ANNEXURE
Performa for Survey of PHC

District-Auraiya (UP)

A. General Information:
   a. Name of the state-
   b. District-
   c. Tehsil/Taluk/Block-
   d. Village & name of PHC-
   e. Population covered (in numbers)-
   f. No. of villages-

B. MCH Care including Family Welfare:
   1) Service availability (yes/No)
      i. Ante-natal care
      ii. Intratnatal care (24-hour delivery services both normal and assisted)
      iii. Post-natal care
      iv. New born Care
      v. Child care including immunization
      vi. Family Planning
      vii. MTP
      viii. Management of RTI/STI
      ix. Facilities under JananiSurakshayojana

   2) Availability of specific services (yes/No)
      i. Is the facility for normal delivery available in the PHC for 24 hours?
      ii. Is the facility for internal examination for gynaecological conditions available at the PHC?
      iii. Do women have to pay for MTP?
iv. Is treatment for anemia given to both pregnant as well as non-pregnant women?

v. Is there a fixed immunization day?

3) Other functions and services performed (yes/No)

i. Collection and reporting of vital statistics.

ii. Education about health/behavior change communication.

iii. Any other Services if available e.g., ECG

C. Manpower

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Staff</th>
<th>Recommended</th>
<th>Current Availability at PHC(Indicate Numbers)</th>
<th>Remarks /Suggestion/Identified Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Officer- MBBS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MO –AYUSH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Accountant/Clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pharmacist</td>
<td></td>
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<tr>
<td>5</td>
<td>Pharmacist AYUSH</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Nurse-midwife (Staff-Nurse)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Health workers (F)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Health Asstt. (Male)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Health Asstt. (Female)/LHV</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Health Educator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Data entry cum computer operator</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>Laboratory Technician</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>Cold Chain &amp; Vaccine Logistic Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Multi-skilled Group D worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Sanitary worker cum watchman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(ii)
D. Physical Infrastructure (As per specifications)

1. Building
   a. Is a designated government building available for the PHC? (yes/No)
   b. If there is no designated government building, then where does the PHC located? Rented premises/Other government Building /Any other specify
   c. Area of the building (Total area in Sq. mts.)
   d. What is the present stage of construction of the building Construction? Complete/Construction incomplete
   e. Compound Wall/Fencing (1-All around; 2-Partial; 3-None)
   f. Condition of plaster on walls (1- Well plastered with plaster intact everywhere; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)
   g. Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring)
   h. Whether the cleanliness is Good/Fair/Poor? (Observe)
      i. OPD
      ii. Wards
      iii. Toilets
      iv. Premises (compound)
   i. Are any of the following close to the PHC? (Observe) (yes/No)
      a. Garbage dump
      b. Cattle shed
      c. Stagnant pool
      d. Pollution from industry
2. Operation Theatre (if exists)
   a. Operation Theatre available (yes/No)
   b. If operation theatre is present, are surgeries carried out in the operation theatre? yes/No/Sometimes
   c. If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/staff Lack of equipment/poor physical state of the operation theatre No power supply in the operation theatre/Any other reason (specify)
   d. Operation Theatre used for obstetric/gynaecological purpose (yes/No)
   e. Has OT enough space (yes/No)

3. Labour room
   a. Labour room available? (yes/No)
   b. If labour room is present, are deliveries carried out in the labour room? yes/No/Sometimes
   c. If labour room is present but deliveries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/staff Poor condition of the labour room/No power supply in the labour room/Any other reason (specify)
   d. Is a separate area for septic and aseptic deliveries available? (yes/No)
   e. Is Newborn care corner available (yes/No)

4. Water supply
   a. Source of water (1-Piped; 2-Bore well/hand pump/tube well; 3-Well; 4-Other (specify)
   b. Whether overhead tank and pump exist (yes/No)
   c. If overhead tank exists whether its capacity sufficient? (yes/No)
d. If pump exists whether it is in working condition? (yes/No)

5. Electricity

a. Is there electric line in all parts of the PHC? (1-In all parts; 2-In some parts; 3- None)

b. Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply)

c. Standby facility (generator) available in working condition (yes/No)

6. Vehicles

a. Vehicle (jeep/other vehicle) available? (yes/No)

❖ Date of Data Collection

❖ Name and Signature of the Person Collecting Data
Questionnaire Relating to Patient of PHCs

1. Name of patient-
   - Caste
   - Village
   - Block
   - District

2. OPD Services-
   a) Name of Doctor
   b) Date of Checkup (period)
   c) Charge/fee
   d) Other Expense
      i. Medicine
      ii. Tests
         a) Urine
         b) Blood
         c) Cardiogram
         d) X-ray
         e) Ultrasound
         f) Other

3. Total Expenditure-

4. Family planning-

5. Immunization-

6. AYUSH services-

7. Behavioral Aspects (yes/No)
   a) How is the behaviour of the PHC staff with the patient?
      Courteous/Casual/indifferent/Insulting/derogatory
b) Any fee for service is being charged from the users? (yes/No). If yes, specify.
c) Is there corruption in terms of charging extra money for any of the service provided? (yes/No)
d) Is a receipt always given for the money charged at the PHC? (yes/No)
e) Is there any incidence of any sexual advances, verbal or physical abuse, sexual harassment by the doctors or any other paramedical? (yes/No)
f) Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (yes/No)
g) Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (yes/No)
h) If the health centre is unequipped to provide the services; how and where the patient is referred and how patients transported?
i) Is there an outbreak of any of the following diseases in the PHC area in the last three years?
   i. Malaria
   ii. Measles
   iii. Gastroenteritis
   iv. Jaundice
j) If yes, did the PHC staff responded immediately to stop the further spread of the epidemic
k) Does the doctor do private practice during or after the duty hours? (yes/No)
1. Are there instances where patients from particular social background? SC, ST, dalits, minorities, and villagers have faced derogatory or discriminatory behavior or service of poorer quality? (yes/No)

m. Have patients with specific health problems (HIV/AIDS, leprosy) suffered discrimination in any form? (yes/No)

❖ Date of Data Collection
❖ Name and Signature of the Person Collecting Data