Integrated HMIS Reporting Formats

NATIONAL RURAL HEALTH MISSION

Instructions - at a Glance

(Version 1.5)

July-2010

Ministry of Health

& Family Welfare

Government of India

Contents

Introduction

1.1 Recognising the importance of health of its citizens in the process of economic and social development and improving their quality of life, the Ministry of Health and Family Welfare, launched the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalising Community Health Centres into functional hospitals meeting Indian Public Health Standards in each Block of the country. These interventions have increased the demand for disaggregated data on population and health for use in both micro-level planning and program implementation. At the same time, understanding the synergy between availability of services, cost involved in provision of public health care services, expenditure and pattern of utilization among various sections of population, including vulnerable sections of the society, are important aspects that influence decision making. A continuous flow of good quality information on inputs, outputs and outcome indicators facilitates monitoring of the objectives of NRHM.

1.2 The Ministry had last revised the forms for data capturing during the year 2006 and several States sent data on the new forms. Based on the feedback received from States and other users, efforts were made to further simplify and rationalise the data capturing formats. The revised sets of formats have been sent to the States in September, 2008 and the present Guidelines gives broad instructions to the various users on how the forms are to be filled up. The Formats have been compiled and bound in a separate volume titled "**Health Management Information Systems Formats- Version 1.0**".

1.3 In context to these formats, a dedicated Health Management Information System (HMIS) web-portal has been established at the URL **http://nrhm-hmis.nic.in**, where the users at the District level can log on and enter the physical and financial performance data directly onto the portal. The HMIS portal facilitates data to be entered at the facility level also. The broad details of how data is to be captured on the HMIS portal are explained in the "**Operational Manual for HMIS"**.

1.4 The broad objectives of these Guidelines are:

- To ensure uniformity and consistency in understanding of the formats and the data items/elements to be captured on the forms.

- To facilitate standardized compilation and calculation of the various indicators at different levels of the health care delivery system;

- To facilitate the programme managers and other stake-holders in tracking monitoring indicators that would be generated through the web-based HMIS portal by use of standardized definitions.

1.5 The explanation and suggestions given in this guideline will not only help in compiling good and robust data but will also lead to better estimates of monitoring indicators and assist in comparisons. The guidelines given in this manual are intended for those who are engaged in the collection and compilation of data from the peripheral level onwards facilitating them to collect and collate the information without any ambiguity. In case further clarifications are required for the terms used in the HMIS formats, the user is requested to refer to the Ministry's website (**http://mohfw.nic.in).**

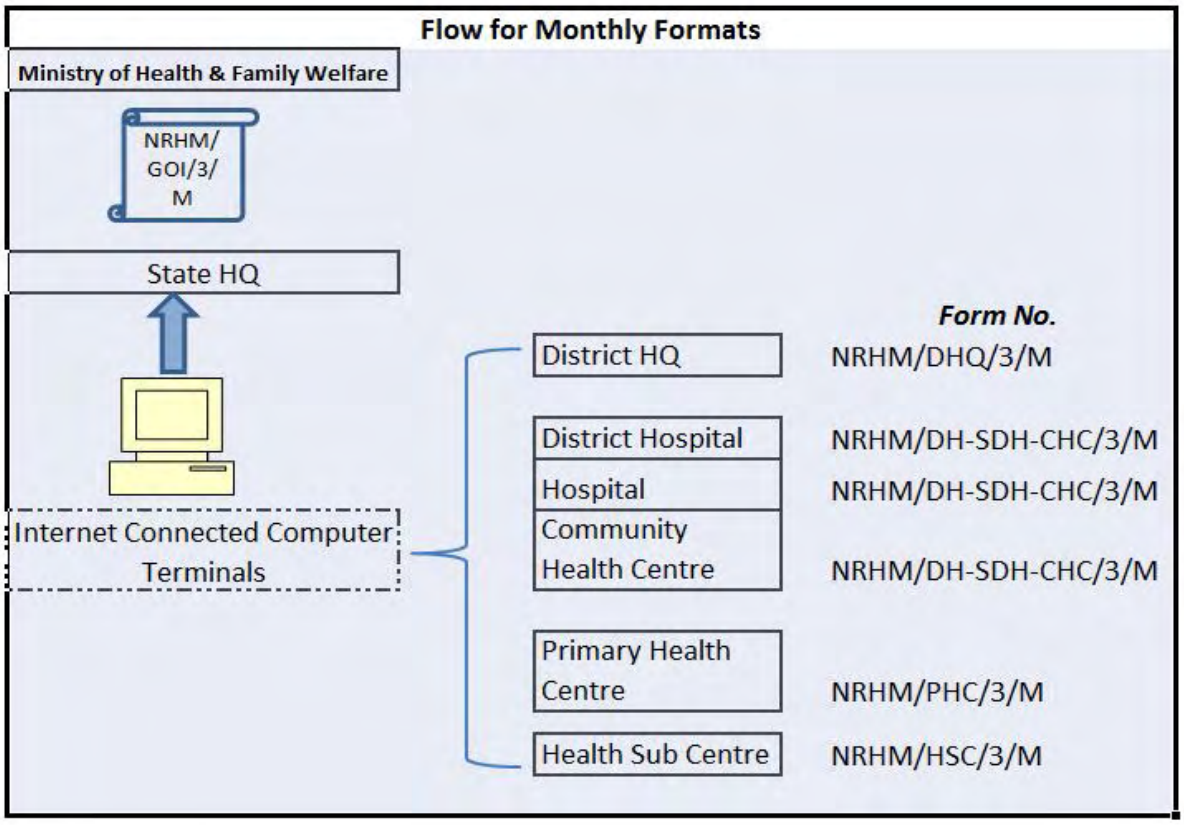
Data Flow

2.1 The various types of forms that have been developed are as follows:

Sl No	Form No.	Periodicity	Submission Date	Submission channel	Remarks
A	**REPORTING FORMS from State to GOI** {These Forms are to be sent to GOI}				
1.	**NRHM/GOI/1/A**	Annual	30th April of the reporting year	State Govt to GOI	
2.	**NRHM/GOI/2/Q**	Quarterly	10th of Month following respective Quarter		
3.	**NRHM/GOI/3/M**	Monthly	20th of following Month		
B	**REPORTING FORMS within State Government** {These Forms are **NOT** to be sent to GOI}				
4.	**NRHM/SG/1/A**	Annual	15th April of the reporting year	Internal for State Govt	
5.	**NRHM/SG/2/Q**	Quarterly	20th of Month following respective Quarter	Internal for State Govt	
C	**REPORTING FORMS within Districts** {These Forms are **to be sent to State Govt**}				
6.	**NRHM/DHQ/1/A**	Annual	5th April of the reporting year	District to State Govt	
7.	**NRHM/DHQ/2/Q**	Quarterly	10th of Month following respective Quarter		
8.	**NRHM/DHQ/3/M**	Monthly	10th of following Month		
D	**FACILITY REPORTING FORMS within Districts** {These Forms are **to be sent to District HQ**}				
9.	**NRHM/DH-SDH-CHC/3/M**	Monthly	5th of following Month	District Hospital to District HQ	The forms are the same for DH, SDH and CHC and can be used interchangeably
10.	**NRHM/PHC/3/M**	Monthly	5th of following Month	PHC to	

Sl No	Form No.	Periodicity	Submission Date	Submission channel	Remarks
				District HQ	
11.	**NRHM/HSC/3/M**	Monthly	5th of following Month	Health Sub Centre to District HQ	

2.2 The above forms would flow from the various facilities as indicated in the diagram below. The figure is indicative of the flow of information from the facilities and is not an exact model of the administrative hierarchies which may vary across States.



2.3 A similar flow is valid for the Quarterly and Annual Forms. It may be noted that there are no quarterly forms from the facilities. The information for the Quarterly Form (No. NRHM/DHQ/2/Q) is to be captured from the District Headquarters only and similarly for the State Headquarters (Form No. NRHM/SG/2/Q)

2.4 For the Web Based HMIS portal, before the facility level information can be entered, it is necessary to create and update the Master files which contain information about the facility. After the Master files have been completely updated, the user will be able to select the facility for capturing the physical progress on the HMIS portal.

2.5 The instructions for filling up the various forms (Annual, Quarterly or Monthly) are linked by the reference numbers of the corresponding data element in the consolidated formats, namely NRHM/GOI/1/A, NRHM/GOI/2/Q, NRHM/GOI/3/M. In view of this referencing and linkage, separate instructions for the facilities are not being provided.

2.6 Each of the facility level forms can be easily adapted to capture information from corresponding or equivalent institutions in the Urban Sector as well as the Private Sector.

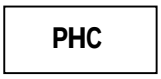
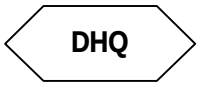
Monthly Format

Guidelines for Monthly Reporting Format (Consolidated)

Introductory Notes

1. These are instructions at a glance for filling up information in the format. For detailed information on any term or terminology, the user may please refer to the corresponding technical or programme guidelines/manuals. All information will relate to the activities/events during the reporting month.

2. In the Instructions, the column "Applicable to" gives symbols that signify from which institution or facility the information is to be captured from. The symbols are self-explanatory as depicted below:

SC	
PHC	
CHC SDH DH	
District HQ	
State HQ	

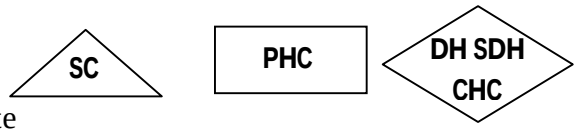
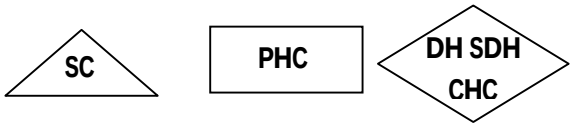
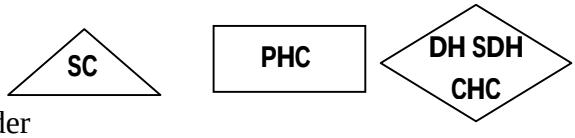
3. In a few places detailed explanation has been given for some of the medical terms for better clarity.

4. The major shift in the present HMIS is towards Facility based reporting, so that the health services/activities that take place **at the facility** gets captured/ reported for that particular month. Thus activities like home deliveries, say, would not get reported in the DH, CHC or PHC format; this would in fact get reported by the corresponding sub-centre format in the catchment area.

5. The private healthcare institutions (<30 beds) will be required to use [PHC] formats while the private healthcare institutions (>30 beds) would have to fill [CHC] formats. The private institutions are to fill up a separate format for each institution and uploaded on the portal. This assumes importance especially when the state has initiated facility based reporting. Accredited private institutes are required to provide information on the services provided at their facility.

6. Suggestions for improvement of these Instructions are welcome and may be sent by e-mail to: hmis-nrhm@nic.in.

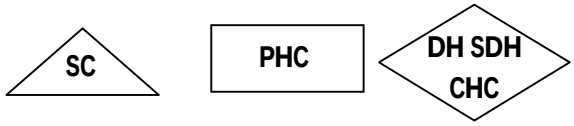
Part A: Reproductive and Child Health

Ref no.	Data Element	Applicable to
M1	**Ante Natal Care Services (ANC)**	
1.1	***Total number of pregnant women Registered for ANC*** Total number of NEW pregnant women registered for ante natal care during the reporting month. *First ANC & registration are better treated as synonymous* **Data Source – Antenatal Register(Pregnancy Register)**	
1.1.1	*Of which Number registered within first trimester* Out of the total number reported in 1.1 above, the number registered within 12 weeks of pregnancy. A visit purely to take a pregnancy test should NOT be counted as a first antenatal visit. **Data Source – Antenatal Register (Pregnancy Register)**	
1.2	***New women registered under JSY*** Total number of NEW pregnant women registered under the JSY scheme during the reporting month. Under JSY scheme, incentive is paid to the mother. Only BPL, SC, ST pregnant women would be registered in	

Ref no.	Data Element	Applicable to

High Performing States (HPS). In low performing states, all BPL, SC, ST pregnant women and all APL pregnant women who come for ANC could be registered.

Data Source – JSY Register

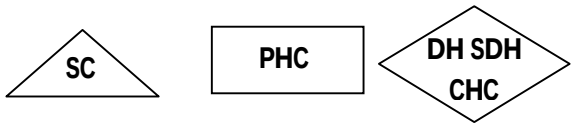


1.3 ***Number of pregnant women received 3 check ups***

Number of pregnant women who received the 3rd check-up in the reporting month as per RCH schedule (i.e. 1st Visit: 20-24 weeks, 2nd Visit: 28-32 weeks, 3rd Visit: 34-36 weeks).

Note: Only those pregnant women are to be counted/reported who received their third (3rd) antenatal check up during the reporting month.

Data Source – Antenatal Register(Pregnancy Register)



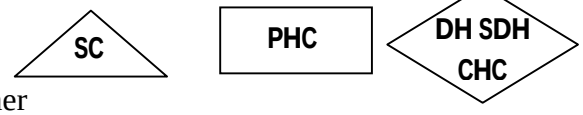
1.4 ***Number of pregnant women given***

1.4.1 *TT1*

Total number of pregnant women who have received the first dose of TT Immunisation.

This is the first pregnancy or first time that she has received TT while pregnant.

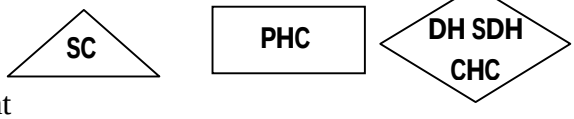
Data Source – Antenatal Register(Pregnancy Register)



1.4.2 *TT-2 or Booster*

Sum of number of pregnant women who have either received the second dose of TT immunisation or booster during the reporting month. This indicates the number of pregnant women who have completed TT immunization for the current pregnancy.

Data Source – Antenatal Register (Pregnancy Register)

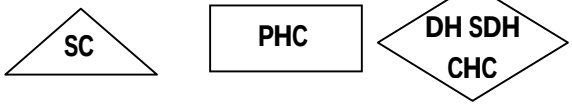


1.5 ***Total number of pregnant women given 100 IFA tablets***

Total number of pregnant women who have received at least 100 IFA tablet (large) (equivalent to 200 Mcg of elemental iron per tablet daily) during the reporting period.

Note: The number of women are to be reported and NOT the number of IFA tablets.

Data Source – Antenatal Register(Pregnancy Register)



1.6 ***Pregnant women with Hypertension (BP>140/90)***

1.6.1 *New cases detected at institution*

Number of new ante-natal cases who have been detected

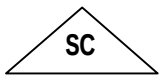
Ref no.	Data Element	Applicable to
	with hypertension (BP more than 140/90) during the reporting month at the facility. BP should be monitored during regular checkups and need to be reported only when it crosses 140/90. Such high BP cases detected at the sub-centres or higher facility are to be counted and reported in the respective forms, and the case referred to a higher facility for treatment. The cases referred to a higher facility should be recorded separately on the register. **Data Source – Antenatal Register(Pregnancy Register)**	
1.6.2	*Number of Eclampsia cases managed during delivery* Number of Eclampsia cases managed during delivery in the reporting month at the facility. This diagnosis is made by the medical officer attending to patient at the facility. These clients may be referred from sub-centres or from home but treated at this facility. Even if it is partial treatment before referral, it should be reported. **Data Source – Antenatal Register (Pregnancy Register) and Hospital Admissions/In-patient register**	DH SDH CHC
1.7	***Pregnant women with Anaemia***	
1.7.1	*Number having Hb level<11 g/dl (tested cases)* Number of pregnant women tested and found with Haemoglobin (Hb) less than 11 grams/dl during the reporting month. Only those cases are to be reported where the Hb was measured by a Hemoglobinometer or any other laboratory method. Cases identified only by examination of eyes are not to be recorded. **Data Source – Antenatal Register(Pregnancy Register), Laboratory Register**	SC, PHC, DH SDH CHC
1.7.2	*Number having severe anaemia (Hb<7g/dl) treated at institution* Number of women having severe Anaemia i.e. Hb. less than 7 grams/dl and treated at the reporting facility during the reporting month. Note: The ANC clients who have haemoglobin under 7 grams/dl (severe anaemia) and detected at sub-centres/PHC or from home, are to be referred to a higher facility for treatment. The higher facility would report the treatment. **Data Source– Antenatal Register(Pregnancy Register), Laboratory Register**	PHC, DH SDH CHC

Ref no.	Data Element	Applicable to

M2 Deliveries

2.1 *Deliveries conducted at Home*

2.1.1 *Number of Home Deliveries attended by:*



2.1.1 (a) *SBA Trained (Doctor/Nurse/ANM)*

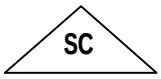
Number of home deliveries attended by a Doctor, Nurse (SBA trained) or an ANM (SBA trained) during the reporting month.

Data Source – Labour Room Register

2.1.1 (b) *Non SBA (TBA/Relatives/etc.)*

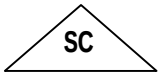
Total number of home deliveries NOT attended by a Skilled Birth Attendant (Doctor/ SBA trained Nurse/SBA trained ANM) during the reporting month (i.e. excluding those cases reported in 2.1.1 (a)). Trained 'dais' will also come under this sub-category.

2.1.2 *Number of newborns visited within 24 hours of Home Delivery*



Total number of newborns visited by health worker (ANM/ ASHA/ Doctor/ Staff Nurse) within 24 hours of home delivery, during the reporting month.

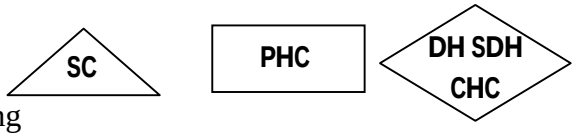
2.1.3 *Number of mothers paid JSY incentive for Home deliveries*



Number of mothers who have been paid JSY (Janani Suraksha Yojana) incentives for home deliveries during the reporting month.

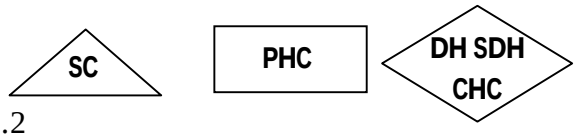
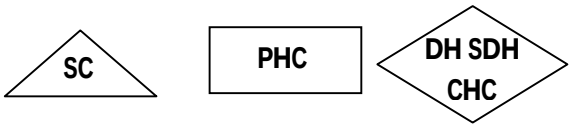
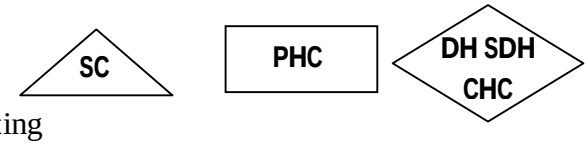
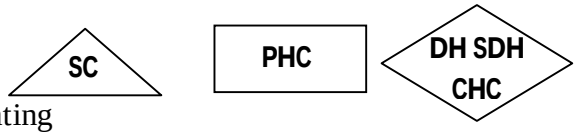
Note: The number of mothers is to be reported and NOT the amount paid.

2.2 *Deliveries conducted at Public Institutions*



Total number of deliveries conducted at the facility during the reporting month. This will include the number of caesarean section deliveries reported under Item M 3.

Only those deliveries that have taken place at the facility are to be reported. Home deliveries are to be reported in Item 2.1.1.

Ref no.	Data Element	Applicable to
	Data Source – Labour Room Register	
2.2.1	*Of which Number discharged under 48 hours of delivery* Out of the total deliveries conducted (reported in 2.2 above) in the facility, the number of women discharged within 48 hours of delivery, during the reporting month is to be reported. *It is important that a client stays in the institution for at least 48 hours to reduce maternal mortality.* **Data Source – Labour Room Register**	
2.2.2	*Number of cases where JSY incentive paid to*	
2.2.2 (a)	*Mothers* Number of mothers who have delivered in the reporting facility and have been paid JSY incentive money during the reporting month. Institutional deliveries are encouraged by paying JSY incentives to mothers. Total number of mothers who have delivered in facility and have been paid JSY incentives are to be counted. Count only those who were paid during the month, not those who are eligible and due for payment. **Data Source – Pregnancy Register & JSY Register**	
2.2.2 (b)	*ASHAs* Number of ASHAs paid incentive money for facilitating institutional delivery at the reporting facility during the reporting month under the JSY Scheme. Count only those who have received payment – do not include those who are eligible. **Data Source – Pregnancy Register & JSY Register**	
2.2.2 (c)	*ANM or AWW (only for HPS States)* Number of ANM/AWW paid incentive for facilitating institutional delivery at the reporting facility during the reporting month under the JSY Scheme (To be reported only for High Performing States). In High Performing States (HPS), this incentive is paid to ANM or AWW for Institutional delivery for facilitating institutional delivery at the facility. **Data Source – Pregnancy Register & JSY Register**	

Ref no.	Data Element	Applicable to
2.3	**Number of Deliveries at accredited Private Institutions** Total number of deliveries conducted at the reporting accredited private facility during the reporting month.	PHC; DH SDH CHC
2.3.1	Number of private institutional delivery cases where JSY incentive paid to:	
2.3.1 (a)	*Mothers* Number of mothers who have delivered in the reporting accredited private facility *and* have been paid JSY incentive money during the reporting month. Institutional deliveries are encouraged by paying JSY incentives to mothers. Count only those who were paid, not those who are eligible and due for payment. **Data Source – Pregnancy Register & JSY Register**	
2.3.1 (b)	*ASHAs* Number of ASHAs paid incentive for facilitating institutional delivery at the reporting accredited private facility during the reporting month under the JSY scheme. Count only those who have received payment – do not include those who are eligible. **Data Source – Pregnancy Register & JSY Register**	PHC; DH SDH CHC
2.3.1 (c)	*ANM or AWW (only for HPS States)* Number of ANM/AWW paid incentive for facilitating institutional delivery at the reporting accredited private facility during the reporting month under the JSY scheme (To be reported only for High Performing States). In HPS, this incentive is paid to ANM or AWW for facilitating institutional delivery at the facility. **Data Source – Pregnancy Register & JSY Register**	PHC; DH SDH CHC
M3	**Number of Caesarean (C-Section) deliveries performed at** **Data Source – Pregnancy register, Labour Room Register & OT Register**	
3.1	***Public facilities*** Total number of caesarean section deliveries conducted by facility during the reporting month. Note: The number of C-section deliveries would be added	

Ref no.	Data Element	Applicable to
	to the total number of Deliveries at public Institutions (Item 2.2).	
3.1.1	*PHC*	PHC
3.1.2	*CHC*	DH SDH CHC
3.1.3	*Sub-divisional hospital/District Hospital*	DH SDH CHC
3.1.4	*At Other State Owned Public Institutions*	DH SDH CHC
3.2	***Private facilities***	PHC DH SDH CHC
M4	**Pregnancy outcome & details of new-born**	
4.1	***Pregnancy Outcome (in number)***	
	Note : Pregnancy outcome is the sum of live births+ still births + Abortion (Spontaneous/Induced)	
4.1.1	*Live Birth*	SC PHC DH SDH CHC
	Live birth is the complete expulsion or extraction from its mother of a baby, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any evidence of life, beating of the heart, pulsation of the cord, cry etc.	
	Total number of live births during the reporting month. ***For sub-centres, this includes both home deliveries and deliveries conducted in the sub centre.***	
4.1.1 (a)	*Male*	
	Number of male live births during the reporting month.	
	In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. Report only on live births happening in the facility. For live births happening in a home near the facility, it would be recorded in the nearest sub-centre form. Line listing will help in avoiding duplication easier – and if your software supports it, this could be used.	
	Data Source – Pregnancy Register/Labour Room	

Ref no.	Data Element	Applicable to

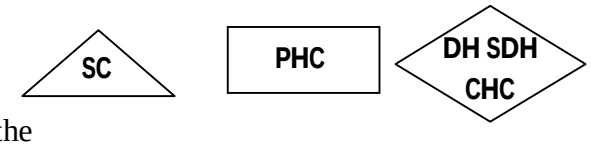
4.1.1. *Female*

(b)

Number of female live births during the reporting month.

In case of difficulty in attributing gender, make a note of the same and attribute it to the nearest category. Report only on live births happening in the facility. For live births happening in a home near the facility, it would be recorded in the nearest sub-centre form. Line listing will help in avoiding duplication – and if your software supports it, this could be used.

Data Source – Pregnancy Register/Labour Room

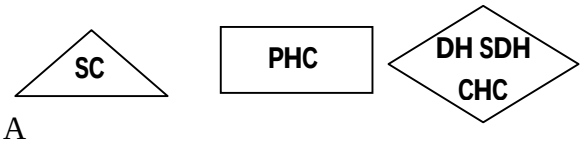


4.1.2. *Still Birth*

Number of still births occurring at the facility during the reporting month. For sub-centres, the number of still births occurring at the facility or home in the sub-centre area would be reported.

When a foetus dies in uterus after about 20 weeks, or during delivery, it is termed "stillborn". The death is indicated by the fact that the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or a movement of the limbs. A still birth can be caused by complications during labour or delivery. Other causes of stillbirth can be birth defects in the baby, problems with the placenta or umbilical cord, maternal illnesses or conditions which may sometimes affect pregnancy.

Data Source – Pregnancy register/Labour Room Register



4.1.3 *Abortion (spontaneous/induced)*

An abortion can occur due to various reasons. A spontaneous abortion or miscarriage is the spontaneous end of a pregnancy. Induced abortion is the Medical Termination of Pregnancy (MTP). In this data element, the total number of abortions (both spontaneous and induced) during the reporting month will be reported. For sub-centres, the number of spontaneous abortions occurring at home in the sub-centre area would be reported if it has been attended to, even with a delay. Of these total abortions, all MTPs would also be reported separately in Item M 7, as is required under the MTP Act. To this extent, there will be double counting.

Abortion– Spontaneous/induced expulsion of products of

Ref no.	Data Element	Applicable to

conception before the age of viability of foetus. A complete expulsion or extraction of a product of conception of a pregnant woman less than 20 weeks. Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost due to natural causes before the 20th week of gestation.

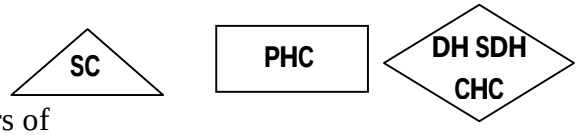
Data Source – Pregnancy register/Labour Room Register

4.2 ***Details of Newborn children weighed***

Total number of newborns weighed during the reporting month at the facility. In case of home deliveries, the number of new borns weighed would be reported in the Sub-Centre form.

Data Source – Labour Room Register

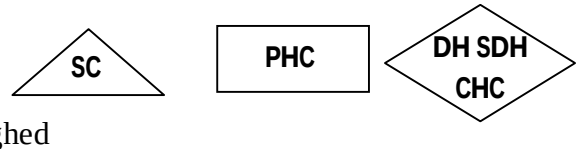
4.2.1 *Number of Newborns weighed at birth*



Number of infants (live births) weighed within 24 hours of birth (See definition of live birth)

Data Source – Labour Room Register

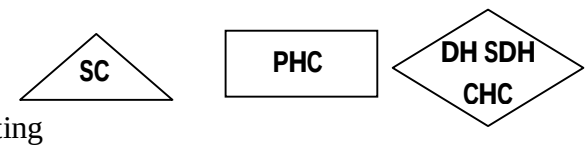
4.2.2 *Number of Newborns having weight less than 2.5 kg*



Total Number of infants (live births) who were weighed and found to be less than 2500g in this facility

Data Source – Labour Room Register

4.3 ***Number of Newborns breast fed within 1 hour***



Out of newborns reported at the facility in the reporting month, those given breast milk within 1st hour of delivery**.** ***For sub centre, this will include newborns delivered at sub-centre and home deliveries.***

Data Source – Labour Room Register

M5 **Complicated pregnancies**

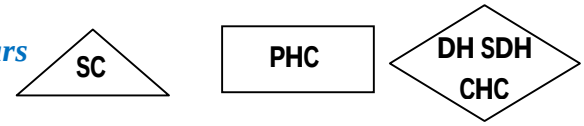
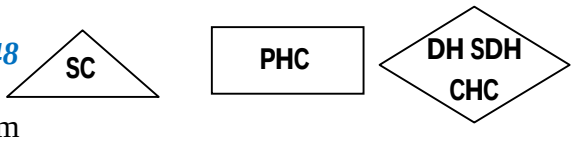
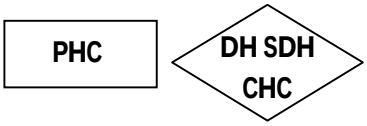
5.1 ***Number of cases of pregnant women with Obstetric Complications and attended at Public facilities***

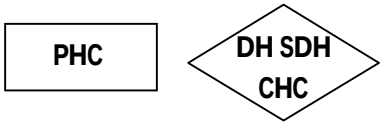
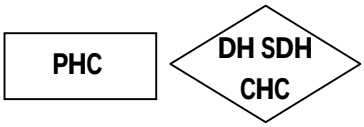
The number of cases of pregnant women with obstetric complications who have been attended to at the facility in the reporting month is to be recorded.

An obstetric complication would include obstructed labour, post partum haemorrhage, ante partum haemorrhage, eclampsia, puerperal sepsis etc.

Data Source – Labour Room Register/ IP Register

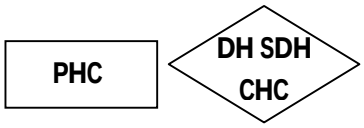
Ref no.	Data Element	Applicable to
5.1.1	*PHC*	PHC
5.1.2	*CHC*	DH SDH CHC
5.1.3	*Sub-divisional hospital/District Hospital*	DH SDH CHC
5.1.4	*At Other State Owned Public Institutions* (These could be Medical colleges, speciality hospitals etc.)	DH SDH CHC
5.2	***Number of cases of pregnant women with Obstetric Complications and attended at Private facilities*** No. of cases of pregnant women with obstetric complications who have attended at private institutions in the reporting month. **Data Source – Labour Room Register/ IP Register**	PHC DH SDH CHC
5.3	***Number of Complicated pregnancies treated with*** Total number of complicated pregnancy cases treated with the following at the reporting facility during the reporting month.	
5.3.1	*IV Antibiotics* Total number of complicated deliveries where a woman is given Intra-venous (IV) antibiotics to treat sepsis in this facility this month is to be reported. **Data Source – Obstetric IP Register/ Obstetric OPD Register**	PHC DH SDH CHC
5.3.2	*IV Antihypertensive/Magsulph injection* Total number complicated deliveries in which the woman is given Intra-venous (IV) anti-hypertensive/Magsulph injection to treat high blood pressure or Eclampsia at this facility in this month is to be reported. **Data Source – Obstetric IP Register/ Obstetric OPD Register**	PHC DH SDH CHC
5.3.3	*IV Oxytocics* Use of oxytocics is to prevent or manage bleeding. Total number of complicated deliveries in which the woman is given injectable oxytocin at this facility in this month is to	PHC DH SDH CHC

Ref no.	Data Element	Applicable to
	be reported **Data Source – Obstetric IP Register/ Obstetric OPD Register**	
5.3.4	*Blood Transfusion* Include both blood transfusion for severe anaemia and for complications in delivery (normal/C section) or postnatal period **Data Source – Obstetric IP Register/ Obstetric OPD Register**	
M6	**Post Natal Care** The first 6 weeks (42 days) after delivery is called as post natal period. After the birth of baby, either by normal vaginal delivery or by C-section, there are many changes that take place to reconstitute to the non-pregnant state. Women should get a post partum check-up within 48 hours after delivery whether at home or at facility.	
6.1	***Women receiving post partum check-up within 48 hours after delivery*** Total number of women who have received post partum check-up within 48 hours of delivery (0-48 hours) during the reporting month. For sub-centres, this would also include those post partum visits which have been given at home within 48 hours of deliveries. Also count visits to this facility that can be said to be a follow-up for post natal care***. Visits by ANM or any other SBA or trained ASHA to the home, even where the delivery took place in the facility, would be reported in sub-centre form.*** **Data Source – IP register/pregnancy register**	
6.2	***Women getting a post partum check up between 48 hours and 14 days*** Total number of women who have received post partum check-up between 48 hours and 14 days after delivery (48 hours-14 days) during the reporting month. ***For sub-centres, this would also include those post partum visits, which have been given at home.*** **Data Source – Pregnancy register/OP register**	
6.3	***PNC maternal complications attended*** Total number of women seen and treated as a PNC	

Ref no.	Data Element	Applicable to
	complication, either being a referral received at the facility or having developed the complication as an inpatient in the facility in this month is to be reported. **Data Source – Obstetric IP Register/ Obstetric OPD Register**	
M7	**Medical Termination of Pregnancy (MTP)** Medical Termination of Pregnancy (MTP), also called as induced abortion, is the removal or expulsion of an embryo or foetus from the uterus done medically. Count each case ONLY in the facility where the operation is actually performed. **Data Source – OT Register/IP register**	
7.1	***Number of MTP Conducted at Public Institutions*** Total number of MTPs conducted at the reporting facility during the reporting month **Data Source – OT Register/IP register**	
7.1.1	*Up to 12 weeks of pregnancy*	
7.1.2	*More than 12 weeks of pregnancy*	
7.2	***Number of MTPs conducted at Private Facilities*** Total number of MTPs conducted during the reporting month at the private facilities. **Data Source – OT Register/IP register**	
M8	**RTI/ STI Cases** The number of cases diagnosed with specific reproductive tract infection (RTI) or sexually transmitted infection (STI) during the reporting month. RTI/STI includes– Gonorrhoea, Chlamydia, Candidiasis, Chancroid, Genital herpes, Genital warts etc. Patients suspected of having RTI/STI usually present with one of the following complaints – Vaginal or urethral discharge, genital ulcers, inguinal bubo, lower abdominal and/or scrotal pain, genital skin conditions etc. Count ONLY the first visit for each episode. Note that patients with HIV/AIDS are NOT counted. Only those given treatment that conform to 'Syndromic management of RTI/STI' or disease specific treatment is to be counted **Data Source – OPD Register/IP Register/STI Client Register**	

Ref no.	Data Element	Applicable to

8.1 ***Number of new RTI/STI for which treatment initiated***



Total number of new RTI/ STI cases for which treatment was initiated during the reporting month. Separate figures for males and females needs to be reported.

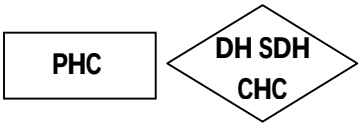
Count ONLY the first visit for each episode. Note that patients with HIV/AIDS are NOT counted. Only those given treatment that conform to "Syndromic management of RTIs/STIs" or disease specific treatment is to be counted

Data Source – OPD Register/IP Register/STI Client Register

8.1 (a) *Male*

8.1 (b) *Female*

8.2 ***Number of wet mount tests conducted***



Total numbers of suspected RTI / STI Cases for whom wet mount tests were conducted during the reporting month.

Wet mount tests are conducted for the suspected case of RTI/STI. Count only the ones for which the test has been conducted in the laboratory that serves this facility.

Data Source – Laboratory Register

M9 **Family Planning**

9.01 ***Number of NSV/Conventional Vasectomy conducted***

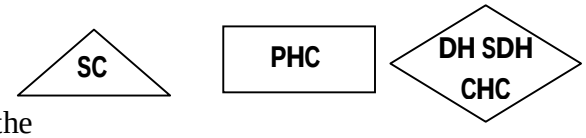
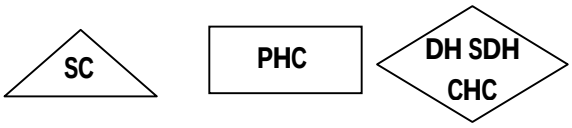
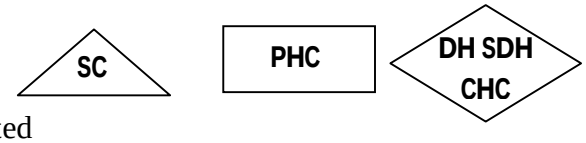
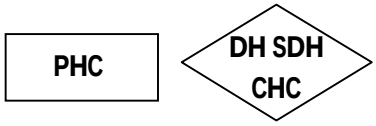
Total number of NSV (No Scalpel Vasectomy)/Conventional Vasectomy conducted during the reporting month separately at the public and private health facilities.

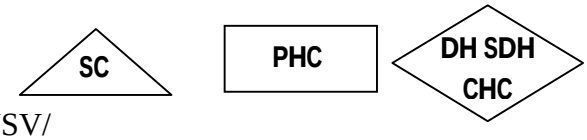
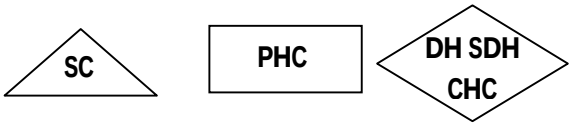
Cases by both the procedures should be added together. Only cases done at this facility should be reported. Do not differentiate in reporting between camps held at the facility and regular services. Camps held in this facility's area and not reported by other facility, is to be reported here. Ensure same camp is not double counted. A camp has to be counted at the nearest PHC in which or near which it was held. *The difference between the NSV procedure and the conventional procedure is in the surgical approach to the vas deferens, which is through a small puncture in the scrotum rather than by a cut with a scalpel. The surgical procedure of vas ligation is the same*

Ref no.	Data Element	Applicable to
	as in the conventional method. Long term clinical reports have shown that NSV is less invasive than the conventional technique, cause fewer complications, and takes much less time.	
9.01.1	*At **public facilities***	PHC
9.01.1	(a)*At PHCs*	DH SDH CHC
9.01.1	(b)*At CHCs*	DH SDH CHC
9.01.1	(c)*At Sub-divisional hospitals/ District Hospitals*	DH SDH CHC
9.01.1	(d)*At Other State Owned Public Institutions*	DH SDH CHC
9.01.2	*At Private facilities*	PHC DH SDH CHC
	Data Source – FP Register/OT register	
9.02	***Number of Laparoscopic sterilizations/ conducted***	
	Total number of female sterilisation acceptors of laparoscopic sterilization conducted during the reporting month at the facility. **Data Source – FP Register/OT register**	
9.02.1	***At public facilities***	PHC
9.02.1 (a)	*At PHCs*	DH SDH CHC
9.02.1 (b)	*At CHCs*	DH SDH CHC
9.02.1 (c)	*At Sub-divisional hospitals/ District Hospitals*	DH SDH CHC
9.02.1 (d)	*At Other State Owned Public Institutions*	DH SDH CHC
9.02.2	*At Private facilities* Total number of laparoscopic sterilizations conducted during the reporting month at the private facilities. Laparoscopic sterilization is a planned operative procedure that results in the woman being sterilised using	PHC DH SDH CHC

Ref no.	Data Element	Applicable to
	laparoscopic method. **Data Source – FP Register/OT register**	
9.03	***Number of Mini-lap sterilizations conducted*** Total number of Mini-lap sterilizations conducted during the reporting month at the facility. Mini-Lap sterilisation is a way of performing operation through a small abdominal incision—about 2–3 inches. **Data Source – FP Register/OT register**	
9.03.1	*At public facilities*	PHC
9.03.1 (a)	*At PHCs*	DH SDH CHC
9.03.1 (b)	*At CHCs*	DH SDH CHC
9.03.1 (c)	*At Sub-divisional hospitals/ District Hospitals*	DH SDH CHC
9.03.1 (d)	*At Other State Owned Public Institutions*	DH SDH CHC
9.03.2	*At Private facilities*	PHC DH SDH CHC
9.04	***Number of Post-Partum sterilizations conducted*** Total number of females who have undergone post partum sterilization during the reporting month at the facility. *Post partum sterilization here refers to* any female sterilization done within 7 days of delivery **Data Source – FP Register/OT register**	
9.04.1	*At public facilities*	PHC
9.04.1	(a) *At PHCs*	DH SDH CHC
9.04.1	(b) *At CHCs*	DH SDH CHC
9.04.1	(c) *At Sub-divisional hospitals/ District Hospitals*	DH SDH CHC
9.04.1	(d) *At Other State Owned Public Institutions*	DH SDH CHC

Ref no.	Data Element	Applicable to
9.04.2	*At Private facilities*	PHC; DH SDH CHC
9.05	***Number of IUD Insertions*** Total number of cases of IUD Insertions during the reporting month at the facility. Intra Uterine Contraceptive Device (IUD) is inserted into a woman between 15 and 49 years. Those that were inserted in a sub-centre or PHC below this CHC would be reported by that facility. **Data Source – FP Register/OT register**	
9.05.1	***At public facilities***	
9.05.1	(a) *At Sub- Centres*	SC
9.05.1	(b) *At PHCs*	PHC
9.05.1	(c) *At CHCs*	DH SDH CHC
9.05.1	(d) *At Sub-divisional hospitals/ District Hospitals*	DH SDH CHC
9.05.1	(e) *At Other State Owned Public Institutions*	DH SDH CHC
9.05.2	***At Private facilities***	PHC; DH SDH CHC
9.06	***Number of IUD removals*** Total number of cases of IUD removals during the reporting month. **Data Source – FP Register/OT Register**	SC; PHC; DH SDH CHC
9.07	***Number of Oral Pills cycles distributed*** Total number of oral pill packets distributed during the reporting month, including those distributed through depot holder/ASHA/ANM (Distribution would mean, distribution to actual beneficiaries and NOT inventory transfer from one facility to another). If the strips are stocked with a drug depot or ASHA, the ANM would	SC; PHC; DH SDH CHC

Ref no.	Data Element	Applicable to
	have to ascertain from them and report it. **Data Source – FP Register**	
9.08	***Number of Condom pieces distributed*** Total number of condom pieces distributed during the reporting month, including those distributed through depot holder/ASHA/ANM *Condoms that has been given out by the facility in this month or taken from distribution points in facilities or elsewhere (including campaigns in streets, markets, factories etc.) which were supplied directly from this facility.* **Data Source – FP Register**	
9.09	***Number of Centchroman (weekly) pills given*** Total number of Centchroman (weekly) pills distributed during the reporting month, including those distributed through depot holder/ASHA/ANM. **Data Source – FP Register/Inventory Register**	
9.10	***Number of Emergency Contraceptive Pills distributed*** Total number of emergency contraceptive pills distributed during the reporting month, including those distributed through depot holder/ASHA/ANM. One client can receive more than one emergency contraceptive pill per month. In such cases, count each visit. For counting disbursal through depots, see above. **Data Source – FP Register/Inventory Register**	
9.11	***Quality in Sterilization services***	
9.11.1	*Number of Complications following sterilization* Total number of cases of complications following NSV/ conventional vasectomy and female sterilization reported in the facility during the reporting month **Data Source – FP Register/OPD Register**	
9.11.1	*Male*	
(a)	Any male sterilisation patient who reports with or is diagnosed as having a complaint related to the sterilisation procedure. Patients tend to over report and health care providers tend to under diagnose complications. Specific symptom list that qualify should be laid down and known, but even a patient's subjective report is acceptable. Problems that might occur after male sterilisation include:	

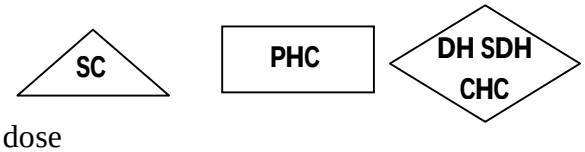
Ref no.	Data Element	Applicable to
	Bleeding, infection, mild inflammatory reaction and others.	
9.11.1 (b)	*Female* Any woman having undergone any one of the above sterilisations who reports at a facility for a complication of sterilisation. Patients tend to over report and health care providers tend to under diagnose complications. Specific symptom list that qualify should be laid down and known, but even a patient's subjective report is acceptable. Serious complications from female surgical sterilization are rare and are most likely to occur with abdominal procedures. They include bleeding, infection, reaction to the anaesthetics, injury to the bowels or blood vessels rarely and require major surgical repair	
9.11.2	*Number of Failures following sterilization* Total number of cases of failures following NSV/ conventional vasectomy and female sterilization reported in the facility during the reporting month. The woman becomes pregnant despite the spouse/self having had a sterilisation surgery, provided either of the two or both claims this to be due to sterilisation failure. This will come to notice only if the man or the woman complains or if there is record. Data needs to be attended with great tact and confidentially. **Data Source – FP Register/OPD Register**	
9.11.2 (a)	*Male* This will come to notice only if the man or the woman complains or if there is record of failure of sterilization.	
9.11.2 (b)	*Female* A sterilized woman who becomes pregnant. Needs to be investigated, supported, offered the care of her choice and compensated.	
9.11.3	***Number of Deaths following sterilization*** Total number of cases of deaths following NSV/ Conventional vasectomy and female fertilization reported in the facility during the reporting month. A death due to sterilization is very rare and needs to be investigated. A death may occur at home or at the facility. If it occurs at the facility then the facility will report it. ***If it occurs at home (even if the sterilization was done at the facility) then it will be reported by the sub centre based on the***	

Ref no.	Data Element	Applicable to
	ANM's report. However, the medical officer should oversee and ensure the record and investigation of the case. **Data Source – FP Register/OPD Register/IP Register/Death Register**	
9.11.3	(a) *Male*	
9.11.3	(b) *Female*	
9.12	***Number of Institutions having NSV Trained Doctors*** Total number of institutions which have NSV trained doctors Number of institutions to be reported here and not the number of doctors. **Data Source-FP training Register**	PHC; DH SDH CHC
M10	**Child Immunisation**	
10.1	*Number of Infants **0 to 11 months old** who received the following:* Infants who were immunized in this facility premise should be entered. ***Those who were immunized in outreach centres should be seen as part of a defined sub-centre.*** This is to avoid duplication with reports from sub-centres and PHCs. The OPV doses given during Pulse Polio rounds are NOT to be counted. **Data Source – Immunisation Register**	SC; PHC; DH SDH CHC
10.1.01	*BCG* BCG (tuberculosis) vaccine given to infants, preferably right after birth. All infants under 1 year receiving BCG at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their BCG later than usual due to for instance temporary shortages of vaccine. **Data Source – Immunisation Register**	SC; PHC; DH SDH CHC
10.1.02	*DPT1* First dose of Diphtheria, pertussis and tetanus combined vaccine given to infants, preferably at six weeks. All infants under 1 year receiving DPT1 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their DPT1 later	SC; PHC; DH SDH CHC

Ref no.	Data Element	Applicable to

than usual due to, for instance, temporary shortages of vaccine.

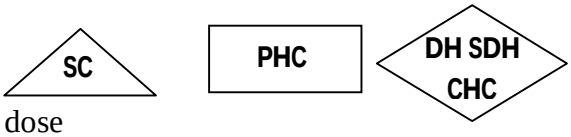
Data Source – Immunisation Register



10.1.03 *DPT2*

DPT (Diphtheria, Pertussis, Tetanus) vaccine 2nd dose given to a child under one year - preferably at around 10 weeks after birth. All infants under 1 year receiving DPT2 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their DPT2 later than usual due to, for instance, temporary shortages of vaccine.

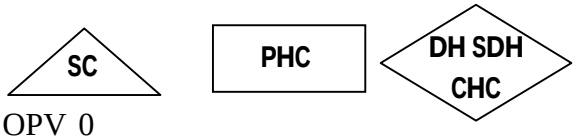
Data Source – Immunisation Register



10.1.04 *DPT3*

DPT (Diphtheria, Pertussis, Tetanus) vaccine 3rd dose given to a child under one year - preferably at around 14 weeks after birth. All infants under 1 year receiving DPT3 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their DPT3 later than usual due to for instance temporary shortages of vaccine.

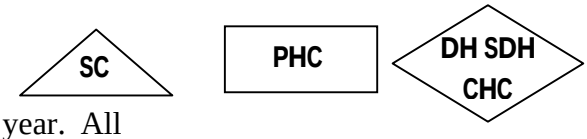
Data Source – Immunisation Register



10.1.05 *OPV 0 (Birth Dose)*

Total number of newborns who have been given OPV 0 during the reporting month. ***For sub-centres, this would also include cases of home delivery given OPV0.***

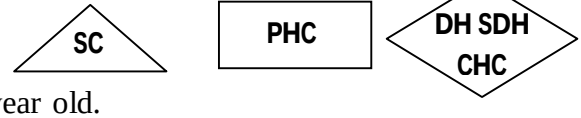
Data Source – Immunisation Register



10.1.06 OPV1

OPV first dose given to infants of under one year. All infants under 1 year receiving OPV1 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their OPV1 later than usual due to, for instance, temporary shortages of the stock. Note that OPV doses given during Pulse Polio rounds are not to be counted.

Data Source – Immunisation Register



10.1.07 *OPV2*

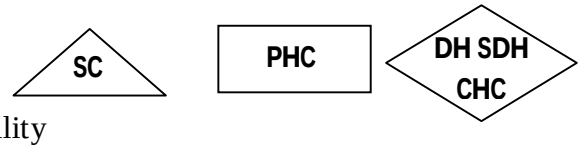
OPV second dose given to infants of under one year old. All infants under 1 year receiving OPV2 at this facility should be counted, including babies/infants coming to

Ref no.	Data Element	Applicable to

clinics after home deliveries and infants that got their OPV2 later than usual due to, for instance, temporary shortages of the stock. Note that OPV doses given during Pulse Polio rounds are not to be counted

Data Source – Immunisation Register

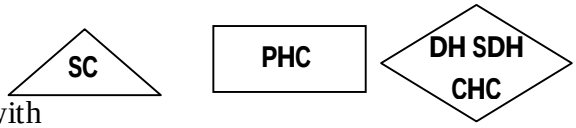
10.1.08 *OPV3*



All infants under 1 year receiving OPV3 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their OPV3 later than usual due to, for instance, temporary shortages of the stock. Note that OPV doses given during Pulse Polio rounds are not to be counted

Data Source – Immunisation Register

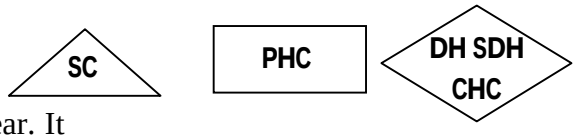
10.1.09 *Hepatitis-B1*



First Hepatitis vaccine given to infants, preferably with DPT at six weeks. All infants under 1 year receiving Hepatitis B1 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their Hepatitis B1 later than usual due to, for instance, temporary shortages of the stock. Note this is applicable only in those states which have taken up this activity.

Data Source – Immunisation register

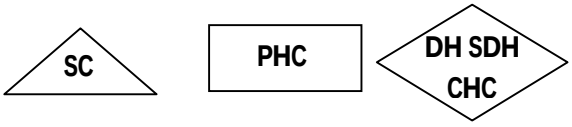
10.1.10 *Hepatitis -B2*



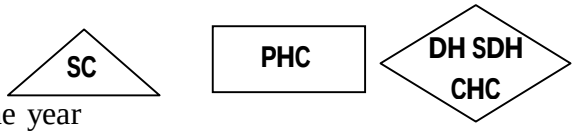
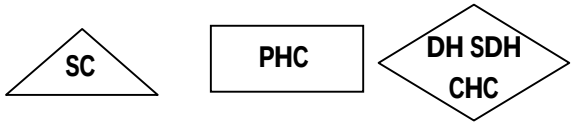
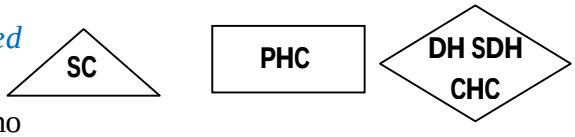
Hepatitis B 2nd dose given to infants of under one year. It should be counted, including babies/infants coming to clinics after home deliveries and infants that got their Hepatitis B2 later than usual due to for instance temporary shortages of the stock. Note this is applicable only in those states which have taken up this activity.

Data Source – Immunisation register

10.1.11 *Hepatitis -B3*

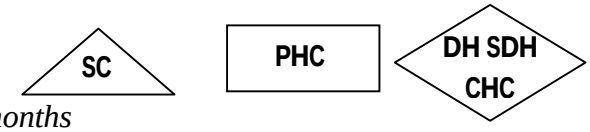


Hepatitis B vaccine 3rd dose given to a child under one year - preferably at around 14 weeks after birth. All infants under 1 year receiving Hepatitis B3 at this facility should be counted, including babies/infants coming to clinics after home deliveries and infants that got their Hepatitis B3 later than usual due to, for instance, temporary shortages of the stock. Note this is applicable only in those states which have taken up this activity

Ref no.	Data Element	Applicable to
	Data Source – Immunisation Register	
10.1.12	*Measles* Measles vaccine 1st dose given to a child under one year of age (preferably at 9 months after birth). 1st doses given to children between 9 and 12 months at this facility should be included. Other doses given to YOUNGER children during an outbreak should NOT be counted here **Data Source – Immunisation Register**	
10.1.13	*Total Number of children aged between **9 and 11 months** who have been fully immunized (Child given one dose of BCG, three dosages of DPT i.e. DPT 1,2,3; three dosages of polio i.e. OPV 1,2,3 and a dosage of Measles)* Total number of infants 9-11 months old that have completed routine immunisation during the reporting month i.e. who have received BCG, all three doses of DPT, OPV and measles. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break ups for male and female has to be given. **Data Source – Immunisation Register**	
10.1.13	(a) *Male*	
10.1.13	(b) *Female*	
10.2	*Number of children **more than 16 months** who received the following* Total number of children more than 16 months of age who have received the following doses during the reporting month	
10.2.1	*DPT Booster* **Data Source – Immunisation register**	
10.2.2	*OPV Booster* The OPV doses given during pulse polio rounds are NOT to be counted. **Data Source – Immunisation Register**	
10.2.3	*Measles, Mumps, Rubella (MMR) Vaccine* Measles, Mumps, Rubella vaccine given to child more than 16 months. **Data Source – Immunisation Register**	

Ref no.	Data Element	Applicable to

10.3 *Immunization Status*

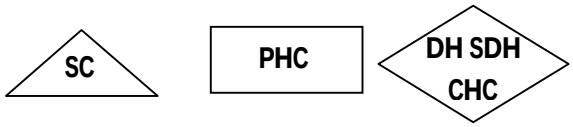


10.3.1 *Total number of Children aged between 12 and 23 months who have been fully immunised (Child given one dose of BCG, three dosages of DPT i.e. DPT 1,2,3; three dosages of polio i.e. OPV 1,2,3 and a dosage of Measles) during the month*

Total number of children **12-23 months** who have completed routine immunisation during the reporting month i.e. who have received BCG, DPT 1,2 and 3, OPV 1,2 and 3 and measles. Children receiving measles through MMR only will also be counted provided that they have received other vaccines also. The OPV doses given during Pulse Polio rounds are NOT to be counted. Separate break up for male and female has to be reported.

10.3.1 (a) *Male*

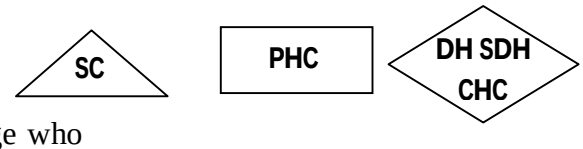
10.3.1 (b) *Female*



10.3.2 *Children more than 5 years given DT5*

Total number of children more than 5 years of age who have been given DT booster during the reporting month.

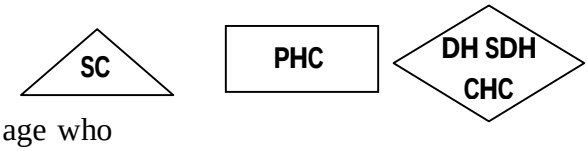
Data Source – Immunisation register



10.3.3 *Children more than 10 years given TT10*

Total number of children more than 10 years of age who have been given TT booster during the reporting month

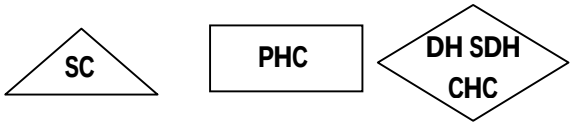
Data Source – Immunisation register



10.3.4 *Children more than 16 years given TT16*

Total number of children more than 16 years of age who have been given TT booster during the reporting month

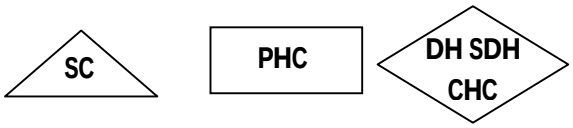
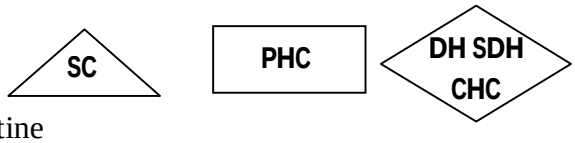
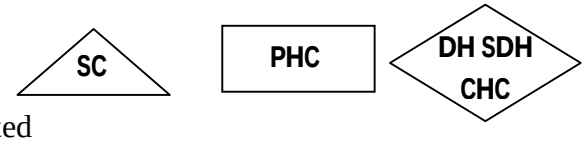
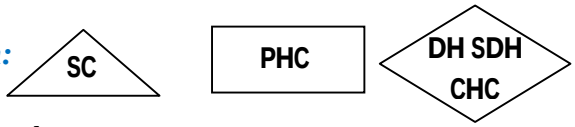
Data Source – Immunisation register

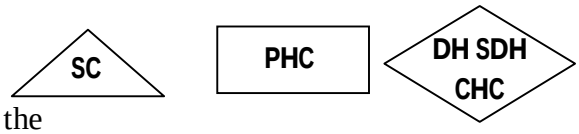
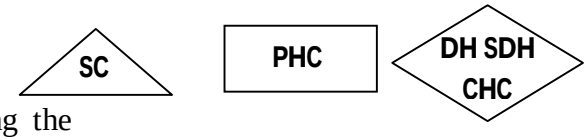
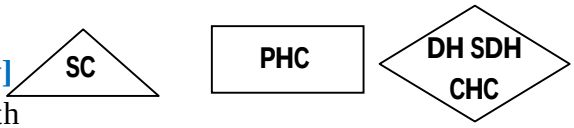
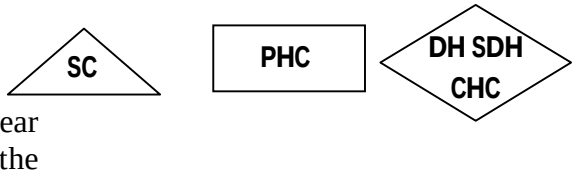
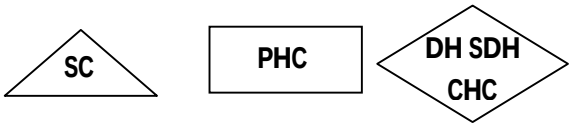


10.3.5 *Adverse Event Following Immunisation (AEFI)*

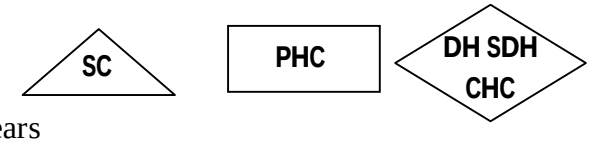
An adverse event following immunization (AEFI) is defined as a medical incident that takes place after an immunization, and is believed to be caused by immunization.

Data Source – Immunisation Register/OPD Register/IP Register/DHQ records(FIR sent)

Ref no.	Data Element	Applicable to
10.3.5	(a)*Abscess* Total number of cases of abscess reported following routine immunisation during the reporting month. An abscess is a collection of pus that has accumulated in a cavity formed by the tissue on the basis of an infectious process. This calls for investigation on quality of syringe supply and use. Since the reporting person is the most likely person at fault, this could get under-reported unless the facilities where children are coming for treatment, report this well. **Data Source – Immunisation Register/OPD Register/IP Register**	
10.3.5	(b) *Death* Total number of cases of deaths reported following routine immunisation during the reporting month. This needs to be investigated. Total number of children who were reported to have died following routine immunization in this month in the facility. If the immunization is at the facility but the death occurs at home- it is still reported here, as medical officer has to certify it. If the immunization is at home, but death occurs at facility it is still reported here. **Data Source – Immunisation Register/OPD Register/IP Register**	
10.3.5	(c) *Others* Total number of cases of other complications reported following routine immunisation during the reporting month. Any of the following symptoms should be reported: 1.Rash, 2. Fever, 3. Fainting, 4. Anaphylactic shock, 5. Paralysis, 6. Weakness developing in any part of limbs etc. Even if it does not conform to this pattern but occurs within a week, it should be noted and action to be taken after investigation	
10.4	***Number of Immunization sessions during the month:***	
10.4.1	*Planned* Written number of immunisation sessions planned to be held in the facility and not in the outreach areas under it, during the reporting month. ***For sub centres, the sessions planned in the outreach area shall also be included.*** **Data Source – Immunisation Planning register**	

Ref no.	Data Element	Applicable to
10.4.2	*Held* Total number of immunisation sessions held during the reporting month. ***For sub centres, the sessions held in the outreach area shall also be included.*** **Data Source – Immunisation Planning Register**	
10.4.3	*Number of sessions where ASHAs were present* Total number of immunisation sessions held during the reporting month where ASHA was present. It measures the involvement of ASHAs in the community Immunisation activities. ***For sub centres, the sessions held in the outreach area shall also be included.*** **Data Source – Immunisation Planning Register**	
10.5	**Others [Japanese Encephalitis (JE) etc. Please Specify]** Total number of cases of immunisation carried out with vaccine other than those included in routine immunisation such as japanese encephalitis, chicken pox, typhoid etc. during the reporting month. These could be state specific. **Data Source – Immunisation Planning Register**	
M11	**Number of Vitamin A doses**	
11.1	***Administered between 9 months and 5 years*** Total number of children between 9 months and 5 years of age who were given Vitamin A dose during the reporting month.	
11.1.1	*Dose-1* Total number of children over 6 months under 1 year given vitamin A 1st dose in this facility during the reporting month. **Data Source – Immunisation Register**	
11.1.2	*Dose-5* The facility maintains a register that tracks each child where every dose of vitamin A is given. When it crosses 5, only then does it need to be reported and this could be used to estimate achievements in in-between dosages. Total number of children under 3 years given vitamin A 5th dose in this facility during the reporting month. **Data Source – Immunisation Register**	

Ref no.	Data Element	Applicable to



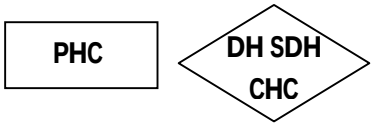
11.1.3 *Dose-9*

Same as above. Total number of children under 5 years given vitamin A, 9th dose (booster) in this facility during the reporting month

Data Source – Immunisation Register

M12 Number of cases of Childhood Diseases reported during the month (0-5 years)

Sub centres will only report those cases that report to SC or are treated at home. All the facilities will include both the inpatients as well as outpatients cases.



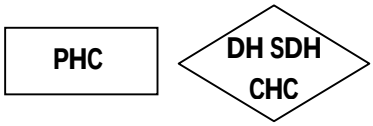
12.1 *Diphtheria*

Total Number of cases of diphtheria reported in children below five years during the reporting month

Diphtheria is a bacterial infection that spreads easily and mainly affects the nose and throat. Children under 5 years are particularly at risk for contracting the infection.

Total cases of diphtheria in a child under 5 years seen at this facility during the reporting month. If a doctor from the facility has gone and seen the case in the house, then it may be recorded as seen at the facility. Otherwise all the cases seen at home are screened, and recorded by the ANM of the sub-centre and needs to be further referred. Note that all cases of diphtheria need admission.

Data Source – OP register/IP register

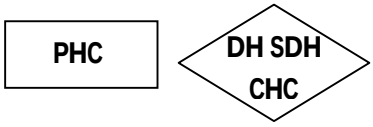


12.2 *Pertussis*

Total Number of cases of pertussis reported in children under five years seen at this facility during the reporting month.

Whooping cough or Pertussis is an infection of the respiratory system caused by the bacterium Bordetella pertussis. Medical sources describe the whoop as "high-pitched"; this is generally the case with infected babies and children. Children tend to catch it more than adults. For home cases- same instruction as above.

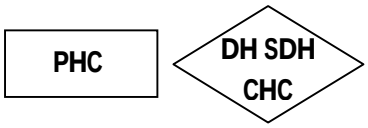
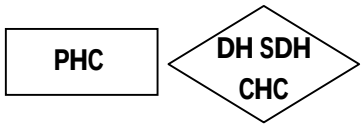
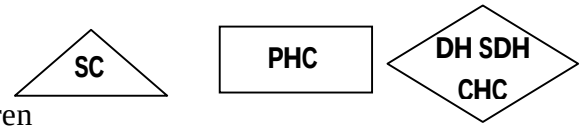
Data Source – OP Register/IP register



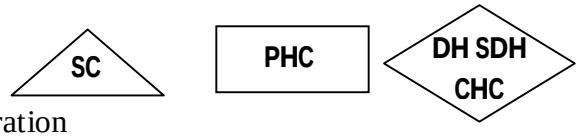
12.3 *Tetanus Neonatorum*

Total Number of cases of Tetanus neonatorum reported during the reporting month.

Neonatal Tetanus occurs in newborns who are delivered

Ref no.	Data Element	Applicable to
	in unsanitary conditions, especially if the umbilical cord stump becomes contaminated. Total cases of tetanus neonatorum in newborns seen at this facility in this month. For home cases, same instructions as above. **Data Source – OP register/IP register**	
12.4	***Tetanus others*** Total Number of Tetanus cases others than neonatorum reported in children below five years during the reporting month. Tetanus, also known as lockjaw, is a serious but preventable disease that affects the body's muscles and nerves. It typically arises from a skin wound that becomes contaminated by a bacterium called Clostridium tetni, which is often found in soil. Total cases of *Tetanus Others* in children less than 5 years seen at this facility in this month. For home cases, same instructions as above. **Data Source – OP Register/IP register.**	
12.5	***Polio*** Total Number of cases of polio reported in children below five years, according to WHO clinical criteria, reported at this facility. *Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. Initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs. In a small proportion of cases, the disease causes paralysis, which is often permanent.* **Data Source – OP Register/IP register**	
12.6	***Measles*** Total Number of cases of Measles reported in children below five years during the reporting month. *Measles, also called rubeola, is a respiratory infection that's caused by a virus. It causes a total-body skin rash and flu-like symptoms, including fever, cough, and running nose. The initial symptoms of the infection are usually a hacking cough, running nose, high fever, and watery red eyes. Another marker of measles is* ***Koplik's spots****, small red spots with blue-white centres that appear inside the mouth.* **Data Source – OP Register/IP register**	

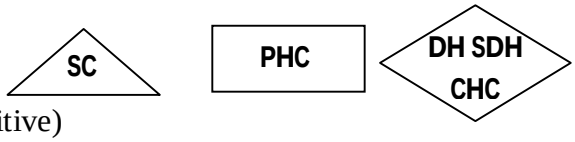
Ref no.	Data Element	Applicable to



12.7 ***Diarrhoea and dehydration***

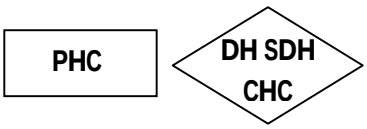
Total number of cases of Diarrhoea with dehydration reported in children below five years during the reporting month. Diagnosis is best made at a medical facility but based on conformance to the case definition, a health worker can also report it. If a doctor from health facility visits and attends to patients or it is seen at the facility, they would report it.

Diarrhoea *— frequent runny or watery bowel movements (poop) — is usually brought on by gastrointestinal (GI) infections caused by viruses, bacteria, or parasites.*
Dehydration *is a condition that occurs when a person loses more fluids than he or she takes in. Dehydration is a serious problem for babies or young children.*
Data Source – OP register/IP register



12.8 ***Malaria***

Total number of cases of malaria (Smear positive) reported in children below five years during the reporting month. Diagnosis is best made at a medical facility but based on conformance to the case definition, a health worker can also report it. If a doctor from health facility visits and attends to patients or it is seen at the facility, they would report it.
Data Source – OP register/IP register/Lab register



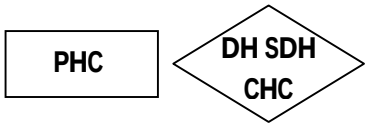
12.9 ***Number admitted with Respiratory Infections***

Total number of children below 5 years admitted with respiratory infections during the reporting month.
Data Source – OP register/IP register

Part B: Other Programmes

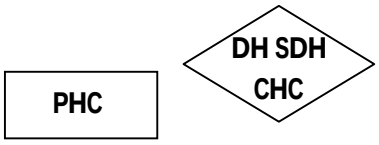
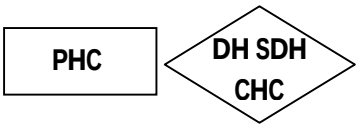
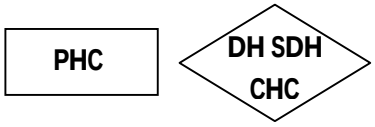
Ref no.	Data Element	Applicable to

M13 **Blindness Control Programme**



13.1 ***Number of patients operated for cataract***

Total number of cases of cataract operated during the reporting month, at this facility (which is equipped to do eye surgeries).

Ref no.	Data Element	Applicable to
	Data Source – OT register/ IP register/Ophthalmology register	
13.2	***Number of Intraocular Lens (IOL) implantations*** Total number of cases of cataract where IOL was implanted, during the reporting month, at this facility (which is equipped to do eye surgeries). **Data Source – OT Register/ IP Register/Ophthalmology Register**	
13.3	***Number of school children detected with Refractive errors*** Total number of school children detected with refractive errors, during the reporting month. This is usually done in schools by qualified doctors – where doctors have gone from this facility, it needs to be included here. If the school visit was made by doctors from more than one facility- include it at the level of the facility nearest the school. (this would help when we use GIS). **Data Source– OPD register/Ophthalmology register/School Health doctor records/**	
13.4	***Number of children provided free glasses*** Total number of children provided with free glasses during the reporting month. *Include it along with the facility from which the glasses were sent- which would be the same as above.* **Data Source – OPD register/Ophthalmology Register/ School Health doctor records/**	
13.5	***Number of eyes collected*** Total number of eyes collected through eye donation during the reporting month. **Data Source –Ophthalmology register of collecting centres**	
13.6	***Number of eyes utilised*** Total number of donated eyes used for corneal transplant during the reporting month. **Data Source –Ophthalmology register of collecting centres**	

Part C: Health Facility Services

Ref no.	Data Element	Applicable to
M14	**Patient Services**	
14.01	***Number of CHC/ SDH/ DH functioning as an FRU*** Is the CHC/SDH/ DH functioning as FRU. (Answer to be given in Yes/ No) (At a minimum, FRU should have facilities for caesarean section and blood transfusion on 24X7 basis). All the CHCs, declared as 24x7, may be upgraded to First Referral Units (FRUs). The minimum requirement of FRUs including manpower, i.e. gynaecologist, anaesthetist, paediatrician, and round the clock services of nurses and general duty officers should be ensured. Blood storage facility and other supportive services such as laboratory, X-ray, OT, labour room, laundry, diet, waste management system, referral transport etc. must be ensured. CHCs, as FRU, will provide the 24 hours delivery services including normal and assisted deliveries, emergency obstetric care including surgical intervention like caesarean section and other medical intervention, newborn care, emergency care of sick children, full range of family planning services including laparoscopic services, safe abortion services, treatment of STI/RTI, availability of blood storage unit or effective linkage facilities with blood banks, and referral transport services. **Data source : IP register**	DH SDH CHC
14.02	***Number of PHCs functioning 24X7 (3 Staff Nurses)*** Is the PHC functioning 24x7 i.e. it has 2 staff nurses posted for 24x7 deliveries. (Answer to be given in Yes/ No) *NRHM envisages that all the Primary Health Centres (20,000-30,000 population) should function as a 24x7 centre in a phased manner to improve the availability of health care services and also promotes the conduct of institutional deliveries at these centres*	PHC
14.03	***Number of Anganwadi centres reported to have conducted VHNDs*** Number of Anganwadi centres reporting of having conducted at least one health and nutrition day (divas) is to	SC

Ref no.	Data Element	Applicable to

be recorded. It has to be reported by sub centre only.
Village Health and Nutrition Days are organized every month at the Anganwadi level in each village in which immunization, ante / post natal checkups and services related to mother and child health care including nutrition are being provided.

14.04 ***Number of facilities having a Rogi Kalyan Samiti***

PHC | DH SDH CHC

The purpose is to provide sustainable quality care with accountability and people's participation along with total transparency. This requires the development of a proper management structure which may be called as Rogi Kalyan Samiti (RKS) (Patient Welfare Committee).
Data Source – RKS Register

14.05 ***Number of RKS meetings held during the month***

PHC | DH SDH CHC

Total number of meetings of RKS held during the reporting month. *A meeting is recorded if it was held during the reporting month and whose minutes are maintained.*
The RKS meetings should be held at least once in a quarter. It is to be reported only in the month in which it was held.
Data Source – RKS register/Proceedings of Meeting register

14.06 ***Number of facilities having Ambulance services*** *(Assured Referral Services)* ***available***

PHC | DH SDH CHC

Does the Facility have Assured Ambulance Service (Answer to be given in Yes/ No). Assured Ambulance Service would mean that ambulance is available on 24x7 basis for the health facility.
The ambulance need not be owned or run by the hospital. Even if this is outsourced or available on call of a regular basis, it would count here.

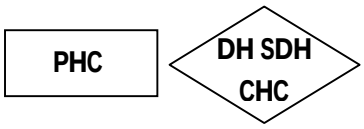
14.07 ***Total Number of times the Ambulance was used for transporting patients during the month***

PHC | DH SDH CHC

Total Number of times the ambulance was used for transporting the patients during the reporting month. Each trip to be counted as one, even if more than one patient is transported.
Data Source – Assured Ambulance Service Register

Ref no.	Data Element	Applicable to
14.08	***Number of Institutions having operational Sick New Born Care Units*** Is the Facility having operational Sick New Born Care Unit (SNCU)? (Answer to be given in Yes/ No)	DH SDH CHC
14.09	***Number of functional Laparoscopes in CHC/SDH/DH*** The total number of functional laparoscopes available in the reporting facility during the reporting month (Status on the reporting day). This will indicate whether any faulty instrument has been repaired or not. *It will not include the ones which are not operational (faulty).* **Data Source – Equipment Maintenance Register**	DH SDH CHC
14.10	***Inpatients***	PHC, DH SDH CHC
14.10.1	*Admissions* An admission must include at least a planned 24 hour or overnight stay. **Data Source – IP Register** Total number of patients admitted during the reporting month. Separate figures for male and female to be reported. *Children < 19 Yrs* Total number of children below 19 years of age admitted during the reporting month. Separate figures for males and females to be reported. *Adults* Total number of adults of age 19 years and above admitted during the reporting month. Separate figures for males and females to be reported.	
14.10.1(a)	*Male*	
14.10.1(b)	*Female*	
14.10.2	*Deaths* **Data Source – IP register** Total number of deaths in the facility due to any cause, during the reporting month. Separate figures for males and females to be reported.	PHC, DH SDH CHC
14.10.2(a)	*Male*	
14.10.2(b)	*Female*	

Ref no.	Data Element	Applicable to

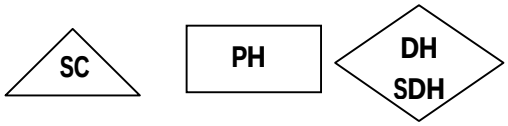


14.11 ***In-Patient Head Count at midnight***

This ensures that day care admissions are not counted. But one has to include deaths within 24 hours. Also one could call the "the sum of midnight patient head count per month." In an in-patient register at midnight (or at 6.00 am) on each day, the midnight total for that day would be entered. At the end of the month the daily midnight totals are added up to get the figure to fill up here.

Data Source – IP register

Mid-Night count - Total number of in-patients remaining admitted in the facility at midnight. Total would be calculated by adding daily count, at mid-night, for the month.

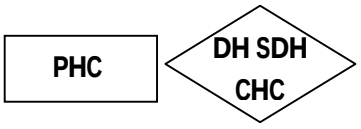


14.12 **Outpatients**

14.12.1 *OPD attendance (All)*

Total number of patients seen in the OPD (all types) during the reporting month.

Data Source – OPD Register



14.13 ***Operation Theatre***

If C-sections are being done, they would be double counted, but since interpretation and use is different, it could be allowed.

Data Source – OT Register

14.13.1 *Operation major* (General and spinal anaesthesia)

Total number of operations carried out using general or spinal anaesthesia, during the reporting month.

Major surgeries/operations are a defined as surgeries requiring spinal or general anaesthesia. (alternative definition –surgeries that take more than 30 minutes to complete).

14.13.2 *Operation minor* (No or local anaesthesia)

Total number of operations carried out without anaesthesia or local anaesthesia, during the reporting month.

This is a measure of minor surgical care and should be available even where there is no surgeon. Draining abscesses, stitching injuries, haemorrhoids management etc would be counted here. Local anaesthesia in this month. Please do not include dental procedures as they would be counted separately.

Data Source – OT Register

Ref no.	Data Element	Applicable to
14.14	***Others (Include other services like dental, optho, AYUSH etc.)***	PHC, DH SDH CHC
14.14.1	*AYUSH* Number of patients seen by AYUSH practitioners, in the facility, during the reporting month. **Data Source – OPD (AYUSH) Register**	
14.14.2	*Dental Procedures* Total number of dental procedures carried out during the reporting month **Data Source – OT (Dental) Register**	
14.14.3	*Adolescent counselling services* Total number of adolescents counselled during the reporting month. **Data Source – Adolescent counselling Register/ School Health doctor records/**	
14.14.4	Others Other OPD/ procedures not covered may be reported here with name of the procedure and corresponding number.	
M15	**Laboratory Testing**	
15.1	**Laboratory Test Details**	
15.1.1	Hb Tests conducted	SC, PH, DH SDH CHC
15.1.1 (a)	*Number of Hb tests conducted* Total number of Haemoglobin (Hb) tests carried out during the reporting month.	
15.1.1 (b)	*Of which number having Hb < 7* grams/dl Out of the total number of Haemoglobin (Hb) tests done (15.1.1(a)), number having Hb less than 7 grams/dl.	SC, PH, DH SDH CHC
15.1.2	*HIV tests conducted* Number of cases tested for HIV during the reporting month. Separate figures for males, females, and females with ANC have to be reported. Information is not asked for those found positive. Sample would be collected confidentially, and then at the block and district level, the positivity rate would be computed.	PHC, DH SDH CHC

Ref no.	Data Element	Applicable to
	Alternatively, one could calculate positivity rates for each facility and then send these up.	
	Data Source –Laboratory Register	
15.1.2 (a)	*Male*	
15.1.2 (b)	*Female-Non ANC*	
15.1.2 (c)	*Female with ANC*	
15.2	***Widal tests conducted***	PHC; DH SDH CHC
	Number of WIDAL tests carried out during the reporting month.	
	One could cross check positive cases with those reported in IDSP and not being reported here. This would be useful for denominator for a positivity rate.	
	Data Source –Laboratory Register	
15.3	***VDRL tests conducted***	PHC; DH SDH CHC
	Number of VDRL tests carried out during the reporting month. Separate figures for male, females, and females with ANC have to be reported.	
	Data Source –Laboratory Register	
15.3 (a)	*Male*	
15.3 (a)	*Female-Non ANC*	
15.3 (a)	*Female with ANC*	
15.4	***Malaria tests conducted***	PHC; DH SDH CHC
15.4.1	Blood smears examined	
	Total number of blood smears tested for malaria during the reporting month. Malaria blood smears examined, as per laboratory tests according to IDSP guidelines indicates prevalence in the group of patients being tested- also the need for treatment and follow up.	
	Data Source –Laboratory Register	
15.4.2	Plasmodium Vivax test positive	PHC; DH SDH CHC
	Out of blood smears tested (reported in 15.4.1), number positive for Plasmodium Vivax during the reporting month.	
15.4.3	Plasmodium Falciparum test positive	PHC; DH SDH CHC
	Out of blood smears tested (reported in 15.4.1), number positi Plasmodium Falciparum during the reporting month.	

Part D: Monthly Inventory Status

(Data to be collected from the district warehouse /stores)

Ref no.	Data Element	Applicable to
	Stock Position (During the month)	
	Balance from Previous month A Balance remaining in the store at the last day of the previous month	DHQ
	Stocks received B Stock received from 1st to last day of the reporting month	DHQ
	Unusable stock C The stock, which becomes unusable due to any reason during the reporting month. Unusable Stock can occur due to a variety of reasons like breakage, expiry, Wastages etc. and this quantum/number is to be recorded. Recording this is necessary to arrive at the Total Stock in Hand.	DHQ
	Stock Distributed D Stock distributed to the health facilities in the district during the reporting month	DHQ
	Total stock (Stock in Hand) E= (A+B)-(C+D) Stock balance in the store on the day of the reporting month. The information is to be given for the following items:	
16.1	**Vaccines (in Doses)**	DHQ
16.1.1	DPT	
16.1.2	OPV	
16.1.3	TT	
16.1.4	DT	
16.1.5	BCG	
16.1.6	Measles	
16.1.7	JE	

Ref no.	Data Element	Applicable to
16.1.8	Hepatitis B	
16.2	**Family Planning (in number) e.g. number of condoms, number of oral pill cycles, number of IUDs etc**	DHQ
16.2.1	IUD 380 A	
16.2.2	Condoms	
16.2.3	Oral Contraceptive	
16.2.4	Emergency Contraceptive Pills	
16.2.5	Tubal rings	
16.3	**Other Items (in No.s) for Syrup based medicines no. of bottles is to be given**	DHQ
16.3.01	Injection Oxytocin	
16.3.02	Gloves	
16.3.03	MVA Syringes	
16.3.04	Tab. Fluconazole	
16.3.05	Blood Transfusion sets	
16.3.06	Gluteraldehyde 2%	
16.3.07	IFA tablets	
16.3.08	IFA Syrup (Paediatric)	
16.3.09	**Paediatrics Antibiotics** (Cotrimaxozole and Injectable Gentamicin)	
16.3.10	Vitamin A solution	
16.3.11	ORS (New WHO formulation)	
16.4	**Syringes**	DHQ
16.4.1	0.1 ml (AD)	
16.4.2	0.5 ml (AD)	
16.4.3	5.0 ml (Disposable)	

Part E: Mortality Details

Ref no.	Data Element	Cause code
M17	**Details of deaths reported during the month with probable cause** This section deals with compiling data on Deaths by major causes. The probable cause of death is to be reported against ONE and ONLY ONE major cause. In certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. Deaths occurring at private health institutions or at home are to be reported in the Health Sub Centre, form.	

At the District level this information will be compiled from .the respective facility level forms (Line Listing of Deaths) and tabulated according to the major cause of death and age category.

17.1 *Infant deaths within 24 hrs of birth* C01

Total number of newborn deaths within 24 hrs of birth in the facility during the reporting month. For sub centres, deaths after home delivery will also be included.

17.2 *Infant Deaths up to 4 weeks by cause*

Up to 1 week of Birth

Report deaths which occurred after 24 hours and up to 1 week of birth of child due to any of the following reasons

Between 1 week & 4 weeks of birth

Report deaths which occurred from 1 week & 4 weeks of birth of child due to any of the following reasons

17.2.1 *Sepsis* C02

Sepsis is a blood infection that occurs in an infant younger than 90 days. It is caused due to bacterial infection.

17.2.2 *Asphyxia* C03

Any fever or even without fever, refusal to take feeds with weak cry in the first 28 days of life. Diarrhea, pneumonia, measles etc. are not differentiated in this period and all are reported together as sepsis. Usually infants present with respiratory distress, fever and jaundice. Predisposing causes include -Prolonged/obstructed labour, severe birth asphyxia, maternal pre-partum/peri partum pyrexia and home/traditional birth attendant deliveries.

Asphyxia is a condition of severely deficient supply of oxygen to the body that arises from being unable to breathe normally. Asphyxia causes generalized hypoxia, which primarily affects the tissues and organs most. In newborn it causes the most harm.

17.2.3 *LBW* C04

Low Birth weight i.e. Birth Weight less than 2500 gms

17.2.4 *Others*

Deaths occurring due to any reasons not covered above

17.3 Infant/ Child Deaths up to 5 years by cause

Deaths occurring in the age group of 1-11 months, and 1-5 years of age

17.3.1 *Pneumonia* C05

Pneumonia is a severe respiratory infection in children. Any death in a child less than five years, but more than one month, related to lower respiratory infection.

17.3.2	*Diarrhoea* *Any Diarrhoea is frequent runny or watery bowel movements (poop) — is usually brought on by gastrointestinal (GI) infections caused by viruses, bacteria, or parasites.*	C06
17.3.3	Fever related (Illness characterised by fever and not covered by specific diagnosis)	C07
17.3.4	*Measles* *Measles, also called rubella, is a respiratory infection that is caused by a virus. It causes a total-body skin rash and flu-like symptoms, including a fever, cough, and running nose. The first symptoms of the infection are usually a hacking cough, running nose, high fever, and watery red eyes. Another marker of measles is* ***Koplik's spots****, small red spots with blue-white centres that appear inside the mouth.*	C08
17.3.5	*Others* *Death due to any other cause*	C09

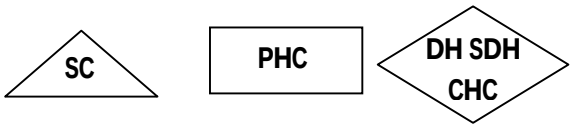
17.4 *Adolescent/Adult Deaths by cause*

Deaths occurring in the age group of 6-14 years, 15-55 years and above 55 years of age

17.4.01	*Diarrhoeal diseases* Deaths associated with loose stools more than thrice per day	A01
17.4.02	*Tuberculosis*	A02
17.4.03	*Respiratory diseases including infections (other than TB)* Death clinically to be primarily due to respiratory infection, including pneumonia, asthma would be included.	A03
17.4.04	*Malaria*	A04
17.4.05	*Other Fever Related* Any death other than the above three that was related to fever	A05
17.4.06	*HIV/AIDS*	A06

17.4.07	*Heart disease/Hypertension related*	A07
17.4.08	*Neurological disease including strokes* Any death due to any neurological disease including cerebro-vascular disease/strokes or fits or paralysis of any sort etc.	A08
17.4.09	***Maternal deaths*** *Death of a pregnant woman from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes, during antennal period, labour or up to 6 weeks after delivery.*	
17.4.09(a)	*Abortion*	M01
17.4.09 (b)	*Obstructed/ prolonged labour* Any labour that went over 24 hours in a first pregnancy or over 12 hours in any subsequent pregnancy or over 6 hours without progression by a partogram.	M02
17.4.09 (c)	*Severe hypertension/fits*	M03
17.4.09 (d)	*Bleeding* Mothers with severe bleeding-more than 500 ml before , during or after delivery	M04
17.4.09 (e)	*High fever* Mother's death with high fever as major cause-this could be antenatal period or post-natal period	M05
17.4.09 (f)	*Other Causes (including causes not known)*	M06
17.4.10	*Trauma/Accidents/Burn cases* Any death arising out of trauma or burns-accidental or inflicted other than those which are self-inflicted	A09
17.4.11	*Suicide* Death which is self-induced, whatever the cause	A10
17.4.12	*Animal bites and stings*	A11
17.4.13	***Other Causes***	
17.4.13 (a)	*Known Acute Disease (Illness less than 6 weeks)*	A12
17.4.13 (b)	*Known Chronic Disease (Illness more than 6 weeks)*	A13
17.4.13 (c)	*Causes not known* Any death where the information known is too little to fit into any of the above categories	A14

Line Listing of Deaths (For Facility Forms only)



The facility level forms also capture the details of death by major causes. It may be appreciated that in certain cases, death may have occurred due to multiple reasons or reasons unknown. In such cases, the information of the deceased is to be captured by the nearest probable cause of death. It may be noted that only deaths occurring at facilities is to be captured in the respective facility forms. In the form for the Health Sub Centre, deaths occurring at a Private Health Institution or at Home are to be reported. The ANM may classify the cause of death to the nearest probable cause of death in the Cause Code column based on the codes given in the form.

S No.	Name and village of deceased	Sex	Age	Cause Code
1				
2				
3				
4				
5				
6				
7				
8				

The following table gives the Cause Codes for the probable cause of death to be entered in the Cause Code column of the format.

Code	**Probable Causes of Death Description**	
	Infant Deaths (up to 1 year of age)	
C01	Within 24 hrs of birth	*Total number of newborn deaths within 24 hrs of birth in the facility during the reporting month. For Sub Centres, deaths after home delivery will also be included*
C02	Sepsis	*Sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection.*
C03	Asphyxia	*Asphyxia is a condition of severely deficient supply of oxygen to the body that arises from being unable to breathe normally. Asphyxia causes generalized hypoxia, which primarily affects the tissues and organs most. In newborn it causes the most harm. Usually infants present with respiratory distress, fever and jaundice. Predisposing causes include - Prolonged/obstructed labour, severe birth asphyxia, maternal pre-partum/peripartum pyrexia and home/traditional birth attendant deliveries.*
C04	Low Birth Weight (LBW) for Children up to 4 weeks of age only	*Low Birth weight i.e. birth weight less than 2500 gms*

C05	Pneumonia	*Pneumonia is a severe respiratory infection in children*
C06	Diarrhoea	
C07	Fever related	
C08	Measles	
C09	Others	
	Maternal Deaths by major cause	
M01	Abortion	*Death of a pregnant woman from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes, during antennal period, labour or up to 6 weeks after pregnancy.*
M02	Obstructed/prolonged labour	
M03	Severe hypertension/fits	
M04	Bleeding	
M05	High fever	
M06	Other Causes (including causes not known)	
	Adolescents & Adults	
A01	Diarrhoeal diseases	
A02	Tuberculosis	
A03	Respiratory diseases including infections (other than TB)	
A04	Malaria	
A05	Other Fever Related	
A06	HIV/AIDS	
A07	Heart disease/Hypertension related	
A08	Neurological disease including strokes	
A09	Trauma/Accidents/Burn cases	
A10	Suicide	
A11	Animal bites and stings	
	Other Diseases	
A12	Known Acute Disease	
A13	Known Chronic Disease	
A14	Causes not known	

Quarterly Format

Guidelines for Quarterly Reporting Format
(Consolidated)

Part A: Status of Health Infrastructure

Ref no.	Data Element	Applicable to
Q1	**Details of Primary Health Centres (PHCs)**	DHQ
1.1	*Number of PHCs functioning as 24 x7 (With 2 Staff Nurses)* Total number of PHCs functioning as 24x 7 and also have 2 staff nurses in position. *A 24 hour PHC is one which provides basic essential obstetric care and reproductive health services which includes (i) 24 hour delivery services (assisted +normal), (ii) Essential new born care, (iii) referral for emergency (iv) Routine ANC (v) PNC and (vi) Safe Abortion services (vii) Family planning (viii) Prevention and management of RTIs/STIs. (ix) Essential lab services*	
1.2	*Number of PHCs that are IPHS compliant* Total number of PHCs which are functioning as per IPHS norms on the last day of the reporting quarter for which report is being generated.	DHQ
Q2	**Anganwadi Centres**	DHQ
2.1	*Number of Anganwadi centres in the district* Total number of Anganwadi centres functioning in the district as on last day of the reporting quarter.	

Part B: Trainings Conducted

Ref no.	Data Element	Applicable to
Q3	**Number of Doctors trained in** Total number of New General Duty Medical officers trained during the quarter on specific skills.	DHQ
3.01	*Life saving Anaesthesia skills for EmOC*	
3.02	*Obstetric Care & Management including Caesarean Section*	
3.03	*Skilled Birth Attendant*	
3.04	*No-Scalpel Vasectomies (NSV)*	
3.05	*Minilap*	
3.06	*Laparoscopic Sterilization (for Specialists)*	
3.07	*Intrauterine Device (IUD)*	

Ref no.	Data Element	Applicable to
3.08	*Blood Storage*	
3.09	*Reproductive Tract Infections/Sexually transmitted infections (RTI/STI)*	
3.10	*Integrated Management of Newborn and Childhood Illnesses (IMNCI)*	
3.11	*Sick Newborn Care Unit (SNCU) training*	
3.12	*Safe Abortion Services (MTP)*	
3.13	*Adolescent Reproductive and Sexual Health (ARSH)*	
3.14	*Infection Management and Environment Plan (IMEP)*	
3.15	*Professional Development (CMO/ Dy. CMO/ SMO)*	
3.16	*Others (Specify)*	
	Any other training held in the district during the reporting quarter.	
Q4	**Number of GNM/ ANM/ LHV trained in**	DHQ
	Total number of GNM (General Nurse Midwife)/ ANM (Auxiliary Nurse Midwife) / LHV trained in specific skills during the reporting quarter	
4.1	*Skill Birth Attendants*	
4.2	*Intrauterine Device (IUD)*	
4.3	*Contraceptive update training*	
4.4	*Integrated Management of Neonatal and Childhood Illness (IMNCI)*	
4.5	*Facility Based Newborn Care (FBNC)*	
4.6	*Home Based Newborn Care (HBNC)*	
4.7	*Reproductive Tract Infections / Sexually transmitted infections (RTI/STI)*	
4.8	*Infection Management and Environment Plan (IMEP)*	
4.9	*Adolescent Reproductive and Sexual Health (ARSH)*	
4.10	*Immunisation*	
4.11	*Others (Specify)*	
	Any other training held in the district during the reporting quarter.	
Q5	**Number of Programme Management Units (PMU) personnel trained**	SG
5.1	**State Programme Management Units (SPMU)**	
	Total number of State Programme Management Unit Personnel given trainings during the reporting quarter	
5.1.1	*Programme Managers*	
5.1.2	*Accounts/ Finance Manager*	
5.1.3	*MIS/ Data Manager*	SG
5.2	**District Programme Management Units (DPMU)**	
	Total number of District Programme Management Unit (DPMU) Personnel given trainings during the reporting quarter	

Ref no.	Data Element	Applicable to
5.2.1	*Programme Managers*	
5.2.2	*Accounts/ Finance Personnel*	
5.2.3	*MIS/ Data Personnel*	
5.3	**Block Programme Management Units (BPMU)** Total number of Block Programme Management Unit (BPMU) personnel given trainings during the reporting quarter	DHQ
5.3.1	*Programme Managers*	
5.3.2	*Accounts/ Finance Personnel (Including PHC)*	
5.3.3	*MIS/ Data Personnel*	
Q6	**Number of Programme Managers (State Officers/ CMO/ Dy. CMO) Trained** Total number of Programme Managers trained during the reporting quarter	SG
6.1.1	*Chief Medical Officer (CMO)*	
6.1.2	*Deputy Chief Medical Officer (Dy. CMO)*	
6.1.3	*Block Medical Officer (BMO)*	
Q7	**Other Para medical staff, Statistical officers/ assistants and AWW** Total number of officers/staff trained during the reporting quarter	DHQ
7.1.1	*Statistical Officers*	
7.1.2	*Assistants*	
7.1.3	*CDPO*	
7.1.4	*Anganwadi Worker (AWW)*	
Q8	**Other Trainings (specify)** Specify the designation of the trainee and type of training if not captured above	DHQ
8.1		
8.2		
8.3		

Part C: Additional NRHM components

Ref no.	Data Element	Applicable to
Q9	**State Health Mission**	SG
9.1	*Number of meetings of State Health Mission* Number of formal meetings of the State Health Mission *(SHM)* held during the reporting quarter. A formal meeting is defined as one for which written minutes are prepared. As per the constitution of SHM, one meeting of SHM must be held every quarter.	
9.2	*Number of meetings of Quality Assurance (QA) Committee for Family Planning* Number of formal meetings of the State Quality Assurance Committee for family planning during the reporting quarter. A formal meeting is defined as for which written minutes are prepared.	DHQ, SG
9.3	*Number of institutions identified to provide QA services for Family Planning* Number of new institutions identified during the quarter, for providing QA services for family planning.	DHQ, SG
9.4	*Number of institutions adhering to the prescribed QA norms* Total number of institutions adhering to prescribed QA norms – (to be identified based on specified criteria)	DHQ, SG
9.5	*Number of Link workers other than ASHA selected* Total number of link workers (other than ASHA) selected during the reporting quarter.	DHQ
9.6	*Number of Sub centre where Joint Account has been operationalised* Total number of sub-centres where joint account of ANM and member of Panchayat has been opened.	DHQ
9.7	*Are Mobile Medical Units (MMUs) operational in the district?* To be reported by district whether any Medical Mobile Unit (MMU) is operational in the District during the quarter. Answer to be given as **YES/NO**.	DHQ
9.8	*Number of Districts implementing IMNCI* To be reported by District whether IMNCI is being implemented or not.	SG

Ref no.	Data Element	Applicable to
9.9	*Number of District covered by Mother NGO (MNGO)* Total number of districts covered by Mother NGOs in the state.	SG
Q10	**District Health Societies** The District Health Society is being strengthened through the integration of all health societies in the district and this society will be responsible for project management in districts.	
10.1	*Number of Districts where health societies have merged with District Health Society* Total number of districts where all vertical health societies have merged with district into single society with one common account.	SG
10.2	*Number of meetings of District Health Societies during the quarter* Number of formal meetings of the District Health Society held during the reporting quarter. A formal meeting is defined as for which written minutes are available. As per the constitution of DHM, at least one meeting of DHM should be held every month.	DHQ
Q11	**ASHAs and Functioning of Village Health and Sanitation Committee (VHSCs)** *The village level committees and community based organization are entrusted with the planning, monitoring & implementation of NRHM activities in the villages. The VHSC is the key agency for developing Village Health Plan and the entire planning of village Panchayat for NRHM. This committee comprises of Panchayat representatives, ANM, MPW, Anganwadi workers, Teachers, Community health volunteers, ASHA etc.*	
11.1	*Number of ASHAs recruited* The total number of ASHAs who have been recruited in the district during the quarter should be recorded.	DHQ
11.2	*Number of ASHAs fully trained (5 modules - 23 days)* Total number of ASHAs fully trained in all the 5 modules.	DHQ
11.3	*Number of ASHAs having regular supply of drug kits* Total number of ASHAs having regular supply of drug kits during the quarter should be recorded.	DHQ

Ref no.	Data Element	Applicable to
11.4	*Number of VHSCs received funds during the quarter* Total number of Village Health & Sanitation Committees (VHSCs) which have received funds during the quarter.	DHQ
11.5	*Number of VHSCs submitted Statement of Expenditure (SOE)* Total number of VHSCs, which have submitted SOEs during the quarter for which report is being generated. Each VHSC to be counted only once even if SOE has been submitted more than once during the quarter.	DHQ

Annual Format

Guidelines for Annual Reporting Format
(Consolidated)

Part A: Demographic

Ref no.	Data Element	Applicable to
A1	**Total Number of Districts** Total number of districts in the State as on 1st April of the reporting year.	SG
A2	**Total Number of towns above 1 lakh population** Total number of towns in the State having population above 1 lakh as on 1st April of the reporting year. This information should be based on last census or latest survey for this purpose, which may have been carried out in the state.	DHQ
A3	**Number of villages with less than 500 population** Total Number of villages having population less than 500 as on 1st April of the reporting year. This information should be based on last census or latest survey for this purpose, which may have been carried out in the state.	DHQ
A4	**Percent of state's population Below Poverty Line (BPL) as per State Survey** Per cent of state's population Below Poverty Line (BPL) is to be recorded. This may be obtained from State Records. RCH indicators are usually poor for this section of the population. It will help to identify vulnerable/disadvantaged sections, which would aid in planning to ensure equity and access to reproductive and child health care.	SG
4.1	*Reference year of BPL survey* The year in which the BPL survey was carried out in the state on the basis of which the information at A4 has been given.	
A5	**Estimated Mid Year Population of State during the year (000s) - (Information to be given only when population projection of RGI are not being used)** *Urban* 1. *Male* 2. *Female* *Rural* 1. *Male* 2. *Female*	SG

Ref no.	Data Element	Applicable to
A6	**Estimated number of eligible women in 15-49 age group** **Urban** **Rural** Estimated number of eligible women both for rural and urban in 15-49 years age groups has to be provided. Calculating proportion of married eligible women should be on the basis of proportion of married eligible women to total population. The proportion is usually known through causes or surveys like NFHS/RHS. Use this proportion to projected population to get the estimates (nationally it is around 15-17%). This is important because it is the base for calculating most of the RCH process indicators	DHQ
A7	**Estimated number of pregnancies during the year** **Urban** **Rural** Estimate number of pregnancies during the year using the previous year's birth rate plus an addition of 10% to birth rate as foetal wastage and record here. Separate estimations need to be done for rural and urban areas	DHQ

Part B: From the Eligible Couple register

Ref no.	Data Element	Applicable to
A8	**Number of eligible women (15-49 years) having**	DHQ
A8 (a)	*No Child*	
A8 (b)	*One child*	
A8 (c)	*Two children*	
A8 (d)	*Three or more children*	

Total break up of number of eligible women (15-49 years) by her number of children has to be provided.

Part C: Selected Indicators

Ref no.	Data Element	Applicable to
A9	**Number of villages selected for ASHA intervention- for High Performing States (HPS)** Number of villages in the district where it is proposed to have ASHA	DHQ

Ref no.	Data Element	Applicable to
	during the reporting year in High Performing States	
A10	**Number of ASHAs in-position as of April 01 of the year** Total number of ASHAs actually working as on April 1 of the reporting year in the district	DHQ
A11	**Number of Institutions approved for providing MTP Services in:** This provides information on number of Institutions (Public Sector / Private (under PPP) / Private (Others) approved for providing MTP Services	
11.1	*Public Sector* Total number of institutions in public sector approved for providing MTP services in the district as on 1st April of the reporting year	DHQ
11.2	*Private sector health institutions - under Public Private Partnership (PPP)* Total number of institutions in private sector approved for providing MTP services, under PPP, in the district as on 1st April of the reporting year	DHQ
11.3	*Private sector health institutions - others* Total number of institutions in private sector approved for providing MTP services, in the district as on 1st April of the reporting year	DHQ

Part D: Urban Health Infrastructure

Ref no.	Data Element	Applicable to
A12	**Number of Urban Health Centres/ Maternity Centres** Total number of Urban Health Centres & Maternity Centres in the district as on 1st April of the reporting year. Urban Health Centres/ Maternity and child centre/urban family welfare centres: centres, which have a Medical officer posted and are covering about 50,000 populations. Each centre is to be counted only once. Type D health posts is also to be reported here	DHQ SG
A13	**Number of Urban Health Posts** Total number of Urban Health posts and UFWC in the district as on 1st April of the reporting year (Other than type D health posts and	DHQ SG

Type IV UFWC)

DHQ SG

A14 Number of Municipal/ Govt. Dispensaries

14.1 *Allopathic*
Total number of allopathic dispensaries in the district as on 1st April of the reporting year.

14.2 *AYUSH*
Total number of AYUSH dispensaries in the district as on 1st April of the reporting year

Part E: Status of Health Infrastructure

Ref no.	Data Element	Applicable to

SG

A15 Total number of Medical Colleges
Total number of medical colleges in the State as on 1st April of the reporting year

15.1 *Public*
Total number of medical colleges in the govt. sector in the State as on 1st April of the reporting year

15.2 *Private*
Total number of medical colleges in the private sector in the state as on 1st April of the reporting year

15.3 *AYUSH*
Total number of AYUSH medical colleges (Both in Public & Private Sector) in the State as on 1st April of the reporting year.

DHQ SG

A16 Number of District Hospitals
Total number of Hospitals, designated as District hospital is to be recorded. This section refers to the total number of public sector hospitals in the district. Include district hospitals and medical college hospitals, ESI hospitals. In few places, there are other public sector hospitals such as Railway hospitals, Defence hospitals and others and these are not to be included here. Similarly, all the colony hospitals, Civil Hospitals etc are not to be taken here.

16.1 *District Hospital (having less than 30 beds)*
Total DH having less than 30 beds in the State as on 1st April of the reporting year

Ref no.	Data Element	Applicable to
16.2	*District Hospital (having more than 30 beds)* Total hospitals having less than 30 or more beds, in the State as on 1st April of the reporting year.	SG
A17	**Number of Sub District Hospitals** *Record total number of Sub-Divisional Hospitals. This refers to the number of hospitals at sub district /sub divisional level and rural hospitals as on 1st April of the reporting year.*	DHQ SG
17.1	*Sub District Hospital (having less than 30 beds)* Total Sub-District hospital having less than 30 beds in the State.	
17.2	*Sub District Hospital (having more than 30 beds)* Total Sub - District hospital having more than 30 beds in the State.	
17.3	*Number functioning in govt. building* Out of the sub-district hospitals reported in 17.1 & 17.2 those functioning from govt building are to be reported here.	
A18	**Number of CHCs** Total number of CHCs in the State as on 1st April of the reporting year is to be recoded here. *Under NRHM action plan for infrastructure strengthening, all the CHCs have to be upgraded to IPHS standards. Hence, there is a need to understand the progress in this activity on a quarterly basis. In addition, one of key strategies of NRHM is to strengthen all CHCs for First Referral Care.*	DHQ SG
18.1	*CHC (Having less than 30 beds)* Total number of Community Health Centres (CHCs) having less than 30 beds	
18.2	*CHC (Having 30 or more beds)* Total number of community Health Centres having 30 or more beds.	
18.3	*CHC Functioning in Govt. Buildings* Total number of community Health Centres in the State functioning in govt building out of those reported in 18.1 and 18.2.	SG

Ref no.	Data Element	Applicable to
A19	**Number of PHCs** Total number of Primary Health Centres (PHCs) in the State as on 1st April of the reporting year is to be recoded here. This includes PHCs functioning as 24-hour RCH centres and other PHCs. *A 24 hour PHC is one which provides Basic Essential Obstetric Care and reproductive health services which includes (i) 24 hour delivery services (assisted +normal), (ii) Essential new born care, (iii) referral for emergency (iv) Routine ANC (V) PNC and (vi) Safe Abortion services (vii) Family planning (viii) Prevention and management of RTIs/STIs. (ix) Essential lab services.*	SG
19.1	*PHC having less than 30 beds* Total number of PHCs having less than 30 beds.	
19.2	*PHC having 30 or more beds* Total number of PHCs having 30 or more beds.	
19.3	*PHC Functioning in Govt. Buildings* Total number of PHCs in the State functioning in govt building (out of those reported in 19.1 and 19.2) .	
19.4	*Number of PHCs equipped to provide Basic Obstetric and Institutional Sick childcare* Total number of Primary Health Centres (PHCs) in the state equipped to provide basic Obstetric and Institutional Sick childcare (out of those reported in 19.1 and 19.2)	
A20	**Number of SCs** Total number of Sub-Centres on 1st April of the reporting year. By functional it is meant that ANM is posted, available and is providing services and residing. *As per NRHM norms, each sub centre should be having 2 ANMs. The projected requirement of Sub Centres to be established/strengthened as per IPHS norm are 1, 75,000 in the country. Targets for number of such sub centres may vary from state to state.*	DHQ, SG
20.1	*Total number of SCs*	
20.2	*Number functioning in Govt. Buildings*	
20.3	*Total number of functional Sub-Centres (ANM is available and residing)*	

Ref no.	Data Element	Applicable to
20.4	*Number of Sub-Centres submitting Statement of Expenditure (SOE)* Total number of SCs, which have reported SOE, (related to financial expenditure in the previous reporting year) Each sub centre is to be reported once only even if more than 1 SOE is submitted. *As part of the National Rural Health Mission, it is proposed to provide each sub centre with Rs.10, 000 as an untied fund to facilitate meeting urgent yet discrete activities that need relatively small sums of money. The fund shall be kept in a joint bank account of the ANM and the Sarpanch. Decisions on activities for which the funds are to be spent will be approved by the Village Health Committee (VHC) and be administered by the ANM. In areas where the sub centre is not co-terminus with the Gram Panchayat (GP) and the sub centre covers more than one GP, the VHC of the Gram Panchayat where the SC is located will approve the Action Plan. The funds can be used for any of the villages, which are covered by the sub centre. Untied Funds will be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations.*	SG
A21	**Number of Other Public Hospital/Health Facilities (Central/State/Municipal/PPP etc.)** Total number of Other Govt Hospitals, health facilities including the institutes run by Central Government, State Government, Municipal Committees and also health institutes run under the public private arrangement as on 1st April of the reporting year (This will also include Maternity Homes)	DHQ, SG
21.1	*Having less than 30 beds*	
21.2	*Having 30 or more beds*	
21.3	*Number of AYUSH Hospitals* Total number of AYUSH hospitals in the State.	
A22	**Number of Private Hospital/Health Facilities** Total number of Private Hospitals/ Health facilities in the state as on 1st April of the reporting year	SG
22.1	*Having less than 30 beds*	
22.2	*Having 30 or more beds*	
22.3	*Of which accredited for family planning services*	

Ref no.	Data Element	Applicable to
	Total number of Private Facilities accredited for Family Planning Services. *Accreditation is a Public Private Partnership between the Private institute and Govt where the payments are made for specified services based on a Memorandum of Understanding.*	SG
A23	**Blood Banks** Total number of blood banks (Public/Private) in the state as on 1st April of the reporting year	SG
23.1	*Public*	
23.2	*Private*	
A24	**Blood Storage Centres** Total number of blood storage units in the state as on 1st April of the reporting year	SG
24.1	Public	
24.2	Private	

Part F: Status of Human Resource Availability- Staffing status of selected positions

Ref no.	Data Element	Applicable to
A25	**Programme Management Units** *Programme Management Units Status to be reported as on 1st April of the reporting year* *Number of Posts sanctioned* *Number of People in position*	
25.1	**State Programme Management Unit (SPMU)** *The main objective of establishing this unit is to strengthen the existing management structures/functions at the state and district levels respectively as NRHM is characterized by allocation of flexible funds to states, preparation of program implementation plans by States and districts and performance linked disbursement based on MOU. Consultants recruited under SPMU are expected to improve the performance levels of the public health infrastructure and functionaries and to make the system more responsive and transparent. The SPMU is responsible for the overall state level planning and monitoring for NRHM, management of flexi pool funds, initiation of health sector reforms, continuous process improvement and for secretarial functions to the State Health Mission and State Health Society.* The SPMU consists of following positions. The availability of following	SG

Ref no.	Data Element	Applicable to

persons in SPMU needs to be recorded.

25.1.1 *Programme Manager*
25.1.2 *Finance Manager*
25.1.3 *Accounts Manager*
25.1.4 *Data Manager*
25.1.5 *Other Consultants*

SG

25.2 District Programme Management Unit (DPMU)

In districts, the cornerstone for smooth and successful implementation of NRHM programme is dependent on the management capacity of District Programme Managers; smooth functioning of District Health Society and empowerment of the programme implementation structure. The District Health Society is being strengthened through the integration of all health societies in the district and this society will be responsible for project management in districts. The district PMU is composed of three skilled personnel i.e. Programme Manager, Accounts Manager and Data Assistant have been provided in each district. These personnel are there to provide the basic support for programme implementation and monitoring at district level.

The DPMU consists of following positions. The availability of following persons in DPMU needs to be recorded.

25.2.1 *Programme Manager*
25.2.2 *Accounts Manager*
25.2.3 *Data Manager/Officer*
25.2.4 *Others Consultants*

25.3 Block Programme Management Unit (BPMU)

SG

25.3.1 *Programme Manager*
25.3.2 *Accountant*
25.3.3 *Data Assistant*
25.3.4 *Other Consultants*
25.4 PHC *Accountant*

DHQ

A26 Medical Officers in District Head Quarters

26.1 *CMOs/Civil Surgeon or equivalent*
26.2 *District Program Officers(Including doctors in CMO office)*
26.3 *DHEIO(District Health Education and Information Officer)*
26.4 *Nursing Administrators, if any*

Ref no.	Data Element	Applicable to
A27	**Staff in CHC (as per IPHS)**	DHQ
27.01	*Surgeon*	
27.02	*Anaesthetists*	
27.03	*Gynaecologists*	
27.04	*Paediatricians*	
27.05	*General Physician*	
27.06	*Eye Surgeon*	
27.07	*Dental Surgeon*	
27.08	*GDMO (General Duty Medical Officer)*	
27.09	*Public Health Manager*	
27.10	*Pharmacist*	
27.11	*Radiographer*	
27.12	*Staff Nurse*	
27.13	*Staff Nurse-SBA Trained Skilled Birth attendant*	
27.14	*Public Health Nurse (PHN)*	
27.15	*Lab Technician*	
27.16	*Lab Assistant*	
27.17	*Statistical Assistant*	
27.18	**No. of Doctors trained in**	
27.18 (a)	*Anaesthesia*	
27.18 (b)	*CEmOC Skills*	
27.18 (c)	*SNCU (Sick Neo-Natal and Child Care Unit)/ FBNC*	
27.19	*AYUSH doctors*	
27.20	*AYUSH Pharmacist*	
A28	**Staff in PHC**	DHQ
28.1	**Medical Officer**	
28.1.1	*Allopathic*	
28.1.2	*AYUSH*	
28.2	**Staff Nurses**	
28.2.1	*Total Number of Staff Nurses*	
28.2.2	*Of which number which are SBA trained*	
28.2.3	*Of which number which are IMNCI trained*	
28.3	*Nurse Mid-wife*	
28.4	*Lab Technicians/ Assistant*	
28.5	*Health Assistant Male*	
28.6	*Health Assistant Female (LHV)*	
28.7	*Pharmacist*	
28.8	*BHEIO*	

Ref no.	Data Element	Applicable to
28.9	*Statistical Assistant*	DHQ
A29	**Staff in Sub Centres**	
29.1	**MPW**	
29.1.1	*Male*	
29.1.2	*Female /ANM – Regular*	
29.1.3	*Female / ANM- Contractual*	
29.2	*Number of sub-centres in which at least one ANM has received SBA, IMNCI and FP related skills* *Number of sub-centres with at least one ANM who reported to have received ALL the three trainings - SBA, IMNCI and FP related skills*	
29.3	*Number of sub-centres which has at least two ANM* *Number of Sub Centres to be reported which have two ANMs Posted*	
A30	**District Health Mission** *All vertical Health and Family Welfare Programmes at District merge into one common "District Health Mission" at the District level. The District Health Mission would guide activities of sanitation at district level, and promote joint IEC for public health, sanitation and hygiene, through Village Health & Sanitation Committee, and promote household toilets and School Sanitation Programme. ASHA would be paid incentives for promoting household toilets by the Mission. District Health Mission, under the leadership of Zila Parishad with District Health Head as Convener and all relevant departments, NGOs, private professionals etc represented on it.*	DHQ
30.1	*Is the Integrated District Health Action Plan complete (Prepared and approved) for the coming year?* Integrated District Health Action Plan is considered complete only when it has been approved by District Heath Society. *In order to make NRHM accountable, the Integrated District Health Action Plan will be the principle instrument for planning, implementation and monitoring. Under NRHM, each district is required to prepare a comprehensive health plan and the intention is to assess the needs of the district through household and facility survey that track the base line situation of institutions and households. A detailed process manual for preparing the DAPs has already been sent to the State governments.*	
A31	**Health Programmes**	SG

Ref no.	Data Element	Applicable to
31.1	*Number of eye banks functioning* Total Number of eye banks functioning in the State.	

Part G: Infrastructure & Training

Ref no.	Data Element	Applicable to
A32	**Status of IPHS for Health Facilities** *Indian Public Health Standards (IPHS) are a set of standards envisaged to improve the quality of health care delivery in the country under the National Rural Health Mission. It describes benchmarks for quality expected from various components of health care organizations. It is a set of standards for quality of services, facilities, infrastructure, manpower, machines & equipment, drugs etc. It is the main driver for continuous improvements in quality and standards for assessing performance of health care delivery system These standards would help monitor and improve the functioning of the facility.*	
32.1	**Number of Health Facilities functioning as per IPHS** Total number of facilities (DH/ SDH/ CHC/ PHC/ SC) functioning as per IPHS as on 1st April of the reporting year is to be given.	SG
32.1.1	*District Hospital* *IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for DHs are to provide comprehensive secondary health care (specialist and referral services) to the community through the district hospital, to achieve and maintain an acceptable standard of quality of care, to make the services more responsive and sensitive to the needs of the people of the district and the hospitals/ centers from which the cases are referred to the district hospitals.*	
32.1.2	*Sub District Hospital* *A subdivision hospital caters to about 5-6 lakh people. In bigger districts the sub-district hospitals fills the gap between the block level hospitals and the district hospitals.* *The specific objectives of IPHS for Sub District Hospitals are to provide comprehensive secondary health care (specialist and referral services) to the community through the Sub District Hospital, to achieve and maintain an acceptable standard of quality of care, To make the services more responsive and sensitive to the needs of the people of the district and act as the First Referral Unit (FRU) for the hospitals/centers from*	

Ref no.	Data Element	Applicable to

which the cases are referred to the Sub District hospitals

32.1.3 *CHC*

IPHS for CHC are being prescribed to provide optimal expert care to the community and achieve and maintain an acceptable standard of quality of care. The specific objective of IPHS for CHC is that All "Assured Services" as envisaged in the CHC should be available, which includes routine and emergency care in Surgery, Medicine, Obstetrics and Gynecology and Pediatrics in addition to all the National Health programs. Appropriate Guidelines for each National Program for management of routine and emergency cases are being provided to the CHC. All the support services to fulfill the above objectives will be strengthened at the CHC level. Minimum requirement for delivery of the above-mentioned services: The following requirements are being projected based on average bed occupancy of 60%. It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. As regards manpower, 2 specialists namely Anesthetist and Public Health program Manager will be provided on contractual basis in addition to the available specialists namely Surgery Medicine, Obstetrics and Gynecology and Pediatrics. The support manpower will include a Public health Nurse and ANM in addition to the existing staff. An Ophthalmic Assistant will also be needed to be provided in centre where currently there is none.

32.1.4 *PHC*

The IPHS prescribed are for a PHC covering 20,000 to 30,000 populations with 6 beds. The Service Delivery of PHC includes:
All "Assured Services" as envisaged in the PHC should be available, which includes routine, preventive, promotive, curative and emergency care in addition to all the national health programmes. Appropriate guidelines for each National Programme for management of routine and emergency cases are being provided to the PHC. All the support services to fulfil the above objectives will be strengthened at the PHC level.

32.1.5 *SC*

IPHS for Sub-centres has been prepared keeping in view the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, human resources, instruments and equipments, drugs and other facilities etc. As far as human resources is concerned, one more ANM is being provided in addition to the existing one ANM and one Male Health Worker.

Ref no.	Data Element	Applicable to
32.2	**Number of Health Facilities having Professional Quality Accreditation (ISO, QCI, etc.)** Total number of facilities having Professional Quality Accreditation like ISO, QCI etc. as on 1st April of the reporting year.	SG
32.2.1	*District Hospital*	
32.2.2	*Sub District Hospital*	
32.2.3	*CHC*	
32.2.4	*PHC*	
32.2.5	*SC*	
A33	**ANM Training Capacity Assessment**	SG
33.1	**Govt. Aided ANM training centres** Total Number of Govt. Aided ANM Training centres as on 1st April of the reporting year.	
33.1.1	*Numbers recognized by Indian Nursing Council*	
33.1.2	*Numbers recognized by State Nursing Council*	
33.1.3	*Numbers closed during the previous FY*	
33.1.4	*Number of students admitted during previous Financial Year*	
33.1.5	*Number of students passed out during previous Financial Year*	
33.2	**Faculty Position** Posts for faculty in the Government and Govt Aided ANM training centres	
33.2.1	*Number of sanctioned post*	
33.2.2	*In Position*	
33.3	**Position of Support Staff** Support staff posts in the Government and Govt. Aided ANM training centres	
33.3.1	*Number of sanctioned post*	
33.3.2	*In Position*	
33.4	***Private ANM training centres*** Total number of private ANM training centres as on 1st April of the reporting year.	
33.4.1	*Number Recognized by Indian Nursing Council*	
33.4.2	*Number Recognized by State Nursing Council*	
33.4.3	*Number closed*	

Ref no.	Data Element	Applicable to
	Total number of ANM training centres closed during the previous financial year.	
33.4.4	*Number of students admitted during previous Financial Year*	
33.4.5	*Number of students passed out during the previous financial year.*	
A34	**LHV Training Capacity Assessment**	SG
	LHV Training centres as on 1st April of the reporting year, existing and functional	
34.1.1	*Existing*	
34.1.2	*Functional*	
34.1.3	*Number of students admitted during previous Financial Year*	
34.1.4	*Number of students passed out during previous Financial Year*	
34.2	**Faculty position**	
	Faculty in the LHV training centres	
34.2.1	*Number of sanctioned post*	
34.2.2	*In Position*	
34.3	**Position of Support Staff**	
	Support Staff posted in the LHV training centres	
34.3.1	*Number of sanctioned post*	
34.3.2	*In Position*	
A35	**MPW (Male)- Physical Achievement**	SG
	MPW (Male) Training centres as on 1st April of the reporting year	
35.1.1	*Existing*	
35.1.2	*Functional*	
35.1.3	*Number of students admitted during previous Financial Year*	
35.1.4	*Number of students passed out during previous Financial Year*	
35.2	**Faculty position**	
	Faculty in the MPW training centres	
35.2.1	*Number of sanctioned post*	
35.2.2	*In Position*	
35.3	**Position of Support Staff**	
	Support staff posted in the MPW training centres	
35.3.1	*Number of sanctioned post*	
35.3.2	*In Position*	

Ref no.	Data Element	Applicable to
		SG
A36	**HFWTC: Physical Achievement**	
	Health & Family Welfare Training centres as on 1st April of the reporting year.	
36.1.1	*Existing*	
36.1.2	*Functional*	
36.1.3	*Number of Health Personnel Trained during previous Financial Year*	
36.1.4	*Number of trainings during previous Financial Year*	
36.2	**Faculty position**	
	Posts for faculty in the HFWTC	
36.2.1	*Number of sanctioned post*	
36.2.2	*In Position*	
36.3	**Position of Support Staff**	
36.3.1	*Number of sanctioned post*	
36.3.2	*In Position*	
A37	**SIHFW: State Institute of Health & Family Welfare**	SG
	State Institute of Health & Family Welfare centres during the previous financial year.	
37.1	*Number of Health Personnel Trained during previous financial year*	
	Total Number of health personnel trained in the SIHFW	
37.2	*Number of trainings during previous financial year*	
37.3	**Faculty position**	
	Posts for faculty in the SIHFW	
37.3.1	*Number of sanctioned post*	
37.3.2	*In Position*	
37.4	**Position of Support Staff**	
37.4.1	*Number of sanctioned post*	
37.4.2	*In Position*	

FINANCIAL MANAGEMENT REPORT
(FMR)

Code	STRATEGY/ACTIVITIES	Reporting Qtr.			Cummulative			Illustrative Guidelines for classification of activities under RCH
		PIP Budget	Actual Expenditure	Variance %	PIP Budget	Actual Expenditure	Variance %	
		(5)	(6)	(7)	(12)	(13)	(14)	
A	**RCH - TECHNICAL STRATEGIES & ACTIVITIES (RCH Flexible Pool)**							Details of Infrastructure, Human resources, Training, IEC/BCC, Equipment and Drugs etc in A.9, A.11, A.12 A.13
A.1	**MATERNAL HEALTH**							
A.1.1	**Operationalise facilities (only dissemination, monitoring, and quality)**							
A.1.1.1	Operationalise FRUs							1.Organise dissemination workshops for FRU/24x7 guidelines, 2. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs and supplies etc. 3. Monitor progress against the plan 4. Monitor quality of service delivery and utilization including field visits
A.1.1.2	Operationalise 24x7 PHCs							
A.1.1.3	MTP services at health facilities							1. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs and supplies etc. 2. Monitor progress against the plan 3. Monitor quality of service delivery and utilization including field visits
A.1.1.4	RTI/STI services at health facilities							
A.1.1.5	Operationalise Sub-centres							
A.1.2	**Referral Transport**							1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns/children's 2. Implementation by the districts

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		(5)	(6)	(7)	(12)	(13)	(14)	
A.1.3	**Integrated outreach RCH services**							
A.1.3.1	RCH Outreach Camps							1. Implementation by districts of RCH outreach Camps 2. Monitor quality of service and utilization
A.1.3.2	Monthly Village Health and Nutrition Days							1. Implementation by districts of Monthly Village Health and Nutrition days 2. Monitor quality of service and utilization
A.1.4	**Janani Suraksha Yojana / JSY**							
A.1.4.1	Home Deliveries							
A.1.4.2	Institutional Deliveries							
A.1.5	24 Hours Deliveries							
A.2	**CHILD HEALTH**							**Details of Training, Drugs and Supplies under A.11 and A.13**
A.2.1	IMNCI							1. Prepare detailed operational plan for IMNCI across districts. 2. Implementation of IMNCI activities in districts, 3. Monitor progress against the plan. 4. Pre-service IMNCI activities in medical colleges, nursing colleges and ANM TCs
A.2.2	Facility Based Newborn Care/FBNC							1. Prepare and disseminate guidelines for FBNC 2. Prepare detailed operational plan for FBNC across districts 3. Implementation of FBNC activities in districts 4. Monitor progress against the plan
A.2.3	Home Based Newborn Care/HBNC							1. Prepare and disseminate guidelines for HBNC

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		(5)	(6)	(7)	(12)	(13)	(14)	
								2. Prepare detailed operational plan for HBNC across districts 3. Implementation of HBNC activities in districts 4. Monitor progress against the plan
A.2.4	School Health Programme							1. Prepare and disseminate guidelines for School Health Programme 2. Prepare detailed operational plan for School Health Program across districts 3. Implementation of School Health Programme in districts 4. Monitor progress against the plan
A.2.5	Infant and Young Child Feeding/IYCF							1. Prepare and disseminate guidelines for IYCF 2. Prepare detailed operational plan for ITCF across districts 3. Implementation of IYCF activities in districts 4. Monitor progress against the plan
A.2.6	Care of Sick Children and Severe Malnutrition							1. Prepare and disseminate guidelines 2. Prepare detailed operational plan across districts 3. Implementation of activities in districts 4. Monitor progress against the plan
A.2.7	Management of Diarrohea, ARI and Micronutrient Malnutrition							
A.2.8	Other strategies/activities							To be specified. - PPP/Innovations/NGO to be mentioned under A 2.8

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A.3	**FAMILY PLANNING**							Details of Training, IEC/BCC, Equipment, Drugs and Supplies under A.11, A.12 and A.13
A.3.1	**Terminal/Limiting Methods**							
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services							
A.3.1.2	Female Sterilisation camps							includes female sterilization services on fixed days at health facilities in districts
A.3.1.3	NSV camps							includes NSV services on fixed days at health facilities in districts
A.3.1.4	Compensation for female sterilisation							
A.3.1.5	Compensation for male sterilisation							
A.3.1.6	Accreditation of private providers for sterilisation services							all expenses relating to accreditation for terminal/limiting methods
A.3.2	**Spacing Methods**							
A.3.2.1	IUD camps							
A.3.2.2	IUD services at health facilities							
A.3.2.3	Accreditation of private providers for IUD insertion services							all expenses relating to accreditation for IUD insertion into services
A.3.2.4	Social Marketing of contraceptives							
A.3.2.5	Contraceptive Update seminars							
A.3.3	**POL for Family Planning/ Others**							
A.3.4	**Repairs of Laparoscopes**							
A.4	**ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH**							Details of Training, IEC/BCC, under A.11 and A.12
A.4.1	Adolescent services at health facilities.							1. Disseminate ARSH guidelines, 2. Prepare operational plan for ARSH services across districts 3. Implement ARSH services in districts, 4. Setting up of Adolescent clinics at health

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		PIP Budget	Actual Expenditure	Variance %	PIP Budget	Actual Expenditure	Variance %	
		(5)	(6)	(7)	(12)	(13)	(14)	
								facilities, 5. Monitor progress, quality and utilization of services
A.4.2	Other strategies/activities							To be specified. - PPP/Innovations/NGO to be mentioned under A.8
A.5	**URBAN RCH**							1. Identification of urban areas/mapping of urban slums 2. Prepare operational plan for URBAN RCH 3. Implementation of Urban RCH such as Recruitment and Training of link workers for urban slums, Strengthening of Urban health posts, provide maternal, child, ARSH etc services and 4. Monitor progress, quality and utilization of services.
A.6	**TRIBAL RCH**							1. Identification of Tribal areas/mapping of tribal areas, 2. Prepare operational plan for Tribal RCH 3. Implementation of Tribal RCH such as Recruitment and Training of link workers for Tribal areas, provide maternal, child, ARSH etc services and 4. Monitor progress, quality and utilization of services.
A.7	**VULNERABLE GROUPS**							Specific health activities targeting vulnerable communities such as SCs, STs, and BPL populations living in urban and rural areas (NOT COVERED BY Urban and Tribal RCH. This may also include

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		(5)	(6)	(7)	(12)	(13)	(14)	
								Mapping of vulnerable groups, preparation of operational plan, Implementation and Monitoring of progress
A.8	**INNOVATIONS/ PPP/ NGO**							
A.8.1	PNDT and Sex Ratio							1. Operationalise PNDT Cell, 2. Orientation of programme managers and service providers on PNDT Act, 3. Monitoring of Sex Ratio at Birth or any other activity
A.8.2	Public Private Partnerships							
A.8.3	NGO Programme							
A.8.4	Other innovations(if any)							
A.9	**INFRASTRUCTURE & HUMAN RESOURCES**							
A.9.1	**Contractual Staff & Services**							
A.9.1.1	ANMs							
A.9.1.2	Laboratory Technicians							
A.9.1.3	Staff Nurses							
A.9.1.4	Specialists (Anesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians)							
A.9.1.5	Others - Computer Assistants/ BCC Co-ordinator/ ASHA Link Worker etc							
A.9.1.6	Incentive/ Awards etc. to ASHA Link worker/ SN/ Mos etc.							
A.9.2	**Major civil works (New constructions/ extensions/additions)**							
A.9.2.1	Major civil works for operationalisation of FRUS							
A.9.2.2	Major civil works for operationalisation of 24 hour services at PHCs							
A.9.3	**Minor civil works**							
A.9.3.1	Minor civil works for operationalisation of FRUs							

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		(5)	(6)	(7)	(12)	(13)	(14)	
A.9.3.2	Minor civil works for operationalisation of 24 hour services at PHCs							
A.9.4	**Operationalise Infection Management & Environment Plan at health facilities**							1. Organise dissemination workshops on IMEP guidelines 2. Prepare plan for operatoinalisation across districts, 3. Monitor progress against the plan
A.9.5	**Other Activities (RCH-I Civil Works)**							
A.10	**INSTITUTIONAL STRENGTHENING**							
A.10.1	Human Resources Development							1. HR Consultant 2. Mapping of Human resources, 3. Development of transfer and cadre restructuring policy, 4. Performance appraisal and reward system development 5. Management Development programmes for Mos etc
A.10.2	Logistics management/ improvement							1. Implementation or improvement of Logistic management system, 2. Training of Staff in logistics management, 3. Strengthening of warehousing facilities' such computers, software etc 4. Other logistics initiatives
A.10.3	Monitoring & Evaluation / HMIS							1. Strengthening of M&E Cell, 2. Operationalization of new MIES format (such as review of existing registers, Printing of new forms, training of staff etc)
A.10.4	Sub Centre Rent and Contingencies							
A.11	**TRAINING**							
A.11.1	**Strengthening of Training Institutions**							1. Carry out repairs/renovation of

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		(5)	(6)	(7)	(12)	(13)	(14)	
								training institutions 2. Provide equipment and training aids to training institutions 3. Contractual staff recruited etc
A.11.2	**Development of training packages**							includes development, translation, printing etc
A.11.3	**Maternal Health Training**							
A.11.3.1	Skilled Birth Attendance / SBA							1. Setting up of SBA training centres, 2. TOT for SBA 3. Training of Medical Officers in SBA, 4. Training of Staff Nurses in SBA, 5. Training of ANMs/LHVs in SBA
A.11.3.2	EmOC Training							1. Setting up of EmOC training centres, 2. TOT for EmOC 3. Training of Medical Officers in EmOC,
A.11.3.3	Life saving Anesthesia skills training							1. Setting up of Life Saving Anaesthesia skills Training Centres, 2. TOT for Anaesthesia skills training 3. Training of MOs in Life saving Anaesthesia skills
A.11.3.4	MTP training							1. TOT on MTP using IMVA, 2. Training of MOs in MTP using MVA, 3. Training of Mos in MTP using other methods
A.11.3.5	RTI / STI Training							1. TOT on RTI/STI training, 2. Training of MOs in RTI/STI, 3. Training of Lab Technicians in RTI/STI, 4. Training of Staff Nurses in RTI/STI, 5.Training of ANMs/LHVs in RTI/STI,
A.11.3.6	Dai Training							
A.11.3.7	Other MH Training (ISD Refresher)							

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		(5)	(6)	(7)	(12)	(13)	(14)	
A.11.4	**IMEP Training**							1. TOT on IMEP, 2. IMEP training for State and district programme mangers 3. IMEP training for MOs
A.11.5	**Child Health Training**							
A.11.5.1	IMNCI							1. TOT on IMNCI (pre-service and in-service), 2. IMNCI training for MOs 3. IMNCI training of Staff nurses, ANMs/LHVs and also Anganwadi Workers
A.11.5.2	Facility Based Newborn Care							1. TOT on FBNC, 2. Training on FBNC for MO/Staff nurses
A.11.5.3	Home Based Newborn Care							1. TOT on HBNC, 2. Training on HBNC for ASHA
A.11.5.4	Care of Sick Children and severe malnutrition							1. TOT on Care of sick and severe malnutrition children 2. Training for MO etc
A.11.5.5	Other CH Training (pl. specify)							
A.11.6	**Family Planning Training**							
A.11.6.1	Laparoscopic Sterilisation Training							1. TOT on Laparoscopic Sterilization 2. Laparoscopic sterilization training for MO
A.11.6.2	Minilap Training							1. TOT on Minilap Training 2. Training for MO on Minilap
A.11.6.3	NSV Training							TOT on NSV and Training of MOs
A.11.6.4	IUD Insertion Training							TOT & training of MO /Staffnurses/ANMs/LHVs
A.11.6.5	Contraceptive Update/ISD Training							
A.11.6.6	Other FP Training (pl. specify)							
A.11.7	**ARSH Training**							TOT and Training of MO/ Staff nurses /ANMs /LHVs

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		(5)	(6)	(7)	(12)	(13)	(14)	
A.11.8	**Programme Management Training**							
A.11.8.1	SPMU Training							
A.11.8.2	DPMU Training							
A.11.9	Other training (pl. specify)							
A.12	**BCC / IEC**							
A.12.1	**Strengthening of BCC/IEC Bureaus (state and district levels)**							
A.12.2	**Development of State BCC/IEC strategy**							
A.12.3	**Implementation of BCC/IEC strategy**							
A.12.3.1	BCC/IEC activities for MH							
A.12.3.2	BCC/IEC activities for CH							
A.12.3.3	BCC/IEC activities for FP							
A.12.3.4	BCC/IEC activities for ARSH							
A.12.4	**Other activities (please specify)**							
A.13	**PROCUREMENT**							
A.13.1	**Procurement of Equipment**							
A.13.1.1	Procurement of equipment: MH							1. Procurement of equipment for skill based services (anaesthesia, EmOC, SBA), 2. Procurement of equipment for blood storage facility, 3. Procurement of MVA/EVA equipment for health facilities, 4. Procurement of RTI/STI equipment for health facilities
A.13.1.2	Procurement of equipment: CH							1. Procurement of equipment for IMNCI 2. Procurement of equipment for FBNC, 3. Procurement of equipment for care of sick and server malnutrition children

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		PIP Budget	Actual Expenditure	Variance %	PIP Budget	Actual Expenditure	Variance %	
		(5)	(6)	(7)	(12)	(13)	(14)	
A.13.1.3	Procurement of equipment: FP							1. Procurement/Repair of Laparoscopes/Laprocators 2. Procurement of NSV Kits, 3. Procurement of IUDs, 4. Procurement of operating microscopes/accessories for reconciliation services
A.13.1.4	Procurement of equipment: IMEP							
A.13.2	**Procurement of Drugs and supplies**							
A.13.2.1	Drugs & supplies for MH							Where overlapping, please indicate the head having major portion or on proportionate basis
A.13.2.2	Drugs & supplies for CH							
A.13.2.3	Drugs & supplies for FP							
A.13.2.4	Supplies for IMEP							
A.13.2.5	General drugs & supplies for health facilities							
A.14	**PROGRAMME MANAGEMENT**							
A.14.1	**Strengthening of State society/State Programme Management Support Unit**							1. Contractual staff for SPMSU 2. Mobility support for SPMSU 3. Provision of equipment and furniture's
A.14.2	**Strengthening of District society/District Programme Management Support Unit**							1. Contractual staff for DPMSU 2. Mobility support for DPMSU 3.. Provision of equipment and furniture's
A.14.3	**Strengthening of Financial Management systems**							1. Training in finance and accounts, 2. Audits (Annual Audit, Concurrent Audit) 3. Operationalization of e-banking etc

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		(5)	(6)	(7)	(12)	(13)	(14)	
A.14.4	Other activities (Prog. Management Expenses, Mobilty support to state, district, block for all staff).							
B	**TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)**							
B1	**ASHA**							
B1.1	Selection & Training of ASHA							
B1.2	Procurement of ASHA Drug Kit							
B1.3	Performance related incentives to ASHAs							
B2	**Untied Funds**							
B2.1	Untied Fund for CHCs							
B2.2	Untied Fund for PHCs							
B2.3	Untied Fund for Sub Centers							
B2.4	Untied fund for VHSC							
B3	**Hospital Strengthening**							
B3.1	**Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)**							
B3.1.1	District Hospitals							
B3.1.2	CHCs							
B3.1.3	PHCs							
B3.1.4	Sub Centers							
B3.1.5	Others							
B3.2	**Strengthening of District and Su-divisional Hospitals**							
B4	**Annual Maintenance Grants**							
B4.1	CHCs							
B4.2	PHCs							
B4.3	Sub Centers							
B5	**New Constructions/ Renovation and Settingup**							
B5.1	CHCs							
B5.2	PHCs							
B5.3	SHCs/Sub Centers							
B5.4	Setting up Infrastructure wing for Civil works							
B5.5	Govt. Dispensaries/ others renovations							
B5.6	Construction of BHO, Facility improvement, civil work, BemOC and CemOC centers							
B6	**Corpus Grants to HMS/RKS**							
B6.1	District Hospitals							

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		(5)	(6)	(7)	(12)	(13)	(14)	
B6.2	CHCs							
B6.3	PHCs							
B6.4	Other or if not bifurcated as above							
B7	**District Action Plans (Including Block, Village)**							
B8	**Panchayti Raj Initiative**							
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc							
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC							
B8.3	Others							
B9	**Mainstreaming of AYUSH**							
B10	**IEC-BCC NRHM**							
B10.1	Health Mela							
B10.2	Creating awareness on declining sex ratio issue							
B10.3	Other activities							
B11	**Mobile Medical Units (Including recurring expenditures)**							
B12	**Referral Transport (Including EMRI)**							
B12.1	Ambulance							
B12.2	Operating Cost (POL)							
B13	**School Health Programme**							
B14	**Additional Contractual Staff (Selection, Training, Remuneration)**							
B14.1	Additional Staff/ Supervisory Nurses PHC,CHC (Including Ayush Stream)							
B14.2	Additional ANM, ,LHV, MPW							
B14.3	PHNs at PHC level							
B14.4	Medical Officers at PHCs (Including AYUSH stream)							
B14.5	Additional Allowances to MOs PHC, CHC							
B14.6	Lab technicians, Gynecologists, Anesthetists, Pedisterian, Specialist CHC, Radiologist, Sonologist, Pathologist,							

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		(5)	(6)	(7)	(12)	(13)	(14)	
	Dental Surgeons.							
B15	**PPP/ NGOs**							
B15.1	Non governmental providers of health care RMPs/TBAs							
B15.2	Grant in Aid to NGOs							
B16	**Training**							
B16.1	Strengthening of Existing Training Institutions/Nursing School							
B16.2	New Training Institutions/School							
B16.3	**Training and Capacity Building Under NRHM**							
B16.3.1	Promotional Trg of health workers females to lady health visitor etc.							
B16.3.2	Training of AMNs,Staff nurses,AWW,Anganbadi							
B16.3.3	Other training and capacity building programmes							
B17	**Incentives Schemes**							
B17.1	Incentives to Specialists (CHCs)							
B17.2	Incentives to Medical Officers (PHCs)							
B17.3	Other Incentives Schemes							
B18	**Planning, Implementation and Monitoring**							
B18.1	**Community Monitoring (Visioning workshops at state, Dist, Block level)**							
B18.1.1	State level							
B18.1.2	District level							
B18.1.3	Block level							
B18.1.4	Other							
B18.2	**Quality Assurance**							
B18.3	**Monitoring and Evaluation**							
B18.3.1	Computerization HMIS and e-governance, e-health							
B18.3.2	Other M & E							
B19	**Procurements**							
B19.1	Drugs							
B19.2	Equipments							
B19.3	Others							
B20	**PNDT Activities**							

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		(5)	(6)	(7)	(12)	(13)	(14)	
B21	**Regional drugs warehouses**							
B22	**New Initiatives/ Strategic Interventions** (As per State health policy)**/ Innovation/ Projects** (Telemedicine, Hepatitis, Mental Health, Nutition Programme for Pregnant Women, Neonatal NRHM Helpline etc.) **as per need or Block/ District Action Plans)**							
B23	**Health Insurance Scheme**							
B24	**Research, Studies, Analysis**							
B25	**State level health resources center(SHSRC)**							
B26	**Support Services**							
B26.1	Support Strengthening NPCB							
B26.2	Support Strengthening Midwifery Services under medical services							
B26.3	Support Strengthening RNTCP							
B26.4	Contingency support to Govt. dispensaries							
B26.5	Other Support Programmes							
B27	**NRHM Management Costs/ Contingencies**							
B27.1	Block Level PMU							
B27.2	District level							
B27.3	State level							
B27.4	Audit Fees							
B27.5	Concurrent Audit system							
B27.6	Other Management expenses							
B27.7	Telephone and Mobile phone, Contingencies expenses							
B27.8	Mobility Support to BMO/MO/Others							
B.28	**Other Expenditures** (Power Backup, Convergence etc)							
C	**IMMUNISATION**							
C.1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)							
C.2	Cold chain maintenance							
C.3	Pulse Polio operating							

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		(5)	(6)	(7)	(12)	(13)	(14)	
	costs							
D	**IDD**							
E	**IDSP**							
E.1	Civil Works (Renovation & Repair)							
E.2	Furniture & Fixtures							
E.3	Lab Equipments							
E.4	Lab Material & Supplies							
E.5	Office Equipments							
E.6	Consultants/Contract Staff							
E.7	IEC							
E.8	Training							
E.9	Operational Cost							
F	**NVBDCP**							
G	**NLEP**							
H	**NBCP**							
H.1	**Cataract Performance**							
H.1.1	Facility							
H.1.2	Medical College							
H.1.3	District College							
H.1.4	CHC/Sub District Hospital							
H.1.5	NGOs							
H.1.6	Pvt. Sector							
H.1.7	Others							
H.2	**School Eye Screening**							
H.2.1	No. of teachers trained in screening for Refractive errors							
H.2.2	No. of school going children screened							
H.2.3	No. of school going children detected with Refractive errors							
H.2.4	No. of school going children provided free glasses							
H.3	**Eye Donation**							
H.3.1	No. of Eyes collected							
H.3.2	No. of Eyes utilized							
I	**RNTCP**							
I.1	Civil Works							
I.2	Laboratory Materials							
I.3	Honorarium							
I.4	IEC							
I.5	Equipment maintenance							
I.6	Training							
I.7	Vehicle Maintenance							
I.8	Vehicle Hiring							
I.9	NGO/PP Support							
I.10	Medical College							

Code	STRATEGY/ACTIVITIES	Reporting Qtr.			Cummulative			Illustrative Guidelines for classification of activities under RCH
		PIP Budget	Actual Expenditure	Variance %	PIP Budget	Actual Expenditure	Variance %	
		(5)	(6)	(7)	(12)	(13)	(14)	
I.11	Miscellaneous							
I.12	Contractual Services							
I.13	Printing							
I.14	Research & Studies							
I.15	Salary of regular staff							
I.16	Procurement of drugs							
I.17	Procurement of vehicles							
I.18	Procurement of Equipment							
GT	**Grand Total (A+B+C+D+E+F+G+H+I)**							

Certified that the above amount of expenditure is duly reconciled with the amount recorded in the relevant ledger heads.

(Finance Manager/Finance Controller/ Finance Officer)

Glossary of Terms and Terminology

S. No	Abbreviation	Full Form
1.	AD Syringe	Auto Destruct Syringe
2.	AEFI	Adverse Events Following Immunisation
3.	AFB	Acid fast Bacillus. Usually refers to Tuberculosis bacilli, although organism for Leprosy is also Acid fast.
4.	AMC	Annual Maintenance Contract
5.	ANC	Ante Natal Care
6.	ANC completed IFA prophylaxis	Number of antenatal cases who have taken Iron & Folic Acid tablets for 100 days during pregnancy.
7.	ANC given 3 checkups	Antenatal cases who have been given three checkups as per Schedule Ist Check-up at 20-24 weeks, 2nd at 28-32 weeks and 3rd at 36 weeks of pregnancy
8.	ANM	Auxiliary Nurse Midwife
9.	APH	Ante Partum Haemorrhage: Bleeding during pregnancy from 28 weeks onwards till delivery.
10.	APL	Above Poverty Line
11.	Aseptic delivery	Delivery not contaminated by sepsis/infection. Normal deliveries are usually aseptic.
12.	ASHA	Accredited Social Health Activist
13.	ASHA Kit	Drug and item kit provided to ASHA for daily use
14.	Asphysixia	ARI (hypoxia) to a newborn infant long enough to cause harm
15.	Assisted delivery	An assisted delivery is a situation where birth of a child may have to be assisted using forceps or vacuum extraction. It may happen in normal delivery or during abnormal presentations like Breech delivery etc. It may also be required in medical conditions like preeclampsia etc.
16.	Audiometrician	A technician trained to carry out tests for hearing using special equipment.
17.	Auto analyser	Equipment for carrying out automatic tests in labs.
18.	Autoclave	Equipment used to sterilise equipments/ dressing material.
19.	AV Aids	Audio Visual Aids
20.	Average daily OPD	Calculated by dividing total OPD of the month by available OPD days (Total No. Of days on which OPD services are available)
21.	AYUSH	Stands for department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
22.	BCC	Behaviour Change Communication
23.	Bed Days Available	The maximum number of inpatient days of care that would have been provided if all beds were filled during the year. If 50 beds were available for use each day during the year, bed days available would be 50 x 365 = 18,250. If the number of beds fluctuated throughout the year, bed days

S. No	Abbreviation	Full Form
		available should reflect this and the calculation would be more complicated. Other terms used for bed days available include "potential days," "maximum patient days," or "total inpatient bed count days."
24.	Bed occupancy rate	To calculate the average occupancy rate for a typical one-year reporting period, two data item are needed. **(Inpatient Days of Care / Bed Days Available) x 100** These include "Inpatient Days of Care" and "Bed Days
25.	BeMOC	Basic Emergency Obstetric Care. Services refer to facilities with following essential services – 1 Parenteral administration of Antibiotic 2. Parenteral administration of Anticonvulsants 3. Parenteral administration of Oxytocics 4. Assisted vaginal delivery 5. Manual removal of Placenta. 6. Removal of retained products of conception
26.	Bio medical waste	Any waste, which is generated during the diagnosis, treatment or immunisation of human beings
27.	Bitot's Spots	Bitot's spots are superficial, foamy gray, triangular spots on the white of the eyeball due to Vitamin A deficiency
28.	Blood Smear	Examination of blood for different types of cell counts
29.	Blood Storage Unit	Smaller blood storage facilities primarily designed for FRUs abut may also be located at any CHC, PHC or any other govt hospital. These units have blood storage capability of 50 units at one time.
30.	Bone marrow biopsy	Biopsy of bone marrow cells
31.	Boyles Apparatus	Equipment for providing anaesthesia and respiratory assistance
32.	BPL	Below Poverty Line
33.	Breech presentation	Delivery of foetus with feet presentation.
34.	Bronchoscopy	Examination of bronchi (Lungs) using an instrument – Bronchoscope
35.	CeMOC	Critical Emergency Obstetric Care. Services refer to facilities with all services listed under BeMOC and also include the following- 1. Availability of blood and blood transfusion facility. 2. Facility for Caesarean section for delivery of foetus in emergency cases
36.	Cervical tear	Tear of cervix during delivery
37.	Citizen's charter	It is a document which focuses on rights of citizens with respect to services to be provided at different levels and in different type of facilities. It describes level and quality of services which a citizen can expect and also the people responsible for these services.
38.	Cold Chain	This is a temperature controlled supply chain, usually for temperature sensitive items like vaccines and sera.

S. No	Abbreviation	Full Form
		Different types of equipment is usually available at various facilities like – Deep freezer, ILR(Ice Lined Refrigerator), Cold boxes etc.
39.	Colony Hospital	Health facilities in urban areas having indoor facilities with more than 30 beds
40.	Cradle	A cradle (also called a crib) is a small bed, for holding babies in maternal wards.
41.	CSF	Cerebral Spinal Fluid
42.	CSF Analysis	Study (Lab test) of Cerebro spinal fluid
43.	DDK	Disposable Delivery Kit
44.	Disease classification hospital records.	The system is based on WHO classification manual – ICD -10. It is a system used to classify diseases and other health problems which are recorded on many types of health and vital records including death certificates
45.	DMC	Designated Microscopic Centre
46.	DOTS	Directly Observed Treatment Strategy
47.	DPMU	District Program Management Unit
48.	DPT 3	3rd dose of DPT vaccine
49.	Eclampsia	It is a serious complication of pregnancy characterised by convulsions. It usually follows pre-eclampsia.
50.	Ectopic pregnancy	Pregnancy where product of conception is outside the uterus
51.	EDD	Expected Date of Delivery
52.	ESI	Employees State Insurance
53.	Fiberoptic endoscopy	Examination of internal cavities of body using an instrument – endoscope- which has a Fiberoptic light source at the end and is flexible.
54.	FMR	Financial Monitoring Report
55.	Forceps delivery	Delivery of child using the forceps in second stage
56.	GIS	Geographical Information System
57.	GOI	Government of India
58.	Haematology	Refers to study of blood and blood products. Usually refers to examination of blood cells and their functions through laboratory testing.
59.	Health Post	Outreach service post (Type a, b and c) in urban areas having less than 10,000 population. It is manned by ANM. Type D health post is manned by Medical officer and caters to a population of 30,000 – 50,000.
60.	HFWTC	Health& Family welfare Training Centres
61.	High dependency Units (HDU)-	Special Wards for patients needing more intensive care (more than general ward, but less than intensive care).
62.	Histopathology	Branch of pathology that deals with examination of different types of tissues

S. No	Abbreviation	Full Form
63.	HIV	Human Immunodeficiency Virus
64.	HRD	Human Resource Development
65.	Hysterectomy	Surgical removal of uterus
66.	ICDS	Integrated Child Development Services
67.	IDSP	Integrated Disease Surveillance Program
68.	IEC	Information Education &Communication
69.	IFA	Iron & Folic Acid
70.	IMEP	Infection Management and Environmental Protection
71.	IMNCI	Integrated Management of Neonatal & Child Infections
72.	Incubator	Equipment used to keep the new born babies warm especially after premature birth. Can also be used to transport the baby to other hospitals.
73.	Infant	Newborn up to Ist year of life.
74.	Infertility treatment	Treatment for failure to conceive
	Inpatient days of Care	Sum of each daily inpatient census for the year. To arrive at this total, you would simply add together each daily census for the 365 days in the year. Other synonymous terms include "total inpatient service days," "occupied bed days," or "census patient days of care."
75.	IPD	In patient Department
76.	IPHS	Indian Public Health Standards
77.	Isolation room	The isolation rooms are used for patients who need respiratory isolation. This is a negative pressure room that uses reverse circulation of the air to maintain isolation.
78.	Ist trimester registration of Pregnancy	Registration within 12 weeks of pregnancy
79.	IUD	Intra Uterine Device
80.	IUD 380	Copper T which can provide protection for 10 years.
81.	JSY	Janani Suraksha Yojna
82.	Laprotomy	A Laprotomy **i**s a surgical procedure involving an incision through the abdominal wall to gain access into the abdominal cavity
83.	Laryngoscope	A laryngoscope is a medical instrument that is used to obtain a view of the vocal cords and the glottis, which is the space between the cords.
84.	LHV	Lady Health Visitor
85.	LMP	Last Menstrual Period (usually refers to first day of last cycle)
86.	Lumber puncture	Puncture of lower spinal cord (in lumber region), usually done as a diagnostic procedure to remove Cerebro spinal fluid-CSF)

S. No	Abbreviation	Full Form
87.	Major surgery	Usually refers to surgery which requires general or spinal anaesthesia.
88.	Malnutrition	Malnutrition is a general term for a medical condition caused by an improper or insufficient diet. It most often refers to under nutrition resulting from inadequate consumption, poor absorption, or excessive loss of nutrients.
89.	Maternal Death	Death of any women during pregnancy due to any cause or post partum period (up to 42 days after delivery).
90.	Maternity Home	Health facilities in Urban areas which provide indoor services for institutional deliveries. They have less than 30 Beds.
91.	MCH	Maternal and Child Health
92.	MD	Mission Director
93.	MDT	Multi Drug Treatment
94.	Meeting register	Register for recording minutes of meeting and other details.
95.	Micro birth plan	This is a tool basically to structure the events/actions related with pregnancy and delivery (To be drawn up by ANM/ASHA). Essentially it consists of – a. Registration and filling up of JSY card b. Calculation of EDD(Expected date of delivery) c. Informing dates of three essential check ups d. Identification of health facility where delivery will take place e. Identification of means of transport
96.	Mid trimester abortion	Abortion between 14 and 24 weeks of pregnancy.
97.	Minor surgery	Usually refers to surgery which requires local/ no anaesthesia
98.	MIS	Management Information System
99.	Miscarriage	Spontaneous abortion on or before 20 weeks of pregnancy
100.	MOU	Memorandum of Understanding
101.	MPHW (M)	Multi Purpose Health Worker (Male)
102.	MTP	Medical Termination of Pregnancy
103.	MVA Syringe	Manual Vacuum Aspiration Syringe
104.	Neo natal sepsis	Neonatal sepsis is a blood infection that occurs in an infant younger than 90 days old. It is caused due to bacterial infection
105.	Neonate	Newborn up to 28 days after birth
106.	New born care corner	Refers to set up for care of sick new born. It has minimum resuscitation equipment, arrangement for baby warmth and weighing etc.
107.	NIDDCP	National Iodine Deficiency Disorders Control Program

S. No	Abbreviation	Full Form
108.	NLEP	National Leprosy Eradication Program
109.	NPCB	National Program for Blindness Control
110.	NRHM	National Rural Health Mission
111.	NSP	Non Sputum Positive Case
112.	NSV	No Scalpel Vasectomy
113.	NVBDCP	National Vector Borne Disease Control Program
114.	OCP	Oral Contraceptive Pills
115.	OPD	Out Patient Department
116.	OPV	Oral Polio Vaccine
117.	OPV3	3rd dose of oral polio vaccine
118.	ORS	Oral Rehydration Solution
119.	OT	Operation Theatre
120.	PAP smear (Papanicolaou test)	A Pap smear is an examination under the microscope of cells scraped from the Cervix.
121.	Partograph	Tool used to assess the progress of labour and to identify when intervention is necessary.
122.	Pericardial tapping	Removal of fluid which may collect in between the membranes covering the heart
123.	PHN	Public Health Nurse
124.	Phototherapy unit	Equipment used to provide phototherapy for babies with neo natal jaundice.
125.	Pleural biopsy	Biopsy of membrane (pleura) covering the lungs.
126.	PNC	Post Natal Care
127.	POL	Petrol, Oil & Lubricants
128.	PP Units	Post Partum Units
129.	PPH	Post Partum Haemorrhage- Excessive bleeding occurring after child birth (up to six weeks after delivery).
130.	PPI	Pulse Polio Immunisation
131.	PPP	Public Private Partnership
132.	Pre-Eclampsia	It is medical condition arising in pregnancy which is characterised by hypertension and loss of proteins in urine.
133.	PRI	Panchayati Raj Institution
134.	Pulmonary function test	Pulmonary function tests are a group of tests that measure how well the lungs take in and release air and how well they move oxygen into the blood
135.	Radiant heat warmer	These are equipments designed to provide intense source of radiant energy to keep the babies warm
136.	RCH	Reproductive & Child Health
137.	Refractionist	A technician trained to measure the refraction of the eye

S. No	Abbreviation	Full Form
		and to determine the proper corrective lenses
138.	Resuscitation equipment	Equipment used for resuscitation like – end tracheal tubes, laryngoscope, ambu bag etc.
139.	Retained placenta	Condition where all or part of placenta is retained in the uterus
140.	RIMS	Routine Immunisation Monitoring System
141.	RKS	Rogi Kalyan Samiti
142.	RMP	Registered Medical Practitioner
143.	RNTCP	Revised National Tuberculosis Control Program
144.	RPR Test	Rapid Plasma Reagin
145.	RTI/STI	Reproductive Tract Infection/Sexually Transmitted Infection
146.	SBA	Skilled Birth Attendant (Special training course is available for SBA)
147.	Septic delivery	Delivery contaminated by infection
148.	SHG	Self Help Group
149.	SPMU	State Program Management Unit
150.	STLS	Senior Tuberculosis Laboratory Supervisor
151.	STS	Senior Treatment Supervisor
152.	TNSMC	Tamil Nadu State Medical Corporation
153.	Total ANC Registration	Total of all new Antenatal cases registered during the given period
154.	Ultrasound guided biopsy	A biopsy carried out using ultrasound for guidance
155.	VCTC	Voluntary Counselling and Testing Centre
156.	Vertical health programs/societies	These are stand alone health programs which have not been integrated so far such as – AIDS control program, pulse polio program etc. These programs have separate funding and organisation structure
157.	VHND	Village Health and Nutrition Day
158.	VHSC	Village Health & Sanitation Committee
159.	Wet mount	The vaginitis wet mount test is a test to detect an infection of the vagina.

Contact Details

1. E-mail ID for communication: hmis-nrhm@nic.in

2. MOHFW Officers

S. No.	Designation	Tele-fax	e-mail
1.	Additional Director General (Statistics)	011-2306 1334	adg-mohfw@nic.in
2.	Chief Director (Statistics)	011-2306 2699	cdstat@nic.in
3.	Deputy Director General (Statistics)	011-2306 1238	ddg-stats-mohfw@nic.in dirstat-mohfw@nic.in
4.	Deputy Secretary (NRHM-Finance)	011-2306 1831	fmg.mohfw@gmail.com,

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