



**GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
CENTRAL BUREAU OF HEALTH INTELLIGENCE**

**Census of all the Healthcare Establishments (Government & Private)
under National Health Resource Repository (NHRR) Project**

SCHEDULE 2: Interview Schedule for Primary Health Centre (PHC)

An Appeal to the Owner of Healthcare establishments

I, _____ from IQVIA. The IQVIA has been authorized by the Ministry of Health and Family Welfare in the Centre and the District Authority in the State to collect authentic data from each healthcare establishment under the Collection of Statistics Act, 2008.

The Ministry of Health and Family Welfare, Government of India has launched a nationwide census to gather information of hospitals, clinics/polyclinics, diagnostic labs, pharmacies and other healthcare establishments for both public and private sectors under National Health Resource Repository (NHRR) Project. All the Healthcare assets will be geo-tagged and hosted in the Bhuvan Server of Indian Space Research Organization (ISRO).

NHRR is a pioneering project that will help in generating real world evidence for public health planning, resource allocation, healthcare system strengthening, policy formulation, public private, etc. The NHRR Project will also help the citizen of India by providing basic details of Healthcare Establishments in their proximity. Both patients as well as healthcare establishments will be benefitted in future through this Project.

Under the Collection of Statistics Act, 2008, the following information will be solicited from the healthcare establishments;

- Basic Details like, Name & Address, Contact Details, Geo-coordinates, photographs, License/Registration number, Demographic location, Working hours, Electricity supply, Water supply & storage, Disposal of medical waste, Details of Medical and Para-medical personnel, etc.;
- Physical Infrastructure with respect to Land & Building, No of Beds, Quarters, Transportation and other miscellaneous items;
- Availability of Medical/Diagnostic and other Support Service. Status of medical devices & equipment for each department;
- Other miscellaneous information related to Quality Control, Technology, Certification and MRD, etc.

Ministry assures that the information collected would be used only for the aforesaid purpose and would not be shared with any government/private agency(s) and would be kept under safe custody. Therefore, Ministry requests you to kindly provide authenticated and accurate information pertaining to your healthcare establishment in the nation's interest.



Particulars of Respondent

Title	Dr.	Mr.	Ms.
Name of Respondent	_____		Designation
Mobile Number	_____	Landline Number	_____
OTP	_____		

Section 1: Basic Details of the Healthcare Establishment (HE)

1.1	HE No. as generated in 'Schedule 0'	<From Schedule 0>						
1.2	Name of HE	<From Schedule 0>						
1.3	Type of HE	<From Schedule 0>						
1.4	Working Hours of HE	a) 24x7 b) Non 24x7						
1.4.1	If Non 24x7, Mention morning and evening time	<table border="1"> <tr> <td>Morning</td> <td>Evening</td> </tr> <tr> <td>Start</td> <td>Start</td> </tr> <tr> <td>End</td> <td>End</td> </tr> </table>	Morning	Evening	Start	Start	End	End
Morning	Evening							
Start	Start							
End	End							
1.5	Year of establishment of HE	Year (yyyy)						
1.6	Mention National Identification number (NIN) of HE (if available)	------(Number)						
1.7	Mention GSTIN number of HE (If available)	-----						
1.8	Mention TAN number of HE (If available)	-----						
1.9	What is No. of Beds at HE as on 31st Dec 2017	_____						
1.10	Whether deliveries are conducted at HE?	Yes/No						
1.10.1	If Yes, Number of deliveries conducted during Jan-Dec 2017	_____						

Section 2: Physical Infrastructure of the Healthcare Establishment (HE)

2.1	Type of Building	a) Rented b) Owned a) Other Govt. Structure
2.2	What is the source of Water Supply in HE? (Multiple Options)	a) Piped b) Hand Pump c) Well d) Bore well/ Tube Well e) Water Harvesting f) Tanker g) None of the above
2.3	Whether overhead water storage facility is available?	Yes/No
2.4	Whether Electricity connection is available at HE?	Yes/No
2.5	Whether alternate arrangement(s) for 24x7 electricity supply available at HE? (Multiple Options)	a) Inverter b) Generator c) Solar Panel d) None of the above

2.6	Whether bio-medical waste is segregated before disposal?			Yes/No
2.7	What are the mechanism used for waste disposal? (Multiple Options)	a) Deep Burial Pits b) Bio- medical Waste Collection Agency (CBWTF) c) General waste collection agency d) Burn e) None of the Above		
2.8	Whether government has provided vehicle for the movement of staff?			Yes/No
2.9	Whether HE has barrier free access for differently abled & elderly?			Yes/No
2.9.1	If Yes, whether provision for ramp with railing is available?			Yes/No
2.10	Whether dedicated area/room is available for			
2.10.1	Male & Female Ward separately	Yes/No	2.10.4	Labor Room
2.10.2	Operation Theatre	Yes/No	2.10.5	Laboratory
2.10.3	Drug Storage and Dispensing	Yes/No		
2.11	Details of Quarters	Availability	Number of Quarters	
2.11.1	Medical Officer	Yes/No	_____	
2.11.2	Staff Nurse	Yes/No	_____	
2.11.3	Paramedical staff	Yes/No	_____	
2.12	Details of Ambulance(s)	Availability	Number of Ambulances	
2.12.1	Patient Transport Vehicle (Transport Vehicle with no life supporting aid)	Yes/No		
2.12.2	Basic Life Support Ambulances (Ambulances with Oxygen Supply)	Yes/No		
2.12.3	Advanced Life Support Ambulances (Ambulances with Defibrillators)	Yes/No		
2.12.4	Two wheeler ambulance	Yes/No		
2.12.5	Boat Ambulance	Yes/No		
2.12.6	Dead Body Van/ Shav-Vahan	Yes/No		

Section 3: Manpower

3	Type of Manpower	Availability	Number of Manpower		
			Total	Full Time	Part Time
3.1	Medical Officer (MBBS)	Yes/No			
3.2	Medical Officer (AYUSH)	Yes/No			
3.3	ANM/ Health worker (Female)	Yes/No			
3.4	Staff Nurse	Yes/No			
3.5	Pharmacist	Yes/No			
3.6	Public Health Nurse	Yes/No			
3.7	Health Worker (Male)	Yes/No			
3.8	Health Supervisor	Yes/No			
3.9	Lady Health Visitor	Yes/No			
3.10	Laboratory Technician	Yes/No			
3.11	Pharmacist (AYUSH)	Yes/No			
<i>Total Manpower Mandatory*</i>					

Section 4: Services Availability

4	What are the types of Medicine system practiced at HE (Multiple Choice)	a) Allopathy medicine system	b) AYUSH medicine system
4.1	If (b)AYUSH in 4, specify the services (Multiple Option)	a) Ayurveda b) Homeopathy c) Unani d) Siddha	
4.1.1	If (a) Allopathy selected in 4 then , Specify availability of following service		
	Services	Availability	
4.1.1	Antenatal care	Yes/No	
4.1.2	Normal Delivery	Yes/No	
4.1.3	Postnatal care	Yes/No	
4.1.4	New Born Care	Yes/No	
4.1.5	Immunization Services	Yes/No	
4.1.6	Family Planning and Contraception Services	Yes/No	
4.1.7	Medical Termination of Pregnancy (MTP)	Yes/No	
4.1.8	Treatment of Reproductive Tract Infections (RTI) / Sexually Transmitted Infections (STI)	Yes/No	
4.1.9	Management of Nutrition related deficiencies	Yes/No	
4.1.10	Adolescent health care	Yes/No	
4.1.11	Local Endemic Disease Control Services	Yes/No	
4.1.12	Male Sterilization (Vasectomy)	Yes/No	
4.1.13	Female Sterilization (Tubectomy)	Yes/No	
4.1.14	Dog Bite Treatment (Anti-Rabies Vaccination)	Yes/No	
4.1.15	Snake Bite Treatment (Anti-Snake Venom)	Yes/No	
4.1.16	Scorpion Bite Treatment	Yes/No	
4.1.17	Minor Surgeries (Episiotomies, Draining of Abscess, Stitching etc.)	Yes/No	
4.1.20	Whether HE provide Outreach services?		Yes/No
4.1.20.1	If Yes in 4.21 Type of outreach services (Multiple Options)	a) Home visit b) Mobile medical unit c) Health Mela d) Health camps	
4.1.20.2	If Yes in 4.21.1 Purpose of outreach (Multiple Options)	a) Follow up care b) Health education c) Immunization d) Medication administration	

Section 5: Equipment

5	Type of Equipment	Availability	Number of Equipment		
			Total	Functional	Non Functional
5.1	Weighing Scale, Baby	Yes/No			
5.2	Weighing Scale, Adult	Yes/No			
5.3	Hemoglobinometer	Yes/No			
5.4	Filled Oxygen cylinder	Yes/No			
5.5	Fetoscope	Yes/No			
5.6	Radiant Warmer	Yes/No			
5.7	Ambu Bag (Paediatric size) with Baby mask	Yes/No			
5.8	Laryngoscope Set	Yes/No			
5.9	Mucus extractor with Suction Tube and Suction Machine	Yes/No			
5.10	Photo Therapy Unit	Yes/No			
5.11	X-Ray Machine	Yes/No			
5.12	Ultrasound Machine	Yes/No			
5.13	ECG Machine	Yes/No			
5.14	Microscope	Yes/No			
5.15	Nebuliser	Yes/No			
5.16	Autoclave				

Section 6: Support Services (Diagnostics)

6	Whether diagnostic services available	Yes/no
6.1	Type of diagnostic service available	a) Pathology b) Radiology c) Both
6.2	If (a) or (c) in 6.1 Mention availability of following pathology services?	Yes/No
6.2.1	Routine Blood Examination (Hb, TLC, DLC)	Yes/No
6.2.2	Routine Urine Examination	Yes/No
6.2.3	Routine Stool Examination	Yes/No
6.2.4	Diagnosis of RTI/STDs (VDRL/ RPR test)	Yes/No
6.2.5	Sputum testing for mycobacterium (as per RNTCP guidelines)	Yes/No
6.2.6	Blood smear examination malaria/ Rapid Diagnostic Kits (RDK)	Yes/No
6.2.7	Pregnancy Test	Yes/No
6.2.8	Blood Sugar	Yes/No
6.2.9	Dengue (Rapid Test)	Yes/No
6.2.10	HIV (Rapid Test)	Yes/No
6.3	If (b) or (c) 6.1, Mention availability of following radio-diagnostic services are available?	Availability
6.3.1	ECG	Yes/No
6.3.2	X-Ray	Yes/No
6.3.3	Ultrasound	Yes/No

Section 7: Service under National Health Programs

7.1	Integrated Disease Surveillance Program (IDSP)	
7.1.1	Whether PHC submits weekly report of 'S' (Suspected cases), 'P' (Presumptive Cases) and 'L' (Laboratory Confirmed Cases) forms to District Surveillance Unit?	Yes/No
7.2	National AIDS Control Program (NACP)	
7.2.1	Whether Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI) Clinic is organized?	Yes/No
7.2.2	Whether counselling services related to Prevention of Parent-To-Child Transmission (PPTCT) provided?	Yes/No
7.3	National Vector Borne Disease Control Program (NVBDCP)	
7.3.1	Whether services of microscopy/Rapid Diagnostic Tests for Malaria is available?	Yes/No
7.3.2	Whether Treatment facilities for routine and complicated cases of following disease available (Multiple Choice)	Yes/No
7.3.2.1	Malaria	
7.3.2.2	Filaria	
7.3.2.3	Dengue	
7.3.2.4	Japanese Encephalitis	
7.3.2.5	Kala-azar	
7.4	National Leprosy Eradication Program (NLEP)	
7.4.1	Whether diagnosis of Leprosy cases available?	Yes/No
7.4.2	Whether self-care training services are provided to Leprosy cases?	Yes/No
7.5	Revised National Tuberculosis Control Program (RNTCP)	
7.5.1	Whether Directly Observed Therapy Short Course (DOTS) center is available?	Yes/No
7.5.2	Whether sputum is collected and transported to Microscopy Centre or CBNAAT (Cartridge Based Nucleic Acid Amplification Test)?	Yes/No
7.5.3	Whether HE has microscopy center?	Yes/No
7.6	National Program for Control of Blindness (NPCB)	
7.6.1	Whether facility to detect cataract cases and referral for surgery provided?	Yes/No
7.7	National Program for Prevention and Control of Deafness (NPPCD)	
7.7.1	Whether the service of case detection for hearing impairment available?	Yes/No
7.7.2	Whether basic treatment services such as wax in ear, ear discharge are treated?	Yes/No
7.8	National Mental Health Program (NMHP)	
7.8.1	Whether initial screening, treatment and referral of mental illness cases available?	Yes/No
7.9	National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	
7.9.1	Whether treatment for Diabetes and Hypertension available?	Yes/No
7.9.2	Whether Breast cancer screening services available?	Yes/No
7.9.3	Whether cervical cancer screening services available?	Yes/No
7.10	National Iodine Deficiency Disorders Control Program (NIDDCP)	
7.10.1	Whether salt testing activity for presence of Iodine conducted?	Yes/No
7.11	National Program for Control of Fluorosis (NPPCF)	
7.11.1	Whether services for clinical examination and diagnostic assessment of fluorosis cases available?	Yes/No



7.12	National Tobacco Control Program (NTCP)	
7.12.1	Whether mandatory sign of "No Smoking" displayed?	Yes/No
7.12.2	Whether health education regarding ill effects of tobacco use provided?	Yes/No
7.13	National Oral Health Program (NOHP)	
7.13.1	Whether treatment & services for oral health provided?	Yes/No
7.14	National Program for Healthcare of Elderly (NPHCE)	
7.14.1	Whether counseling services to Elderly persons and family members on ageing is provided?	Yes/No
7.14.2	Whether geriatric clinic is organized at PHC?	Yes/No

Section 8: Furniture and Other Items

8.1	Availability of furniture and other items available at HE	<ol style="list-style-type: none"> 1. Labor table 2. Ice-Line Refrigerator 3. Domestic Refrigerator 4. Deep Freezer 5. Partograph Chart
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Section 9: Quality Control

9.1	Whether Citizen Charter is displayed in HE?	Yes/No
9.2	Whether Suggestion /complaint box is available in HE?	Yes/No
9.3	Whether Rogi Kalyan Samiti (RKS) has been constituted in HE?	Yes/No
9.4	Whether HE has any of the following Quality Accreditation /Certification? (Multiple Options)	<ol style="list-style-type: none"> a) International Organization for Standardization (ISO) b) National Quality Assurance Standards (NQAS) c) National Accreditation Board for Hospitals & Healthcare Providers (NABH) d) None of the above

Section 10: Technology

10.1	Whether internet connection is available at HE?	Yes/No
10.2	Indicate the type of device(s) available at HE (Multiple Options)	<ol style="list-style-type: none"> a) Computer b) Laptop c) Tablet a) Mobile phone
10.3	Whether HE share Primary Health Centre (PHC) related information with State/Centre/UT?	Yes/No
10.4	How does HE maintains medical records?	<ol style="list-style-type: none"> a) Manually b) Computer based



		c) Both d) No recording system exists
10.5	Whether HE using ICD-10 (The International Classification of Diseases, Tenth Revision, Clinical Modification coding) for maintaining patient record?	Yes/No
10.6	Whether Tele Medicine services available at HE?	Yes/No