthetist & LHV is required for 24- hours basis. Record information sought pertaining to it.

VII. TRAINING

To enhance the quality of health care services provided by health care providers time-to-time training programmes are conducted. They are aimed at improving the quality of health services. Interviewer has to ask whether the personnel received training during last five years if not then asked ever he has received the training. In case of CHC questionnaire collect the number of such personnel received training.

VIII. INVESTIGATIVE FACILITIES

There is availability of ECG facility, X-ray facility and Ultra Sound at CHC/DH. Ask about their availability and subsequently whether it is functional or not.

IX. INFRASTRUCTURE

While filling up all the items under this section, wherever possible the investigator must observe the condition himself/herself. Investigators must take a round of the health facility. There are some direct questions and few questions are expected to be observed by investigator.

Information on Physical Infrastructure is to be collected under the following heads.

Building:

Regarding the building of facility, whether facility situated in government building, if not where it is situated?

Record the cleanliness by following the guideline.

For being cleanliness as good;

- 1) There should be no stain of blood, fluid, (biological) cover the walls and floor
- 2) There should be no dust over the glass pan of the window (investigator has to see it by the finger)
- 3) Dustbin is kept at the place and regularly being cleaned.
- 4) Proper cleaning and washing / scrubbing of the floor.
- 5) For Wards additionally see the condition of the curtain and linen.

Water Supply: Questions are self-explanatory. If the water supply is not continuous, provision for continuous supply through storing water in the overhead tank is expected.

Electricity:

Like water supply, electricity is also essential in all facilities. Record all responses accordingly. Ask about standby facility wherever required in the questionnaire.

Laundry:

Find how the day-to-day washing of clothes, bed sheets and even uniforms, aprons of medical staff are done in the health facility(PHC & CHC).If laundry facility is not there in the health facility record whether it is outsourced.

Communication:

In case of SCs ANMs are being provided with mobile phone facility by the government. Record the contact number at appropriate place in the questionnaire. Similarly PHC, CHC and DH having their own telephone lines, record the contact number. DH and CHC supposed to have

intercom facility. Similarly personal computer and Internet facilities and access to National Information Center (NIC terminal) should be available at DH, CHC and PHC record accordingly.

Vehicles:

Each facility is expected to have vehicles. Most often it will be ambulance, jeep and car. Ask vehicle is available and if on road. If vehicle is not running on the road record the reason and also record whether there is facility of outsourcing the vehicle in case of emergency. Vehicle taken for transporting patients during emergency should be considered (Ambulance or any vehicle free or with payment).

Quarters: There is residential facility (quarters) available at each facility provided by government for the medical staffs. Especially Obstetrician/Gynecologist and ANM/Nurse excepted to stay in the quarters of the facility to deliver 24 –hours services. Collect all the required information in the questionnaire in this regard

Waste Disposal:

Record how disposal of biomedical waste is done. Record all the required information sought in the questionnaire. Refer annexure

Operation Theatre:

Operation theatre is to conduct surgical procedure (vasectomy, tubectomy, hydrocelectomy, cataract surgery etc.). If it is there ask whether currently in use to carry out surgeries. If no, record the reasons for the same. Fumigation is a method by which sterilization of the operation theatre is done by the fumes of certain chemicals record accordingly.

Labor room: There should be separate labor room for conducting the deliveries, if it is there, whether being used to conduct deliveries. If no, record the reasons for the same.

Laboratory: To help in reaching the diagnosis a series of tests are required to be done in Laboratory. Such Laboratory should be there in PHC, CHC and DH record accordingly.

Blood Bank/Blood Storage Facility:

The CHCs, which are designated as FRUs should have blood storage facility or a blood bank while in case of DH there will be a separate operational blood bank record accordingly.

X. PHYSICAL FACILITIES

To provide quality health care health-center is supposed to have some facilities, which improves the quality of health care delivery like display board, separate registration counter, minor OT etc. Investigators are required to collect information regarding the same as much as possible by their own observation.

XI. INSTRUMENT AND EQUIPMENTS

For doing different diagnostic and therapeutic procedures and surgical interventions a set of instruments/equipments are needed. At CHC different sets of instruments are supplied in the form of kit (Refer annexure-1). Investigator is supposed to ask, whether those kits are available or not and if available then ask whether functional or not record accordingly.

XII. ESSENTIAL DRUGS

Essential drugs are the drugs which are critical for health care delivery for different ailments. Drugs are grouped into different groups according to their action. There might be several drugs in particular group. Record whether drugs of concerned group is available on the day of survey from drug register and at the same time inquire about whether drug was out of stock more than ten days during last month.

(Refer Annexure-6)

XIII. ESSENTIAL SERVICES PROVIDED

Here we are going to record information regarding the service provided by the facility in question during last month from service register/relevant record register.

ESSENTIAL LABORATORY SERVICES

In PHC CHC, DH, there are number of tests carried out such as Routine urine, stool and blood tests, Test for RTI/STI, Sputum test for T.B, test for Malaria, Rapid test for pregnancy,RPR test for Syphilis ,test for HIV and Widal test etc. Record the number of tests done during last one month in case of CHC/PHC. In case of DH ask whether tests are being done at the Facility or not.

CLINICAL SERVICES PROVIDED

Investigator has to record here total number of cases, provided different type of services in last month in relevant columns. In case of OPD cases record new cases accordingly.

XIV. SPECIFIC SERVICES

These are the services, which are critical determinant about the range of services provided by the concerned facility. Record the availability of the same.

XV. MONITIRING AND SUPERVISION

For providing quality care and to maintain it there must be some mechanism in place for continuous supervision of the services.

Respective facilities are supposed to prepare a plan about service delivery and activities for the year. Ask whether such plan has been made .If not when last such plan was prepared.

For reporting and to maintain records there should be enough registers /Report format/immunization card/ANC card record accordingly. Reports regarding the services are required to be submitted in first week of the month. Supervisory authorities are required to guide them by their suggestions and comments.

Medical Officers are supposed to visit the SC once in a month and LHV /male supervisor once in a week.

Every facility is supposed to display Citizen's Charter, which is a Charter giving information about the services provided, User's Charges, etc.

Under this component, we ask whether the Facility such as PHC, CHC and DH have formulated **Rogi Kalyan Samiti**, In case of SC, **Village Health and Sanitation Committee** which facilitate in functioning of SC.(Refer annexure 7).

In the questionnaire collect information pertaining to all the above.

UNTIED FUND: Under NRHM every Facility SC, PHC, CHC, and DH, are supposed to get a fixed amount of money, which they can use for various purposes. E.g. Sub-centre gets a fixed amount of RS. 10,000 p.a, PHC gets a fixed amount of RS 25,000 p.a,CHC gets a fixed amount of RS, 50,000 p.a, District Hospital get a amount of RS, 5,00000 p.a.

XVI. ASSIGNMENT SHEET: There are four assignment sheets each one for SC, PHC, CHC and DH as **FORM 1 FORM 2 FORM 3, FORM 4** respectively. Health investigator is required to fill the assignment sheet after completing interview of facility and submit this sheet to supervisor.

Supervisors are also responsible to check the health Investigator's work and theirs assignment sheets and field questionnaires. There are four-assignment sheets for health investigator. After completing the survey of specific health facility supervisor will collect all the questionnaires and assignment sheets.

ANEXXURE-1

1. EQUIPMENT

KIT A: Contains IFA tablets (Large & small), Vit. A solution, ORS packet, Cotrimoxazole tablet (Paediatric), and DDK kit. This kit is especially for the SC.

KIT B: Tab. Methelergometrine Maleate, Tab. Paracetamol, Inj. Methelergometrine Maleate, Tab. Mebendazole, Dicyclomine, Chloramphenicol Eye Ointment, Providone Iodin Ointment, Cefrimide Powder, Absorbent Cotton, Cotton Bandage.

Kit A and B are especially for the SC.

KIT – E: Standard Surgical Set – I

This Kit contains Instrument Tray, Surgeon Gloves, Backhaus Towel Forceps, Sponge Holding Forceps, Artery Forceps, Hysterectomy Forceps, Hemostatic Forceps, Tissue Forceps, Uterine Forceps, Mayo Needle Holder, Knife-Handle Surgical, Surgical Knife-Blade, Suture Needles Triangular Point, Suture Needles Round Bodied, Abdominal Deavers Retractor, Double-Ended Abdominal Retractor, Operating Scissors, Balfour 3 Blade Abdominal Retractor, Operating Scissors, Gauze, Suction Tube, , Doyen Intestinal Clamp Curved, Doyen Intestinal Clamp Straight, Tissue Forceps,

KIT – F: Standard Surgical Set – II

This Kit contains Thomas-Allis Tissue Forceps, Backhaus Towel Forceps, Anaesthetic Syringe, Hypodermic Syringe, Hypodermic Needles, Tissue Forceps, , Mosquito Halsteads Hemostat Forceps, Artery Forceps Straight Pean, Artery Forceps Curved Pean, Babcock Tissue Forceps, Knife Handle For Minor Surgery , Knife Blade For Minor Surgery, Needle Holder(Straight Narrow-Jaw Mayo–Heger), Suture Needle Straight, Mayo Needle ½ Circle, Urethral Catheter Nelaton, Forceps Uterine Tenaculum, Uterine Elevator (Ranathlbod), Obstetric Hook, Proctoscope, Sponge Bowl, Abdominal Retractor Richerdson -Eastman, Abdominal Retractor Deaver, Vaginal Speculum Bi-Valve Graves, Ligature Scissors, Operating Scissors, Instrument Tray .

KIT – G: IUD Insertion Kit.

This Kit contains Setal Sterilization Tray With Cover, Surgeon Gloves Latex, , Metal Bowl Sponge, Vaginal Bi-Valve Speculum Cusco's Graves Small , Sponge Holding Forceps, Straight Simpson Uterine Sound, Forceps Uterine Tenaculum Duplay , Tissue Forceps Anterior Vaginal Wall Retractor, Torch Without Batteries , Surgeon Gloves Latex, Battery Dry Cell 1.5 V 'D', Speculum Vaginal Bi-Valve Cusco's, Artery Forceps Straight Pean, Operating Scissorsr Straight, , Forceps Uterine Vulsellum Curved, Museux Speculum Vaginal Double-Ended.

KIT - H: Standard Surgical Set – III

This Kit contains Instrument Tray, backhaus towel Forceps, hemostat straight and curved Kelly Forceps, Allis tissue Forceps, Knife handle, Knife blade, hypodermic Needle, suture Needle straight, Suture Needle Mayo ½ circle, ligature Scissors, anesthetic Syringe, Syringes, instrument Sterilizer, Hypodermic Syringe, Cheatle Forceps,

KIT – I: Normal Delivery Kit

This Kit contains Dressing Trolley, carriage, Towel trolley, operation Gown, surgeon's operation Cap. Absorbent Gauze, instrument Tray, Macintosh, face Mask, Towel, Cotton wool absorbent, Sterilizing Drum, instrument Table adjustable type

KIT - J : Standard Surgical Set - IV

This Kit contains Vacuum Extractor, Wrigley's Obstetric Forceps, Obstetric Forceps, Sponge Holding Forceps, Artery Forceps, Spencer-Wells Straight and curved, Straight Needle Holder Mayo-Hegar, Ligature Scissors Spencer, Episiotomy Scissors, Tissue Forceps, Foley's Urethral Catheter, Nelaton Urethral Catheter Set Of Five, Backhaus Towel Forceps, Sim's Double-ended Vaginal Speculum, Vaginal Speculum Hamilton-Bailey

KIT – K: Standard Surgical Set–V

This Kit contains, , Neville-Barnes Obstetric Forceps,, W/Traction, , Braun Decapitation Hook, , Crochet Obstetric Hook, Mesnard Bone Forceps, Smellie,, Perforator, Forceps, Cranial, Gouss, Cranioclast Braun, Ligature Scissors Spencer, Sponge Holding Forceps, , Tissue Forceps Spring-Type, Tissue ForcepsSpring-Type Serrated Tips, Artery Forceps Spencer–Wells, Straight, Artery Forceps Spencer-Wells Straight, Scalp Flap Forceps Willet's, ForcepsVulsellum Duplay Double Curved, Urethral Catheter, Needle Holder Mayo-Hegar, Narrow Jaw, Cusco Vaginal Bi-Valve Speculum , Sim's Vaginal Speculum Double-Ended, , Backhaus Towel Forceps

KIT – L: Standard Surgical Set – VI

This Kit contains Sponge holding Forceps straight, Sim's double-ended vaginal Speculum, tenaculum Forceps, Uterine Sound, uterine Dilator hegar, uterine Curette blunt and sharp, artery Forceps, tissue Forceps, Forceps

KIT – M: Kit for Anesthesia

This kit contains Facemask, Airway, Laryngoscope, Catheter, Endotracheal, Urethral Catheter, Catheter Forceps, Magill, Catheter Connectors, Cuffs For Endotracheal Catheters, Breathing Tubes, Self Inflating Breathing Bag, Vaporizer, Vaporiser, Ether Or Methoxyflurane, Intravenous Set, Needle, Spinal, Syringe, Anesthetic, Control 5ml

KIT - N : Kit for Neo-natal Resuscitation

This kit contains mucus Catheter, nasal Catheter, endotracheal Catheter, Stilette, suction, Catheter, infant Laryngoscope Lateral mask, with ventilatory bag Resuscitator, automatic, basinet type ultra-violet (heat source) Lamp,

KIT – O: Kit for Laboratory Tests & Blood Transfusion

This kit contains Measuring Cylinder, Polyethylene wash Bottle, Timer, slide drying Rack, staining Tray, Rod, flint-glass, neubauer Chamber, Serological Glass. Pipette, differential, Blood Cells Counter, micro-Hematocrit Centrifuge, Heparinized Capillary Tube, Lancet, Benedict's reagent, Micro scope, and autoclave.

KIT - P: Kit for Blood Transfusion

This kit contains Centrifuge, Pipette, Cuff, sphygmomanometer, blood collection Needle, artery, Spencer-Wells Scissors, CPDA anti-coagulant, pilot bottle 350ml, Binocular Microscope,

Annexure 2

Essential Obstetric Care Drugs

Following is the list of the drug used in intra natal care they are supplied as essential obstetric care drug kit.

1. Diazepam
2. Lignocaine Hydrochloride Inj.
3. Pethidine Hydrochloride Inj.
4. Pentazocine Lactate Inj. IP
5. Dexamethasone Sodium Phosphate inj. IP 4 mg per ml Inj.
6. Promethazine Hydrochloride Inj. 7. Methyl Ergometrine Maleate Inj. IP 0.2 mg per ml Inj.
8. Ethophylline BP plus 169.4 mg Inj.
9. Aminophylline Inj.
10. Adrenaline Bitartrate Inj. IP
11. Compound Sodium Lactate Inj.
12. Methyl Ergometrine tab IP
13. Diazepam tab. IP
14. Paracetamol tab. IP
15. Cotrimoxazole combination of - Trimethoprim IP - Sulphamethoxazole IP Per Tablet .
16. Amoxicillin Trihydrate
17. Doxycycline hydrochloride
18. Tinidazole IP
19. Salbutamol tab.
20. Phenoxy Methyl Penicillin
21. Hemostatic capsule
22. Vit. K3 (Menadione Inj.) IP
23. Atropine sulphate inj. IP
24. Nalidixic Acid tablet IP
25. Oxytocin Inj. 1 ml
26. Phenytoin ml Inj
27. Chlorpromazine
28. Cephelexin Cap.
29. Ritridine Inj. 5 ml Amp
30. Dextrose Inj. IP I.V. Solution 5% Inj.
31. Sodium Chloride Inj. IP I.V. solution 0.9% w/v Inj.

Annexure 3

Emergency Obstetric Care Drugs

S. No	Product	S. No	Product	S. No	Product
1	Halothane BP	26	Oxytocin Inj. IP	51	Insulin Zinc Suspension Inj. IP
2	Atropine Sulphate Injection	27	Etophylline Anhydrous Theop	52	Sodium Bicarbonate Solution BP
3	Thiopentone Sodium IP	28	Hydrocortisone Acetate IP	53	Magnesium Sulphate Inj. BP
4	Bupivacaine Hydrochloride I	29	Salbutamol Sulphate Tablets	54	Phenytoin IP
5	Lignocaine Hydrochloride Inj	30	Adrenaline Bitartrate Injection	55*	Oxygen IP
6	Lignocaine Hydrochloride Inj	31	Succinyl Choline Chloride Inj	56*	Sodium chloride Solution BP
7	Diazepam Injection	32	Ketamine Hydrochloride Inj. I	57*	Dextrose Inj. Ip. I.V.Solution
8	Pentazocine Lactate Injection	33	Diazepam Tablets	58*	Nitrous oxide IP
9	Dexamethasone Sodium Pho	34	Vecuronium Bromide BP	59*	Plasma Volume expander brand name: Haemaccel
10	Promethazine hydrochloride	35	Pancuronium Bromide Inj. BP	60*	Water for Injection
11	Nifedipine Capsules IP	36	Neostigmine Methyl Sulphate	61*	I.V.Infusion Sets
12	Mephentermine Sulphate Inj	37	Benzyl Pencillin Inj. IP	62*	Intracath cannula (size- 16,18,20,22)
13	Dopamine hydrochloride Inj	38	Fortified Procaine Penicillin I	63*	Syringes & Needles (Glass) size- 1ml, 2ml, & 5ml
14	Digoxin IP Tab	39	Benzathine Benzyl Penicillin	64*	Compound Sodium Lactate
15	Digoxin Inj. IP	40	Cotrimoxazole Tabs. Trimetho Sulphamethoxazole IP Tablets	65*	Gloves (size-6, 7,& 8)
16	Methyldopa Tablet IP	41	Phenoxymethyl Penicillin Pot Tablets		
17	Frusemide Tab. IP	42	Nalidixic Acid Tablets		
18	Frusemide Inj. USP	43	Cloxacillin Sodium Inj. IP		
19	Ampicillin Sodium Inj. IP	44	Metronidazole IV IP		
20	Gentamycin Sulphate Inj. IP	45	Ergometrine Maleate Tab. IP		
21	Amoxicillin Trihydrate Cap	46	Chloroquin Phosphate Inj. IP		
22	Norfloxacin Tab. IP	47	Phenytoin Sodium Tab IP		
23	Doxycycline Hydrochloride	48	Hydroprogesterone Hexazoate		
24	Tinidazol Tablets	49	Norethisterone Acetate BP		
25	Ergometrine Maleate Inj. IP	50	Insulin Inj. IP		

Annexure 4

Miscellaneous

IPHS:

Indian Public Health Standards is a set of standards envisaged to improve the quality of health care delivery in the country under National Rural Health Mission.(NRHM)

IPHS will be a yardstick to which services provided in the CHCs, PHCs and SCs would be measured in terms of quality as well as their availability

ASHA:

Under NRHM the Accredited Social Health Activist (ASHA) is being envisaged in each village. With Asha in place, there will be increase demands for health services and system needs to be geared to face challenge.

IMNCI:

A new approach to tackling the major diseases of early childhood and neonate called the Integrated Management of childhood and neonatal Illnesses (IMNCI). The integrated approach ensures that all relevant needs of the child and neonate are looked at and attended to during the contact of the child with the health workers.

IMNCI is a skill-based training. The training is based on a participatory approach combining classroom sessions with hands-on clinical sessions in both facility and community settings.

NEWBORN

A baby up to 30 days after birth termed as newborn

INFANT

A baby up to one year termed as infant.

Annexure 5

Bio Medical Waste

Any waste, which is generated during Diagnosis, treatment or immunization of human beings or animal or in research activities, is termed as biomedical waste.

Following are the methods by which biomedical waste is disposed.

1. Incineration

It is high temperature dry oxidation process that reduces organic and combustible waste to inorganic incombustible matter.

2. Chemical Disinfection

Chemicals are added to waste to kill or inactivate the pathogen in it.

3. Wet And Dry Thermal Treatment

Sharp Waste is a shredded and mutilated.

4. Microwave

Water contain in the waste is rapidly heated by microwave and the infectious component are destroyed by heat conduction.

Colour of the container	Category of waste	Method of disposal
Yellow	Human organ part	Incinerator
Red	Microbiology & Biotechnology waste	Autoclaving, micro waving
Blue	Sharp waste	Destruction shredding
Black	General waste	Secure land fill

Annexure 6

Essential Drugs

These are the handful of the drugs, which are time tested and better in efficacy and safety wise to their newer congeners. Their supply is ensured in every facility.

Drugs are grouped according to their function in following categories:

1. **Anti-allergies and drugs- used Anaphylaxis:**

These are the drugs, which are used in case of allergic reactions and anaphylaxis as Atropine, Phenargan, Dexamethasone, Adrenaline, etc.

2. **Anti-hypertensive:**

These are the drugs, which are used for lowering the BP and have long-term beneficial effects. These are Amlodipine, Atenolol, Enalapril, and Methyldopa etc

3. **Anti-diabetics:**

These are the drugs, which are used to control sugar level in diabetics – Glibenclamide, Insulin, Metformin.

4. **Anti-anginal :**

These are the drugs, which are used to abort the attack of angina (severe chest pain) – Glyceryl Trinitrate, Isosorbide di nitrate, Mononitrate, Propanolol.

5. **Anti-tuberCular:**

These are the drugs, which are used in the treatment of tuberculosis through Dots.

6. **Anti-Leprosy**

These are the drugs, which are used in the treatment of Leprosy, Multi drug treatment (MDT) where two or three drugs are used.

7. **Anti-Filarial**

These are drugs, which are used in the treatment of filariasis. These are DEC.

8. **Anti-Bacterial**

These are the drugs, which either kills or stop the growth of bacteria. There are several group of antibiotics. Co-trimoxazole, Ciprofloxacin, Metronidazole, Erythromycin, Ampicillin, Benzathine Penicillin.

9. **Anti-Protozoal**

These are the drugs, which are used to contain, the infection caused by protozoal (microorganism) e.g. Tinidazole, Metronidazole.

Annexure 7

RKS (Rogi Kalyan Samiti):

Rogi Kalyan Samiti/Hospital Management society is responsible for policy formulation and decision making (General body) and Executive body for implementing the decisions.

The main objective of RKS is creation of a better atmosphere, Management training, Orientation and incentives for staff, Management of resources.

RKS has been named differently in different regions such as:

Rogi kalyan Samiti - MP

Medical Relief Society - Rajasthan

Hospital Kalyan Samiti – Assam/ Himachal Pradesh

Chikitsa Sudhar Samiti – UK

VHSC (Village Health and Sanitation Committee):

At village level Village Health and Sanitation Committee has been constituted their roll and responsibilities are to facilitate and monitor the functioning of Sub-centre.

CITIZEN'S CHARTER: This charter is the framework for the users to know about the availability of the services, Quality of the services, Standard of services and other general information also responsibility of the users. Every Health Facility is suppose to display it

Annexure 8

FRUs: (First Referral Unit)

A facility can be declared fully operational FRUs. Only if it is equipped to provide round the clock emergency obstetric care & newborn care. FRUs are expected to deliver following services

1. 24 hours delivery services including normal and assisted delivery.
2. Newborn care.
3. Emergency care of sick children.
4. Full range of family planning services including laprotomy services.
5. Safe abortion services.
6. Treatment of RTI/ STI.
7. Blood storage facility.
8. Essential Laboratory Services.
9. Referral Transport Services.

Critical Determinants of FRU are:

1. Availability of surgical interventions on 24-hour basis.
2. Newborn care on 24-hour basis.
3. Blood storage facility on 24-hour basis.

FORM 1

ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR

SUB CENTRE

NAME OF HELATH INVESITIGATOR _____

STATE NAME: _____ DISTIRICT NAME _____ VILLAGE NAME _____ FACILITY NO

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S I.No	Date of survey (1)	Code of Facility (2)	Name of the in-charge of Facility (3)	PSU Village (4)	Name of the Village Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

Note: Codes for column (6): 1.ANM 2. Male Health Worker 3. Other

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)
(REGIONAL AGENCY)

NAME AND SIGNATURE OF R.O. (IIPS)

FORM 2

ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR

PRIMARY HEALTH CENTRE

NAME OF HELATH INVESITIGATOR _____

STATE NAME: _____ DISTIRICT NAME _____ VILLAGE NAME _____ FACILITY NO

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S I .No	Date of survey (1)	Code of Facility (2)	Name of the in-charge of Facility (3)	SC Code (4)	Name of the SC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

Note: Codes for column (6): 1. Medical Officer 2. Pharmacist 3. Health Assistant Male/Female ANM 4. Health Worker Male/Female 5. Other

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)
(REGIONAL AGENCY)

NAME AND SIGNATURE OF R.O. (IIPS)

FORM 3

ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR

COMMUNITY HEALTH CENTRE

NAME OF HELATH INVESITIGATOR _____

STATE NAME: _____ DISTIRICT NAME _____ VILLAGE NAME _____ FACILITY NO

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S I .No	Date of survey (1)	Code of Facility (2)	Name of the in-charge of Facility (3)	PHC Code (4)	Name of the PHC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

Note: Codes for column (6): 1. Medical Superintendent 2. Doctor/ Specialist/ Obstetrician / Gynecologist 3. Administrative personnel 4. ANM/Male Health Worker 5. Other

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)
(REGIONAL AGENCY)

NAME AND SIGNATURE OF R.O. (IIPS)

FORM 4
ASSIGNMENT SHEET FOR HEALTH INVESTIGATOR

DISTRICT HOSPITAL

NAME OF HELATH INVESITIGATOR _____

STATE NAME: _____ DISTIRICT NAME _____ FACILITY NO

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S I .No	Date of survey (1)	Code of Facility (2)	Name of the in-charge of Facility (3)	CHC Code (4)	Name of the CHC Covered under Facility (5)	Respondents of the Facility (6)	Remarks (7)

Note: Codes for column (6): 1. Medical Superintendent 2. Obstetrician /Gynecologist 3. Other

(SIGNATURE OF THE TEAM SUPERVISOR)

(NAME AND SIGNATURE OF FIELD COORDINATOR/FACILITATOR/DISTRICT IN CHARGE)
 (REGIONAL AGENCY)

NAME AND SIGNATURE OF R.O. (IIPS)