



**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 3: Interview Schedule for Community Health Centre (CHC)/  
Urban Community Health Centre (U-CHC)**

**An Appeal to the Owner of Healthcare establishments**

I, \_\_\_\_\_ from IQVIA. The IQVIA Health 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 the HE	a) 24x7 b) Non 24x7		
1.4.1	If Non 24x7, Mention morning and evening time	Morning	Evening	
		Start time	Start time	
		End time	End time	
1.5	Year of Establishment of HE	(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	Is your HE registered under ROHINI (Registry of Hospitals in Network of Insurance) network	Yes/No		
1.9.1	If yes , Mention ROHINI registration number (if available)	(.....) Number		
1.10	What is No. of Beds at HE as on 31 <sup>st</sup> Dec 2017	___ (Number)		
1.11	Type of cases	No. of Cases reported during Jan-Dec 2017		
		Total (to be filled Mandatory)	Male (optional)	Female (optional)
1.11.1	Number of OPD cases			
1.11.2	Number of IPD cases			
1.11.3	Number of Major Surgery cases			
1.11.4	Number of Minor surgery cases			
1.11.5	No of total deliveries conducted (Jan-Dec 2017)	Total Number (.....)		
1.11.5.1	No of total C-section conducted (Jan-Dec 2017)	Total Number (.....)		
1.12	Total Number of Operation Theatre (OT)	Total Number (.....)		

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

2.1	Type of Building	a) Rented b) Owned c) Other Govt. Structure
2.2	What is the source of Water Supply in your 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	Which of the following alternate arrangement(s) available to ensure 24x7 electricity supply 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 available?				Yes/No
2.10	Whether dedicated room is available for				
2.10.1	Male & Female ward separately	Yes/No	2.10.7	X-ray room	Yes/No
2.10.2	Blood storage	Yes/No	2.10.8	Isolation area	Yes/No
2.10.3	Emergency room	Yes/No	2.10.9	Cold Chain Room	Yes/No
2.10.4	Directly Observed Therapy Short Course (DOTS) Center	Yes/No	2.10.10	Laboratory	Yes/No
2.10.5	Labor room	Yes/No	2.10.11	Operation Theatre	Yes/No
2.10.6	New-born Stabilization Unit (NBSU)	Yes/No	2.10.12	Drug Storage & 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	Block Medical Officer/Medical	Yes/No			

	Superintendent (in charge)			
3.2	General Duty Medical Officer (MBBS)	Yes/No		
3.3	Physician (General Medicines)	Yes/No		
3.4	General Surgeon	Yes/No		
3.5	Obstetrician and Gynecologist	Yes/No		
3.6	Pediatrician	Yes/No		
3.7	Anesthetist	Yes/No		
3.8	ENT Specialist (Otolaryngologist)	Yes/No		
3.9	Ophthalmologist	Yes/No		
3.10	Dentist	Yes/No		
3.11	Medical Officer (AYUSH)	Yes/No		
3.12	Pathologist	Yes/No		
3.13	Psychiatrist	Yes/No		
3.14	Public Health specialist	Yes/No		
3.15	Staff Nurse	Yes/No		
3.16	Public Health Nurse	Yes/No		
3.17	Pharmacist	Yes/No		
3.18	Pharmacist (AYUSH)	Yes/No		
3.19	Blood Bank In-charge (Doctor)	Yes/No		
3.20	ANM	Yes/No		
3.21	Physiotherapist	Yes/No		
3.22	Dental Assistant	Yes/No		
3.23	Laboratory Technician	Yes/No		
3.24	OT Technician	Yes/No		

#### Section 4: Service 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	If yes, No of cases reported during (Jan-Dec 2017)
			OPD Cases      IPD Cases
4.1.1.1	General Medicine	Yes/No	_____
4.1.1.2	General Surgery	Yes/No	_____
4.1.1.3	Dental Services	Yes/No	_____
4.1.1.4	Obstetrics and Gynaecology Specialty services	Yes/No	_____
	If yes in 4.1.1.4 , Mention availability of following Obstetrics and Gynaecology services		
4.1.1.4.1	Medical termination of Pregnancy (MTP)	Yes/No	_____

4.1.1.4.1.1	If 4.1.2.4.1 is Yes, No. of Total Medical Termination of Pregnancy (MTP) done	_____		
		(Total cases )		
4.1.1.4.2	Intra- Uterine Contraceptive device (IUCD)	Yes/No		
4.1.1.4.2.1	If 4.1.2.4.2.1 is Yes, No. of Total Intrauterine Contraceptive Device (IUCD) inserted	_____		
		(Total cases )		
4.1.1.4.3	Female Sterilization (Tubectomy)	Yes/No		
4.1.1.4.3.1	If 4.1.2.4.3 is Yes, No. of Total Female Sterilization (Tubectomy) done	_____		
		(Total cases )		
4.1.1.4.4	Male Sterilization (Vasectomy)	Yes/No		
4.1.1.4.4.1	If 4.1.2.4.4 is Yes, No. of Total Male Sterilization (Vasectomy) done	_____		
		(Total cases )		
			OPD Cases	IPD Cases
4.1.1.5	Paediatrics Specialty services	Yes/No	_____	_____
4.1.1.5.1	If 4.1.1.5 is Yes, Immunization services	Yes/No		
4.1.1.5.1.1	If 4.1.1.5.1 is Yes, Total Number of immunization session performed in a month?	(Total cases )		
		_____	OPD Cases	IPD Cases
4.1.1.6	Ophthalmology Services	Yes/No	_____	_____
4.1.1.7	Whether HE provide Outreach services	Yes/No		
4.1.1.7.1	If Yes, Type of outreach services	a) Home visit b) Mobile medical unit c) Health Mela d) Health camps		
4.1.1.7.2	If Yes, Purpose of outreach	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	NBSU Equipment				
5.1.1	Radiant Warmer	Yes/No			
5.1.2	Ambu Bag (Pediatric size) with Baby mask	Yes/No			
5.1.3	Laryngoscope Set	Yes/No			
5.1.4	Suction Machine	Yes/No			

5.1.5	Mucus extractor	Yes/No			
5.1.6	Clinical Thermometer oral / rectal	Yes/No			
5.1.7	Syringe Hub Cutter & needle destroyer	Yes/No			
5.1.8	Phototherapy unit	Yes/No			
5.2	Labor Room Equipment				
5.2.1	Radiant Warmer	Yes/No			
5.2.2	Ambu Bag (Pediatric size) with Baby mask	Yes/No			
5.2.3	Feeding Tube	Yes/No			
5.2.4	Filled Oxygen cylinder	Yes/No			
5.2.5	Laryngoscope Set	Yes/No			
5.2.6	Labor Table	Yes/No			
5.2.7	Vacuum Extractor	Yes/No			
5.2.8	Weighing Scale, Baby	Yes/No			
5.2.9	Mucus extractor	Yes/No			
5.2.10	Syringe Hub Cutter & needle destroyer	Yes/No			
5.2.11	Oxygen catheter	Yes/No			
5.2.12	Fetoscope	Yes/No			
5.2.13	Phototherapy Unit	Yes/No			
5.3	Operation Theatre Equipment				
5.3.1	OT Lamp (Shadow less)	Yes/No			
5.3.2	OT Table	Yes/No			
5.3.3	Boyle's Apparatus	Yes/No			
5.3.4	Diathermy Machine	Yes/No			
5.3.5	Suction Machine	Yes/No			
5.3.6	Oxygen Cylinder	Yes/No			
5.3.7	Central Oxygen Supply	Yes/No			
5.3.8	Fumigator	Yes/No			
5.3.9	Autoclave	Yes/No			
5.3.10	Weighing Scale, Baby	Yes/No			
5.3.11	B.P. Apparatus	Yes/No			
5.3.12	Multi Para Monitor	Yes/No			
5.3.13	Cardiac Monitor with Defibrillator	Yes/No			
5.3.14	ECG Machine	Yes/No			
5.3.15	Ophthalmoscope	Yes/No			
5.4	Dental Equipment				
5.4.1	Dental Chair	Yes/No			
5.4.2	Compressor for air and water supply	Yes/No			
5.5	Radiology Equipment				
5.5.1	X-Ray Machine	Yes/No			
5.5.2	Ultra Sound Machine	Yes/No			
5.6	Pathology Equipment				
5.6.1	Auto-analyzer	Yes/No			
5.6.2	Hemoglobinometer	Yes/No			
5.6.3	Laboratory Microscope	Yes/No			
5.6.4	Centrifuge	Yes/No			

5.6.5	Refrigerator	Yes/No			
5.6.6	ECG Machine	Yes/No			

## Section 6: Support Services (Diagnostics)

6.	Whether diagnostic services available at HE	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	Hematology services	
6.2.1.1	Routine Hemogram	Yes/No
6.2.1.2	Peripheral Blood Smear for Malaria/Filaria Parasite	Yes/No
6.2.1.3	Blood grouping & Rh typing	Yes/No
6.2.2	Urine Analysis services	Yes/No
6.2.3	Stool Analysis services	Yes/No
6.2.4	Sputum testing services	
6.2.4.1	Sputum cytology	Yes/No
6.2.5	Microbiology services	
6.2.5.1	Smear for AFB, KLB	Yes/No
6.2.5.2	Grams Stain for Throat swab, sputum etc.	Yes/No
6.2.6	Serology services	
6.2.6.1	Venereal Disease Research Laboratory test (VDRL)	Yes/No
6.2.6.2	Pregnancy test	Yes/No
6.2.6.3	WIDAL test	Yes/No
6.2.7	Biochemistry services	
6.2.7.1	Blood Sugar	Yes/No
6.2.7.2	Blood urea	Yes/No
6.2.7.3	Liver function tests	Yes/No
6.2.7.4	Kidney function tests	Yes/No
6.2.7.5	Blood lipid profile	Yes/No
6.2.8	Ophthalmology services	
6.2.8.1	Refraction by using Snellen's chart	Yes/No
6.2.8.2	Retinoscopy	Yes/No
6.2.8.3	Ophthalmoscopy	Yes/No
6.3	If (b) & (c) in 6.1, Mention availability of following radio-diagnostic services.	Yes/No
6.3.1	X-Ray	Yes/No
6.3.2	Dental X-Ray	Yes/No
6.3.3	Ultrasound	Yes/No
6.3.4	ECG	Yes/No
6.3.5	Echocardiography	Yes/No

## Section 7: Services under National Health Programs

7.1	Integrated Disease Surveillance Program (IDSP)	
7.1.1	Whether CHC submit weekly report of P (Presumptive Cases) and L (Laboratory Confirmed Cases) Form to District Surveillance Unit?	Yes/No
7.1.2	Whether CHC functions as a Peripheral 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
7.2.3	Whether Blood storage center is available?	Yes/No
7.2.4	Whether HE acts as Link ART Centre?	Yes/No
	Whether Integrated Counselling & Testing Centre Services (ICTC) is available?	Yes/No
7.3	National Vector Born 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)	
7.3.2.1	Malaria	Yes/No
7.3.2.2	Filaria	Yes/No
7.3.2.3	Dengue	Yes/No
7.3.2.4	Japanese Encephalitis	Yes/No
7.3.2.5	Kala-azar	Yes/No
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
7.4.3	Whether counselling is provided to patients on prevention of deformity and cases of uncomplicated ulcers?	Yes/No
7.5	Revised National Tuberculosis Control Program (RNTCP)	
7.5.1	Whether Directly Observed Therapy Short Course (DOTS) center available?	Yes/No
7.5.2	Whether HE has microscopy centre?	Yes/No
7.5.3	Whether sputum is collected and transported to CBNAAT (Cartridge Based Nucleic Acid Amplification Test) or Culture & Drug Susceptibility Testing (CDST) Lab?	Yes/No
7.6	National Program for Control of Blindness (NPCB)	
7.6.1	Whether services of Vision testing with vision drum/ vision charts available?	Yes/No
7.6.2	Whether Refraction services provided?	Yes/No
7.6.3	Whether Cataract surgery services 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 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	Cancer Control	
7.9.1.1	Whether Breast cancer screening services available?	Yes/No
7.9.1.2	Whether Cervical Cancer Screening Services available?	
	Whether PAP smear test for cervical Cancer is available?	Yes/No



7.9.1.3.	Whether education about Breast Self-Examination and Oral Self Examination is given?	Yes/No
7.9.2	Diabetes, Hypertension, Cardiovascular disease (CVD) and Strokes	
7.9.2.1	Whether treatment for Diabetes and Hypertension available?	Yes/No
7.9.2.2	Whether Treatment & Timely Referral is Complicated cases for Diabetes Mellitus, Hypertension, Ischaemic Heart Disease (IHD), Congestive Heart Failure (CHF) etc. is provided?	Yes/No
7.9.2.3	Whether Counselling and Information, Education and Communication (IEC) services provided?	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
7.11.2	Whether suspected cases referred to higher center?	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
7.12.3	Whether Tobacco cessation Clinic with counsellor available?	Yes/No
7.13	National Oral Health Program (NOHP)	
7.13.1	Whether Dental care services as well as root canal treatment and filling/extraction of routine and emergency cases provided?	Yes/No
7.13.2	Whether Oral Health education in collaboration with other activities e.g. Nutritional education, school health and adolescent health provided?	Yes/No
7.13.3	Whether oral health education to antenatal mother and lactating mothers provided?	Yes/No
7.14	National Program for Healthcare of Elderly (NPHCE)	
7.14.1	Whether Medical rehabilitation services provided?	Yes/No
7.14.2	Whether rehabilitation worker visits to the Homes of disabled/bed ridden persons?	Yes/No
7.14.3	Whether geriatric clinic is organized at centre?	Yes/No

## Section 8: Furniture and Other Items

8	Availability of furniture and other items available	
	Item name	Availability
8.1	Ice-Line Refrigerator	Yes/No
8.2	Domestic Refrigerator	Yes/No
8.3	Deep freezer	Yes/No
8.4	Partograph Chart	Yes/No

## 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 has been constituted in HE?	Yes/No
9.4	Whether HE has any of the following Quality Accreditation/ Certification? (Multiple Options)	<ul style="list-style-type: none"> <li>a) International Organization for Standardization (ISO)</li> <li>b) National Quality Assurance Standards (NQAS)</li> </ul>

		c) National Accreditation Board for Hospitals & Healthcare Providers (NABH) d) None of the above
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### 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)	a) Computer b) Laptop c) Tablet d) Mobile phone
10.3	Whether HE share Community Health Centre (CHC) related information with State/Centre/UT?	Yes/No
10.4	Whether HE has HMIS (Hospital Management Information System) in place?	Yes/No
10.5	Does HE has separate medical records department (MRD)?	Yes/No
10.6	How does HE maintains medical records?	a) Manually b) Computer based c) Both d) No recording system exists
10.7	Whether HE is using ICD-10 (10th revision of the International Statistical Classification of Diseases and Related Health Problems) for maintaining patient records?	Yes/No
10.8	Whether HE uses ICF (International Classification of Functioning, Disability and Health coding) for medical record keeping?	Yes/No
10.9	Whether Tele Medicine services available at HE?	Yes/No