

2 Inwood.
W. Inwood

693815

A. N. Samaranyake
26-02-92



Confidential : The information collected in this survey will be strictly confidential and individual level information will not be divulged to any person or agency.

| District | Schedule No. |
|----------|--------------|
| | |

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new copy

691806

HEALTH FACILITY SURVEY - SRI LANKA 1992 SURVEY SCHEDULE

692520

Conducted by
DEPARTMENT OF CENSUS AND STATISTICS
for
IDA/WORLD BANK FUNDED HEALTH & FAMILY PLANNING PROJECT
of the
MINISTRY OF HEALTH & WOMEN'S AFFAIRS

HEALTH FACILITY SURVEY - SRI LANKA 1992
SURVEY SCHEDULE

12 to 13 Card Type 1

HEALTH FACILITY SURVEY - 1992
DEPARTMENT OF CENSUS AND STATISTICS

Identification Information

1. Name of Establishment :-.....
2. Address :-.....
3. District :-.....
4. A.G.A.Division :-.....
5. Sector (Urban/ Rural/ Estate) :-.....
6. Name of M.C/U.C/T.C (If Urban) :-.....
.....
- Ward No (If Urban) :-.....
7. G.N.Division Number (If Rural or Estate):-.....
Name:-.....
8. Interviewer's Name:-.....
- Signature:-..... Date:-.....
9. Supervising Officer's Name:-.....
- Signature:-..... Date:-.....
10. Co-ordinator's Name:-.....
- Signature:-..... Date:-.....

11. Category:

- | | | |
|------------|------------|-------------------------------------|
| Major- | Western | <input checked="" type="checkbox"/> |
| | Indigenous | <input type="checkbox"/> |
| Non Major- | Western | <input type="checkbox"/> |
| | Indigenous | <input type="checkbox"/> |

For office use only

| | | | | | |
|------|-----------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|
| 12.* | District | Sector | Facility Code | Location Code | Category |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | X <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| | ID 1 to 6, 7 to 8 Card Type | | | 9-12 | 13 |

13. Control Data

| | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Interviewer visits | 1 st | 2 nd | 3 rd |
| 1. Date | Date Month Year | Date Month Year | Date Month Year |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. Result* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Time taken to complete the schedule (in Minutes) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 14 - 23 | 24 - 33 | 34 - 43 |

*Result Code

- | | |
|----------------------|---|
| Completed | 1 |
| Deferred | 2 |
| Refused | 3 |
| Other (Specify)..... | 4 |

14. For office use only

| | |
|---------------------|--------------------------|
| Final result code | <input type="checkbox"/> |
| Completed | 1 |
| Partially completed | 2 |
| Not completed | 3 |

1/4

Section 1 Type, Ownership and Availability of Facilities

| | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|----|----------------------|----------------------------|--------------|--------------------|----------------------------|--------------|---------------------------------|----------------------------|--------------|----------------------|----------------------------|--|----|
| 1.1 Year of Establishment: (Approximate Date) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Year</td> <td></td> <td style="text-align: center;">Month</td> <td></td> </tr> </table> | 3 | | 2 | 1 | Year | | Month | | 45-48 | | | | | | | |
| 3 | | 2 | 1 | | | | | | | | | | | | | | |
| Year | | Month | | | | | | | | | | | | | | | |
| 1.2 Is this facility meant for a private practitioner? (Western/ Indigenous) | Yes <input type="checkbox"/> 1 Go to Q. 1.3 No <input type="checkbox"/> 2 Go to Q. 1.5 | 49 | | | | | | | | | | | | | | | |
| 1.3 The services are provided at | <table style="width: 100%;"> <tr> <td style="width: 50%;">The Residence</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 45%;"></td> </tr> <tr> <td>The Dispensary</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="vertical-align: middle;">Go to Q. 1.4</td> </tr> <tr> <td>The Maternity Home</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td>The Hospital</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td style="vertical-align: middle;">Go to Q. 1.5</td> </tr> <tr> <td>Other (Specify).....</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td></td> </tr> </table> | The Residence | <input type="checkbox"/> 1 | | The Dispensary | <input type="checkbox"/> 2 | Go to Q. 1.4 | The Maternity Home | <input type="checkbox"/> 3 | | The Hospital | <input type="checkbox"/> 4 | Go to Q. 1.5 | Other (Specify)..... | <input type="checkbox"/> 5 | | 50 |
| The Residence | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | |
| The Dispensary | <input type="checkbox"/> 2 | Go to Q. 1.4 | | | | | | | | | | | | | | | |
| The Maternity Home | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | |
| The Hospital | <input type="checkbox"/> 4 | Go to Q. 1.5 | | | | | | | | | | | | | | | |
| Other (Specify)..... | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |
| 1.4 Number of rooms available for providing medical services? | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | 52 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 1.5 Ownership | State Sector <input type="checkbox"/> 1 Go to Q. 1.6 Private Sector <input type="checkbox"/> 2 Go to Q. 1.7 | 53 | | | | | | | | | | | | | | | |
| 1.6 If State Sector, the institution is under | <table style="width: 100%;"> <tr> <td style="width: 50%;">The Central Government</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 45%;"></td> </tr> <tr> <td>A Provincial Council</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="vertical-align: middle;">Go to Q. 1.8</td> </tr> <tr> <td>A Local Authority</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td>A Semi - Governmental Authority</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td></td> </tr> </table> | The Central Government | <input type="checkbox"/> 1 | | A Provincial Council | <input type="checkbox"/> 2 | Go to Q. 1.8 | A Local Authority | <input type="checkbox"/> 3 | | A Semi - Governmental Authority | <input type="checkbox"/> 4 | | 54 | | | |
| The Central Government | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | |
| A Provincial Council | <input type="checkbox"/> 2 | Go to Q. 1.8 | | | | | | | | | | | | | | | |
| A Local Authority | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | |
| A Semi - Governmental Authority | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | |
| 1.7 If Private Sector, the institution is a | <table style="width: 100%;"> <tr> <td style="width: 50%;">Sole Proprietorship</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 45%;"></td> </tr> <tr> <td>Partnership</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td>Registered Company</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td style="vertical-align: middle;">Go to Q. 1.9</td> </tr> <tr> <td>Co-operative</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td></td> </tr> <tr> <td>N.G.O.</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td></td> </tr> </table> | Sole Proprietorship | <input type="checkbox"/> 1 | | Partnership | <input type="checkbox"/> 2 | | Registered Company | <input type="checkbox"/> 3 | Go to Q. 1.9 | Co-operative | <input type="checkbox"/> 4 | | N.G.O. | <input type="checkbox"/> 5 | | 55 |
| Sole Proprietorship | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | |
| Partnership | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | |
| Registered Company | <input type="checkbox"/> 3 | Go to Q. 1.9 | | | | | | | | | | | | | | | |
| Co-operative | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | |
| N.G.O. | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |

1.8 Type of State Sector Establishment

- Gramodaya Health Centre 01
- Central Dispensary 02
- Maternity Home 03
- Central Dispensary & Maternity Home 04
- Rural Hospital 05
- Peripheral Unit 06
- District Hospital 07
- Base Hospital 08
- Provincial Hospital 09
- Teaching Hospital 10
- Other Institution (Specify) 11

19
57

1.9 Type of Private Sector Establishment

- Residence 1
- Channel Consultation Chamber 2
- Dispensary 3
- Maternity Home 4
- Health Centre 5
- Hospital 6
- Other (Specify)..... 7

58

28
36
64

1.10 Physical Facilities and Vehicles

| Facilities | 1 Whether available? | | | | 2 Is it functional? | | | |
|-----------------------------------------------|-------------------------|---|----|---|------------------------|---|----|---|
| | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 1 01 Surgery | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 2 02 Ward | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 3 03 Labour Room | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 4 04 Investigation Service | at* | | | | at† | | | |
| 04.1 Medical | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 5 04.2 Radiography | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 6 05 Pharmacy | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 7 06 Operation Room | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 8 07 Blood Bank | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 9 08 Intensive Care Unit | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 10 09 Laundry | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 11 10 Kitchen | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 12 11 Emergency Room | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 13 12 Dental Clinic | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 14 13 O.P.D. | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 15 14 Consultation Room | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 16 15 Waiting Room/Hall | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 17 16 Central Sterile Supplies Division | Yes | 1 | No | 2 | Yes | 1 | No | 2 |
| 18 17 Maintenance Division | Yes | 1 | No | 2 | Yes | 1 | No | 2 |

1, 2 not blank

1, 2 or blank

60

79-26

77-44

Vehicles

- 18 Ambulance
- 19 Mobile Laboratory Service
- 20 Other Motor Vehicles

1
No. Owned

| | |
|--|--|
| | |
| | |
| | |

at 2

2
No. Usable

| | |
|--|--|
| | |
| | |
| | |

at P

75-50

75-496

1.11 Other Facilities

| Item | 1 | | | 2 | | |
|------------------------------|-----|----------------------------|-------------------------------|-----|----------------------------|-------------------------------|
| | | Whether available? | | | Is it functional? | |
| 1 Cold Room | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 2 Refrigerator | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 3 Deep Freezer | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 4 Electricity | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 5 Piped Water | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 6 Toilets (Water Seal/Flush) | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 7 Toilets (Bucket) | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| 8 Telephone | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Yes | <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |

217

1.12 Type of Structure (Buildings/ Wards)

Card type 1-8

| | |
|----------------|----------------------------|
| Permanent | <input type="checkbox"/> 1 |
| Semi-Permanent | <input type="checkbox"/> 2 |
| Temporary | <input type="checkbox"/> 3 |

~~57-64~~ 65-72

1.13 Type of Principal Construction Materials

| 1. Roof | | 2. Floor | | 3. Wall | |
|----------------------|----------------------------|----------------------|----------------------------|----------------------|----------------------------|
| Tiles | <input type="checkbox"/> 1 | Cement | <input type="checkbox"/> 1 | Brick | <input type="checkbox"/> 1 |
| Asbestos | <input type="checkbox"/> 2 | Wood | <input type="checkbox"/> 2 | Cabok | <input type="checkbox"/> 2 |
| Tin Sheet | <input type="checkbox"/> 3 | Mud | <input type="checkbox"/> 3 | Mud | <input type="checkbox"/> 3 |
| Other (Specify)..... | <input type="checkbox"/> 4 | Other (Specify)..... | <input type="checkbox"/> 4 | Other (Specify)..... | <input type="checkbox"/> 4 |

~~74-10~~
10-12

| | | | | |
|------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|
| 1.14 | Total floor area | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Sq. Feet | 13 13-18 |
| 1.15 | How old is this structure? | <input type="text"/> <input type="text"/> <input type="text"/> | years | 19 19-21 |
| 1.16 | How old is the latest addition? | <input type="text"/> <input type="text"/> <input type="text"/> | years | 22 22-24 |
| 1.17 | Hours of operation (open) per day | <input type="text"/> <input type="text"/> | | 25 25-26 |
| 1.18 | Days of operation (open) per week | <input type="text"/> | | 27 27 |
| 1.19 | General physical condition of the health facility (based on interviewer observation) | | | |
| | Excellent | <input type="checkbox"/> | | 25 |
| | Good | <input type="checkbox"/> | | |
| | Fair | <input type="checkbox"/> | | |
| | Poor | <input type="checkbox"/> | | |

Section 2 Type of services provided, staff positions utilization of services and availability of drugs

2.1 Type of services provided
(circle relevant code/ codes)

- Preventive
- Dental
- MCH
- Curative
- Special Disease Programmes

A

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

9-13

If No. 1 circled in Q. 2.1 answer Q. 2.2
 If No. 2 circled in Q. 2.1 answer Q. 2.6
 If No. 3 circled in Q. 2.1 answer Q. 2.3
 If No. 4 circled in Q. 2.1 answer Q. 2.4
 If No. 5 circled in Q. 2.1 answer Q. 2.5

| | | |
|---|---|---|
| 1 | 3 | 5 |
|---|---|---|

2.2 If Preventive (circle relevant code/ codes)

- Family Planning
- Health Education
- Control of Communicable Diseases
- Screening
- Environmental Sanitation
- Other (Specify).....

A

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

14-19

2.3 If MCH (Mother & Child Care) (circle relevant code/ codes) A

- Pre-natal care
- Post-natal care
- Immunization
- Supplementary Feeding
- Infant Clinic
- Pre-School Clinic

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

20-25

2.4 If Curative (circle relevant code/ codes)

- Obstetric 01
- Gynaecological 02
- Paediatric 03
- Medical 04
- Surgical 05
- Eye 06
- ENT 07
- Dental 08
- Psychiatric 09
- Rehabilitation 10
- Other (Specify) 11

A

26-47

2.5 Special Disease programmes

- TB 1
- Leprosy 2
- STD 3
- Malaria/ Filaria 4
- Other (Specify) 5

48-52

1 2 3 6

06

2.6 Staff Positions

Card Type 1-8 (M)

| Type of Staff | 1 Approved Cadre | 2 Number presently available | 3 Number of man months position remained unfilled in 1991 | 4 Hours of work per week |
|---------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Doctors Western | | | | |
| 9-10 <input type="checkbox"/> 01 Specialists | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11-13 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14-16 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17-18 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19-21 |
| 9-10 <input type="checkbox"/> 02 Medical Officers | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11-13 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14-16 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17-18 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19-21 |
| <input type="checkbox"/> 03 Interns | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 04 MOOH | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 05 Dental Surgeons | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 06 Asst./Registered Medical Officers | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Doctors Indigenous | | | | |
| 07 Diplomat Ayurvedic Medical Officers | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 08 Diplomat Ayurvedic Interns | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 09 Registered Ayurvedic Medical Officers | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10 Traditional Ayurvedic Physician | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11 Nurses | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12 Public Health Nurses | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13 Public Health Inspectors | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14 Health Educators | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15 Midwives (Hospital) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

2.6 (Contd)

| Type of Staff | 1 Approved Cadre | 2 Number presently available | 3 Number of man months position remained unfilled in 1991 | 4 Hours of work per week |
|---------------------------------------|------------------------|---------------------------------------|--------------------------------------------------------------------|-----------------------------------|
| 16 Public Health Midwives | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17 Pharmacists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18 Estate Medical Assistants | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19 Medical Laboratory Technologists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Physiotherapists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 Occupational Therapists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 Radiographers | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 23 Radiotherapists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 24 E.C.G. Recordists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 25 E.E.G. Recordists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 26 Ophthalmic Technicians | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 27 Dental Technicians | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 28 Dental Therapists | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 29 Welfare Supervisors (Estate) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 30 Other professional staff (specify) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Card type 06</i> | | | | |
| 31 Non-Medical Staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

1-8.

9-12

13-16

17-20

21-24

2.7 What is the size of the population served by this facility?

- Less than 500
- 500 - 999
- 1000 - 4999
- 5000 - 19,999
- 20,000 - 49,999
- 50,000 - & over

- 1
- 2
- 3
- 4
- 5
- 6

25

2.8 What is the furthest distance people normally travel to use this facility?

km. 26-28

2.9 The category of the facility

- Western
- Indigenous
- Combined

- 1 Go to Q. 2.10
- 2 Go to Q. 2.15
- 3 Go to Q. 2.10

29

2.10 Number of out-patients by major category of visits in an average month in 1991

Card Type 06 1-8-11

- 9 1 Preventive (Not MCH)
- 2 MCH
- 3 Medical
- 4 Surgical
- 5 Gynaecological
- 6 Paediatrics
- 7 Other (Specify)
- 8 Total

| | 1 | Total No. of Patients | | | | 2 | No. of Pay Patients | | | |
|-------------------------|---|-----------------------|--|--|--|---|---------------------|--|--|--|
| 1 Preventive (Not MCH) | | | | | | | | | | |
| 2 MCH | | | | | | | | | | |
| 3 Medical | | | | | | | | | | |
| 4 Surgical | | | | | | | | | | |
| 5 Gynaecological | | | | | | | | | | |
| 6 Paediatrics | | | | | | | | | | |
| 7 Other (Specify) | | | | | | | | | | |
| 8 Total | | | | | | | | | | |

10-15

16-21

Card Type 08 1-8

2.11 Number of out-patient services provided in an average month in 1991

| Category | No. of out-patient services provided |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 01 MCH (Except Immunization) | |
| 01.1 Number of pre-natal visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9-12 |
| 01.2 Number of post-natal visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 13-16 |
| 01.3 Paediatric Clinic | |
| 01.3.1 Number of infant visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 17-20 |
| 01.3.2 Number of pre-school child visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 21-24 |
| 02 Number of Immunizations given (by type) | |
| 02.1 BCG | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 25-28 |
| 02.2 Triple | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 29-32 |
| 02.3 Polio | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 33-36 |
| 02.4 Measles | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 37-40 |
| 02.5 Tetanus | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 41-44 |
| 03 Number of Health Education sessions held | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 45-48 |
| 04 Number of Screenings | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49-52 |
| 05 Number of Medical Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 53-56 |
| 06 Number of Surgical Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 57-60 |
| 07 Number of Dental Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 61-64 |
| 08 Number of Investigations (In-house) | |
| 08.1 Number of Medical Investigations done | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 65-68 |
| 08.2 Number of Radiography Investigations done | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 69-72 |
| <hr/> | |
| Card Type 09 09 Pharmacy - Number of Prescriptions serviced | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 73-76 9-12 |
| 10 Number of Home Deliveries | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 77-80 13-16 |
| 11 Number of Family Planning visits | |
| 11.1 Interval method | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 81-84 17-20 |
| 11.2 Sterilization | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 85-88 21-24 |
| 11.3 Other (Specify) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 89-92 25-28 |
| 12 Number of Acupuncture visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 93-96 29-32 |

2.12 Are facilities available for in-patients?

Yes

1

Go to Q. 2.13

33 97

No

2

Go to Q. 2.15

2.13 Number of in-patient beds

Card type 10 1-8

Unit

Number of Beds

- 01 Obstetric
- 02 Gynaecological
- 03 Paediatric
- 04 Medical
- 05 Surgical
- 06 Eye
- 07 ENT
- 08 Dental
- 09 Psychiatric
- 10 Rehabilitation
- 11 Other (Specify).....
- 12 Total Bed Strength

| | 1 9 Female | 2 9 Male | 3 9 Total |
|----|---------------|-------------|--------------|
| 01 | 10-12 | 10-12 | |
| 02 | 13-15 | 13-15 | |
| 03 | 16-18 | | |
| 04 | 19-21 | | |
| 05 | 22-24 | | |
| 06 | 25-27 | | |
| 07 | 28-30 | | |
| 08 | 31-33 | | |
| 09 | 34-36 | | |
| 10 | 37-39 | | |
| 11 | 40-42 | | |
| 12 | 43-46 | | |

2.14 In-patient services in an average month in 1991

Card type 11 1-8

| Services | Numbers | | | | | 6 No. of Pay patients |
|------------------------|--------------------|-----------------|-----------------|-------------|-------------------------------|--------------------------|
| | 1 17 Deliveries | 2 Admissions | 3 Discharges | 4 Deaths | 5 Bed days occupancy (BDO) | |
| 1 Obstetric | 10-13 | | | | | |
| 2 Gynaecological | 14-17 | | | | | |
| 3 Paediatric | 18-21 | | | | | |
| 4 Medical | 22-25 | | | | | |
| 5 Surgical | 26-29 | | | | | |
| 6 Other (Specify)..... | 30-33 | | | | | |
| 7 Total | 34-38 | | | | | |

Please check in data entry

Card Type 10₁₂ 1-8

2.15 Number of out-patients by major category of visits in an average month in 1991

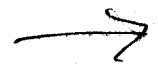
| Category |
|-------------------------|
| 01 Panchakarma |
| 02 Scalds & Burns |
| 03 Skin |
| 04 Fracture |
| 05 Obstetric |
| 06 Eye |
| 07 Paediatric |
| 08 General Disorder |
| 09 Unani |
| 10 Siddha |
| 11 Other (Specify)..... |
| 12 Total |

| Total No. of Patients | No. of Pay Patients |
|-----------------------|---------------------|
| 13 | |
| 14-17 | |
| 18-24 | |
| 22-28 | |
| 26-28 | |
| 30-33 | |
| 24-37 | |
| 38-44 | |
| 42-45 | |
| 46-49 | |
| 50-53 | |
| 54-59 | |

2.16 Number of out-patient services provided in an average month in 1991

Card Type 11+2 1-8

| Category | No. of out-patient services provided |
|--------------------------------------------|--------------------------------------|
| 01 MCH (Except Immunization) | |
| 9-11 01.1 Number of pre-natal visits | 12-15 |
| 01.2 Number of post-natal visits | |
| 01.3 Paediatric Clinic | |
| 01.3.1 Number of infant visits | |
| 01.3.2 Number of pre-school child visits | |
| 02 Number of Immunizations given (by type) | |
| 02.1 B.C.G. | |
| 02.2 Triple | |
| 02.3 Polio | |
| 02.4 Measles | |
| 02.5 Tetanus | |



2.16 (Contd)

| Category | No. of out-patient services provided |
|-------------------------------------------------|-------------------------------------------------------------------------------------|
| 030 Number of Health Education sessions held | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 040 Number of Screenings | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 050 Number of Surgical Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 060 Number of Panchakrma Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 070 Number of Scalds & Burns Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 080 Number of Skin Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 090 Number of Fracture Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 100 Number of Eye Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 110 Number of General Disorder Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 120 Number of Unani Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 130 Number of Siddha Care visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | |
| 140 Number of Investigations (In-house) | |
| 14.1 Number of Medical Investigations done | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14.2 Number of Radiography Investigations done | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 150 Pharmacy - Number of Prescriptions serviced | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 160 Number of Home Deliveries | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 170 Number of Family Planning Visits | |
| 17.1 Interval method | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 17.2 Sterilization | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 17.3 Other (Specify) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 180 Number of Acupuncture visits | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 190 Other (Specify)..... | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Card Type 12
14

1-8

2.17 Are facilities available for in-patients?

Yes 1 Go to Q. 2.18

No 2 Go to Q. 2.20

9

Card Type *B. 15* 1-8

2.18 Number of in-patient beds

| Unit | Number of Beds | | |
|-------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| | 1 Female | 2 Male | 3 Total |
| 01 Panchakarma | <input type="text"/> <input type="text"/> <input type="text"/> 10-12 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 02 Scalds & Burns | <input type="text"/> <input type="text"/> <input type="text"/> 13-15 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 03 Skin | <input type="text"/> <input type="text"/> <input type="text"/> 16-18 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 04 Fracture | <input type="text"/> <input type="text"/> <input type="text"/> 19-21 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 05 Obstetric | <input type="text"/> <input type="text"/> <input type="text"/> 22-24 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 06 Eye | <input type="text"/> <input type="text"/> <input type="text"/> 25-27 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 07 Paediatric | <input type="text"/> <input type="text"/> <input type="text"/> 28-30 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 08 General Disorder | <input type="text"/> <input type="text"/> <input type="text"/> 31-33 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 09 Surgical | <input type="text"/> <input type="text"/> <input type="text"/> 34-36 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 10 Unani | <input type="text"/> <input type="text"/> <input type="text"/> 37-39 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 11 Siddha | <input type="text"/> <input type="text"/> <input type="text"/> 40-42 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 12 Other (specify)..... | <input type="text"/> <input type="text"/> <input type="text"/> 43-45 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 13 Total | <input type="text"/> <input type="text"/> <input type="text"/> 46-48 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

2.19 In-patient services in an average month in 1991

Card Type *14* 1-8

| | 1 Number of Deliveries | 2 Number of Admissions | 3 Number of Discharges | 4 Number of Deaths | 5 Number of Bed days occupancy (BDO) | 6 Number of Pay patients |
|--------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| | 1 Panchakarma | <input type="text"/> <input type="text"/> <input type="text"/> 10-13 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 2 Scalds & Burns | <input type="text"/> <input type="text"/> <input type="text"/> 14-17 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 3 Skin | <input type="text"/> <input type="text"/> <input type="text"/> 18-21 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 4 Fracture | <input type="text"/> <input type="text"/> <input type="text"/> 22-25 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 Obstetrics | <input type="text"/> <input type="text"/> <input type="text"/> 26-29 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 Eye | <input type="text"/> <input type="text"/> <input type="text"/> 30-33 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 Paediatrics | <input type="text"/> <input type="text"/> <input type="text"/> 34-37 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 General Disorder | <input type="text"/> <input type="text"/> <input type="text"/> 38-41 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 9 Surgical | <input type="text"/> <input type="text"/> <input type="text"/> 42-45 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 10 Unani | <input type="text"/> <input type="text"/> <input type="text"/> 46-49 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 11 Siddha | <input type="text"/> <input type="text"/> <input type="text"/> 50-53 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 12 Other (Specify) | <input type="text"/> <input type="text"/> <input type="text"/> 54-57 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 13 Total | <input type="text"/> <input type="text"/> <input type="text"/> 58-62 | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Card Type 15-17-18

2.20 Does the facility have the following drugs and supplies in stock at present?

9-11.

| Item | 1 Is the drug/ supply available in stock? | | 2 Duration in months | 3 Number of months in which you were able to provide the drug/ supply during the last 12 months |
|-----------------------------------------|-------------------------------------------------|-----------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------|
| 12-13 01 Anti-allergics | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 15-16 | 17-18 |
| 02 Antibiotics (Penicillin/ Ampicillin) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 03 Analgesics <u>03.1</u> non - opioids | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| <u>03.2</u> opioids | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 04 Anti - helmintics | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 05 Anti - asthmatics | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 06 Anti - filarial | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 07 Anti - malarial | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 08 Anti- venoms | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 09 Activated charcoal/ Fullers earth | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 10 Atropine | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 11 Insulin | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 12 ORT | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 13 Dextrose | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 14 Xray films | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 15 Dressings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

2.21 Does the facility have the following vaccines in stock at present?

| Item | 1 Is the vaccine available in stock? | | 2 Duration in months | 3 Number of months in which you were able to supply this vaccine during the last 12 months |
|--------------|-----------------------------------------|--------|-------------------------|-----------------------------------------------------------------------------------------------|
| [01] DPT | Yes [1] | No [2] | [] [] | [] [] |
| [02] Polio | Yes [1] | No [2] | [] [] | [] [] |
| [03] Measles | Yes [1] | No [2] | [] [] | [] [] |
| [04] BCG | Yes [1] | No [2] | [] [] | [] [] |
| [05] Tetanus | Yes [1] | No [2] | [] [] | [] [] |

5.

2.22 Does the facility have the following drugs and supplies in stock at present?

| Item | 1 Is the drug/ supply available in stock? | | | 2 Duration in months | 3 Number of months in which you were able to provide the drug/ supply during the last 12 months |
|--------------------------------|-------------------------------------------------|--------------------------------|-------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------|
| | Yes | No | | | |
| 01 Seetapitta nashaka | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 Pradhaha shamana aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 Shoolahara aushada | 03.1 non - opioid | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| | 03.2 opioid | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 Krimi nashaka aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 Swashara aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 Sleepadagna aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 Vishamajwarahara aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 Sharpavisha nashaka aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 Visha nashaka aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Madumeha aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Atheesara nashaka aushada | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Xray films | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Dressings | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | | <input type="checkbox"/> | <input type="checkbox"/> |

16

Card Type 16.8 1-8

2.23. Does the facility have the following equipment?

| Item | 1 Is the equipment available? | | 2 Whether functional? | | |
|------------------------------------------------------------------|-------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------|
| | Yes | No | Yes | No | |
| 01 Examination Couch | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 9 | | | |
| 02 Blood Pressure Apparatus | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 10-11 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 03 Weighing Scales | 03.1 0 - to 6 months | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 12-13 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| | 03.2 6 - to 60 months | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 14-15 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| | 03.3 Adults | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 16-17 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| 04 Equipment for measuring height | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 18 | | | |
| 05 Examination (spot) lamp | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 19-20 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 06 Spatula | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 21 | | | |
| 07 Ophthalmoscope/ Auroscope | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 22-23 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 08 Sterilizing unit | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 24-25 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 09 Sucker | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 26-27 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 10 Disposable Syringes | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 28 | | | |
| 11 Surgical Equipment (Scalpel scissor, needle, suture material) | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 29 | | | |
| 12 Throat Swab | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 30 | | | |
| 13 Vision Testing Facility | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 31 | | | |

Card Type 17 1-8

Section 3
Revenue and Expenditure

3.1. Total Cost of Operations for the year 1991

- 1 PERSONNEL COST (Salaries, Wages, Fees, Payments etc.)
 - 1.1 Payments to Medical staff actually providing health care
 - 1.2 Payments to Para-professionals
 - 1.3 Payments to other Professional & Trained staff
 - 1.4 Payments to Non-medical staff (Includes Medical Administrators)
 - 1.5 Sub Total

| Cost (in Rupees) | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | | 9-16 |
| | | | | | | | | | | 17-24 |
| | | | | | | | | | | 25-32 |
| | | | | | | | | | | 33-40 |
| | | | | | | | | | | 41-49 |

2 NON PERSONNEL COST (Except Capital)

Card Type 18 1-8
20

- 2.1 Drugs
- 2.2 Other Supplies
- 2.3 Transportation
- 2.4 Maintenance & Repairs
- 2.5 Housekeeping
- 2.6 Catering
- 2.7 Laundry
- 2.8 Utilities
- 2.9 Others (Specify)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|------------------------|
| | | | | | | | | | | 50 57 9-16 |
| | | | | | | | | | | 58 65 17-24 |
| | | | | | | | | | | 66 73 25-32 |
| | | | | | | | | | | 74 81 33-40 |
| | | | | | | | | | | 82 89 41-48 |
| | | | | | | | | | | 97 99 49-56 |
| | | | | | | | | | | 105 57-64 |
| | | | | | | | | | | 113 65-72 |
| | | | | | | | | | | 121 73-80 |

2.10 Sub Total

Card Type 19 1-8
21

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-------|
| | | | | | | | | | | 9-18 |
| | | | | | | | | | | 19-28 |
| | | | | | | | | | | 29-40 |

- 3 CAPITAL EXPENDITURE COST (Buildings, Major Equipment, Vehicles etc.)
- 4 Total Cost

3.2 Estimated percentage of medical staff time and total operating cost (non-capital) used for in-patient and out-patient services for an average month in 1991

| Category | 1. % of Medical staff time | 2. % of Total Cost |
|----------------|-------------------------------------------------|-------------------------------------------------|
| 1 In-patients | <input type="text"/> <input type="text"/> 41-43 | <input type="text"/> <input type="text"/> 47-49 |
| 2 Out-patients | <input type="text"/> <input type="text"/> 44-46 | <input type="text"/> <input type="text"/> 50-52 |
| 3 Total | 100.0 | 100.0 |

31R - 41-43
31S - 44-46

31T - 47-49
31W - 50-52

Card type 22 1-8

3.3 Approximate percentage of time and resources attributable to various Western-type, Out-Patient Services for an average month in 1991

| Type | Pre-Natal | | Post-Natal | | Paediatric Clinic | | | | Immunization | | Health Education | | Screening | |
|-------------------------------------------------------------------|-----------|-----------|------------|-----------|-------------------|-----------|---------------|-----------|--------------|-----------|------------------|-----------|-----------|-----------|
| | % of Time | % of Cost | % of Time | % of Cost | Infants | | Pre-schoolers | | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost |
| | | | | | % of Time | % of Cost | % of Time | % of Cost | | | | | | |
| 9-10 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |
| 1 Personnel | 13-15 | 16-18 | | | | | | | | | | | | |
| 1.1 Medical staff | | | | | | | | | | | | | | |
| 1.2 Para-professional staff | | | | | | | | | | | | | | |
| 1.3 Professional and Trained staff | | | | | | | | | | | | | | |
| 1.4 Non-Medicals Staff | | | | | | | | | | | | | | |
| 2 Non-Personnel | | | | | | | | | | | | | | |
| 2.1 Drugs | | 37-39 | | | | | | | | | | | | |
| 2.2 Other Supplies | | 40-42 | | | | | | | | | | | | |
| 2.3 Transportation | | 43-45 | | | | | | | | | | | | |
| 2.4 Maintenance & Repairs | | 46-48 | | | | | | | | | | | | |
| 2.5 House Keeping | | 49-51 | | | | | | | | | | | | |
| 2.6 Catering | | 52-54 | | | | | | | | | | | | |
| 2.7 Laundry | | 55-57 | | | | | | | | | | | | |
| 2.8 Utilities | | 58-60 | | | | | | | | | | | | |
| 2.9 Others (Specify) | | 61-62 | | | | | | | | | | | | |
| 3 Capital Expenditure (Buildings, Major Equipment, Vehicles etc.) | | 64-66 | | | | | | | | | | | | |

Special codes possible is 996

| Medical | | Surgical | | Dental | | Laboratory | | Pharmacy | | Deliveries | | Family Planning | | Other (Specify) | | Total | | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------|-------|
| % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 100.0 | 100.0 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 100.0 | 100.0 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 100.0 | 100.0 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 100.0 | 100.0 |
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| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 100.0 | 100.0 |
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AS

3.4 Contd.

| Type | Deliveries | | Family Planning | | Other (Specify) | | Total | |
|----------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|-----------|-----------|
| | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost |
| | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 1 Personnel | | | | | | | | |
| 1.1 Medical staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100.0 | 100.0 |
| 1.2 Para-professional staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100.0 | 100.0 |
| 1.3 Other Professional and Trained staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100.0 | 100.0 |
| 1.4 Non-medical staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100.0 | 100.0 |
| 2 Non-personnel | | | | | | | | |
| 2.1 Drugs | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.2 Other Supplies | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.3 Transportation | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.4 Maintenance & Repairs | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.5 Housekeeping | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.6 Catering | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.7 Laundry | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.8 Utilities | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 2.9 Others (Specify) | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |
| 3 Capital Expenditure (Buildings, Major Equipment, Vehicles etc.) | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 100.0 |

3.5

Approximate percentage of time and resources attributable to various Western-type in-patient Specialities for an average month in 1991

| Type | Medical | | Surgical | | Paediatric | | Obstetric | | Other | | Total | |
|----------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost | % of Time | % of Cost |
| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 |
| 1 Personnel | | | | | | | | | | | 100.0 | 100.0 |
| 1.1 Medical staff | | | | | | | | | | | 100.0 | 100.0 |
| 1.2 Para-professional staff | | | | | | | | | | | 100.0 | 100.0 |
| 1.3 Other Professional and Trained staff | | | | | | | | | | | 100.0 | 100.0 |
| 1.4 Non-medical staff | | | | | | | | | | | 100.0 | 100.0 |
| 2 Non-Personnel | | | | | | | | | | | | |
| 2.1 Drugs | | | | | | | | | | | | 100.0 |
| 2.2 Supplies | | | | | | | | | | | | 100.0 |
| 2.3 Transportation | | | | | | | | | | | | 100.0 |
| 2.4 Maintenance and Repairs | | | | | | | | | | | | 100.0 |
| 2.5 Housekeeping | | | | | | | | | | | | 100.0 |
| 2.6 Catering | | | | | | | | | | | | 100.0 |
| 2.7 Laundry | | | | | | | | | | | | 100.0 |
| 2.8 Utilities | | | | | | | | | | | | 100.0 |
| 2.9 Other (Specify) | | | | | | | | | | | | 100.0 |
| 3 Capital Expenditure (Buildings, Major Equipment, Vehicles etc.) | | | | | | | | | | | | 100.0 |

5

9-10

Card Type 23 - 1-8

* In 3.7-03 decimals are zero when the rest is having different codes.

3.7 Service Charges - Western (as in 1991)

Type of Service

Charges in Rupees

1
Minimum

2
Maximum

3
Average

01 Consultation

- 11-12 1.1 Obstetric
- 1.2 Surgical
- 1.3 Medical
- 1.4 Paediatric

13-16

17-20

21-24

02 Injection

- 03 Ampicillin (One capsule)
- 11-12 04 Paracetamol (One Tablet)

Card Type 24 1-8

13-18

19-24

25-30

05 Family Planning

- 5.1 Contraceptive Pills (One month supply)
- 5.2 Condom (One pkt. of 3)
- 5.3 Male Sterilization
- 5.4 Female Sterilization
- 5.5 IUD including insertion
- 5.6 Norplant
- 5.7 Injectable Contraceptive
- 5.8 Diaphragm

06 Laboratory

- 11-12 6.1 Full Blood Report
- 6.2 Urinalysis

Card Type 25 1-8

13-16

17-20

21-24

07 Delivery

- 7.1 Basic (Uncomplicated)
- 7.2 Caesarian Section

Card Type 26 1-8

13-17

18-22

23-27

08 Appendectomy

09 In-patient

Card Type 27 1-8

- 11-12 9.1 Room with Board in Basic Ward (1 day)
- 9.2 Standard Private Room with Board (1 day)

13-16

17-20

21-24

10 Dressings (Out-patient)

3.7
9-10

3.7
9-10

3.7
9-10

3.7
9-10

3.7 contd.

- 11 Standard course of treatment for Malaria
- 12 Setting Broken Arm (Uncomplicated)
- 13 Xray - Chest
- 14 Acupuncture (pain in shoulder)

| 1 | 2 | 3 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

3.8 Service Charges - Ayurvedic (as in 1991)

Card type 2b 1-8
28

| Type of Service | Charges in Rupees | | |
|-----------------------------------------------|----------------------------|----------------------------|----------------------------|
| | 1 Minimum | 2 Maximum | 3 Average |
| 01 Consultation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11-13 01.10 Panchakarma 0011 | <input type="text"/> 15-18 | <input type="text"/> 19-22 | <input type="text"/> 23-26 |
| 00 01.20 Scalds & Burns 0012 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.30 Skin 0013 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.40 Fracture | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.50 Obstetric | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.60 Eye | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.70 Paediatric | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.80 General Disorder | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.90 Surgical | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| X 00 01.10 Unani 0110 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.11 Siddha | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.12 Acupuncture | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 00 01.13 Other (Specify)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0200 Injection 0200 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0300 Pradhaha shamana aushada | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0400 Shoolahara aushada (non - opoid; 1 unit) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0500 Family Planning | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 05.10 Contraceptive Pills (One months supply) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 05.20 Condom (One pkt. of 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3.8 contd.

06 Laboratory

06.1 Full Blood Report

06.2 Urinalysis

07 Delivery

Basic (Uncomplicated)

08 Surgical

09 In-Patient

09.1 Room with Board in Basic Ward (1 day)

09.2 Standard Private Room with Board (1 day)

10 Dressings (Out-patient)

11 Standard Course of treatment for Malaria

12 Setting broken arm (Uncomplicated)

13 Xray - Chest

14 Acupuncture (pain in shoulder)

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Card type 2742 1-8

3.9 Sources of Income for the Year 1991

29

07-10 Sources

Amount in Rupees

| | | | |
|----|-------------------------|----------------------|-------|
| 01 | National Budget | <input type="text"/> | 11-28 |
| 02 | Provincial Budget | <input type="text"/> | |
| 03 | Local Government Budget | <input type="text"/> | |
| 04 | Special Grants | <input type="text"/> | |
| 05 | Private Contributions | <input type="text"/> | |
| 06 | User Charges | <input type="text"/> | |
| 07 | Drugs Revenue (Gross) | <input type="text"/> | |
| 08 | Insurance Payments | <input type="text"/> | |
| 09 | Loans | <input type="text"/> | |
| 10 | Other (Specify) | <input type="text"/> | |

multiple records

Special
wdr. 996, 998, 990

Card type 2842 1-8

11 Total Revenue

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

9-19

