

Health Facility Survey: Sub Centre

1. Identification

State			
District			
Block			
Name of Sub center			
Date of Assessment	Day:	Month:	Year:
Name and signature of person collecting data			

2. Services

S.No.		
2.1	Population covered (in numbers)	
2.2	MCH Care including Family Planning	
2.2.1	Service availability	(Yes₁ / No₂)
A	Ante-natal care	[]
B	Intranatal care	[]
C	Post-natal care	[]
D	New born Care	[]
E	Child care including immunization	[]
F	Family Planning and contraception	[]
G	Adolescent health care	[]
H	Assistance to school health services	[]
I	Facilities under Janani Suraksha Yojana	[]
J	Treatment of minor ailments	[]
K	First aid (specify)	[]
2.2.2	Availability of specific services	(Yes₁ / No₂ / Not Applicable₉)
A	Does the doctor visit the Sub center at least once in a month?	[]
B	Is the day and time of this visit fixed?	[]
C	Are the residents of the village aware of the timings of the doctor's visit?	[]
D	Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	[]
E	Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided by those in the Sub center?	[]
F	Is the facility for referral of complicated cases of pregnancy / delivery available at Sub center for 24 hours?	[]
G	Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral?	[]
H	Are the Immunization services as per Government schedule provided by the Sub center	[]
I	Is the ORS for prevention of diarrhea and dehydration available in the Subcenter?	[]
J	Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc. available in the Sub center	[]
K	Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided by the Sub center?	[]
2.3	Monitoring and Supervision activities	(Yes₁ / No₂)
A	Training of traditional birth attendants and ASHA	[]

B	Monitoring of Water quality in the village	[]
C	Coordination and supervision of activities of ASHA	[]
D	Proper maintenance of records and registers	[]
E	Watch over unusual health events	[]
F	Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	[]

3. Manpower

S.No.	Personnel	Existing	Recommended	Current Availability at Sub Centre (Indicate Numbers)	Remarks / Suggestions / Identified Gaps
3.1.	Health Worker (Female)	1	1 or 2 (Optional)		
3.2.	Health Worker (Male)	1	1 or 0 (optional; may be replaced by female health worker)		
3.3.	Voluntary worker to keep the Sub Centre clean and assisting ANM. She is paid by the ANM from her contingency fund @ Rs. 100 per month	1 (optional)	1 (optional)		

4. Physical Infrastructure

S.No.		Availability at Subcenter	Remarks
4.1	Location		
A	Where is the subcenter located?		
(i)	Within Village Locality		
(ii)	Far from village locality		
B	Is the subcenter easily accessible? (Yes ₁ /No ₂)		
C	The distance of Sub Centre (in Km) from the nearest village in the coverage area		
D	Travel time to reach the Sub Centre from the nearest place in the coverage area		
E	The distance of Sub Centre (in Km) from the furthest village in the coverage area		
F	Travel time to reach the Sub Centre from the furthest place in the coverage area		
G	The distance of Sub Centre (in Km) from the PHC		
H	The distance of Sub Centre (in Km) from the CHC		
4.2	Building		
A	Is a designated government building available for the Sub Centre? (Yes ₁ /		

	No ₂)		
B	Area of the building (Total area in Sq. meters.)		
C	What is the present stage of construction of the building		
(i)	Construction complete		
(ii)	Construction incomplete		
D	Compound Wall / Fencing 1.All around 2.Partial 3.None		
E	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)		
F	Cleanliness Good / Fair / Poor? (Observe)		
G	Separate public utilities for males and females (Yes ₁ /No ₂)		
H	Clinic Room		
I	Examination room		
J	Water supply		
(i)	Source of water 1. Piped 2. Bore well/ hand pump / tube well 3. Well 4.Other (specify))		
(ii)	Whether overhead tank and pump exist (Yes ₁ / No ₂)		
K	Regular electric supply available? (Yes ₁ / No ₂)		
L	Transport facility for movement of staff (Yes ₁ / No ₂)		
M	Residential facility for the staff		

5. Equipment

S.No.	Equipment	Available at Sub center (Yes/No)	Remarks
1	Weighing scale		
2	Radiant warmer		
3	Head circumference measurement tape		
4	Respiratory rate timer		
5	Thermometer		
6	Gloves (various sizes)		
7	Disposable bags and masks		

6. Drugs

S.No.	Drug	Available	Remarks
1	Paracetamol Tablets/Syrup		
2	Iron Folic Acid tab		
3	Gentian violet		

4	Oral rehydration solution		
5	Ampicillin tab		
6	Zinc Sulphate Dispersible tab		
7	Gentamycin injection		
8	Amoxicillin tab		
9	Sodium chloride (normal saline)		
10	Vitamin A Suspension		
11	B-complex Tablet		

7. Records/Registers

S.No.	Name	Complete/Incomplete	Remarks
1.			
2.			
3.			
4.			
5.			

8. Additional remarks: