

DISSERTATION INTERNSHIP

AT

**INTERNATIONAL INSTITUTE OF HEALTH
MANAGEMENT AND RESEARCH, NEW DELHI**

HEALTH FACILITY ASSESSMENT IN GOYLA DAIRY

BY

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PG/20-22/088

UNDER THE GUIDANCE OF

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PGDM (Hospital & Health Management)

2020-2022



**INTERNATIONAL
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NEW DELHI

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This is to certify that the dissertation titled **“Health facility Assessment in (Qutub vihar) Goyla Dairy New Delhi”** and submitted by **Sudhir Pratap Singh**, Enrollment No. **PG/20-22/088** under the supervision of **Dr. Rohini Ruhil** for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **1st April to 30 June 2022**. embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



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Similar contents acceptable (%)	Up to 15 Percent as per policy		
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First and foremost, praises and thanks to the God, the Almighty for his showers of blessings throughout my Dissertation.

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LIST OF ABBREVIATIONS:

- 1) NCD:- Non-communicable diseases
- 2) NIHFw:- National Institute of Health and family Welfare
- 3) STAC:- SAARC Tuberculosis and HIV/AIDS centre
- 4) NHSRC: National Health Systems Resource centre
- 5) WHO: World Health Organisation
- 6) ASHA: Accredited Social Health Activist
- 7) NFHS:- National Family Health Survey

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OVERVIEW ABOUT THE ORGANIZATION

The International Institute of Health management Research, New Delhi was setup in the year 2008. The institute mainly provides post graduate programs in health, hospital and information technology in health care and management development programs. The institute also focus on the research projects which help in policy analysis, policy formulation and also help in the implementation of the policies for the health care sectors. It has emerged as a reputed institute for providing good health care management professionals nationally as well as globally. It is an autonomous institute performing well for several years to improve health care by training the students and making them good professionals for future. The institute also made an effort to promote the success for the 17 sustainable Development Goals. The IIHMR is involved in various research projects which act as a support for health policy and planning.

MISSION AND VISSION OF IIHMR:

- **MISSION:** this institution is dedicated in the improvement of standards of health through proper and better management of health care and its programs with the help of management research, training, education and proper networking of the institute at global level
- **VISION:** the main objective and vision of the institute is to give its contribution in health care sector for social equity with the help of its commitment to support health programs for improving healthcare sectors

CAPABILITIES AND THRUST AREAS:

- AICTE approved two-year PGDHM
- Management development programs
- Research projects
- Quality assurance and accreditation
- Financial analysis
- Insurance related to healthcare
- E-learning

CORE ACTIVITIES:

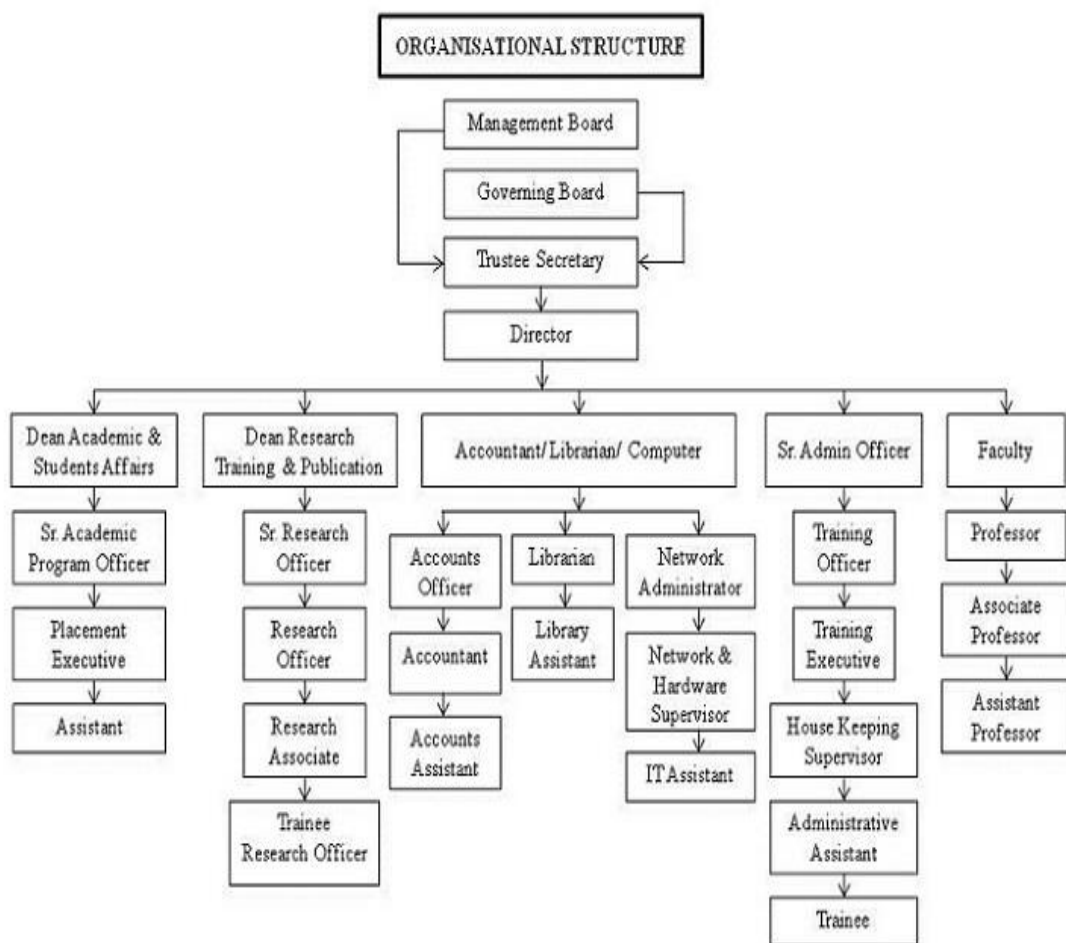
- Research
- Training
- Teaching

GLOBAL NETWORKING:

IIHMR, Delhi have collaborations with various reputed institutions and organizations. Some of them are given below:

- ✓ World Health organization (WHO)
- ✓ South-east Asia Public education Institution network (SEAPHEIN)
- ✓ National Institute of Health and family Welfare (NIHFW)
- ✓ SAARC Tuberculosis and HIV/AIDS centre (STAC)
- ✓ National Health Systems Resource centre (NHSRC)
- ✓ The union South East Asia (USEA)

ORGANIZATION STRUCTURE:



PROJECT REPORT

Introduction: Health facilities are places that provide health care. They include hospitals, clinics, outpatient care centres, and specialized care centres, such as birthing centres and psychiatric care centres. The number and quality of health facilities in a country or region is one common measure of that area's prosperity and quality of life. Health facilities may be owned and operated by for-profit businesses, non-profit organizations, governments, and in some cases by individuals, with proportions varying by country. There are various types of health facilities like hospitals, healthcare centers, clinics, medical nursing homes, pharmacies and drug stores, medical laboratories and research. Health facility survey assesses the **availability** of health facility services and the capacities of facilities to provide services at required standards of **quality**. The modern and the present lifestyle has thrown various health-related challenges for people across the globe and the healthcare-related issues and proactive measures to be taken to improve the healthcare scenario.

Globally the healthcare expenditure is rising twice as fast as overall economic growth and at the same time, the global healthcare industry is moving from a volume-based model to a quality-based business model.

Presently the healthcare sector like other sector are also suffering from poor monitoring and inappropriate data, which too housed at multiple sources and thus lacks quality.

The quality of health services has great impact on the health outcomes. The quality of the health sectors is influenced by various factors like the behaviour of the community towards health sectors, health care providers, and government policies. A health care facility survey is very important to understand the health facilities in a better way to find out what is actually happening in the health facilities with respect to their human resource, infrastructure, quality of care is being provided to the patients. It also helps to find out the levels of difference in providing services in public and private sectors and it helps to find out how health facility factors affect health-seeking behaviour and health outcomes.

LITERATURE REVIEW

- Diego Rios Zertuche et al. (2018) have done a secondary study on the methods which are used to measure quality of care and quality indicators with the help of health facility surveys and concluded that with adequate resources and methods ,collection of data for quality indicators is possible and these methods are easily transferable and hence can be used to measure quality of care in other countries
- Erlyn K macarayan et al. (2018) have done a service provision assessment ssurvey for the assessment of quality of primary health care in low income and middle income countries. And concluded in their study that there are major gaps in the quality of the primary care and if these gaps are not addressed , they will limit the quality of primary care in reaching the sustainable development goals.
- Japneet kaur et al. (2019) have done a cross-sectional study to assess the readiness of public health facilities and to provide care in newborn and maternal care in the state of Bihar and found that district hospitals were slightly better equipped in comparison to PHCs and in terms of oharmacy, both district hospitals and PHCs have half of the essential drugs available.
- Karina Oliveira De Mesquita (2016) have done an integrated review to analyze patient safety in primary health care It was held in national and international publications and databases of the Virtual Library on Health between January and March 2016. The author selected ten papers that addressed the guiding question: How is the topic of patient safety covered in primary health care in the literature? With 2008 as the earliest date of publication, publication topics included studies into safety culture and the relationship between patients' safety and adverse event prevention as well as incident evaluation translations of patient safety assessment tools. Conclusions on the significance of addressing safety in order to promote improved healthcare may be drawn from material collected throughout analysis. More research, taking into account the importance of the topic and the little scientific effort on the topic, were needed by the writers.
- Rashmi Sanjay Sharma et al. (2019) have done a survey client satisfaction survey on the gateway of quality care and it is a mixed type study from a tertiary care centre. Background: Surveys of customer satisfaction are an important element of a health facility's quality improvement; assist in creating an App for determining the causes of patient dissatisfaction and implementing actions to increase organizational contentment. In this instance research, (1) customer satisfaction level was explored,(2) the cause for poor satisfaction was identified, and (3) the possible methods for improvement were suggested. Methods: After approval from the institute's director, a mixed kind of research was carried out with both quantitative and qualitative components. A total of 421 patient survey forms completed between 2015 and 2016 (124 OPD and 297 IPD) have been examined. Two focus group discussions (FGD) with IPD patients and one OPD case were conducted during early 2017 to ascertain insight and as part of qualitative study. Results: most respondents indicated pleasure, cleanliness, safety, facilities

for parking and hospital personnel during the customer survey. Half participants had their rights known. Less than 10 minutes had been awaited by more than percent. However, after 30 minutes of registering none of the participants could see a care professional involved. In the FGDs, too, the majority of participants highlighted the choice of a hospital for free of charge, excellent conduct of the doctor, acceptable treatment and cleanliness. Conclusion: Although survey results are generally favorable for the system, several areas of improvement have been identified by the FGDs. Therefore, as part of the current customer satisfaction survey, it is suggested to incorporate FGDs. In the form of mailboxes placed in the hospital, a complaints redress mechanism must apply. In order to develop realistically solutions, the survey findings were shared with all parties.

- Sindhu Joseph et al. (2020) have done a review on the impact assessment of accreditation in primary and secondary public healthcare institutions in Kerala. Objectives This research looks the accrediting effects in primary or secondary health care in Kerala, India on the quality of public health provision. Design of the study A transversal investigation. The State of Kerala Participants In-patients (621) admitted into medical facilities in public healthcare centres accredited (312) and not certified (309) participants. Outcomes ten frameworks were used in study: housing, admittance services, patient-centered care, access to doctor's treatment, financial and technological resource, management approach, medical services, and diagnosis and client systems. satisfactory services, which are overarching for the quality of health services, adapting previous research studies, SERVQUAL and Donabedian's SPO models, Methods A positive approach was used in the research using a survey questionnaire. The research has been performed in four strata, namely GHs, W&C, THQS/THs and CHCs, using stratified random samples from July 2017 to July 2018. Results The accreditation of patients and the other quality aspects has a beneficial effect and is made accessible under an international CC-BY-NC-ND 4.0 license. It is the author/funder who has given MedRxiv the permission for the presence of a prescribed printout (which was not verified by peer review). MedRxiv Doi: <https://doi.org/10.1101/2020.05.30.20117432>, uploaded June 3, 2020. The medRxiv version is available now. For this preprint, the copyright holder 3 shows an overall structural and procedural quality in Kerala's main public health institutions. On the other hand, certification in secondary medical institutions has not increased the quality dimension and therefore patient happiness. Conclusions Accreditation at primary health facilities cannot be expected to always be linked with excellent care. The process of implementation must be methodical and frequently monitored in order to make it beneficial. Patient satisfaction cannot be assured of mere structural change just through certification. In the course of time by coordinated efforts, the secondary health care facility must be converted into centres for excellent care.

Objective of the survey

The key objectives of the facility survey are

1. To map the availability and distribution of all Health facilities in Goyla Dairy Delhi.
2. To assess the potential of private providers allopathy as well as practitioners of the Indian system of medicine (ISMP) in public health care programmes.

Expected Outcome of the study

1. Distribution of government and private facilities in urban areas;
2. Availability of professional (general and specialist) in Government and private facility in urban areas;
3. Availability of infrastructure facilities in government and private health facility in urban areas;
4. Availability and distribution of diagnostic /laboratory facility available (government and private, in urban) categorized into solo practitioners ,10 bed facilities .10-50 bed facilities and over 50 bed facilities;
5. Referral pathways (Networking) among private providers in urban areas (to map pathways that spill into a neighboring district);
6. Other analysis possible from the data collected and

Study Approach and Methodology:

Study Area: Goyla dairy (Qutub vihar)

Locality introduction and neighbourhood

Goyla Dairy is a residential sub-locality of Qutub Vihar with easy access to all the civic amenities. The population of qutub vihar is 39243. In total population male population is 20967 and female population is 18267. Goyla Dairy is situated in the western zone of the city and mainly comprises residential houses, plots and independent builder floors. Some of the neighbourhoods of Goyla Dairy are Dwarka, Kakrola, New Roshanpura and Paharwa Colony. Goyla Dairy has a strong approach to other places via roadways and also has robust connectivity to renowned employment hubs such as Naraina, Mayapuri etc.

Physical infrastructure

Dwarka Goyla Dairy Marg and Najafgarh Road ensure great connectivity to the rest of the city from Goyla Dairy. Dwarka Sector 11 Metro Station on the blue line can be found at a distance of 5Km through 205 Delhi Road. The Delhi Cantonment Railway Station is 14Km away via Pankha Road from Goyla Dairy. Through UER II, the Indira Gandhi International Airport (15Km) can be reached.

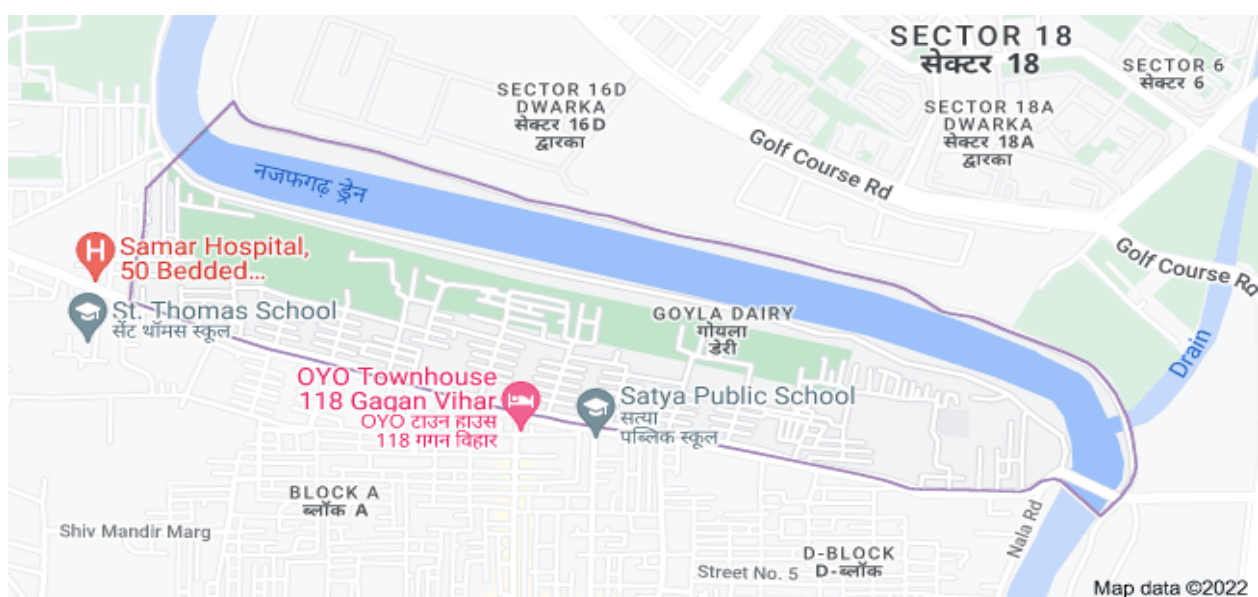
Social & retail infra

For fulfilling all the shopping requirements, residents can find the City Centre Dwarka at 4Km, Vegas Mall at 7Km, Pacific D21 Mall at 7Km and Pacific Mall Tagore Garden at 14Km from this locale. For medical help, Venkateshwar Hospital, Ayushman Hospital, Artemis Hospital Dwarka and Samar Hospital are present within 4Km. Some of the renowned schools located within the vicinity of Goyla Dairy are OPG World School, Infant Jesus School Dwarka, Delhi Heights School and Sachdeva Global School.

Nearby employment hubs

Goyla Dairy is well-connected to the renowned Mayapuri Industrial Area (13Km) through Dabri Dwarka Road. GM Industries, Sawhney Industries, Hobbvel Gear Industries, Allied Industries, Bajaj Plasto Industries are some of the noted commercial units in Mayapuri Industrial Area. The Naraina Industrial Area is at 17Km via Sat Guru Ram Singh Road and it is home to MS Chhabra & Company., Delcon Industries, Khanna Industries, Supermac Industries Limited, Marshal Industries, Kay Kay Industries etc.

Source: MagicBricks Research



Goyla Dairy map

Sample selection and study methodology

Study design-Mapping and facility assessment of all the health facility in the vicinity of Goyla Dairy.

Study Period-The study was conducted from 1st April to 14th June 2022.

Study area- The mapping of qualified health facility-public and private was carried out in Goyla dairy, Qutub Vihar Dwarka New Delhi.

Sampling Technique and sample size: All the health facility were mapped and studied in

Sample size- All the health facilities found after mapping were included in the survey

Study Tool- Interview was taken from the health providers within the health facilities with the help of a digital questionnaire which was made on kobo Toolbox

Data Analysis-Data was collected through a questionnaire and data analysis was be done on SPSS

RESULTS:

1-Types of Health Facilities

Figure 1 shows that there is total of 80% private health facilities and only 20% government facilities in the vicinity of Goyla dairy.

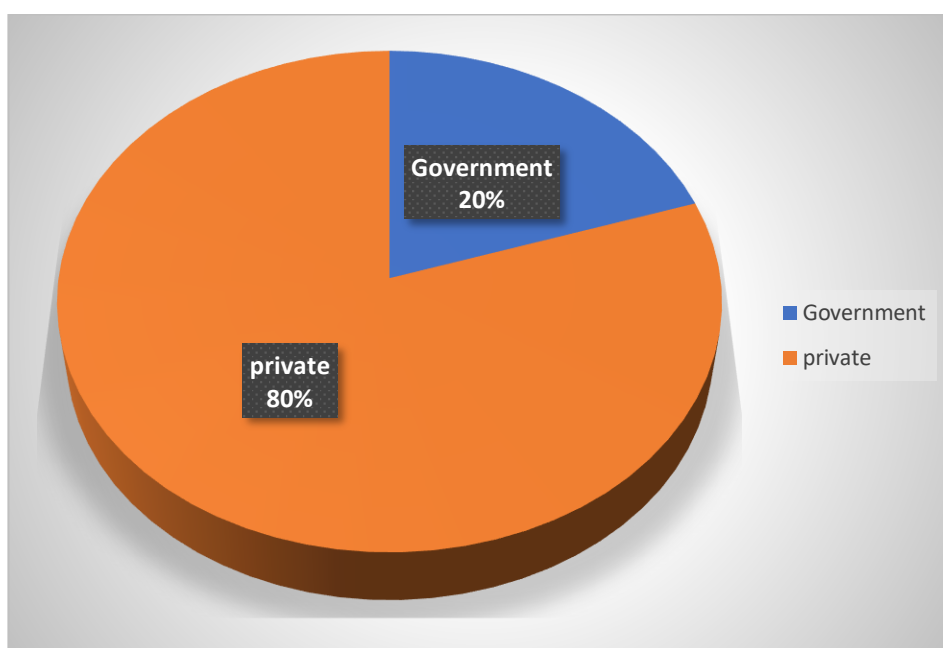


Figure 1:

Table 1 is showing distribution of different type of health facilities in goyla dairy. There are maximum of private clinic with the percentage of 65% followed by 15% of hospital, 15% of Mohalla clinics and

only 5%
UPHC/

of

Type of health facility	number of medical facility	Percentage
UPHC/Dispensary	1	5.0
Mohalla clinic	3	15.0
Hospital	3	15.0
private clinic	13	65.0

Dispensary

Table 1: Distribution of different type of health facilities

Table 2 representing the ownership distribution and showing that 20% of healthcare facilities are government in their ownership and majority are sole proprietorship with 45% and 30% are in partnership and 5% comes under trust.

Type of Ownership	No. of facility	Percentage
sole Proprietorship	9	45.0
Partnership	6	30.0
Trust	1	5.0
Corporate	0	0.0
Government	4	20.0

Table 2: Ownership wise distribution of health facility

Figure 2 is showing that there is maximum use of an allopathic system of medicine in both government and private sector with the percentage of 65% in Goyla dairy . The use of ayurvedic system of medicine is 20% and homeopathic system of medicine is 15% with no use of unani and siddha in both government and private health sector. The homeopathic and ayurveda system of medicine is mostly used in private health sectors.

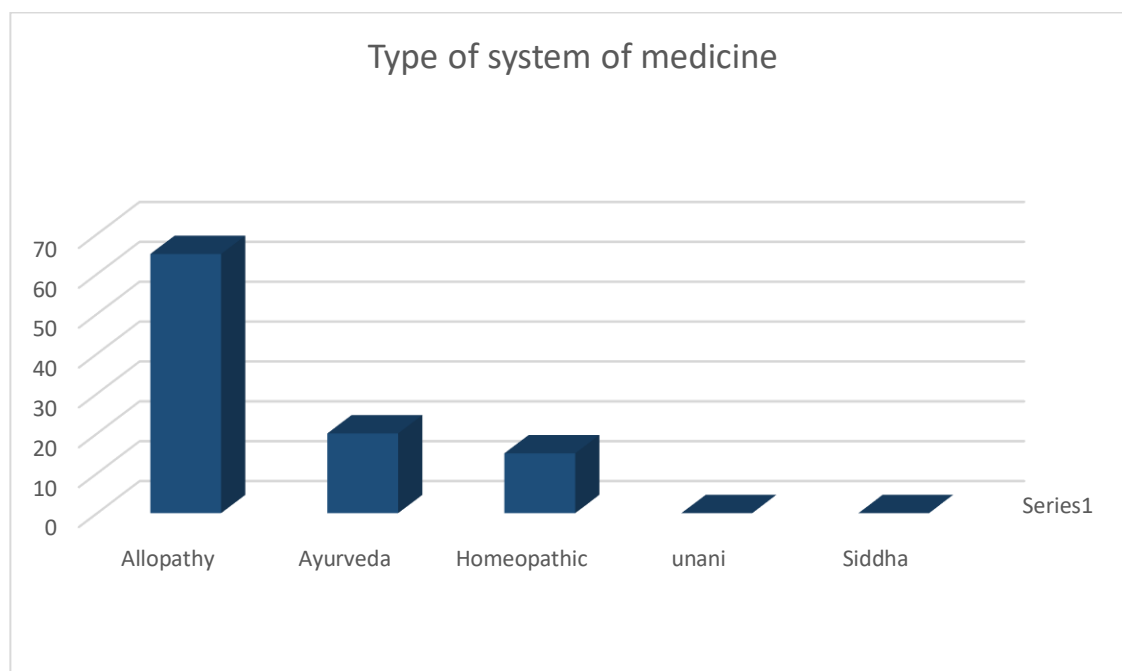


Figure 2: Distribution of type of system of medicine used in health facilities

3- Availability of lab services

Table:3 representing the availability of lab services in both government and private health sectors for different tests and diagnosis of the diseases. The maximum of health sectors i.e. 65% are providing hematology tests and very less health sectors provides advanced tests like FNAC, CT scan, MRI etc. with the percentage of only 5%. 15% of health sectors are providing x-rays, ultrasonography, endoscopy and 10% are providing urine tests, stool tests, angiography, E.C.G.

Availability of lab services	No. of facility	Percentage
Haematology	13	65
Urine tests	2	10
Stool tests	2	10
FNAC	1	5
Angiography	2	10
E.C.G	2	10
Culture Test	1	5
X-rays	3	15
Ultrasonography	3	15
Ct scan	1	5
MRI	1	5
Endoscopy	3	15

Table 3: Availability of lab services

Availability of Emergencies services

Figure:3 is showing the availability of emergency services in health facilities and it is clearly shown that only 20% of the health facilities have emergency services.

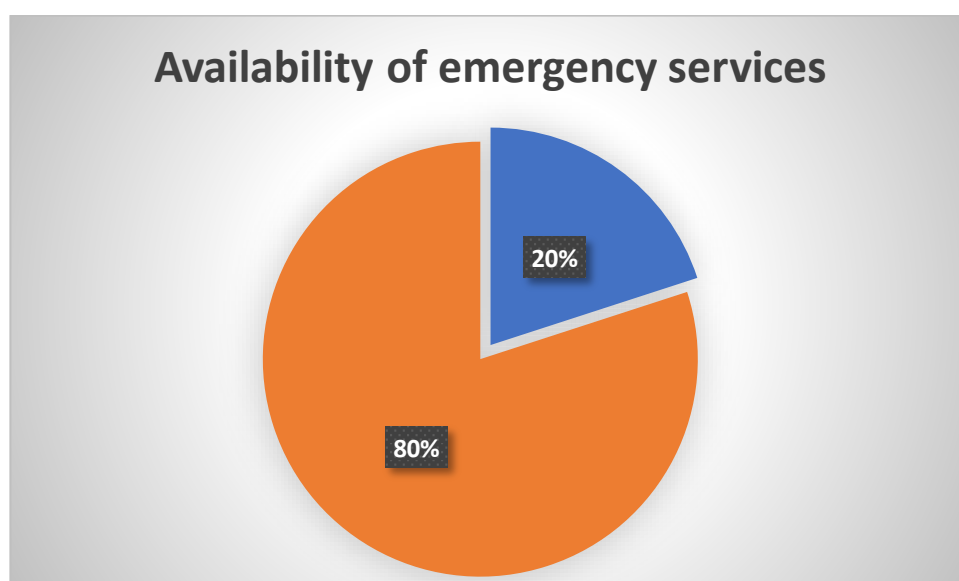


Figure 3: Availability of Emergency Services

4- Availability of Infrastructure in the health facility

Table:4 demonstrates the availability of infrastructure in different health facilities like source of water, electricity connection, availability of generator, telephone connection and access to motorable or all weather road. In health facilities of Goyla Dairy, piped water is the main source of water, rest are bore well and other sources. All health facilities have electricity connection but only 4% have the availability of the generator. Regarding telephone connection, all health facilities have telephone connection. All health facilities are easily accessible due to the access to motorable or all weather road

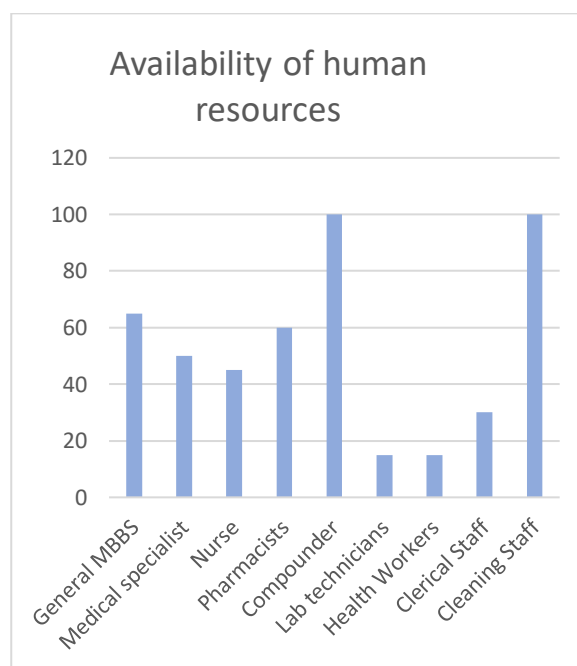
	Availability Of Infrastructure	No. of facility	Percentage
Source Of Water			
	Piped Water	16	80
	Bore Well/Hand Pump	1	5
	Other	3	15
Purchase Of Water			
	Partial Purchase	17	85
	Full Purchase	3	15
	No	0	0
Electricity Connection			
	Yes	20	100
	No		0
Availability Of generator			
	Yes	4	20
	No	16	80
Telephone Connection			
	Yes	20	100
	No	0	0
Access to Motorable /all weather road			
	Yes	20	100
	No	0	0

Table 4: Availability of Infrastructure in the health facility

5-Availability of Human Resources

Table:5 is showing about the availability of human resources in different health facility with 65% of health facilities have General Physician, 50% of health facilities have medical specialist, 45% of them have nurses, 60% of health facilities have pharmacists. Very less health facilities have health workers and clerical staff and all of them have compounder and cleaning staff.

S.No.	Availability Of human resources	No. of facility	Percentage
1	General MBBS	13	65
2	Medical specialist	10	50
3	Nurse	9	45
4	Pharmacists	12	60
5	Compounder	20	100
6	Lab technicians	3	15
7	Health Workers	3	15
8	Clerical Staff	6	30
9	Cleaning Staff	20	100



6-Availability of total number of doctors and nurses in each health facility

Health facility name	number of doctors	number of nurses
Samar Hospital	10	8
Sharma Clinic	1	0
HOMEOPATHIC CLINIC(Clinic)	1	1
GEETA DENTAL CARE & IMPLANT CENTER	1	2
MOHALLA CLINIC (Bhai-Bhai chowk)	1	1
Mohalla clinic (Hanuman chowk)	1	1
Mohalla clinic (Qutub Vihar)	1	1
Margaret leprosy & T.B Hospital	6	4
DR. BHATIA CLINIC	1	1
SHRI RAMJI HEALTH CARE CENTRE	2	2
UPHC	4	3
A.P Bhatia Clinic	1	1
SHRI DADA DEV EYE CARE CENTRE	1	1
JYOTI CLINIC	1	1
DR. DHANJAY CLINIC	1	1
Mata Sumitra Devi Hospital	7	5
R.G HEALTH CARE CENTRE	2	2
SHUSRUT MEDICAL CENTRE	2	1
Sunteck Healthcare	1	1

Table 6 is showing the Availability of total number of doctors and nurses in each health facility

DISCUSSION:

In this study, we have done the assessment of the health care facilities in the Goyla dairy area of Delhi. The study showed that the private healthcare providers are outnumbered from the government health care providers. Though the distribution of government health sectors fulfilled the government criteria as there are three Mohalla clinics, one UPHS but use of private providers was high comparatively government providers. There is no government hospital near Goyla dairy and no public health facility providing inpatient services but there are few private hospitals in close vicinity of the area providing in patient and emergency services. Mohalla clinics are providing good OPD services to the patients but they lack laboratory services and inpatient services. Maximum services including laboratory services and emergency services are provided by private sectors but they charges much and majority of the community cannot afford it and government sectors who provide free services are lacking specialized tests, emergency services and in patient services. Regarding human resources, private health sector have more specialized doctors comparatively public sectors. Majority of the health care facilities provides allopathic system of medicine and there are very less number of other system of medicines in both public and private health centers.

CONCLUSION: The study documented the private provider play a major role in health care delivery in Goyla dairy area. Mohalla clinics are major source for non-emergency services or OPD services in Goyla dairy and for emergency services people mostly visited to the referred government hospitals or those who can afford visits nearby private hospitals. There is no public health sector which provides inpatient services to the community of the Goyla dairy and There is need to strength the public health services system in some urban areas such as Goyla Dairy.

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ANNEXTURE –

LIST OF PRIVATE AND GOVERNMENT HOSPITAL IN QUTUB VIHAR, GOYLA DAIRY

S.N	HOSPITAL NAME	Clinic/Hospital	Adress	Asha Name
1	Geeta dental care	Clinic	241 main jhankar road	Kavita
2	Samar Hospital	Hospital	Goyla dairy	Kavita
3	Sharma Clinic	clinic	Goyla dairy	Kavita
4	HOMEOPATHIC CLINIC(Clinic)	Clinic	Jhankar road qutub vihar phase-1 Goyla dairy	Kavita
5	GEETA DENTAL CARE & IMPLANT CENTER	Clinic	Qutub vihar Goyla Dairy,Phase -1	Kavita
6	MOHALLA CLINIC (Bhai-Bhai chowk)	Government	Bhai-Bhai Chowk	Kavita
7	Mohalla clinic (Hanuman chowk)	Government	Hanuman chowk	Kavita
8	Mohalla clinic (Qutub Vihar)	Government	Qutub vihar ,Goyla dairy	Kavita
9	Margaret leprosy & T.B Hospital	Hospital	Qutub Vihar phase -1 Goyla Dairy	Kavita
10	DR.DHANAJAY CLINIC	Clinic	QUTUB VIHAR PHASE -1 F BLOCK PLOT NO-26	Kavita
11	SHRI RAMJI HEALTH CARE CENTRE	Clinic	QUTUB VIHAR PHASE -1 JHANKAR ROAD GOYLA DAIRY	Kavita

12	UPHC	Government	H-2 FJ+VW6 Qutub vihar -1 D Block Qutub vihar Delhi	Kavita
13	A.P Bhatia Clinic	Clinic	Maharani Laxmi bai marg, Near Goyla Dairy Qutub vihar	Kavita
14	SHRI DADA DEV EYE CARE CENTRE	Clinic	STD ROAD GALI-NO 2 QUTUB VIHAR	Kavita
15	JYOTI CLINIC	Clinic	NAJAFGARH ROAD QUTUB VIBAR	Kavita
16	DR.DHANJAY CLINIC	Clinic	STREET NO-4 QUTUB VIHAR	Kavita
17	Mata Sumitra Devi Hospital	Hospital	G- 98, Jhankar Road, Hospital Wali Gali, Qutub Vihar Phase- 1, Qutub Vihar, Delhi - 110075	Kavita
18	R.G HEALTH CARE CENTRE	Clinic	H2FF+X42, Unnamed Road, Qutub Vihar I, Goyla Village, Delhi, 110071	Kavita
19	SHUSRUT MEDICAL CENTRE	Clinic	2-17/10, 17/9/2-17/10, Gali Number 9, Qutub Vihar Phase 2, Goyla Village, Qutub Vihar Phase 1, Delhi - 110071	Kavita
20	Sunteck Healthcare	Clinic	E 106, PLOT NO. 8, BLOCK E, near Pradhan Chowk, Qutub Vihar, Delhi, 110075	kavita

Pictorial Journey





Health facility Assessment in Goyla dairy Qutub Vihar

Namaste. My name is _____. I am working with the International Institute of Health Management Research (IIHMR) in Delhi. We are doing a Health Facility Assessment to map the distribution of government and private health facilities in Goyla dairy and to assess the services provided in these health centers and the participation of the patients availing the respective facilities.

As part of the project, your willingness to participate in this study is purely voluntary. If you wish to withdraw from the study at any point, you are free to do so and there will be no consequences. If you wish to participate in the study, you will be interviewed regarding the health facility. The interview will take 30 to 45 minutes to complete. This study does not include any invasive procedures and no samples will be collected from you or your infant. All information you provide to us will be kept confidential and used only for this research.

I have been explained about the study titled “**Health care facility Assessment in (Qutub vihar) Goyla, Dwarka New Delhi**” The purpose and procedure of the study have been explained to me in detail in a language of my understanding. I understand that my participation in the study is purely voluntary, and I may choose to withdraw from the study at any point if necessary. I also understand that information provided by me will be kept confidential and will be used for purpose of this research only. The potential risks and benefits of my participation in this study have been explained to me.

I hereby provide my voluntary consent to participate in the above study.

Name of participant:

Name of investigator:

Place:

Date:

HEALTH FACILITY SURVEY 2021

Identification Number:

1.NAME OF FACILITY

2.ADDRESS

3.WARD

3 a. WARD CODE

4.DISTRICT

4 a. PIN CODE

5.STATE

6.PHONE/MOBILE NO.

7.YEAR OF ESTABLISHMENT

8.Floor Space in Sq. fit (carpet area)

9.Do you admit in patients?

☐ Yes

☐ No

10. Number of beds available

11. Number of beds occupied (as on the date of survey)

12. Number of inpatients night admitted last 30 days

13. Number of inpatients discharged in the last 30 days

14. Number of outpatient contacts over last 7 days

15. State type of ownership

☐ Sole

Proprietorship ☐

Partnership

☐ Trust

☐ Corporate

☐

Governme

nt

State whether:

- ☐ UPHC
- ☐ Dispensary
- ☐ District
- Hospital ☐ Other

Please specify other

16. Ownership of premise

- ☐ Owned
- ☐ Rented (Independent
Building/Portion) ☐ Leased
- ☐ Other

Please specify other

17. System (s) of medicine practiced (mark relevant categories)

☐ Allopathy

☐ Ayurveda

☐

Homeopathy

☐ Unnani

☐ Siddha

☐ Other

Please specify other

18. Are the following medical services available in facility or do you have any arrangement for referral to other providers for specific diseases/conditions/services listed below?

19. Are the following laboratory tests/investigations conducted in this facility?

☐ E.C.G

☐ ANGIOGRAPHY

Name of facility provider (E.C.G)

Address of facility provider (E.C.G)

Distance (in Kms) of Referral Doctor/Hospital (E.C.G)

Name of facility provider (ANGIOGRAPHY)

Address of facility provider (ANGIOGRAPHY)

Distance (in Kms) of Referral Doctor/Hospital (ANGIOGRAPHY)

Indicate type of emergencies dealt with

- ☐ Dealt with emergencies
- ☐ Not dealt with any emergencies

1.

2.

3.

4.

5.

20. FACILITIES: Infrastructure

20.1 Source of water supply

☐ Piped Water

☐ Bore well/hand

pump ☐ Other

Please specify other

20.2 Is water purchased?

☐ Yes (Full

requirement) ☐ Yes

(Part requirement) ☐

No

20.3 Electricity connection

☐ Yes

☐ No

20.4 Is generator available

☐ Yes

☐ No

21. Communication: Indicate Availability of:-

21.1 Telephone/mobile connection ?

☐ Yes

☐ No

21.2 Access to motorable / all weather road

☐

☐ Ye

s

N

o

21.3 Vehicle in working condition for patient transport/emergency

- ☐ Yes
☐ No

21.4 Frequency of bus transport service (in term of time).

hh:mm

21.5 Is E-riksha available near by

- ☐ Yes
☐ No

22. Equipment: Are the following available ? Add important ones in the blank space:

23. HUMAN RESOURCES

i. Medical-General (MBBS)

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

II. Medical Specialist

1. Cardiologist

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

2. Any Other

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

III. Non Medical

1. Nurse

Total Number- Government servants

Total Number of Local residents

2. Pharmacists

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

3. Compounder

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

4. Lab Technicians

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

5. Health Workers

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

6. Others

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

IIV. Clerical staff

1. Driver

Total Number

Total Number- part time (including "On Call")

Total Number- Women

Total Number- Government servants

Total Number of Local residents

2. Cleaning staff

Total Number

Total Number- part time (including "On Call")

Total Number- Women

50

Total Number- Government servants

Total Number of Local residents

6. Others

Total Number

Total Number- part time (including "On Call")

Total Number- Women

51

Total Number- Government servants

Total Number of Local residents

24. Do you dispense drug?

☐

Y

e

☒

o

25. Do you have pharmacy shop in your premise?

☐

Y

e

Ⓝ

o

26. Closest pharmacy from your facility (in Kms)

27. Based on available information, list 5 reasons/conditions for which patients were frequently admitted during the last one year (to be elicited only for hospitalized cases)

Reasons/condition 1.

Reasons/condition 2.

52

Reasons/condition 3.

Reasons/condition 4.

Reasons/condition 5.

28. Have you had any contract for medical or diagnostic services with the government in the past ?



Y

e



N

29. If yes, describe briefly the nature of contract: (Purpose, duration and your overall assessment of the involvement)"

a) Name of the program

b) Duration/Year

c) Assessment

☐

E

x

c

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G

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o

d

☐

Unsatisfactory

30. Any other information

CHECKLIST FOR INVESTIGATORS

Kindly check for price list/ rate card for the services offered by the health facility.
Kindly document the rates or obtain a copy of the same (from facility or website-if available) and attach it to the schedule.

I.Consultation Charges

a) Out Patient

i) First Visit (in Rs.)

54

ii) Second Visit (in Rs.)

iii) Subsequent Visit (in Rs.)

55

55

b) In Patient

1) Bed Charges, Kindly provide the range

Highest (in Rs.)

Lowest (in Rs.)

55

2) Charge

ECG (in Rs.)

Other (in Rs.)

II. Overall assessment of the health facility for quality of services (self assessment/ elicit response from 3-4 patients)

III. Approximate investment required for setting up this facility (in Rs)
