





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

<u>Census of all the Healthcare Establishments (Government & Private)</u> <u>under National Health Resource Repository (NHRR) Project</u>

SCHEDULE 4: Interview Schedule for Sub Divisional (SDH) & District Hospital

An Appeal to the Owner of Healthcare establishments

My name is ______. I am 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	(Only if mobile number is provided)					

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

1.1	HE No. as generated in 'Schedule 0'			<from 0="" schedule=""></from>
1.2	Name of HE			<from 0="" schedule=""></from>
1.3	Type of HE			<from 0="" schedule=""></from>
1.4	Year of establishment of HE			Year ()
1.5	Mention your National Identification	Number (NIN)	, If available	NIN Number ()
1.6	Mention GSTIN Number of HE (If availa	uble)		
1.7	Mention TAN number of HE (If available	e)		
1.8	Is your HE registered under ROHINI	(Registry of Ho	ospitals in	Yes/No
	Network of Insurance) network			
1.8.1	If yes, Mention ROHINI registration	number (if avai	lable)	() Number
1.9	Hospital Statistics			
1.9.1	What is the number of Beds in your F 2017?	Hospital as on 3	1st Dec	(Number)
1.9.2	What is annual (Jan-Dec 2017) Bed (hospital	Occupancy Rate	(%) of your	(%)
1.10	Type of cases	No. of Cases 1	eported during	Jan-Dec 2017
		Total	Male	Female
		(to be filled Mandatory)	(optional)	(optional)
1.10.1	No. of OPD cases	(viandatory)		
1.10.2	No. of IPD cases			
1.10.3				
1.10.4	No. of Minor Surgeries			
1.11	Total Number of Operation Theatre(s)(OT)	Total Nu	mber ()

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

2.1	What is the source of Water Supply in HE?	a)	Piped	
	(Multiple Options)	b)	Hand Pump	
		c)	Well	
		d)	Bore well/Tube We	-11
		e)	Water Harvesting	
		f)	Tanker	
		g)	None of the above	
2.2	Whether overhead water storage facility is availabl	e?		Yes/No
2.3	Whether electricity connection available at HE?			Yes/No







	सत्यमव जयत				
2.4	Which of the following alternate arrangement(s)	a)	Inverte	er	
	available to ensure 24x7 electricity supply at	b)	Genera		
	HE?(Multiple Options)	c)	Solar I		
		d)	None of	of the above	-
2.5	Whether bio-medical waste is segregated before d	isposal?			Yes/No
2.6	What are the mechanism used for waste	a)		Burial Pits	
	disposal? (Multiple Options)	b)		edical Waste	Collection
			•	y (CBWTF)	
		c)			ection Agency
		d)	Incine	rator	
		e)	Burn		
		f)	None of	of the above	
2.7	Whether centralised oxygen supply is available at				Yes/No
2.8	Whether HE has barrier free access for differently	abled &	elderly	?	Yes/No
0.0.1		1110			
2.8.1	If Yes, whether provision for ramp with railing ava		• 1 • .	XX 1	Yes/No
2.9	Details of Ambulance(s)	Availa	bility	Number of	f Ambulances
		(Yes/n			
		(105/10	0)		
2.9.1	Patient Transport Vehicle (Transport Vehicle				
	with no life supporting aid)				
2.9.2	Basic Life Support Ambulances (Ambulances				
	with Oxygen Supply)				
2.9.3	Advanced Life Support Ambulances				
	(Ambulances with Defibrillators)				
2.9.4	Two wheeler ambulance				
2.9.5	Boat Ambulance				
2.9.6	Air Ambulance				
2.9.7	Train Ambulance				
2.9.8	Dead body Van/ Shav-Vahan				

Section 3: Quality Control

3.1	Whether Citizen Charter is displayed in HE?	Yes/No	
3.2	Whether Rogi Kalyan Samiti has been consti	tuted in HE?	Yes/No
	(To be only asked for Government HE)		
3.3	Whether Suggestion /complaint box is available	ble in HE?	Yes/No
3.4	Has the Hospital constituted a dedicated Hospital	pital Infection Control	Yes/No
	committee		
3.4.1	If yes in 3.4, what is the frequency of	a) Monthly	
	meeting	b) Quarterly	
	C	c) Half yearly	
		d) Annually	
		e) No meeting	
3.5	Whether Hospital has constituted a dedicated	Quality Assurance committee	Yes/No
3.5.1	If yesin 3.5, what is the frequency of	a) Monthly	
	meeting	b) Quarterly	
	-	c) Half yearly	







		d) Annually
		e) No meeting
3.6	Whether HE has any of the following	a) International Organization for
	Quality	Standardization (ISO)
	Accreditation/Certification?(Multiple	b) National Quality Assurance
	Options)	Standards(NQAS)
		c) National Accreditation Board for
		Hospitals & Healthcare Providers
		(NABH)
		d) Joint Commission International (JCI)
		e) None of the above

Section 4: Technology& Other Services

4.1	Electronic/ Digital Facilities		
4.1.1	Whether HE has separate medical record (MRD)?	ls department	Yes/ No
4.1.2	How does HE maintains medical records?(Multiple Options)	a) Manub) Compc) Bothd) No res	puterized
4.1.3	Whether HE is using ICD-10 (The Classification of Diseases, Tenth R ClinicalModification) coding for maintarecord?	evision, and	Yes/No
4.1.4	Whether HE use ICF (International Cla Functioning, Disability and Health) medical record keeping?		Yes/No
4.1.5	Whether HEhas HMIS (Hospital Information System) in place?	Management	Yes/No
4.1.6	WhetherHEshares hospitalrelated inform Centre/State/UT?		Yes/No
4.1.7	Whether HE maintains Electronic Health (EHR) system?		Yes/No
4.1.8	Whether artificial intelligence solutions a computer aided diagnosis of TB?	are used for	Yes/No
4.2	Advance Medical Technology		
4.2.1	Whether Tele Medicine services available	le at HE ?	Yes/No
4.2.2	Whether Tele- Radiology services availa	ble at HE?	Yes/No
4.3	Insurance Services		
4.3.1	Whether HE empanelled under any Heal Insurance Scheme?	thcare	Yes/No
4.3.2	If yes in 4.3.1, mention the type of Healthcare Insurance Scheme for which HE is empanelled (Multiple Options)	b) State	ral Govt. Health Scheme Govt. Health scheme te Insurance rs
4.4	Other Services		
4.4.1	Whether HE has Hospital Disaster Man Plan?	agement	Yes/No







Whether HE provides Pharmacy	v services?	Yes/No
	j 501 (1005.	103/110
If yes 4.4.2, Please mention own	nership Status	a) Owned
		b) Outsourced
		PPP
If (a) Owned in 4.4.2.1, Please	mention Number	(Number)
Owned Pharmacy 1, Is this Phar	rmacy sells drugs to	a) Yes-Link Pharmacy
outside hospital patients		c) No
If (b) Outsourced in 2.7.3, the P	Please mention	(Number)
Number		
Outsourced Pharmacy 1, Is this	pharmacy sells drugs	a) Yes Link Pharmacy
to outside hospital patients ?		b) No
If (c) PPP in 2.7.3 then, please n	mention Number	(Number)
PPP Pharmacy 1, Is this pharma	acy sells drugs to	a) Yes Link Pharmacy
outside hospital patients?		b) No
Whether HE has Blood Bank se	ervices?	Yes/No
If Yes in 4.4.3, Is there a Blood	Bank inside	b) Yes/No
HealthCare Establishment?		
If yes 4.4.3.1, Please mention of	wnership Status	Owned
If Yes in 4.4.3, Is there a Blood	Bank inside	Outsourced
HealthCare Establishment?		
If yes 4.4.3.1, Please mention	a) PPP	Number () Link Blood Bank
ownership Status	b)	Number () Link Blood Bank
	c)	
-	If (a) Owned in 4.4.2.1, Please Owned Pharmacy 1, Is this Pha outside hospital patients If (b) Outsourced in 2.7.3, the F Number Outsourced Pharmacy 1, Is this to outside hospital patients ? If (c) PPP in 2.7.3 then, please in PPP Pharmacy 1, Is this pharma outside hospital patients? Whether HE has Blood Bank set If Yes in 4.4.3,Is there a Blood HealthCare Establishment? If yes in 4.4.3,Is there a Blood HealthCare Establishment? If Yes in 4.4.3,Is there a Blood HealthCare Establishment? If yes 4.4.3.1, Please mention	If (a) Owned in 4.4.2.1, Please mention NumberOwned Pharmacy 1, Is this Pharmacy sells drugs to outside hospital patientsIf (b) Outsourced in 2.7.3, the Please mention NumberOutsourced Pharmacy 1, Is this pharmacy sells drugs to outside hospital patients ?If (c) PPP in 2.7.3 then, please mention Number PPP Pharmacy 1, Is this pharmacy sells drugs to outside hospital patients?Whether HE has Blood Bank services?If Yes in 4.4.3, Is there a Blood Bank inside HealthCare Establishment?If yes in 4.4.3, Is there a Blood Bank inside HealthCare Establishment?If yes 4.4.3.1, Please mention ownership StatusIf yes 4.4.3.1, Please mentiona) PPP ownership Status

Section 5: Department Availability

5.1	What are the types of Medicine system practiced at HE (Multiple Choice)	a) Allopathy medicine systemb) AYUSH medicine system	
5.1.1	If (b) AYUSH in 5.1, specify the services (Multiple Option)	a) Ayurvedab) Homeopathyc) Unanid) Siddha	
5.1.2	If (a) Allopathy selected in 5.1, Specify a services	availability of following	Yes / No
I. Medicine	and Allied		
5.1.2.1	General Medicine		
5.1.2.2	Paediatrics		
5.1.2.3	Respiratory & TB/Pulmonology		
5.1.2.4	Dermatology		
5.1.2.5	Cardiology		
5.1.2.6	Gastroenterology		
5.1.2.7	Nephrology		
5.1.2.8	Psychiatry		
5.1.2.9	Endocrinology		
5.1.2.10	Oncology		
5.1.2.11	Neurology		







5.1.2.12	Anaesthesiology & Pain Management	
5.1.2.13	Critical Care	
5.1.2.14	Nuclear Medicine	
II. Surgery a	nd Allied	
5.1.2.15	General Surgery	
5.1.2.16	Obstetrics & Gynaecology	
5.1.2.17	Orthopaedics	
5.1.2.18	ENT	
5.1.2.19	Ophthalmology	
5.1.2.20	Urology	
5.1.2.21	Neurosurgery	
5.1.2.22	Cardiothoracic and Vascular Surgery	
5.1.2.23	Paediatric Surgery	
5.1.2.24	Plastic Surgery / Burn / Cosmetology	
5.1.2.25	Medicolegal/ Forensic Medicine	
III. Supp	oort Services	
5.1.2.26	Physical Medicine & Rehabilitation (PMR)/ Physiotherapy	
5.1.2.27	Dental	
	gnostic Services	
5.1.2.28	Pathology Services	
5.1.2.28.1	Haematology	
5.1.2.28.2	Histopathology	
5.1.2.28.2	Histopathology	
5.1.2.28.2 5.1.2.28.3 5.1.2.28.4 5.1.2.28.5	Histopathology Microbiology	
5.1.2.28.2 5.1.2.28.3 5.1.2.28.4 5.1.2.28.5 5.1.2.28.6	Histopathology Microbiology Serology Biochemistry Cytology	
5.1.2.28.2 5.1.2.28.3 5.1.2.28.4 5.1.2.28.5	Histopathology Microbiology Serology Biochemistry	
5.1.2.28.2 5.1.2.28.3 5.1.2.28.4 5.1.2.28.5 5.1.2.28.6	Histopathology Microbiology Serology Biochemistry Cytology	

Section 6: Manpower

6	Type of Manpower	Availability	Number of Manpower		ower
			Total	Full	Part
				Time	Time
6.1	Medical Administration staff				
6.1.1	Medical Superintendent / Civil Surgeon	Yes/No			
6.1.2	Additional Medical Superintendent	Yes/No			
6.1.4	Hospital Manager	Yes/No			
6.2	General Practitioner				
6.2.1	Doctor (MBBS)	Yes/No			
6.2.2	Doctor (AYUSH)	Yes/No			
6.2.3	Interns (MBBS)	Yes/No			
6.2.4	JR (Junior Resident)	Yes/No			
6.2.5	SR (Senior Resident)	Yes/No			
6.3	Specialist Doctors				
6.3.1	Physician (General Medicine)	Yes/No			







	सत्यमेव ज		
6.3.2	Emergency Medicine Physician	Yes/No	
6.3.3	Family Physician (Family Medicine)	Yes/No	
6.3.4	General Surgeon	Yes/No	
6.3.5	Obstetrician and Gynaecologist	Yes/No	
6.3.6	Paediatrician	Yes/No	
6.3.7	Maternal and Child Health Specialist	Yes/No	
6.3.8	Ophthalmologist	Yes/No	
6.3.9	ENT Specialist (Otolaryngologist)	Yes/No	
6.3.10	Orthopaedic Surgeon	Yes/No	
6.3.11	Psychiatrist	Yes/No	
6.3.12	Dermatologist/Leprosy/Skin/Venerology	Yes/No	
6.3.13	Chest Physician (Respiratory and	Yes/No	
	Tuberculosis)		
6.3.14	Pathologist	Yes/No	
6.3.15	Physical Medicine & Rehabilitation	Yes/No	
	Specialist		
6.3.16	Occupational Health Specialist	Yes/No	
6.3.17	Radiation Oncology Specialist	Yes/No	
6.3.18	Community Medicine / Preventive	Yes/No	
	Medicine Specialist		
6.3.19	Anaesthetist	Yes/No	
6.3.20	Geriatric Medicine Specialist	Yes/No	
6.3.21	Nuclear Medicine Specialist	Yes/No	
6.3.22	Immuno-haematology and Transfusion	Yes/No	
	medicine Specialist		
6.3.23	Microbiologist	Yes/No	
6.3.24	Clinical Biochemistry Specialist	Yes/No	
6.3.25	Forensic Medicine/Toxicology Specialist	Yes/No	
6.4	Medicine Super-Specialist Doctors		
6.4.1	Cardiologist	Yes/No	
6.4.2	Pulmonary Medicine Specialist	Yes/No	
6.4.3	Endocrinologist	Yes/No	
6.4.4	Diabetologist	Yes/No	
6.4.5	Gastroenterologist	Yes/No	
6.4.6	Haematologist	Yes/No	
6.4.7	Nephrologist	Yes/No	
6.4.8	Neurologist	Yes/No	
6.4.9	Medical Oncology specialist	Yes/No	
6.4.10	Neonatologist	Yes/No	
6.4.11	Neuro-radiologist	Yes/No	
6.4.13	Rheumatologist	Yes/No	
6.5	Surgical Super-Specialist Doctors		
6.5.1	Cardiothoracic & Vascular Surgeon	Yes/No	
6.5.2	Gastrointestinal Surgeon	Yes/No	
	0		







6.5.3	Neurosurgeon	Yes/No
6.5.4	Surgical oncologist	Yes/No
6.5.5	Paediatric surgeon	Yes/No
6.5.6	Cosmetologist/Plastic Surgeon	Yes/No
6.5.7	Urologist	Yes/No
6.5.8	Hepato Pancreato Biliary Surgery	
6.6	Qualified Paramedical staff	
6.6.1	Staff Nurse	Yes/No
6.6.2	Pharmacist	Yes/No
6.6.3	Laboratory Technician	Yes/No
6.6.4	Radiographer/Radiographic Technician	Yes/No
6.6.5	Radio Therapy Technician (Oncology)	Yes/No
6.6.6	Cardiac Technician	Yes/No
6.6.7	Neuro Technician	Yes/No
6.6.8	Optometry Technician	Yes/No
6.6.9	Cardio Pulmonary Per fusionist	Yes/No
6.6.10	Operation Theatre Technician	Yes/No
6.6.11	Endoscopy Technician	Yes/No
6.6.12	Emergency Medical Services Technician	Yes/No
6.6.13	Occupational Therapy Technician	Yes/No
6.6.14	Audio and Speech Therapy Technician	Yes/No
6.6.15	Radiological Assistant	Yes/No
6.6.16	Cardio vascular Technician	Yes/No
6.6.17	Laboratory Assistant	Yes/No
6.6.18	Anesthesia Technician	Yes/No
6.6.19	Vascular Surgery Technician	Yes/No
6.6.20	Dialysis Technician	Yes/No
6.6.21	ECG Technician	Yes/No
6.6.22	Ophthalmic Assistant	Yes/No
6.6.23	Physiotherapist	Yes/No
6.6.24	Blood Bank technician	Yes/No
6.6.25	Counsellor	Yes/No
6.6.26	Medical Record technician / Medical	Yes/No
	Record Officer	

6.7	Dental Staff (If yes in 5.1.2.27of 5.1.2)		
6.7.1.1	Dentist (BDS)	Yes/No	
6.7.1.2	Intern Dentist	Yes/No	
6.7.1.3	Junior Resident(Dentist)	Yes/No	
6.7.1.4	Senior Resident(Dentist)	Yes/No	
6.7.2	Dental Specialist(If yes in 5.1.2. 27of 5.1.	2)	
6.7.2.1	Periodontology Specialist	Yes/No	
6.7.2.2	Prosthodontics Specialist	Yes/No	







6.7.2.3	Oral and Maxillofacial Surgery	Yes/No
	Specialist	
6.7.2.4	Oral Medicine and Radiology Specialist	Yes/No
6.7.2.5	Oral Pathology Specialist	Yes/No
6.7.2.6	Orthodontics Specialist	Yes/No
6.7.2.7	Paedodontics Specialist	Yes/No
6.7.2.8	Public Health/ Community Dentistry	Yes/No
	Specialist	
6.7.2.9	Endodontics Specialist	Yes/No
6.7.3	Dental Paramedical Staff(If yes in 5.1.2.	27of 5.1.2)
6.7.3.1	Dental Hygienist	Yes/No
6.7.3.2	Dental Technician	Yes/No

Section 7: Services & Equipment

7.1 GENERAL MEDICINE

7.1 A	General Medicine	Total
1	No. of beds (as on 31^{st} Dec 2017	
2	No. of OPD cases (Jan –Dec 2017)	
3	No. of IPD cases (Jan-Dec 2017)	
4	No. of TB patients treated (Jan –Dec 2017)	
5	No. of TB patients treated with drugs other than RNTCP	
	prescribed medicine (Jan-Dec 2017)	

7.1 B	General Medicine Services	Availability (Yes/No)
1.	Dengue shock syndrome/ haemorrhagic fever	
2.	Screening and management of Rheumatic fevers	
3.	Connective tissue disorder management (Vascular)	
4.	Management of SARS, HINI, Swine flue	
5.	Interstitial lung disorders (COPD, Emphysema, Bronchiectasis)	
6.	Occupational lung disorders	
7.	Viral Hepatitis (ABCE)	
8.	Gall Bladder Disorder	
9.	Liver Disorder	
10.	Management of liver failure	
11.	GI Bleed treatment	
12.	Treatment of Hypertension	
13.	Bleeding Disorders	







14.	Treatment of metabolic disorders & its Complications	
15.	Management of Inborn errors of metabolism	
16.	Screening and diagnosis of common cancers	
17.	HIV/AIDS Management	
18.	Leptospirosis	
19.	Epilepsy	
20.	Cerebro-vascular accidents (CVA)/Hemiplegia/Paraplegia	
21.	Management of Poisoning cases	
22.	Acute psychosis/Obsession/Anxiety neurosis	
23.	Pleural Aspiration	
24.	Blood Transfusion	
25.	ART Clinic /Unit	
18. 19. 20. 21. 22. 23. 24.	Leptospirosis Epilepsy Cerebro-vascular accidents (CVA)/Hemiplegia/Paraplegia Management of Poisoning cases Acute psychosis/Obsession/Anxiety neurosis Pleural Aspiration Blood Transfusion	

7.1 C	General Medicine Equipment	Availability	Total	Nun	nber
		(Yes/No)		Functional	Non- functional
1.	Patient monitoring systems/ Vital sign Monitor				
2.	Defibrillator				
3.	Ventilator				
4.	Ventilator – Paediatric				
5.	Positive Airway Pressure (CPAP and BiPAP)				
6.	ECG Machine				
7.	Stress Test System - Tread Mill Test (TMT)				
8.	ABG (Arterial Blood Gas) Machine				
9.	X-Ray Machine				
10.	Resuscitation kit				
11.	Biomedical gases (O2, CO2, N2)				

7.1D	National Health Programs	Yes/No	
1Integrated I	1Integrated Disease Surveillance Programme (IDSP)		
1.1	Whether data related to disease surveillance is reported to District/State		
	authority?		
1.2	Whether weekly report of P Form (Presumptive Cases) and L Form		
	(Laboratory confirmed Cases) is submitted to District Surveillance		
	Unit?		
2National AI	DS control Program (NACP)		
2.1	Whether Reproductive Track Infection (RTI)/ Sexually Transmitted		
	Infection (STI) Clinic is organized?		
2.2	Whether counselling services related to Prevention of Parent-To-Child		
	Transmission (PPTCT) provided?		
2.3	Whether Blood storage center is available?		
2.4	Whether Blood Bank Available?		
2.5	Whether HE acts as Link ART Centre?		







2.6	Whether HE provide end of life care to AIDS patients?	
3National Ve	ector Born Disease Control Programme (NVBDCP)	
3.1	Whether services of microscopy/Rapid Diagnostic Tests for Malaria are	
	available?	
3.2	Whether Treatment facilities for routine and complicated cases	
	offollowing disease available (Multiple Choice)	
3.2.1	Malaria	
3.2.2	Filaria	
3.2.3	Dengue	
3.2.4	Japanese Encephalitis	
3.2.5	Kala-azar	
3.3	Whether HE act as referral centre for the complicated cases from the	
	lower facilities?	
4National Ioc	dine Deficiency Disorders Control Programme (NIDDCP)	
4.1	Whether salt testing activity for presence of Iodine conducted?	
4.2	Whether treatment for Iodine deficiency disorders available?	
5National Pr	ogramme for Healthcare of Elderly (NPHCE)	
5.1	Whether medical rehabilitation services provided?	
5.2	Whether rehabilitation worker visits to the Homes of disabled/bed ridden	
	persons?	
5.3	Whether geriatric clinic is organized at HE ?	
	· · · · · · · · · · · · · · · · · · ·	

7.2 PAEDIATRICS

7.2 A	Paediatrics	Total
1.	No of Beds (as on 31 st Dec 2017)	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of TB patients treated (Jan –Dec 2017)	
5.	No. of TB patients treated with drugs other than RNTCP prescribed medicine	
	(Jan-Dec 2017)	

7.2 B	Availability of Paediatric Services	
1Paediatric Services		
1.1	All types of Fever	Yes/No
1.2	Diarrheal Diseases	Yes/No
1.3	Immunization services	Yes/No
1.4	Management of acute and chronic rheumatic fever	Yes/No
1.5	Respiratory infections/ pneumonia	Yes/No
1.6	Evaluation of neonatal deformities	Yes/No
1.7	Emergency care/ Injury	Yes/No
1.8	Metabolic disorders	Yes/No
2Paedia	tric Intensive care services(PICU)	
2.1	Ventilation support	Yes/No
2.2	Severe GI conditions	Yes/No







2.3	सत्यमव जयत Haemodialysis support	Yes/No
2.4	Respiratory conditions/ Asthma	Yes/No
2.5	Poisoning/ Trauma/Emergencies/ Foreign body removal	Yes/No
2.6	Status epilepticus	Yes/No
2.7	Endocrine emergencies	Yes/No
3 Neona	tology	
3.1	Sepsis	Yes/No
3.2	Management of Respiratory distress	Yes/No
3.3	Birth Asphyxia	Yes/No
3.4	Hearing Screening	Yes/No
3.5	Convulsions (Seizures)	Yes/No
3.6	Catheterization	Yes/No
3.7	Phototherapy	Yes/No
3.8	Neonatal resuscitation	Yes/No
3.9	Short term mechanical ventilation for ≤24 hours or CPAP	Yes/No
3.10	In house oto-acoustic emission (OEA)/BERA screening	Yes/No
3.11	Invasive BP monitoring facility	Yes/No
3.12	Metabolic screening for all babies (TSH, PKU etc.)	Yes/No
3.13	Surfactant therapy	Yes/No
3.14	Partial Parenteral nutrition	Yes/No
3.15	Facility for exchange transfusion	Yes/No
3.16	Retinal OP screening	Yes/No
3.17	Endocrine emergencies	Yes/No
3.18	Ventilation support including surfactant therapy/High frequency oscillation ventilation	Yes/No
3.19	Extracorporeal membrane oxygenation (ECMO) facilities	Yes/No
3.20	Total parenteral nutrition (TPN)	Yes/No
3.21	iNO (Inhaled Nitric Oxide) therapy	Yes/No
3.22	Neonatal cardiology/ cardiothoracic services	Yes/No
3.23	In-house screening and laser therapy for Retinopathy of prematurity (ROP)	Yes/No

			Total	Num	ber
7.2 C	Paediatric equipment	Availability(Yes/No)		Functional	Non functional
1. Neona	tal corner Equipment				
1.1	Radiant Warmer				
1.2	Phototherapy Machine				
1.3	Baby Incubator				
1.4	Resuscitation kit				
1.5	Nebulizer Baby				
1.6	Ambu Bag (Paediatric size) with Baby mask				
1.7	Mucus extractor				







2. Paedi	2. Paediatric ICU Equipment			
2.1	ICP Monitoring Equipment			
2.2	Pulse Oximeter			
2.3	Doppler			
2.4	Endotracheal tube			
3. Neo-n	atal ICU Equipment			
3.1	Baby Incubators			
3.2	Neonatal Ventilator			
3.3	Emergency Resuscitation Kit-Baby			
3.4	Foetal Doppler			
3.5	Pulse Oximeter baby			
3.6	Cardiac monitor baby			
3.7	Nebulizer baby			
3.8	Positive Airway Pressure (CPAP and Bi-PAP)			
3.9	Medical Gases			

7.3 PAEDIATRICS SURGERY

7.3 A	Paediatric Surgery	Total
1.	No of Beds (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total surgeries (Jan-Dec 2017)	

7.3 B	Paediatric Surgery Services	Yes/No
1.	General OPD services	

7.3 C	Paediatric Surgery equipment	Availability(Yes/ No)	Total	Functional	Non functional
1.	Boyle's Apparatus				
2.	Diathermy Machine				
3.	Multi Para Monitor				
4.	Infusion Pump				
	Cardiac Monitor with				
5.	defibrillator				
6.	Ventilator				
7.	DVT Pressure Pump				
	Automated biological liquid				
8.	aspirator and insufflators				
9.	Resuscitation emergency cart				







7.4 RESPIRATORY & TB/PULMONOLOGY

7.4 A	Respiratory & TB/Pulmonology	Total
1.	No of bed (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan- Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of TB patients treated (Jan –Dec 2017)	
6.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.4.B	Availability of Respiratory& TB/Pulmonology services	Yes/No
1.	Bronchial Asthma and management	
2.	Chronic bronchitis and management	
3.	Pleural Effusion	
4.	Management of lung Infection of various aetiology	
5.	Pneumothorax management	
6.	Pulmonary Tuberculosis	
7.	Emphysema and its management	
8.	Bronchiectasis	
9.	Interstitial lung disorders (COPD, Emphysema, Bronchiectasis)	
10.	Malignancies : lung tumours	
11.	Airway disorder (infective and non-infective	
12.	Pneumonia	

7.4 C	Respiratory	Availability	Number		
	&TB/PulmonologyEquipment	(Yes/ No)	Total	Functional	Non- functional
1.	X-ray Machine				
2.	Bronchoscope				
3.	Tuberculin testing (RNTCP)				
4.	Pulmonary function testing machine				
5.	Laboratory Microscope				
6.	Gene Xpert Machine				
7.	TrueNat				

7.4. D	National Health Programmes	Yes/ No	
1.	Revised National Tuberculosis Control Programme (RNTCP)		
1.1	Whether Directly Observed Therapy Short Course (DOTS) center		
	available?		
1.2	Whether HE has microscopy centre?		
1.3	Whether HE provides treatment of MDR TB and manage complications of TB requiring intensive care?		
1.4	Whether HE provides treatment of TB and HIV co-infection?		







7.4. D	National Health Programmes	Yes/ No
	Whether sputum is collected and transported to CBNAAT (Cartridge	
1.5	Based Nucleic Acid Amplification Test)or Culture & Drug Susceptibility	
	Testing (CDST) Lab?	
1.6	Whether District DR-TB Centre?	
2.	National Tobacco Control Programme (NTCP)	
2.1	Whether Tobacco cessation Clinic with counsellor available?	

7.5 DERMATOLOGY

7.5.A	Dermatology	Total
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of TB patients treated (Jan –Dec 2017)	
5.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.5.B	Availability of Dermatology Services	Yes/No
1.	Collagen Vascular	
2.	Auto immune Disorders – Psoriasis	
3.	Vitiligo	
4.	Ichthyosis/Traumatic Fissures	
5.	Collagen Vascular DLE, Morphea	
6.	Seborrhoeic Keratosis,	
7.	Allergy - EMF/SJS/TEN	
8.	Leprosy	
9.	Syphilis/ Deep Mycosis, STD/ AIDS	
10.	Soft Fibroma, Benign Surface, Tumours/ Cysts, Appendageal Tumors	
11.	Genetically Determined Disorders	

		Availability (Yes/ No)	Total	Number	
7.5.C	Dermatology Equipment			Functional	Non functional
1.	Electrosurgical Accessories				
2.	UV lamps				
3.	Dermatoscope				
4.	Derma abrasion equipment				
5.	Multipurpose laser platform				
6.	Derma pen				

7.5.DNational Health Programmes7.5.D.1National Leprosy Eradication Programme (NLEP)

Yes/ No







7.5.D	National Health Programmes	Yes/ No
1.	Whether services of diagnosis and treatment of Leprosy cases available?	
2.	Whether self-care training services are provided to Leprosy cases?	
3.	Whether HE has provision for Reconstructive surgeries?	
4.	Whether HE has provision for Rehabilitative Services?	
5.	Whether HE has provision for Inpatient and intensive care treatment of	
	complications of Leprosy?	

7.6 CARDIOLOGY

7.6.A	Cardiology	Total
1.	No of Beds (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of TB patients treated (Jan –Dec 2017)	
5.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.6.B	Availability of Cardiologyservices	Yes/No
1.	Cardiology services	
1.1	General OPD services	
1.2	Arrhythmias clinic	
1.3	Pulmonary Arterial Hypertension (PAH) clinic	
1.4	Cardiovascular electrophysiology	
1.5	Radio frequency ablation	
1.6	Structural heart disease intervention (PTMC, AVBD) facility	
1.7	Peripheral venous and arterial intervention	
1.8	CIED Implantation facility	
1.9	Echocardiography	
1.10	Stress test facility	
1.11	Cardio pulmonary exercise testing facility	
1.12	24Hrs ECG monitoring facility	
2.	Interventional cardiology	
2.1	Coronary Angiography	
2.2	Coronary Angioplasty	
2.3	Artherectomy	
2.4	Right and Left Heart Catheterization	
2.5	Peripheral Vessel Angioplasty	
2.6		
2.7	Balloon Valvuloplasty	
2.8	Pacemaker Implantation	
2.9	Intra-aortic balloon pump (IABP)	
2.10	Percutaneous Transluminal Valvuloplasty	
2.11	Radiofrequency Ablation	







3.	Coronary Care Unit (CCU)	
3.1	Cardiogenic shock management/MI	
3.2	Defibrillation	
3.3	Mechanical ventilation	
3.4	Pulmonary artery catheters	
3.5	Intra-aortic Balloon Pump (IABP)	
3.6	Post- operative care	

		Avoilability	Total	Nur	nber
7.6 C	Cardiology Equipment	Availability (Yes/ No)		Functional	Non- functional
1.	Ambulatory blood pressure unit & monitor (ABPM)				
2.	ECHO Machine				
3.	ECHO TMT				
4.	ECG Machine				
5.	ECG with SpO2 Monitor				
б.	Digital holter				
7.	Cardiac Monitor				
8.	Foetal Monitor				
9.	Defibrillator				
10.	Pulse oximeter				
11.	Stress Test System - Tread Mill Test (TMT)				
12.	Bed side Monitor				
13.	Ventilator				
	CT Coronary Angiography/				
14.	Cath Lab				
15.	Cardio Pulmonary Bypass Machine (Heart & Lung Machine)				

7.6.D	National Health Programmes	Yes/ No		
1.				
	Cardiovascular Diseases and Stroke (NPCDCS)			
1.1	Cancer Control			
1.1.1	Whether screening services for Cervical, Breast & Oral Cancers available?			
1.1.2	Whether PAPsmear test for cervical Cancer is available??			
1.1.3	Whether Radiotherapy services available?			
1.1.4	Whether Laboratory investigations for cancer diagnosis (including biopsy			
	microbiological, tumour markers, mammography etc.) available?			
1.1.5	Whether surgical interventions and chemotherapy for treatment of cancers			
	available?			







7.6.D	National Health Programmes	
1.2.	Diabetes, Hypertension, Cardiovascular disease (CVD) and Strokes	
1.2.1	Whether Treatment of Complicated cases for Diabetes Mellitus,	
	Hypertension, Ischemic Heart Disease (IHD), Congestive Heart Failure	
	(CHF) etc. is provided?	
1.2.2	Whether HE has provision for management of stroke and MI through	
	intensive care unit?	

7.7 CARDIOTHORACIC & VASCULAR SURGERIES

7.7 A	Cardiothoracic & Vascular Surgeries	Total
1.	No of Beds (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total surgeries (Jan-Dec 2017)	

7.7 B	Availability of Cardiothoracic & Vascular Surgery Services	Yes/ No
1.	CABG	
2.	Corrective heart surgeries	
3.	Congenital Adult Cardiac Surgery	
4.	Paediatric Cardiac Surgery	
5.	Vascular Surgeries	
6.	Aneurysm Surgery	
7.	Heart Transplant	
8.	Total arterial coronary artery bypass grafting	
9.	Minimal invasive valvular heart surgery with valve repair	
10.	Adult congenital heart surgery	
11.	Complex aortic surgery	
12.	TAVI	
13.	Defect Closures(vascular surgery)	

	Cardiothoracic & Vascular			Number	
7.7 C	Surgeries Equipment	Availability (Yes/ No)	Total	Functional	Non- functional
1.	Extra corporeal membrane oxygenator (ECMO)(CTVS surgery)				
2.	Cardio Pulmonary Bypass Machine (Heart & Lung Machine)				
3.	Cell saver machine				
4.	Endovascular laser				
5.	Intravascular Laser (RFA) Machine				
6.	Transoesophageal Echocardiography (TEE)				
7.	Boyle's apparatus				
8.	Ventilator				







9.	ECHO Machine -4D		
10.	ECHO Machine -2D		

7.8 Gastroenterology

7.8.A	Gastroenterology	Total
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	
5.	No. of TB patients treated (Jan –Dec 2017)	
6.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.8.B	Availability of Gastroenterology Services	Yes/No
1.	Gall bladder related conditions & surgeries	
2.	Liver related conditions & surgeries	
3.	Pancreas related conditions & surgeries	
4.	Upper GI endoscopy	
5.	Lower GI endoscopy	
6.	Sigmoidoscopy	
7.	Barium Enema	
8.	ERCP	
9.	liver Biopsy	
10.	Spleen related conditions & surgeries	
11.	Laparoscopic surgeries of abdomen and pelvic	
12.	Stomach and intestines conditions & surgeries	
13.	Liver transplant	

	Castracatoralasy	Availability	Total	Number	
7.8.C	Gastroenterology Equipment	Availability (Yes/ No)		Functional	Non- functional
1.	Endoscope Fibre Optic				
2.	Laparoscope				
3.	Sigmoidoscope				
4.	ERCP				

7.9 Nephrology

7.9.A	Nephrology	Yes/No
1.	No. of beds (As on 31 st Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	







7.	No. of TB patients treated (Jan –Dec 2017)	
8.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.9.B	Availability of Nephrology Services	Yes/No
1.	Haemodialysis	
2.	Peritoneal Dialysis	
3.	Home based dialysis services (ambulatory)	
4.	Plasmapheresis	
5.	Renal histopathology procedures	
6.	Renal tissue and immunological typing (HLA)	
7.	Temporary and Permanent Haemodialysis Catheter Insertion	
8.	Pre and Post- Renal Transplant services	

7.9. C	Nephrology/Dialysis	Availability	Total	Number	
	Unit Equipment	(Yes/ No)		Functional	Non- functional
1.	Haemodialysis Machine				
2.	Peritoneal dialysis machine				
3.	IV Catheters				
4.	Renal surgical set (transplant services)				

7.10 Psychiatry

7.10 A	Psychiatry	Total
1.	No. of beds(As on 31 st Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	

7.10 B	Availability of Psychiatry Services	Yes/No
1.	Schizophrenia	
2.	Affective/Bipolar disorders	
3.	Obsessive compulsive disorders	
4.	Anxiety Disorders	
5.	Mental Retardation	
6.	Somatoform and conversion disorders	
7.	Alcohol and Drug Abuse	
8.	Dementia	
9.	Depressive Disorders	
10.	Modified ECT	
11.	Narcoanalysis	







7.10 C	National Health Program	Yes/ No
	National Mental Health Program (NMHP)	
1.	Whether screening and treatment of mental illness cases	
	available?	
a)	Anxiety	
b)	Depression	
c)	Psychosis	
d)	Schizophrenia	

7.11 Endocrinology

7.11 A	Endocrinology	Total
1.	No of bed (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.11 B	Availability of Endocrinology Services	Yes/No
1.	General OPD Services	
2.	Diabetes clinic	
3.	Thyroid clinic	

			Number		
7.11 C	Endocrinology Equipment	Availability (Yes/ No)	Total	Functional	Non- functional
1.	Bone Mineral				
	Densitometer (BMD)				
2.	Body fat analyzer				
3.	Biothesiometer				
4.	Doppler				

7.12 Oncology

7.12.A	Oncology	Total
1.	No. of beds (As on 31^{st} Dec 2017)	







2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	

7.12. B	Availability of oncology services				
7.12.B.1Mee	7.12.B.1Medical oncology				
1.	Chemotherapy				
2.	Immunotherapy				
7.12.B.2Ra	diation Oncology				
1.	Radiation Therapy- LINAC				
2.	Brachytherapy				
3.	External beam therapy				
4.	Palliative oncology services				
7.12.B.3Su	gical oncology				
1.	Head & Neck Cancer Surgeries				
2.	Gastro-intestinal cancer				
3.	Heamato-oncology				
4.	Ortho-oncology				
5.	Gynaecological cancers				
6.	Oral Tumours				
7.	Lung and mediastinum tumours				
8.	Bone Marrow Transplant				

		A maile biliter	Total	Number	
7.12.C	Oncology Equipment (Yes/ No)	Availability (Yes/ No)		Functional	Non- functional
7.12.C.1	Biosafety cabinetsfor				
	Chemotherapy				
7.12.C.2F	7.12.C.2Radiotherapy				
1.	LINAC (Linear Accelerator)				
2.	External Beam				
3.	Cobalt Accelerator				
4.	Clinical Dosimeter				
F	E-cam Single headed Gamma				
5.	Camera				
6.	Brachytherapy Unit				

7.13 Neurology

7.13 A	Neurology	Yes/No
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of TB patients treated (Jan –Dec 2017)	



Γ





5.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.13.B	Availability of Neurology services	Yes/No
1.	Epilepsy	
2.	Movement Disorder	
3.	Neuromuscular disorders	
4.	Neuro Genetic Diseases	
5.	Tropical Diseases of Nervous System	
6.	Sleep Disorders	
7.	Sleep Study	
8.	Multiple sclerosis	
9.	Stroke	
10.	Status epilepticus	
11.	Neoplasms/ malignancies of CNS	
12.	Brain injury	
13.	Paediatric Neurology	
14.	Interventional Neurology	

		Avoilability	Total	Number	
7.13.C	Neurological Equipment	Availability (Yes/ No)		Functional	Non- functional
	Trinocular Microscopes with				
1	video Monitoring				
	Laser Doppler Blood Flow				
2	Monitor				
	Traumatic Brain Injury (TBI)				
3	Impactor				
4	Iontophoresis Stimulator				
5	EEG Recording System				
6	Electromyogram (EMG)				

7.14 Anaesthesiology and Pain Management

7.14 A	Anaesthesiology and Pain Management	Total
1.	No of bed (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.14 B	Anaesthesiology and Pain Management Services	Yes/No
1.	Pain Management Unit/ Clinic	
2.	Post Anaesthesia recovery unit (PACU)	







7.14. C	Anaesthesiology and	Availability			
	Pain Management Equipment	(Yes/ No)	Total	Functional	Non- functional
1	C Arm				
2	Radio frequency generator				
3	Fluoroscopy Table				
4	Ozone generator				
5	Portable infusion devices				

7.15 Critical Care

7.15. A	Critical Care	Total
1.	No of bed (As on 31 st Dec 2017)	
2.	No. of OPD services (Dec-Jan 2017)	
3.	No. of IPD services (Dec-Jan 2017)	
4.	Total surgeries (Dec-Jan 2017)	

7.15. B		Availability		Number	
	Critical Care Equipment	(Yes/ No)	Total	Functional	Non- functional
1.	Multi Para monitor				
2.	Ventilator				
3.	CRRT machine				
4.	ECMO machine				
5.	Molecular Adsorbents Recirculation System (MARS) machine				
6.	Flexible Fibre optic Bronchoscopy				
7.	Resuscitation emergency cart				
8.	Tracheostomy kit				
9.	Defibrillator				
10.	Ventilator				

7.16 NUCLEAR MEDICINE

7.16 A	Nuclear Medicine	Total
1.	No of bed (As on 31 st Dec 2017)	
2.	No. of OPD cases (Jan-Dec 2017)	







3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.16 B	Availability of Nuclear Medicine Services	Yes/No
1.	Nuclear medicine therapy	
2.	Thyrotoxicosis, Colloid Radio synovectomy, ablation for differentiatedThyroid cancer	
3.	Gamma Camera Studies	
4.	PET CT	
5.	Cardiac PET	
6.	Brain PET	
7.	Nuclear scans	
8.	Iodine Therapy	
9.	Nuclear Cardiology	

7.16. C	NuclearMedicine	Availability	Number		
	Equipment's	(Yes/ No)	Total	Functional	Non-functional
1	Dual Head				
2	Gamma Camera				
3	SPECT-CT Machine				
4	PET-CT Machine				

7.17GENERAL SURGERY

7.17.A	General Surgery	Yes/No
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries(Jan –Dec 2017)	
5.	No. of TB patients treated (Jan –Dec 2017)	
б.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.17.B	General Surgery Services	Yes/No
1.	Breast surgery	
2.	Gastrointestinal surgery	
3.	Genitourinary tract surgery	
4.	Emergency Surgery:	
5.	Management of Benign diseases	n
6.	Management of Malignant Diseases	
7.	Burns cases	

7.17.C	General Surgery Equipment	Yes / No	Total	Number
--------	----------------------------------	----------	-------	--------







			Functional	Non- functional
1.	Boyle's Apparatus			
2.	Ultrasonic Cutting and Coagulation Device			
3.	Diathermy Machine			
4.	Autoclave			
5.	Multi Para Monitor			
6.	Infusion Pump			
7.	Cardiac Monitor with defibrillator			
8.	Pulse Oximeter			
9.	Ventilator			

7.18 OBSTETRICS AND GYNAECOLOGY

7.18. A	Obstetrics and Gynaecology	Total
1.	No. of bed	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No of total deliveries conducted (Jan-Dec 2017)	
5.	No of total C-section conducted (Jan-Dec 2017)	
6.	No. of total Medical Termination of Pregnancy(MTP) done (Jan-Dec 2017)	
7.	No. of totalIntra Uterine Contraceptive Devices (IUCD)inserted	
	(Jan-Dec 2017)	
8.	No. of total Female Sterilization (Tubectomy) done (Jan-Dec 2017)	
9.	No. of total Male Sterilization (Vasectomy) done (Jan-Dec 2017)	
10.	No. of TB patients treated (Jan –Dec 2017)	
11.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.18.B	Availability of Obstetrics and Gynaecology Services	Yes/No
1.	ObstetricsOPD services	
2.	Gynae OPD services	
3.	Infertility services	
4.	Well women clinic	
5.	Prevention of Parent to Child Transmission services (PPTCT)	
6.	Antenatal care	
7.	Intra-natal care	
8.	Medical Termination of Pregnancy(MTP)	
9.	Gynae surgery services	
10.	Gynae onco surgery services	
7.18.B.1	Family Planning Services	
11.	Intra- Uterine Contraceptive device (IUCD) services	
12.	Female Sterilization (Tubectomy)	
13.	Male Sterilization (Vasectomy)	
14.	Family planning counselling services	







7.18.B.2	Infertility Services	
15.	Artificial insemination	
16.	In-vitro fertilization	
17.	Laparoscopy Surgery for endometriosis	
18.	Tuboplasty	
19.	Intra-cytoplasmic sperm injection (ICSI)	
20.	Gamete/Zygote intra-fallopian transfer	

	Obstetrics and	Availability	Total	Nun	ıber
7.18.C		(Yes/No)		Functional	Non- functional
1	Colour Doppler Machine				
2	Foetal Doppler				
3	Foetal Monitors				
4	ECG Machine				
5	Oxygen Concentrator				
6	Cardiotocography Machine (CTG)				
7	Suction Machine				
8	Vacuum Extractor				
10	Laryngoscope Set				
11	Fetoscope				
12	Hysteroscope				
13	Colposcope				
14	Boyle's apparatus				
15	Ventilator				

7.19 ORTHOPAEDICS

7.19.A	Orthopaedics	Yes/No
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries(Jan –Dec 2017)	
5.	No. of TB patients treated (Jan –Dec 2017)	
6.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.19.B	Availability of Orthopaedics Services	Yes/No
1.	General OPD Services	
2.	Fracture reduction	
3.	spinal surgeries	







4.	Long bones surgeries (fracture or deformity management	
5.	Management of Polytrauma	
6.	Osteoarthritis	
7.	Replacement surgeries – knee, shoulder, hip	
8.	Small bones surgeries (including hand and feet)	
9.	Amputations	
10.	Replacement Prosthesis	
11.	Arthroscopy services	

	Orthopaedic	Availability	Total	N	lumber
7.19.C	equipment (Yes/ No)		Functional	Non functional	
1.	Coupling Device				
2.	Sharp Hook				
3.	Ball Spike				
4.	Bending Iron				
5.	Reduction Forceps				
6.	Bone Clamp				
7.	Bone Rongeur				
8.	Bone Lever				
9.	Bone Chisels				
10.	Bone Curette				
11.	Raspatories				
12.	Power Vac				
13.	Drill				
14.	Saw Blades				
15.	Lead Hand				
16.	Bone Mill				
17.	Boyle's Apparatus				
18.	Ventilator				

7.20 ENT

7.20.A	ENT	Total
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	
5.	No. of TB patients treated (Jan –Dec 2017)	
б.	No. of TB patients treated with drugs other than RNTCP prescribed	







medicine (Jan-Dec 2017)

7.21.B	Availability of ENT Services	Yes/No
1.	Foreign Body Removal (Ear, Nose and throat)	
2.	Chemical Cauterization (Nose & Ear)	
3.	Polyps Removal (nose and ear)	
4.	Septoplasty	
5.	Nasal Endoscopy & Endoscopic Sinus Surgery	
6.	Antral Puncture (Unilateral & Bilateral)	
7.	Inter Nasal Antrostomy (Unilateral & Bilateral)	
8.	Fracture Reduction Nose	
9.	Trans-antral Procedures (Biopsy, Excision of Cyst and Angio-fibroma Excision)	
10.	Rhinoplasty	
11.	Hypo-pharyngo-scopy	
12.	Endoscopic Biopsy	
13.	Bronchoscopic ForeignBody Removal	
14.	Mastoiditis	
15.	Stapedotomy	
16.	Tympanoplasty	
17.	Myringotomy	
18.	Myringoplasty	
19.	Hearing Aid Analysis and Selection	
20.	Adenoidectomy/tonsillectomy	
21.	Pre-auricular Sinus Excision	
22.	Tracheostomy	
23.	Eustachian Tuboplasty (Eustachian)	
24.	Cochlear Implant	

		Availability		Number	
7.20.C	ENT Equipment	(Yes/ No)	Total	Functional	Non functional
1.	Audiometer				
2.	Laryngoscope set				
3.	Otoscope				
4.	Oesophagoscope				
5.	Bronchoscope				
6.	Oto-acoustic Emission Analyser				
7.20.C.1ENT	OT Equipment				
7.	Operating Microscope				
8.	Boyle Davis Head light				
9.	Micro Ear Set Myringoplasty				
10.	Stapedotomy Set				







11.	Micro drill System set		
12.	Oto Acoustic Emission (OAE) Analyzer		
13.	Tracheostomy Set		

7.20.D	National Health Programmes	Yes/ No	
7.20.D.1National Programme for Prevention and Control of Deafness (NPPCD)			
1.	Whether the service of case detection for hearing impairment available?		
2.	Whether HE conducts ear surgeries for the complicated cases?		

7.210PHTHALMOLOGY

7.21.A	Ophthalmology	Total
1.	No of bed (As on 31^{st} Dec 2017)	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	Cataract cases (Jan-Dec 2017)	
6.	Corneal transplant cases (Jan-Dec 2017)	
7.	No. of TB patients treated (Jan –Dec 2017)	
8.	No. of TB patients treated with drugs other than RNTCP prescribed	
	medicine (Jan-Dec 2017)	

7.21.B	Availability of Ophthalmology Services	
1.	General OPD services	
2.	Foreign body and injuries (superficial/deep)	
3.	Retinal Surgery	
4.	Corneal Transplant	
5.	Refractive error Surgery	
6.	Squint	
7.	LASIK Surgery	
8.	CataractSurgery	
9.	Glaucoma Surgery	
10.	Laser Eye surgery	
11.	EYE bank	
12.	Cancer surgery	

7.19 C	Ophthalmology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Slit Lamp Bio microscope (Chair unit)				







2.	Ophthalmoscope
3.	Retinoscope
4.	Lens-O-meter
5.	Tonometer
6.	Argon Laser
7.	YAG Laser
8.	Pacyhimetry
9.	Optical Coherence Tomography Scanner
10.	Specular Microscopy

7.21.D	National Health Programmes	Yes/ No
7.21.D.1Nati	onal Programme for Control of Blindness (NPCB)	
1.	Whether Cataract surgery with Intraocular lenses available at the HE?	
2.	Whether HE acts as Referral centre for the complicated cases for the lower facilities?	

7.22 UROLOGY

7.22.A	Urology	Total
1.	No. of beds (As on 31 st Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	

7.22.B	Availability of UrologyServices	
1.	Nephro and Urolithiasis	
2.	Benign prostrate hypertrophy (BPH)	
3.	Renal Corrective surgeries	
4.	Endo-urological procedures	
5.	Renal transplantation services	

	Urology Equipment	Availability (Yes/ No)	Total	Number	
7.22.C				Functional	Non- functional
1	Laparoscope				
2	Urethroscope				
3	Stone punch				
4	TURP set				
5	Urology surgical set				
6	Uretero-renoscope				
7	Extra corporeal				







	shockwave Lithotripsy (ESWL)		
8	Boyles Apparatus		
9	Ventilator		

7.23 NEUROSURGERY

7.23.A	Neurosurgery	Total
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	

7.23.B	Availability of Neurosurgery Services	Yes/No
1.	Brain Tumours	
2.	Awake brain surgery	
3.	Stereotactic radiosurgery	
4.	Minimally invasive surgery	
5.	Skull and cranial base surgeries	
6.	Endoscopic transnasal surgeries	
7.	Brain Aneurysm surgeries	
8.	Spine surgeries	
9.	Trigeminal neuralgia surgery	
10.	Cerebro-vascular surgeries	
11.	Traumatic brain surgeries	
12.	Paediatric neurosurgery	

	Nounogungony	Availability	Total	Number	
7.23.C	Neurosurgery Equipment	(Yes/ No)		Functional	Non- functional
	Neurosurgical				
1.	retractors				
2.	Cranial fixation				
3.	Spine implants				
4.	Neuro endoscopy				
5.	Neuro-surgical set				

7.24. COSMETOLOGY/ BURN/PLASTIC SURGERY

7.24.A	Cosmetology/ Burn/Plastic Surgery	Total
1.	No. of beds (As on 31^{st} Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries (Jan –Dec 2017)	
7.24.B	Availability of Cosmetology/ Burn/Plastic Surgery: Services	







1.	Aesthetic Surgery	
2.	Burn Surgery	
3.	Craniofacial Surgery	
4.	Hand Surgery	
5.	Microsurgery	
6.	Reconstructive Surgery	
7.	Paediatric plastic surgery	

7.24.C	Cosmetology/ Burn/Plastic	Availability	Total	Number	
7.24.0	Surgery Equipment	(Yes/ No)		Functional	Non functional
1	Liposuction Devices				
2	Surgical Set				
3	Operating Microscopes				
	Dermatome surgery				
4	instrument				

7.25 MEDICOLEGAL/ FORENSIC

7.25.A	Medicolegal/ Forensic				Fotal
1. No. of cases (Jan –Dec 2017)					
7.25.B	Availability of Medicol	Availability of Medicolegal/ Forensic Services			
1.	DNA Analysis (Parental	disputes)			
2.	Human identification				
3.	Post-mortem				
4.	Age assessment				
5.	Embalming service				
6.	Forensic Toxicology serv	vices			
7.	DNA fingerprinting				
8.	Forensic Histopathology				
	Madiaalagal/Eanonaia	Availability	Total	Nun	ıber
7.25.C	Medicolegal/ Forensic Equipment	Availability (Yes/ No)		Functional	Non- functional
1.	Dead body cold storage refrigerator				

7.26.DENTAL

7.26.A.	Dental	
1.	No. of beds (As on 31 st Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	
3.	No. of IPD cases(Jan –Dec 2017)	
4.	No. of total surgeries(Jan –Dec 2017)	







	सत्यमेव जयते	
7.26 B	Availability of Dental Services	Availability
		(Yes/No)
1.	General OPD Services	
2.	Oral diagnosis , medicine & radiology	
2.1	Diagnosis of oral & dental lesions and their early detection.	
2.2	Medical management precancerous lesions of mouth and other infective inflammatory, neoplastic oral lesions.	
2.3	Radiological investigation of oral and dental structures related to diagnosing	
2.5	different maladies	
3	Oral and Maxillofacial Surgery	
3.1	Extraction of teeth.	
3.2	Surgical impaction.	
3.3	Biopsies of oral lesions.	
3.4	Routine and select advance oral surgical procedures.	
3.5	Fractures of facio maxillary complex.	
3.6	Management of dental emergency and facial trauma	
3.7	Bone grafting	
4	Prosthodontics	
4.1	Conventional partial & complete dentures.	
4.2	Routine maxillofacial prosthesis for defects.	
4.3	Implantology	
4.4 5	Dental Imaging	
5.1	Conservative Dentistry and Endodontics Preventive treatment.	
5.2	Routine restoration (filling)	
5.3	Endodontic management of teeth.	
5.4	Restorative management of traumatic injuries to teeth.	
6	Orthodontics	
6.1	Alignment of teeth.	
6.3	Correction of occlusion in cleft lip and palate patients.	
6.4	Application of bite plates	
6.5	Cosmetic dentistry	
7	Pediatric Dentistry	
7.1	Restorative procedures.	
7.2	Orthodontic procedures.	
7.3	Preventive procedures.	
7.4	Prosthodontic procedures.	
7.5	Scaling.	
8	Periodontics	
8.1	Curettage.	
8.2	Incision and drainage of periodontal abscess.	1
8.3	Emergency periodontal procedures.	
8.4	Routine periodontal surgeries.	1
8.5	Prosthodontics	
8.6	Conventional complete dentures.	1
8.7	Conventional partial dentures	
8.8	Routine maxillofacial prosthesis for defects.	
	· · · · · · · · · · · · · · · · · · ·	•







8.9 Dental Imaging

		Availability	Number		
7.26.C		(Yes/ No)	Total	Functional	Non functional
1.	Dental Chair unit				
2.	Dental Suction				
3.	Autoclave				
	Endodontics				
4.	equipment				
	Prosthodontics				
5.	equipment				
	Dental Surgical Unit				
	(oral surgery and				
6.	periodontics)				
7.	Amalgamator				
8.	Ultrasonic scaling Unit				
9.	Dental X-ray Machine				
	Orthopentogram				
10.	(OPG) Unit				

7.27PHYSICAL MEDICINE AND REHABILITATION (PMR)/ PHYSIOTHERAPY

7.27.A	Physical Medicine And Rehabilitation (PMR)/ Physiotherapy	Total
1.	No. of beds (As on 31 st Dec 2017)	
2.	No. of OPD cases(Jan –Dec 2017)	

7.27.B	Availability of Physical Medicine And Rehabilitation (PMR)/ Physiotherapy Services	
1.	Tractions (Lumbar & Cervical)	
2.	Short wave diathermy	
3.	Electrical Stimulator with TENS	
4.	Neuromuscular electrical stimulation	
5.	Ultra-Sonic Therapy	
6.	Paraffin Wax Bath	
7.	Infra-Red Lamp (Therapy)	
8.	UV (Therapeutic)	
9.	Electric Vibrator	
10.	Interferential therapy	
11.	Electronic cervical and lumbar traction	
12.	Chest physiotherapy	

13.	Cardio-pulmonary rehabilitation
14.	Geriatric care and management
15.	Management of back problems







16.	Management of obesity and complaints due to overweight
17.	Management of sports related injuries
18.	Restorative care for the neonates and paediatric patients
19.	Rehabilitation of hand injuries
20.	Rehabilitation of spinal cord injuries
21.	Prosthetics rehabilitation
22.	Burn care and rehabilitation

	Physical Medicine And	Availability	Total	Nun	nber
7.27.C	Rehabilitation (PMR)/ PhysiotherapyEquipment	Availability (Yes/ No)		Functional	Non- functional
1	Shot wave diathermy				
2	Ultra Sound Therapy				
3	Infra-red therapy lamp				
4	Neuromuscular Stimulator				
5	Cervical and Lumber Traction				
6	Kit for Neuro-development assessment				
7	Paraffin Wax Bath				
8	Digital Traction Unit				
9	Computerized Laser Therapy Equipment				
10	TENS Machine				
11	Computerized Diagnostic Stimulator Unit				
12	Skeleton Transaction Set				
13	Interferential Therapy Unit				
14	ADL Kit & Hand Exerciser				
15	Hot air oven				
16	Hot air gun				
17	Lathe				

7.27.D	National Health Programmes	Yes/ No		
7.27.D.1Phys	7.27.D.1Physical Medicine and Rehabilitation (PMR)			
1.	Whether primary prevention of Disabilities, Screening, early			
	identificationdetection and counselling is available?			
2.	Whether HE issues Disability Certificate?			
3.	Whether HE has provision for Rehabilitation Services?			

7.28 Diagnostic Services







7.28. A **Pathology services(Link to 5.1.2.28)**

1	(Multiple choice) b) C c) H		Owned Outsourced PPP mode Collection center End	
	If onlyd (collection centre) is selected in 1 of 7.28.	A then er	nd section.	
1.1	If (a) Owned in 1, Please mention Number	(Numbe	er)	
1.1.1	Owned Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes No- Cor	s – <mark>Link Diagnostic</mark> ntinue	
1.2	If (b) Outsourced in 1, the Please mention Number	b) (Nu	imber)	
1.2.1	Outsourced Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes No- con	E Link Diagnostic	
1.3	If (c) PPP in 1 then, please mention Number	b) (Nu	umber)	
1.3.1	PPP Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes No- con	s – Link Diagnostic atinue	
3	Mention Availability of Pathology services {Only to be asked if (b) in 1.1.1/1.2.1/1.3.1}	b) Yes	s/No	
3.A	Haematology (If selected at (a) in5.1.2.28.1)			
	Routine Hemogram			
1.	Immunoglobin Profile (IgM, IgG, IgE, IgA)-			
2.	Fibrinogen Degradation Product- Clotting time/ B Time/PT/ APTT	leeding		
3.	Bone Marrow Aspiration			
4.	Immuno-haematology			
5.	Thalassemia			
6.	Blood Culture & Sensitivity			
7.	Abnormal Cells / Parasites			
8.	Blood Cell Cytochemistry			
9.	Blood Film Morphology			
10.	Factor Viii Essay/Inhibitor			
11.	Genotyping			
12.	Haemoglobin Electrophoresis/A2			
13.	HIV (AIDS) Per Test			
14.	Presumptive Test Of Haemolysis			
15.	Schilling Test RBC Lifespan,			
16.	Protein Less Estimation Serum			
17.	Screening Coagulation Studies			
<u>18.</u> 19.	Serum B12 Assay Sugar Water Test			
20.	Test For Fibrinolysis			
20.	Carrier Detection Of Haemophilia - A			
21.	Prenatal Diagnosis Of Haemophilia - A			
23.	APCR			
24.	AT-III			
25.	Beta Glycoprotein			







r	सत्यमंब जयत	
26.	Carrier detection haemophilia	
27.	Carrier detection prenatal	
28.	ELISA for Beta Glycoprotein	
29.	Factor assays	
30.	Heparin assay	
31.	HPLC	
32.	Immunoelectrophoresis per antibody	
33.	Immunophenotype antibodies	
34.	Molecular genetic studies by RQ-RT-PCR	
35.	MTHFR	
36.	Mutation Detection -	
37.	Proglobal C	
38.	Protein C&S Clotting assay	
39.	vWD- Ristocetin co factor assays	
40.	vWD- vWF antigen	
41.	Tuberculin Skin Test (Manteaux Test)	
42.	Interferon Gama Release Assay (TB Gold / TB Spot)	
43. 3. B	Histopathology (If selected at (a) in5.1.2.28.2)	
	Routine histopathology	
1.	All types of biopsies	
2.	Immuno Histochemistry	
3.	Cytochemistry/ Special stains	
4. 3.		
5. C	Microbiology (If selected at (a) in5.1.2.28.3)	
	KOH study for fungus	
	Culture and sensitivity for Blood, Sputum, Pus, Urine,	
1.	Stool, CSF.	
2.	Smear for AFB	
3.	Culture for M. Tuberculosis – Solid Culture	
4.	Culture for M. Tuberculosis – Liquid Culture MGIT	
	Culture for M. Tuberculosis – Liquid Culture Morr	
5.		
<u>6.</u> 7. 3.	Culture and sensitivity for M. Tuberculosis	
7. 3. D	Serology (If selected at (a) in5.1.2.28.4)	
	RPR Card test for Syphilis	
1.	Leptospirosis, Brucellosis	
2.	Elisa test for HIV, HBsAg, HCV, HCG	
3.	ANA(Anti-Nuclear antibody test) check	
4.	Anti CCP	
5.	Compliments C4 &C3	
	HLA B27	
6.		
7.	Antibody Test	
8.	Anti- thyroid Antibody	_
9.	Brucella Agglutination	
10.	ELISA for cyclosporine levels	
11.	Evaluation kit for antibody testing	
L		







	सत्यमंव जयत	
12.	Fluorescent Antibody Test	
13.	HCG assays	
14.	Serum CK-MB (isoenzyme)	
15.	Serum Hormones by Radio Immuno-assay	
16.	Sterility test	
17. 3. E	Biochemistry (If selected at (a) in5.1.2.28.5)	
	Glycosylated Haemoglobin	
1.	Icteric index	
2.	Tumour markers	
3.	DHEA	
4.	Hormone profile male/ female	
5.	G6PD deficiency	
6.	Blood gas analysis	
7.	Augmented Histamine Test	
8.	Barbiturates 25.00	
9.	Lithium	
10.	Muscle enzyme test	
11.	Non-proteins Nitrogen	
12. 3. F	Cytology (If selected at (a) in5.1.2.28.6)	
	PAP Smear	
1.	Sputum cytology	
2.	CSF Analysis- Analysis, Cell count, smears	
3.	Buccal smear for Barr bodies	
4.	Aspirated fluids- Cell count cytology	
5.	Semen Analysis	
6.	Cell Block Preparation	
7.	Imprint smears	
8.	Urine Analysis	
9.	Stool Analysis	
10. 3. G	Molecular Test for TB	Yes/no
	Xpert MTB/Rif (CBNAAT / GeneXpert)	Yes/no
1.	TrueNat	Yes/no
2.	Line Probe Assay	Yes/no
3.	NiPro	Yes/no
4.	In-house PCR	Yes/no
	How many TB tests HE receives annually for following	
5. 3H	laboratory services (Jan-Dec 2017)	Number ()
	Smear microscopy	
1.	Xpert MTB/RIF/ GeneXpert / CBNAAT	
2.	In-house CPR	
3.	Line Probe Assay	
4.	TrueNat	







5.	NiPro	
6.	Solid Culture	
7.	Liquid Culture – MGIT	
8.	Liquid Culture – Bactec	
9.	IGRA (TB Gold / TB Spot)	
10.	Tuberculin Skin Test (Manteaux Test)	
11.	Serological Test (Antigen – Antibody Test)	
	Whether HE has sample processing unit for Extra	
12.	Pulmonary Samples?	Yes/no
13.		

7.28 BRadio dia	agnostic services (Link to 5.1.2.29)			
1	Mention the ownership status(Multiple choice)	a)Owned b)Outsourced c)PPP mode		
2	If b or c selected at 1 of 7.28 C.	Outsourced	PPP Mode	
	Mention the number of Radiology Centre (Multiple choice)	() Number	() Number	
1.1	If (a) Owned in 1, Please mention Number	(Num	nber)	
1.1.1	Owned Radio Diagnostic Lab 1, Is this Radio		k Diagnostic	
	Diagnostic Labprovides services to outside hospital patients	b) No-Cont	inue	
1.2	If (b) Outsourced in 1, the Please mention Number	(Number)		
1.2.1	Outsourced Radio Diagnostic Lab 1, Is this	a) Yes – Link	Diagnostic	
	Radio Diagnostic Lab provides services to outside hospital patients	b) No- continue		
1.3	If (c) PPP in 1 then, please mention Number	(Num	nber)	
1.3.1	PPP Radio Diagnostic Lab 1, Is this Radio	a) Yes – Link	Diagnostic	
	Diagnostic Lab provides services to outside	b) No- Continue		
	hospital patients			
2	Mention availability of Radio Diagnostic service	es	Yes/ No	
2.1	Radiology services			
2.1.1	X-ray			
2.1.2	Traditional X ray with CT system			
2.1.3	Digital X ray with DR system			
2.1.4	Barium Studies			
2.1.5	IVP			
2.1.6	Bone mineral Density			
2.1.7	HSG			
2.1.8	Ultrasonography			
2.1.9	CT scan			
2.1.10	MRI			
2.1.11	PET Scan			
2.1.12	SPECT Scan			







2114	Color Dopplor	
2.1.14	Color Doppler	
2.1.15	Dual X-ray Absorptiometry (DXA)	
2.1.16	Mammography	
2.1.17	CBCT	
2.1.18	Nuclear scan	
	Endoscopy	
2.1.19	GI endoscopies (Oesophagus, stomach, Colonoscopy)	
2.1.20	Bronchoscopy	
2.1.21	Arthroscopy	
2.1.22	Hysteroscopy	
2.2	How many probable TB cases are document (Jan-Dec 2017)	(Number)
2.2.1	X-Ray	
2.2.2	CT Scan	
2.2.3	MRI	

If yes in 5.2.1.28					
7.28.D1		Avoilobility	Number		•
	Pathology Equipment	Availability (Yes/ No)	Total	Functional	Non- functional
1	Auto-analyzer				
2	Homogenizer				
3	Laminar Flow Chamber				
4	Spectrophotometer				
	Automatic Bacteria Identification				
5	System				
6	PCR Machine				

If yes in 5.2.1.29					
7.28.D2	Radiology Equipment				
1	X-Ray Machine				
2	C-arm				
3	Mammography Machine				
5	Colour Doppler				
6	MRI Machine				
7	CT Scan Machine				
8	SPECT CT Machine				
9	PET MR Machine				
10	Sono-mammography				
11	Bone Mineral Densitometer (BMD)				
12	Computed radiography Scanner				
13	Radionuclide imaging				
14	PACS (picture archiving and communication system)				





