Monthly Infra & HR Reporting format
HWC-Primary Health Centre (HWC-PHC)/PHC FORMAT

State : _____

District :_____

Block / Health Block :_____

Name of Health Institution : _____

Facility Sub Type: _____ Ownership:_____Public / Private_____

Number of Beds : _____ Reporting month: _____Financial Year _____

Name & Designation of the person reported Data_____

Date of reporting Data_____

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
I	**Physical Infrastructure**	
1.1	**Total 24 X 7 beds (excluding other then 24X7 beds)**	
1.1.1	Total no. of 24 X 7 sanctioned beds (excluding other then 24X7 beds)	
1.1.2	Total no. of 24 X 7 functional beds (excluding other then 24X7 beds)	
1.2.	Total other then 24 X 7 beds (these beds are beyond sanctioned beds)	
1.3	**Category-wise bed distributions**	
1.3.1.	**24 X 7 beds**	
1.3.1.a.i	No. of sanctioned beds : Male	
1.3.1.a.ii	No. of functional beds : Male	
1.3.1.b.i	No. of sanctioned beds : Female	
1.3.1.b.ii	No. of functional beds : Female	
1.3.1.c.i	No. of sanctioned beds : NBSU	
1.3.1.c.ii	No. of functional beds : NBSU	
1.3.1.d.i	No. of sanctioned beds in NRC	
1.3.1.d.ii	No. of functional beds in NRC	
1.3.1.e.i	No. of sanctioned isolation beds	
1.3.1.e.ii	No. of functional isolation beds	
1.3.1.f.i	No. of sanctioned beds other then above mentioned 24X7 beds (if any)	
1.3.1.f.ii	No. of functional beds other then above mentioned 24X7 beds (if any)	
1.3.1.g.i	No. of Oxygen supported beds (out of total functional beds)	
1.3.2.	**Other then 24x7 beds (these beds are beyond sanctioned beds)**	
1.3.2.a	No. of beds in dialysis centre	
1.3.2.b	No. of labour Beds	
1.3.2.c	No. of emergency beds	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
1.3.2.d	No. of day care beds	
1.3.2.e	No.of OT Minor	
1.3.2.f	No. of beds available other then above mentioned non 24X7 beds (if any)	
1.4	**Other Infrastructural services**	
1.4.1	Is there a designated government building (Yes / No).	
1.4.1.a	**If there is no designated government building, then where is facility located?**	
1.4.1.a.i	Rented Buildings(Yes / No)	
1.4.1.a.ii	Other Rent Free Building/Panchayat Voluntary Organization Building(Yes / No)	
1.4.2	Whether building is elderly and disabled friendly as per provisions of Disability Act? (Yes / No)	
1.4.2.a	**If no, what disabled friendly facilities as per provisions of Disability Act are not available?**	
1.4.2.a.i	Easy access of wheelchair, stretcher etc. (Yes / No)	
1.4.2.a.ii	Presence of ramp/ rails/ lifts at every place where there are stairs (Yes / No)	
1.4.3	Whether the building is certified disaster and fire preparedness as per norm? (Yes/No)	
1.4.3.a	**If no, What all facilities are not available as per disaster and fire preparedness norms?**	
1.4.3.a.i	Provision of Fire alarms (Yes / No)	
1.4.3.a.ii	Provision of Fire extinguishers (Yes / No)	
1.4.3.a.iii	Emergency exit (Yes / No)	
1.4.4	Whether building is environment friendly as per norm? (Yes / No)	
1.4.4.a.	**If no, What all facilities are not available as per environment friendly norms.**	
1.4.4.a.i	Rainwater harvesting (Yes / No)	
1.4.4.a.ii	Solar Energy (Yes / No)	
1.4.4.a.iii	Use of low energy LED lightings/ energy efficient lightings(Yes / No)	
1.4.5	Uninterrupted electric supply (Yes/No), if 'Yes' then following to be answered	
1.4.5.a	Regular electricity supply only (Yes / No), if 'No' then following to be answered	
1.4.5.a.i	Regular electric supply and solar panel(Yes / No)	
1.4.5.a.ii	Regular electric supply and inverter (Yes / No)	
1.4.5.a.iii	Regular electric supply and generator(Yes / No)	
1.4.6	Round the clock piped water supply (Yes/ No)	
1.4.6.a	**If no, What is the source of water supply?**	
1.4.6.a.i	Borewell/Handpump/Well/River(Yes / No)	
1.4.6.a.ii	Payment basis (Tanker/ Water Gallons/ Any other)(Yes / No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
1.4.7	Availability of security cameras at entry gate, exit gate and other critical points (Yes/No)	
1.4.8	Prominent display boards of Citizen's Charter (Yes / No)	
1.4.9	**Separate public utilities for males and females**	
1.4.9.a	Separate Public utilities (Male & Female) in OPD area (Yes /No)	
1.4.9.b	Separate Public utilities (Male & Female) in IPD area (Yes /No)	
1.4.10	Suggestion / complaint box (Yes/No)	
1.4.11	Public Finance Management System (Yes/ No)	
1.4.12	Education and Training (Knowledge Hub) (Yes/ No)	
1.4.13	Effluent Treatment Plant (Yes/No)	
1.4.14	Residential facility for the Staff (Yes / No), if yes then following to be answered	
1.4.14.a	Residential facility for ANM (Yes/No/Inadequate)	
1.4.14.b	Residential facility for Staff Nurse (Yes/No/Inadequate)	
1.4.14.c	Residential facility for Doctors (Yes/No/Inadequate)	
1.4.15	Residential facility for Any other staff (Yes/No/Inadequate)	
1.4.16	All weather motorable road (Yes/No)	
1.4.17	Functional Telephone (Yes/No)	
1.4.18	Functional Computer (Yes/No)	
1.4.19	Functional Internet connection (Yes/No)	
II.	**Services**	
2.1.	**Roll-out of Services (Yes/No)**	
2.1.1	NCD Screening services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.2	Eye care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.3	Oral care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.4	ENT care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.5	Emergency care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.1.6	MNS (Mental Neurological and Substance use) Care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.	**Core Healthcare Services**	
2.2.1	General Medicine/ Consultation services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.2	Obstetrics and Gynaecology (O&G) services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.3	Paediatrics services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.4	Ophthalmology services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.5	Dermatology and Venereology (Skin & VD) RTI/STI) services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
2.2.6	Dental Care services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.2.7.	Radiology Services (Yes/No)	
2.2.7.a	CT scan Services (Inhouse, Outsourced Pvt, Outsourced Govt, No)	
2.2.7.b	X ray Services (Inhouse, Outsourced Pvt, Outsourced Govt, No)	
2.2.7.c	USG Services (Inhouse, Outsourced Pvt, Outsourced Govt, No)	
2.2.7.d	MRI Services (Inhouse, Outsourced Pvt, Outsourced Govt, No)	
2.2.8	EEG Services (Inhouse, Outsourced Pvt, Outsourced Govt, No)	
2.2.9	Emergency (Accident & other emergency) (Casualty 24X7 basis) services (Yes/No)	
2.2.10	Block Public Health Unit (Yes/No)	
2.3	**Specialist Services**	
2.3.1	Psychiatry Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.4	**Lab / diagnostic Services (Yes/No)**	
2.4.a	In-house mode Lab / diagnostic services	
2.4.b	Outsourced to government lab / diagnostic services	
2.4.c	Outsourced to private lab / diagnostic services	
2.4.1	Total number of Lab Test menu available in the facility as per Free Diagnostic Service Initiative (FDSI) 2019 guidelines	
2.4.2.	Whether essential diagnostic test as per Indian Public Health Standards (IPHS) 2022 available? (Yes/No/Partial)	
2.4.2.a	Haematology (Yes/No/Partial)	
2.4.2.b	Urine Analysis (Yes/No/Partial)	
2.4.2.c	Stool Analysis (Yes/No/Partial)	
2.4.3	Papanicolaou test (PAP) smear (Yes/No)	
2.4.4	Sputum collection (Yes/No)	
2.4.5	Serology (Yes/No/Partial)	
2.4.6	Biochemistry (Yes/No/Partial)	
2.4.7	Cardiac investigations (ECG) (Yes/No)	
2.4.8	Ophthalmology (Yes/No)	
2.4.9	Echocardiography (Yes/No)	
2.4.10	Whether desirable diagnostic test as per Indian Public Health Standards (IPHS) 2022 available? (Yes/No/Partial)	
2.5	Physiotherapy Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.6	AYUSH Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.7	Health & Wellness Service Services (Yes-Full Time/ Yes-Rotation basis/Yes-On call/No)	
2.8	Referral Services (Yes/No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
2.9	Integrated Public Health Laboratory Services (Yes/No)	
2.10.	Teleconsultation services (Yes/No)	
2.11	Hemodialysis Services (Yes/No)	
2.11.a	In-house mode of hemodialysis Services	
2.11.b	Public Private Partnership (PPP) mode of hemodialysis Services	
2.12.	**Special Services**	
2.12.1	Adolescent Friendly Health Clinics (AFHC) Clinic (Yes/No)	
2.12.2	Medical Termination of Pregnancy (MTP) (Yes/No)	
2.12.3	Availability of Counselling facility on HIV/ AIDS / STD/Facility Integrated Counselling and Testing Centre (FICTC) etc. (Yes/No)	
2.12.4	Management of STI/RTI (Yes/No)	
2.12.5	Facilities under Janani Suraksha Yojana (Yes/No)	
2.12.6	School Health programmes (Yes/No)	
2.12.7	Disease surveillance and control of epidemics/ IDSP (S,P&L form) (Yes/No)	
2.13.	**Support Services**	
2.13.1.	Whether Medical Air available? (Yes/No)	
2.13.1.a	Oxygen (Yes/No)	
2.13.2	Suction (Yes/No)	
2.13.3.	Whether Diet services(including outsourcing) provided by facility? (Yes/No)	
2.13.4.	Is Ambulance services avaialble in the facility? (Yes/No)	
2.13.5.	Whether ambulance services accessible within golden Hour (1 Hour) for Patient from the catchment area in emergency?(Yes/No)	
2.14.	**Is Hospital Information System implemented ? (Yes/No)**	
2.14.1.	Whether Computerised Hospital Information System functional in all departments (Yes/No)	
2.14.1.a	Is Hospital Information System functional in OPD? (Yes/No)	
2.14.1.b	Is Hospital Information System functional in IPD? (Yes/No)	
2.14.1.c	Is Hospital Information System functional in Pharmacy? (Yes/No)	
2.15	Is Hospital Information System functional in Laboratory? (Yes/No)	
2.16	Availability of Drugs (Yes/No)	
2.17.	Medico-legal Services (Yes/No)	
2.18.	Postmortem Services (Yes/No)	
III	**Biomedical Equipment**	
3.1.	**Equipment for OPD**	
3.1.1	Functional B P apparatus (Yes/No)	
3.1.2	Functional Spirometer (Yes/No)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
3.1.3	Functional Blood pressure instrument with Paediatric cuff (Aneroid/ Digital) (Yes/No)	
3.1.4	Functional Foetal Doppler (Yes/No)	
3.1.5	Functional Ophthalmoscope - Direct (Yes/No)	
3.1.6	Functional Streak Retinoscope (Yes/No)	
3.1.7	Functional Percussion hammer (Yes/No)	
3.1.8	Functional Dental Chair motorized with panel and foot controlled with up and down movement. (Yes/No)	
3.1.9	Functional Mouth Mirror (Yes/No)	
3.1.10	Functional Cusco's Speculum (Yes/No)	
3.2	**Area Equipment for IPD/LDR**	
3.2.1.	**NRC (Nutritional Rehabilitation Centre)**	
3.2.1.a	Functional Weighing scales (Digital) (3: one each to be kept in Ward, Outpatient and Emergency area) (Yes/No)	
3.2.1.b	Functional Infantometer (1 each for OPD and NRC (Yes/No)	
3.2.1.c	Functional Resuscitation equipment (Yes/No)	
3.2.2.	**NICU(Neonatal Intensive Care Unit)**	
3.2.2.a	Functional Open care Radiant warmer (Yes/No)	
3.2.3.	**LDR (Labour, Delivery and Recovery)**	
3.2.3.a	Functional labour room (Yes/No)	
3.2.3.b	Functional Labour Bed (Yes/No)	
3.2.3.c	Functional Foetal Doppler (Yes/No)	
3.2.3.d	Functional New Born Care Unit (Yes/No/Partial)	
3.2.3.e	Functional Emergency Care of Sick children (Yes/No/Partial)	
3.2.4.	**Operation Theatre (OT)**	
3.2.4.a	Functional OT (Yes/No)	
3.2.4.a.i	OT Table (General Incld. FP) (Yes/No)	
3.3.	**Emergency Unit**	
3.3.1	Functional Emergency (Crash Cart) with Ambu Bag, Mask, Laryngoscope, defibrillator and emergency Drug tray (Yes/No)	
3.4.	**Dialysis Unit**	
3.4.1	Functional Dialysis Unit (Yes/No)	
3.4.2	Number of hemodialysis machines available in the dialysis centre	
3.4.3	Number of functional hemodialysis machines in the dialysis centre	
3.4.4	Functional Dialyzer reprocessing unit (Yes/No)	
3.5.	**Radiology Unit**	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
3.5.1	Functional USG Machine with colour Doppler and Echo facility (Yes/No)	
3.5.2	Functional Digital X Ray Machine (Yes/No)	
3.5.3	Functional Mobile X-Ray (Yes/No)	
3.5.4	Functional Radio-Visio-Graph (RVG) – digital dental X-Ray (Yes/No)	
3.5.5	Functional Orthopantomogram(OPG) (Yes/No)	
3.5.6	Functional Mammography (Yes/No)	
3.5.7	Functional C-arm (Yes/No)	
3.5.8	Functional Electroencephalography (EEG)(Yes/No)	
3.6.	**Lab Diagnostics**	
3.6.1.	Functional Laboratory (Yes/No)	
3.6.1.a	Functional Haemoglobinometer (Yes/No)	
3.6.1.b	Functional >=3 Part hematology Analyszer (Yes/No)	
3.6.1.c	Functional Semiautomated Biochemistry Analyszer (Yes/No)	
3.6.1.d	Functional Microscope (Yes/No)	
IV	**Governance**	
4.1	Constitution of Rogi Kalyan Samiti (RKS) / Jan Aarogya Samiti (JAS) (Yes / No) (as applicable)	
4.2	Number of Anganwadi Centres functional under the Catchment area	
V	**Human Resources (In numbers) as per Annex**	
5.1	**Administrative Staff**	
5.1.1	Public Health Manager	Data format at Annex
5.1.2	Total Accountant/Finance/Lower Division Clerk (LDC)	Data format at Annex
5.1.3	Statistical Assistant	Data format at Annex
5.1.4	Sanitary Inspector/Staff	Data format at Annex
5.1.5	Clerk	Data format at Annex
5.1.6.	Total Data Entry Operators (DEO)	Data format at Annex
5.1.6.a	Out of the above total DEO, Data Entry Operators for Health Management Information System (HMIS) portal	Data format at Annex
5.1.7	Block Programme/Health Manager	Data format at Annex
5.2.	**Specialists and Medical Officers**	
5.2.1.	**Total Medical Officer**	Data format at Annex
5.2.1.a	Medical Officer GDMO/MO	Data format at Annex
5.2.4.b	Medical Officer Dialysis	Data format at Annex
5.2.1.c	Medical Officer Dental /Dentist	Data format at Annex
5.2.1.d	Medical Officer AYUSH Including RBSK AYUSH MO	Data format at Annex

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
5.3	**Nurses, Paramedical and Allied Health Staff**	
5.3.1	Auxiliary Nurse and Midwife (ANM)	Data format at Annex
5.3.2	Health Worker (Female)/Multipurpose Health Worker (MPHW)	Data format at Annex
5.3.3	Health Worker (Male)/Multipurpose Health Worker (MPHW)	Data format at Annex
5.3.4	Health Assistant- Male/MPH Supervisors Male	Data format at Annex
5.3.5	Health Assistant- Female/Lady Health Visitor(LHV)/MPH Supervisors Female	Data format at Annex
5.3.6	Total Staff Nurse	Data format at Annex
5.3.7	Psychiatric Nurse (under National Mental Health Programme)	Data format at Annex
5.3.8	Total Laboratory Technician	Data format at Annex
5.3.9	Out of Total LT,Cytotechnologist/ Cyto-technician	Data format at Annex
5.3.10	Out of Total LT, Blood Bank Technician/ Hemato Technologist	Data format at Annex
5.3.11	Radiographer/ X-Ray Technician	Data format at Annex
5.3.12	Pharmacist	Data format at Annex
5.3.13	Counsellor/ Health Educator	Data format at Annex
5.3.14	Physiotherapist	Data format at Annex
5.3.15	Dental Technician	Data format at Annex
5.3.16	Dental Hygienist	Data format at Annex
5.3.17	Dialysis Technicians	Data format at Annex
5.3.18	Dialysis Nurse	Data format at Annex
5.3.19	Store keeper	Data format at Annex
5.4	**Assistants**	
5.4.1	Cold Chain Assistant	Data format at Annex
5.4.2	Dresser	Data format at Annex
5.5	**Voluntary Workers**	
5.5.1	ASHA/USHA (to be filled under in-position of contractual)	Data format at Annex
5.6	**Support Services**	
5.6.1	Total Support Staff (Sanitary Staff, Housekeeping, ward attendant, guards, Food Trolley Bearer,Gardner etc)	Data format at Annex
VI	**Quality Control**	
6.1	Is facility Peer Assessed under Kayakalp?(Yes/No)	
6.1.1	If Yes provide Kayakalp Peer Assessment Score (1-100) (in percentage)	
6.2	Is facility externally assessed under Kayakalp? (Yes/No)	
6.2.1	If Yes provide Kayakalp External Assessment Score (1-100) (in percentage)	
6.3	Is facility National Quality Assurance Standards (NQAS) Certified? (Yes/No)	
6.3.1	If Yes, facility is State or National NQAS Certified?(State/National)	

Facility Item Code	Name of the Data Items	Numbers/Status reported during the month
6.3.2	Please provide NQAS score (1-100) (In percentage)	
VII	**Sujlam 2.0 Campaign**	
7.1	Does the Facility have GWM/ LWM arrangements? (Yes/No)	
7.2	Number of GWM assets constructed/ reported in the health facility	
7.3	Number of Soak Pits constructed/ reported in the health facility	
7.4	Number of Leach pits constructed/ reported in the health facility	
7.5	Number of Magic pits constructed/ reported in the health facility	
7.6	Does the Facility have Kitchen garden? (Yes/No)	
7.7	Number of Rainwater harvesting structures constructed in the health facility	
7.8	Length of Drainage channel constructed (in metres) connecting to Community Soak pit/Leach pit, Waste Stabilization on Pond (WSP), constructed wetlands (CW), Decentralized wastewater treatment systems (DEWATs), etc. in the health facility	
VIII	**IPHS (Indian Public Health Standards) 2022 Compliance**	
8.1	Does the facility fulfill IPHS 2022 Essential criteria (Yes/No/Partial)	
8.1.1	Infrastructure (Yes/No)	
8.1.2	HR (Yes/No)	
8.1.3	Drugs (Yes/No)	
8.1.4	Diagnostic (Yes/No)	
8.1.5	Equipments (Yes/No)	

Format as on 19th Dec 2023

Signature of Facility Incharge
Date: _____

HWC-Primary Health Centre (HWC-PHC)/PHC FORMAT

V	Human Resources (In Number)	Recommended as per IPHS	Regular		Contractual		Outsourced		Total		Remarks
5.1	**Administrative Staff**		Sanctioned	In-position	Approved	In-position	Approved	In-position	Sanctioned / Approved	In-position	
5.1.1	Public Health Manager										
5.1.2	Total Accountant/Finance/LDC										
5.1.3	Statistical Assistant										
5.1.4	Sanitary Inspector/Staff										
5.1.5	Clerk										
5.1.6	Total Data Entry Operators										
5.1.6.a	Out of the above total DEO, Data Entry Operators for Health Management Information System (HMIS) portal										
5.1.7	Block Programme/Health Manager										
5.2	**Specialists and Medical Officers**										
5.2.1	**Total Medical Officer**										
5.2.1.a	Medical Officer General Duty Medical Officer (GDMO)/MO										
5.2.1.b	Medical Officer Dialysis										
5.2.1.c	Medical Officer Dental /Dentist										
5.2.1.d	Medical Officer AYUSH Including RBSK AYUSH MO										
5.3	**Nurses, Paramedical and Allied Health Staff**										
5.3.1	Auxiliary Nurse and Midwife (ANM)										
5.3.2	Health Worker (Female)/Multipurpose Health Worker (MPHW)										
5.3.3	Health Worker (Male)/Multipurpose Health Worker (MPHW)										
5.3.4	Health Assistant- Male/MPH Supervisors Male										
5.3.5	Health Assistant- Female/Lady Health Visitor(LHV)/MPH Supervisors Female										
5.3.6	Total Staff Nurse										
5.3.7	Psychiatric Nurse (under National Mental Health Programme)										
5.3.8	Total Laboratory Technician										

V	Human Resources (In Number)	Recommended as per IPHS	Regular		Contractual		Outsourced		Total		Remarks
5.1	**Administrative Staff**		Sanctioned	In-position	Approved	In-position	Approved	In-position	Sanctioned / Approved	In-position	
5.3.9	Out of Total LT,Cytotechnologist/ Cyto-technician										
5.3.10	Out of Total LT, Blood Bank Technician/ Hemato Technologist										
5.3.11	Radiographer/ X-Ray Technician										
5.3.12	Pharmacist										
5.3.13	Counsellor/ Health Educator										
5.3.14	Physiotherapist										
5.3.15	Dental Technician										
5.3.16	Dental Hygienist										
5.3.17	Dialysis Technicians										
5.3.18	Dialysis Nurse										
5.3.19	Store keeper										
5.4	**Assistants**										
5.4.1	Cold Chain Assistant										
5.4.2	Dresser										
5.5	**Voluntary Workers**										
5.5.1	ASHA/USHA (to be filled under in-position of contractual)	■	■	■		■	■				
5.6	**Support Services**										
5.6.1	Total Support Staff (Sanitary Staff, Housekeeping, ward attendant, guards, Food Trolley Bearer,Gardner etc)										