

**FACILITY SURVEY**  
**UNDER REPRODUCTIVE AND CHILD HEALTH PROJECT (RCH)**  
**DISTRICT HOSPITAL**

IDENTIFICATION					
<b>A. STATE</b> _____ <b>DISTRICT</b> _____ <b>DISTRICT HOSPITAL</b> _____ TOTAL NUMBER OF BEDS _____ SINCE WHEN IS THIS DH FUNCTIONING FROM THIS BUILDING? (YEAR) _____ POPULATION COVERED BY THE DH (LATEST) YEAR _____ NUMBER OF CHC CATERED BY DH _____ DISTANCE FROM THE FARTHEST CHC (IN K.M.) _____		<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>			
<b>B. DESIGNATION OF THE RESPONDENT</b> MEDICAL SUPERINTENDENT/PMO.....1 SPECIALIST/ OBSTETRICIAN/GYNAECOLOGIST.....2 OTHER _____ 3 (SPECIFY)		<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
<b>C. SERIAL NUMBER OF DH QUESTIONNAIRE</b> _____		<div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
<b>D. NUMBER OF VISITS MADE TO HEALTH FACILITY</b>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
<b>E1.SPOT CHECKED BY</b> NAME _____ DATE _____	<b>E1.FIELD EDITED BY</b> _____ CODE <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>E1.OFFICE EDITED BY</b> _____ CODE <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>E1.KEYED BY</b> _____ <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
_____ <b>NAME OF THE INVESTIGATOR</b>		<b>CODE OF INVESTIGATOR</b> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	_____ <b>SIGNATURE OF THE INVESTIGATOR</b>		

**I. AVAILABILITY OF HUMAN RESOURCES (CLINICAL)**

Q. NO.	PERSONNEL	IN POSITION (A)	CONTRACTUAL (B)	IF NO, SINCE HOW LONG RECORD IN ACTUAL MONTHS & IF MORE THAN 99 MONTHS CODE 99 (C)
1.1	MEDICAL SUPERINTENDENT/PMO	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2	SPECIALIST (MEDICINE)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3	SPECIALIST (SURGERY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4	OBSTETRICIAN /GYNEACOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.5	PEDIATRICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.6	ANESTHETIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.7	PATHOLOGIST/ MICROBIOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.8	RADIOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.9	DERMATOLOGIST / VANEROLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.10	OPHTHALMOLOGIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.11	GENERAL DUTY DOCTOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.12	AYUSH PHYSICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

**II. AVAILABILITY OF HUMAN RESOURCES (PARA MEDICAL)**

Q. NO.	PERSONNEL	IN POSITION (A)	CONTRACTUAL (B)	IF NO, SINCE HOW LONG RECORD IN ACTUAL MONTHS & IF MORE THAN 99 MONTHS CODE 99 (C)
2.1	NURSES	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2	NURSES WORKING IN OBS-GYNIC DEPARTMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	ANM/PHN	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4	COMPOUNDER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5	TECHNICIANS	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.6	RADIOGRAPHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.7	PHARMACIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.8	PHYSIOTHERAPIST	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.9	MEDICAL RECORD OFFICER	<input type="text"/>	<input type="text"/>	<input type="text"/>

III. INVESTAGATIVE AND LABORATORY SERVICES

<b>A. LABORATORY SERVICES</b>		
<b>3.1</b>	<b>CLINICAL PATHOLOGY</b>	
3.1a	HAEMATOLOGY	YES ..... 1 NO ..... 2
3.1b	URINE ANALYSIS	YES ..... 1 NO ..... 2
3.1c	STOOL ANALYSIS	YES ..... 1 NO ..... 2
<b>3.2</b>	<b>PATHOLOGY</b>	
3.2a	PAP SMEAR	YES ..... 1 NO ..... 2
3.2b	SPUTUM	YES ..... 1 NO ..... 2
3.2c	HISTOPATHOLOGY	YES ..... 1 NO ..... 2
<b>3.3</b>	<b>MICROBIOLOGY</b>	YES ..... 1 NO ..... 2
<b>3.4</b>	<b>BIOCHEMISTRY</b>	
3.4a	BLOOD SUGAR	YES ..... 1 NO ..... 2
3.4b	BLOOD UREA,	YES ..... 1 NO ..... 2
3.4c	BLOOD CREATINEN	YES ..... 1 NO ..... 2
<b>3.5</b>	<b>SEROLOGY</b>	
3.5a	PREGNANCY TEST	YES ..... 1 NO ..... 2
3.5b	COOMB'S TEST	YES ..... 1 NO ..... 2
3.5c	WIDAL TEST	YES ..... 1 NO ..... 2
3.5d	ELISA FOR HIV TEST	YES ..... 1 NO ..... 2
3.5e	R A FACTOR TEST	YES ..... 1 NO ..... 2
3.5f	VDRL TEST	YES ..... 1 NO ..... 2
<b>3.6</b>	<b>INVESTIGATIVE</b>	
3.6a	ECG	YES ..... 1 NO ..... 2
3.6b	STRESS TEST(TMT)	YES ..... 1 NO ..... 2
3.6c	2D-ECHO	YES ..... 1 NO ..... 2
<b>3.7</b>	<b>RADIOLOGY</b>	
3.7a	X-RAY	YES ..... 1 NO ..... 2
3.7b	ULTRASOUND	YES ..... 1 NO ..... 2
<b>3.8</b>	<b>BLOOD BANK</b>	
3.8a	FULLY OPERNATIONAL BLOOD BANK	YES.....1 NO.....2
<b>3.9</b>	<b>PHYSIOTHERAPY UNIT</b>	
3.9 a	FULLY FUNCTIONAL PHYSIOTHERAPY UNIT	YES ..... 1 NO ..... 2

**IV. INFRASTRUCTURE**

<b>A</b>		<b>WATER SUPPLY</b>																									
4.1	Is there water supply for 24 hours?	YES.....1 NO..... 2																									
<b>B</b>		<b>ELECTRICITY</b>																									
4.2	Is there a three-phase connection?	YES.....1 NO..... 2																									
4.3	Standby facility of generator/inverter available in working condition – (RECORD BY OBSERVATION)	YES.....1 NO..... 2																									
<b>C</b>		<b>COMMUNICATION FACILITY</b>																									
4.4	Telephone facility available in all the section of the hospital?	ALL SECTION..... 1 SOME SECTION..... 2 NOT AT ALL..... 3																									
4.5	Whether Personal computer available or not?	YES.....1 NO.....2 → Skip to Q4.9																									
4.6	Whether DH is using personal computer?  (RECORD ALL MENTIONED)	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> </tr> <tr> <td>A).OPD RECORD .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>B).MAINTENANCE.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>C).ADMINISTRATIVE WORK.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>D).PRODUCING REPORTS .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>E).ANY OTHER .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td colspan="3" style="text-align:center;"><b>(SPECIFY)</b></td> </tr> <tr> <td>F).NOT AT ALL .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> </table>		YES	NO	A).OPD RECORD .....	1	2	B).MAINTENANCE.....	1	2	C).ADMINISTRATIVE WORK.....	1	2	D).PRODUCING REPORTS .....	1	2	E).ANY OTHER .....	1	2	<b>(SPECIFY)</b>			F).NOT AT ALL .....	1	2	
	YES	NO																									
A).OPD RECORD .....	1	2																									
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E).ANY OTHER .....	1	2																									
<b>(SPECIFY)</b>																											
F).NOT AT ALL .....	1	2																									
4.7	Is NIC Terminal available at DH ?	YES.....1 NO.....2																									
4.8	If access to Internet available at DH ?	YES.....1 NO.....2																									
4.9	Is DH outsourcing data compilation and tabulation work?	YES.....1 NO.....2																									
<b>D.</b>		<b>VEHICLES</b>																									
4.10		<b>NO. OF VEHICLES</b>																									
		<b>AVAILABLE</b>	<b>ON ROAD</b>																								
I	1. Ambulance	□ □	□ □																								
II	2. Jeep	□ □	□ □																								
III	3. Car	□ □	□ □																								
4.11	Whether CSSD (Central Sterile and Supply Department) is there at DH?	YES.....1 → Skip to Q. 4.13 NO.....2																									
4.12	Where instruments & items are sterilized?	_____																									
4.13	Whether facility for the disposal of bio medical waste is there?	YES.....1 NO.....2 → Skip to Q.4.13 b																									

4.13a	How waste is disposed?  (RECORD ALL MENTIONED)	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>A). INCINERATOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B).AUTOCLAVING/MICROWAVING.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C).SHREDDER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D).NEEDLE AND SYRING DESTROYER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E). ANY OTHER (SPECIFY)_____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		<b>YES</b>	<b>NO</b>	A). INCINERATOR.....	1	2	B).AUTOCLAVING/MICROWAVING.....	1	2	C).SHREDDER .....	1	2	D).NEEDLE AND SYRING DESTROYER.....	1	2	E). ANY OTHER (SPECIFY)_____	1	2
	<b>YES</b>	<b>NO</b>																		
A). INCINERATOR.....	1	2																		
B).AUTOCLAVING/MICROWAVING.....	1	2																		
C).SHREDDER .....	1	2																		
D).NEEDLE AND SYRING DESTROYER.....	1	2																		
E). ANY OTHER (SPECIFY)_____	1	2																		
4.13b	Are Biomedical disposal services out sourced? <b>(CHECK Q.4.13 IF YES DO NOT ASK)</b>	YES.....1 NO.....2																		
4.14	Is Critical Care Area there at DH?	YES.....1 NO.....2																		
4.15	Is Integrated Counseling and Testing Centre (ICTC) there in DH,	YES.....1 NO.....2																		

**V.RESIDENTIAL FACILITY FOR STAFF**

Q. No.		QUARTERS			
	RESIDENTIAL QUARTER FOR DH STAFF	A AVAILABLE	B WHETHER RESIDING	C IF NOT RESIDING, WHAT ARE THE REASONS?	
5.1	i) Medical Superintendent	YES.....1 NO.....2 ↓ SKIP TO NEXT ROW	YES.....1 ↓ SKIP TO NEXT ROW NO.....2	<b>YES</b>	<b>NO</b>
				A).POOR CONDITION OF QUARTERS.....	1 2
				B). NO WATER SUPPLY .....	1 2
				C). NO ELECTRICITY FACILITY .....	1 2
				D).SPOUSE STAYING IN ANOTHER PLACE..	1 2
				E).EDUCATION OF CHILDREN.....	1 2
				F). SECURITY.....	1 2
				G). ANY OTHER (SPECIFY)_____	1 2
5.2	iii) Obstetrician /Gynecologist	YES.....1 NO.....2 ↓ SKIP TO NEXT ROW	YES.....1 ↓ SKIP TO NEXT ROW NO.....2	<b>YES</b>	<b>NO</b>
				A).POOR CONDITION OF QUARTERS.....	1 2
				B). NO WATER SUPPLY .....	1 2
				C). NO ELECTRICITY FACILITY .....	1 2
				D).SPOUSE STAYING IN ANOTHER PLACE..	1 2
				E).EDUCATION OF CHILDREN.....	1 2
				F). SECURITY.....	1 2
				G). ANY OTHER (SPECIFY)_____	1 2
5.3	iii) Matron/Nurse In-Charge Obs&Gyne	YES.....1 NO.....2 ↓ SKIP TO Q 6.1	YES.....1 ↓ SKIP TO Q6.1 NO.....2	<b>YES</b>	<b>NO</b>
				A).POOR CONDITION OF QUARTERS.....	1 2
				B). NO WATER SUPPLY .....	1 2
				C). NO ELECTRICITY FACILITY .....	1 2
				D).SPOUSE STAYING IN ANOTHER PLACE..	1 2
				E).EDUCATION OF CHILDREN.....	1 2
				F). SECURITY.....	1 2
				G). ANY OTHER (SPECIFY)_____	1 2

**VI. OTHER PHYSICAL FACILITIES**

6.1	Are prominent display boards regarding service availability in local language displayed at District Hospital?	YES.....1 NO.....2
6.2	Are there separate registration counters in District Hospital?	YES.....1 NO.....2
6.3	Is there any complaint box/ Suggestion box kept at District Hospital?	YES.....1 NO.....2
6.4	Is there Pharmacy of drug storage and drug dispensing at district hospital?	YES.....1 NO.....2

**WARDS AND BEDS**

	WARD	AVAILABLE A	TOTAL NO OF BEDS B	MALE C	FEMALE D
6.5	General Medicine Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.6	General Surgery Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.7	Pediatric Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.8	Intensive Medicine Care Unit	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.9	Post Operation Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.10	Labour Room	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.11	ANC Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.12	PNC Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.13	Post Partum Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.14	High Dependency Ward	Yes-----1 No-----2 ↓	<input type="text"/> <input type="text"/>		
6.15	Burn Ward	Yes-----1 No-----2	<input type="text"/> <input type="text"/>		

**OPERATION THEATRE**

Q. No.	OPERATION THEATER	Available	CURRENTLY USE
6.16	Elective OT-Major	Yes.....1 No.....2	Yes.....1 No.....2
6.17	Emergency OT/ Family Welfare OT	Yes.....1 No.....2 ↓	Yes.....1 No.....2
6.18	Ophthalmology / ENT OT	Yes.....1 No.....2 ↓	Yes.....1 No.....2

DELIVERY SUIT UNIT			
Q. No.	DELIVERY SUIT UNIT	Available A	CURRENTLY IN USE B
6.19	Labour room ( aseptic & Clean )	Yes.....1 No.....2	Yes.....1 No.....2
6.20	Delivery room	Yes.....1 No.....2	Yes.....1 No.....2
6.21	Neo-natal room	Yes.....1 No.....2	Yes.....1 No.....2

#### VII. EMERGENCY OBSTETRIC CARE

		Available	
7.1	Whether obstetrician /gynecologist is available for 24 hrs?	Yes.....1	No.....2
7.2	Whether anesthetist is available for 24 hrs?	Yes.....1	No.....2
7.3	Whether Nurse in Obs/Gynae is available for 24 hrs?	Yes.....1	No.....2
7.4	Whether District Hospital provides for 24 hrs surgical interventions?	Yes.....1	No.....2

#### VIII. SERVICES (DURING LAST ONE MONTH) RECORD REFERENCE

Q. No.	A. Essential Services Provided Obs / Gynae department	Total Number
8.1	OPD Patients	<input type="text"/> <input type="text"/> <input type="text"/>
8.2	In-patient Admissions	<input type="text"/> <input type="text"/> <input type="text"/>
8.3	Average day of inpatients stay	<input type="text"/> <input type="text"/>
<b>B. Performance</b>		
8.4	Total No. of surgeries done (Considered only RCH related surgeries ex. Delivery, Hysterectomy etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
8.5	Total Number of Hysterectomy done	<input type="text"/> <input type="text"/> <input type="text"/>
8.6	Total No of D&C done	<input type="text"/> <input type="text"/> <input type="text"/>
8.7	Number of Deliveries performed	<input type="text"/> <input type="text"/> <input type="text"/>
8.8	Number of C-Section deliveries performed	<b>PLANNED</b> A.... <input type="text"/> <input type="text"/> <b>ELECTIVE</b> B..... <input type="text"/> <input type="text"/>
8.9	Of the total deliveries performed, how many were beneficiaries of Janani Suraksha Yojana	<input type="text"/> <input type="text"/> <input type="text"/>
8.10	Number of blood transfusion done	<input type="text"/> <input type="text"/> <input type="text"/>
8.11	Number of MTPs performed	<input type="text"/> <input type="text"/>
8.12	Number of Sterilizations Conducted	A.Male... <input type="text"/> <input type="text"/> B.Female... <input type="text"/> <input type="text"/>
8.13	Number of cases provided with RTI/STI services	<input type="text"/> <input type="text"/>
8.14	<b>CHECK: Q4.15</b> Total Number of cases visited Integrated Counseling Testing Centre ICTC	A <b>STI</b> <input type="text"/> <input type="text"/> <input type="text"/> B <b>HIV</b> <input type="text"/> <input type="text"/> <input type="text"/>
8.15	Total Number of Pap smear prepared	<input type="text"/> <input type="text"/>

**IX. OTHER ACTIVITIES**

Q. No.	Particulars	
9.1	Is Citizen's charter displayed at DH?	Yes.....1 No.....2
9.2	Has the Rogi Kalyan Samiti (RKS) been constituted?	Yes.....1 No.....2 → Skip to Q9.4
9.3	Does RKS monitor your work regularly?	Yes.....1 No.....2

<b>CLEANLINESS (BY OBERVATION)</b>				
9.4	Whether the Cleanliness of	<b>GOOD----1</b>	<b>FAIR-----2</b>	<b>POOR-----3</b>
	A. OPD	GOOD .....1	FAIR.....2	POOR.....3
	B. ROOMS	GOOD .....1	FAIR.....2	POOR.....3
	C. WARDS	GOOD .....1	FAIR.....2	POOR.....3
	D. PREMISES	GOOD.. ....1	FAIR.....2	POOR.....3