SECTION 1: Profile Of The Health Facilities			
S.No.	Profile Information Question	Response	Comments
1.1	Name of the Hospital/Health Facility		
1.2	Address of the Hospital/Health Facility (with **Pin code**)		
1.3	1.3 _a_ Type of Facility (Multiple options can be marked)	1. Urban Primary Health Centre (UPHC) 2. Civil Dispensary (CD) 3. Maternity Home (MH) 4. Civil Hospital (CH) 5. District Hospital (DH) 6. Medical college (MC) 7. Trust 8. NGO 9. Other (please specify)…………………………	
	1.3 _b_ Type of Facility (as per level for delivery care)	1. Primary 2. Secondary 3. Tertiary	
1.4	Telephone Number/ Contact Number		
1.5	Allotted Catchment Population	1. Yes 2. No	If 'no' then move to question no.- 1.9
1.6	If yes, Catchment area total Population (slum & non-slum)		
1.7	Total slum population		
1.8	Name of the slum areas with population	a. Name · b. Population	
1.9	Zone number		
1.10	Administrative ward number		
1.11	Electoral Ward number (facility located)		
1.12	Number of the nearest/linked Health facility		
1.13	Name of the nearest/linked Health facility (with indicative distance from facility)	a. Name of HF · b. Distance	
1.14	Date of the visit to Hospital/Health Facility		

1.15	Name of the Investigator		

	SECTION 2: Readiness for Referral		
	2A- Overall Referral Process		
2a.1	Does your facility use referral system to accept or refer patients?	1. Yes 2. No	
2a.2	Are clinical protocols according to level of care available at your facility?	1. Yes 2. No	
2a.3	Are referral protocols available at your facility?	1. Yes 2. No	
2a.4	Does your facility have referral slips?	1. Yes 2. No	
2a.5	Is there a directory available that lists the facilities that provide RMNCH services in your area?	1. Yes 2. No	
2a.6	Is your facility staff trained in referral protocols, clinical protocols, referral slips and service directory?	1. Yes 2. No	
2a.7	Is there a formal agreement between referring and receiving institutions?	1. Yes 2. No	
2a.8	Is there a network in which coordination among health facilities on RMNCH related services?	1. Yes 2. No	
2a.9	Is there a referral review mechanism established at your facility?	1. Yes 2. No	
2a.10	Do you think, this type of agreement and coordination is/would be helpful in increasing access to service?	1. Yes 2. No	
	2B- Referral In		
2b.1	Does your facility accept referral from other facilities?	1. Yes 2. No	
2b.2	From where do you usually receive referral? (Multiple options can be marked)	1. Direct from community 2. UHNDs 3. ASHA/MAS 4. UPHCs 5. UCHCs 6. Maternity homes 7. Civil hospitals 8. District hospital 9. Rural health facilities 10. Private facilities 11. Other (please specify)…………………	
2b.3	Any specific facility or area from where your facility receives patients?		

2b.4	How other facilities/providers know about the services that are being provided by your facility? (Multiple options can be marked)	1. Formal agreement between facilities for referral 2. Training of facilities/providers on formal referral mechanism 3. Regular interaction between your and other facility staff 4. Defined referral pathways/network of refer out & in facilities 5. 24*7 availability of staff at your facility 6. Just to send somewhere 7. Other (please specify)…………………………………………………… ……………………………………………………………………………………	
2b.5	What information the patient referred to your facility usually brings in with them? (Multiple options can be marked)	1. Personal details of patient 2. Clinical history of patient 3. Reason for referral 4. Provisional diagnosis 5. Treatment given 6. No information 7. Other (please specify)………………………………………………….	
2b.6	Through what mechanism/method the patient referred to your facility comes in? (Multiple options can be marked)	1. verbal information 2. With structured referral slips 3. With OPD slips 4. Telephonic communication with your facility 5. Escorting the patient 6. Other (please specify)…………………………………………….	
2b.7	Does your facility have a record keeping system to keep track of referred in patients?	1. Yes 2. No	If 'no' then move to Q 2c.1
2b.8	What form of record/information you keep/maintain for the patients referred into your facility? (Multiple options can be marked)	1. General OPD & IPD record 2. Individual medical record 3. Referral slips brought by patient 4. Referral register 5. Computerized record (no hard copies) 6. Other (please specify)……………………………………………..	
2C- Referral out			
2c.1	What are the services provided at your facility? (Multiple options can be marked)	1. ANC 2. PNC 3. Immunization 4. Delivery services 5. LSCS (c-section) 6. Sick New-born 7. Pediatric services 8. Pneumonia & Diarrhea treatment 9. TT/VT 10. IUCD 11. Other family planning services 12. Laboratory services 13. Trauma care 14. Other (please specify)………………………………………….	

2c.2	What are the services for which your facility refers patients to other facilities? (Multiple options can be marked)	1. ANC 2. PNC 3. Immunization 4. Delivery services 5. LSCS (c-section) 6. Sick New-born 7. Pediatric services 8. Pneumonia & Diarrhea treatment 9. TT/VT 10. IUCD 11. Other family planning services 12. Laboratory services 13. Other diagnostic services 14. Trauma 15. Other (please specify) …………………………			*(For secondary & tertiary facilities- Last 3 months refer out record for LR, SNCU & LAMA)
		Jan	Feb	March	
	Number of patient referred from labor room				
	Number of patient referred from SNCU				
	Number of patient left against medical advice (LAMA)				
2c. 3	To where do you usually refer patient? (Multiple options can be marked)	1. UPHCs 2. UCHCs 3. Maternity homes 4. Civil hospitals 5. District hospital 6. Medical college 7. Private facilities 8. Other (please specify)………………………………………………………..			
2c.4	Who identify and assess patient's needs and makes a referral? (Multiple options can be marked)	1. Specialist 2. Medical officer 3. Nurse 4. ANM 5. ASHA 6. Others (please specify) ………………………………………………………………….			
2c.5	Through what mechanism/method patient is referred from facility to other health facility? (Multiple options can be marked)	1. verbal information 2. With structured referral slips 3. With OPD slips 4. Telephonic communication with other facility 5. Escorting the patient 6. Other (please specify)………………………………………………….			
2c.6	Does your facility have a record keeping system to keep track of outgoing patients?	1. Yes 2. No			
2c.7	What form of record/information you keep/maintain for the outgoing patients your facility? (Multiple options can be marked)	1. General OPD & IPD record 2. Individual medical record 3. Referral slips brought by patient 4. Referral register 5. Computerized record (no hard copies) 6. Other (please specify)……………………………………………..			

2c.8	How do you know about the services that are offered by other facilities to which your facility makes referral? (Multiple options can be marked)	1. Formal agreement between facilities for referral 2. Training of facilities/providers on formal referral mechanism 3. Regular interaction between your and other facility staff 4. Defined referral pathways/network of refer out & in facilities 5. 24*7 availability of staff at your facility 6. Just to send somewhere 7. Other (please specify)…………………………………………………… ……………………………………………………………………………	
2D- Follow-Up			
2d.1	Is there any system to follow up with a patient on referral?	1. Yes 2. No	If 'No' then move to question no. 2d.6
2d.2	Is there a system in place to measure and record a time lapse between when a referral was made and when client reached the receiving providers?	1. Yes 2. No	
2d.3	Has average delay been ever calculated by your facility?	1. Yes 2. No	
2d. 4	How do you/your facility gets to know that a patient has completed referral? (Multiple options can be marked)	1. Telephonic communication with referred out facilities 2. Telephonic communication with patient 3. Interpersonal communication between facility staffs 4. Personal visit to the facilities or patient's home by the health care provider 5. Interaction with Frontline Workers 6. Other (please specify) …………………………………………………………………………………	
2d.5	Who usually follows up with the patient on referral?	1. ASHA 2. ANM 3. Data Entry Operator 4. Other dedicated staff for follow-up 5. Other (please specify) …………………………………………………………………………………	
2d.6	Are patients ever referred back to your facility for follow-up (after services given by referred out facility)?	1. Yes 2. No	If no, move to question no. 2e.1
2d.7	Whether the cases that are referred back to you documented/recorded?	1. Yes 2. No	
2d.8	What record/document do you maintain for that?		

	2E- Back Referral		
2e. 1	Do you refer the patients (received through refer-in) back to the originating facility?	1. Yes 2. No	If no, move to question no. 2e.4
2e.2	Does your facility calculate back referral rate?	1. Yes 2. No	
2e. 3	What information do you send back with patient? (Multiple options can be marked)	1. Follow-up dates 2. Contact details in emergency situation 3. Treatment 4. Other (please specify) …………………………………….	
2e. 4	Do you contact the originating facilities directly?	1. Yes 2. No	

	Section 3: Service Delivery Readiness: To understand the readiness level of deliver services for referral 3A- General Physical Infrastructure		
S.No.	Question	Response	Comment
3a.1	Accessibility	1. Easy to reach 2. Difficult to reach	
3a.2	Building	1. Government 2. Rented 3. Donated	
3a.3	Signage	1. Visible from distance 2. Not visible from distance 3. Not in place	
3a.4	24×7 electricity	1. Electricity is generally available but no back-up system 2. Electricity is generally available through back-up system 3. No regular electricity	
3a.5	24×7 water availability	1. Yes 2. No	
3a.6	Drinking water (filter/RO/Bottles)	1. Yes 2. No	
3a.7	Separate toilets for male & female	1. Yes 2. No 3. No toilets available	
3a. 8	Waiting area with registration counter	1. Separate with Chairs and enough space to sit 2. Some chairs/slab to sit 3. No chairs/slab to sit	
3a.9	Office	1. With table & chair, computer with internet 2. With table & chair, computer without internet 3. Only table and chair 4. Nothing available	
3a.10	Separate doctor's room	1. Yes 2. No	
3a.11	Separate Pharmacy room	1. Yes 2. No	

3a. 12	Separate store room	1. Yes 2. No	
3a.13	Separate lab/sample collection room	1. Yes 2. No	
3a.14	General cleanliness of facility	1. Yes 2. No	
3a.15	Availability of complaint/suggestion box	1. Yes 2. No	
3a. 16	Biomedical waste management	1. Outsourced 2. Proper system available at facility 3. No system in place (simple dumping) 4. Other (please specify)………………………………	
3a.17	Availability of Ambulance (Multiple options can be marked)	1. 108 ambulance 2. Facility ambulance 3. Other (please specify)…………………………	
3a. 18	Laboratory services	1. Complete services (17 tests) 2. Only sample collection 3. Outsourced 4. Provides only some lab tests	
3a.19	Blood storage unit/Blood bank	1. Yes 2. No	
3a.20	Average number of OPD (per month)		For DH & MC- Gynae OPD specifically
3a.21	Availability of UHND micro-plan	1. Yes 2. No 3. Not applicable	If Not applicable, then move to 3b.1

3a.22	UHND sessions		Jan	Feb	March	
		Planned				
		Held				

3B- RMNCH Infrastructure				
3b.1	Maternal care (mention number of beds/room/table)	1. ANC clinic (separate area for examination)		
		2. ANC ward		
		3. Labour room		
		4. Operation theatre		
		5. Post operative ward		
		6. PNC ward		
		7. HDU		
		8. MICU		
3b.2	Neonatal/pediatric care (mention number of beds/room/table)	1. Examination table/area		
		2. NBCC in labour room		
		3. NBCC in operation theatre		
		4. NBSU		
		5. SNCU		
		6. PICU		
		7. NRC		

		8. Ward for diarrhea/pneumonia management		
		9. Immunization room		
		10. Pediatric IPD		
3b.3	Family planning (mention number of beds/room/table)	1. Counseling room/FP corner		
		2. IUCD insertion room		
		3. Operation theatre		

3C- Human Resource						
	Category	**Total Number**	**Name**		**Mobile Number**	**Comments**
3c.1	Specialist					
3c.2	Medical officer					
3c.3	Staff nurse/GNMs					
3c.4	ANMs					
3c.5	LT					
3c.6	Pharmacist					
3c.7	Radiographer					
3c.8	DEO					
3c.9	Support staff					
3c.10	Others					
3c.11	ASHA					

3D- Trainings					
		a.MO	b.SN	c.ANM	comments
3d.1	Total number				
3d.2	SBA trained				
3d.3	FBNC trained				
3d.4	FIMNCI				
3d.5	Routine immunization				
3d.6	LSAS				
3d.7	Short course in sonography				
3d.8	PPIUCD				

		Available in number	Functional in number	Remarks
3d.9	IUCD			
3E-Equipments				
		Available in number	Functional in number	Remarks
3e.1	BP instrument			
3e.2	Stethoscope			
3e.2a	Pediatric stethoscope			
3e.3	Infant weighing scale			
3e.4	Adult weighing scale			
3e.5	Hub cutter			
	Delivery room instruments			
3e.6	Sterilized delivery set			
3e.7	Delivery tray			
3e.8	Neonatal bag & Mask			
3e.9	Pediatric bag & Mask			
3e.10	Adult bag & Mask			
3e.11	Radiant warmer			
3e.12	Suction Apparatus			
3e.13	Oxygen cylinder			
3e.14	Oxygen concentrator			
3e.15	Doppler/ cardiotocography			
3e.16	Fetoscope			
3e.17	Functional mobile light			
3e.18	Delivery tables			
3e.19	Functional autoclave			
3e.20	Functional OT			
	Laboratory instruments			
3e.21	Functional microscope			
3e.22	Functional hemoglobin meter			
3e.23	Functional centrifuge			
3e.24	Functional semi auto analyser			
3e.25	Reagents and testing kits			
	Vaccination			
3e.26	Deep freezer			
3e.27	ILR			

3e.28	Vaccine carrier				

3F-Additional services					
3F.1	Regular sterilization of LR (check record)	1. Yes 2. No			
3F.2	Regular sterilization of OT (check record)	1. Yes 2. No			
3f.3	Functional Laundry/washing service	1. Yes 2. No			
3f.4	Availability of dietary services	1. Yes 2. No			
3f.5	Equipment maintenance & repair mechanism	1. Yes 2. No			
3f.6	Grievance redressal mechanism	1. Yes 2. No			
3f.7	Tally software implemented	1. Yes 2. No			

3G-Record Maintenance				
	Record	**Available**	**Updated**	**Comment**
		1. Yes 2. No	1. Yes 2. No	
3g.1	OPD register			
3g.2	ANC register			
3g.3	Family planning register			
3g.4	Immunization register			
3g.5	Referral In register			
3g.6	Referral out register			
3g.7	Referral slips			
3g.8	Laboratory register			
3g.9	AFHC register			
3g.10	Labour room register			
3g.11	OT register			
3g.12	Family planning OT register			
3g.13	Partographs			
3g.14	MDR register			
3g.15	IDR register			
3g.16	Labour room referral in register			
3g.17	Labour room referral out register			
3g.18	Payment under JSY			
3g.19	Untied fund expenditure register			
3g.20	Annual maintenance grant register			
3g.21	RKS expenditure register			

Service Delivery records of last three months from ANC OPD & Labour room (LR & ANC records)

SL. No.	Service Utilization Parameter	Jan – Mar'18	Data Source
4.1	Average number of OPD		Facility Register
4.2	Total Number of pregnant women registered		HMIS
4.3	Total number of early registration in first trimester		HMIS
4.4	Total Number of Pregnant Women completed or received 4+ ANC		HMIS
4.5	Total Number of Pregnant Women received TT1		HMIS
4.6	Total Number of Pregnant Women received TT2		HMIS
4.7	Total Number of Pregnant Women received TT booster		HMIS
4.8	Total Number of Pregnant Women received 100+ IFA tablets		HMIS
4.9	Total Number of Pregnant Women identified with severe Anaemia		HMIS
4.10	Total Number of Pregnant Women identified with high risk or pregnancy related complications		Facility Register
4.11	Total Number of Pregnant Women with pregnancy related complications referred to higher facility for treatment		Facility Register
4.12	Total Number of Pregnant Women with pregnancy related complications referred to higher facility initiated for treatment		Facility Register
4.13	Total Number of pregnant women delivered at facility		HMIS
4.14	Total Number of Live births		HMIS
4.15	Total Number of Still births		HMIS
4.16	Total Number of LBW babies		HMIS 4.4.2
4.17	Total number of mothers (0 to 42 days) seen in OPD		Facility Register
4.18	Total Number of mothers (0 to 42 days) identified with any complications		Facility Register
4.19	Total Number of mothers (0 to 42 days) with complications referred to higher facility for treatment		Facility Register
4.20	Total Number of mothers (0 to 42 days) with complications referred to higher facility initiated for treatment		Facility Register
4.21	Total number of newborns (0-28 days) seen in OPD		Facility Register
4.22	Total Number of sick newborn (0-28 days) identified at facility		Facility Register
4.23	Total Number of newborn (0-28 days) referred to higher facility for treatment		Facility Register
4.24	Total Number of newborn (0-28 days) referred to higher facility initiated for treatment		Facility Register
4.25	Total number of child (29 days - 5yrs.) seen in OPD		Facility Register
4.26	Total Number of sick child (29 days - 5yrs.) identified		Facility Register
4.27	Total Number of child (29 days - 5yrs.) referred to higher facility for treatment		Facility Register
4.28	Total Number of child (29 days - 5yrs.) referred to higher facility initiated for treatment		Facility Register
4.29	Total Number of mothers received injection Oxytocin during third stage of labour at public facility		Facility Register
4.30	Total Number of mothers received PPIUCD immediately		Facility Register

	following delivery of the placenta at public facility		
4.31	Total Number of birth asphyxiated newborns identified at public facility		Facility Register
4.32	Total Number of birth asphyxiated newborns successfully resuscitated at public facility		Facility Register

Service Delivery records of last six months from NICU / SNCU (NICU / SNCU Records)

SL. No.	Service Utilization Parameter	Jan – Mar'18	Data Source
5.1	Total number of babies admitted in SNCU		HMIS register 14.12.1 to14.12.4
5.2	Newborn admission with sepsis		SNCU Records
5.3	Newborn admission with asphyxia		SNCU Records
5.4	Newborn admission with jaundice		SNCU Records
5.5	Newborn admissions with respiratory distress		SNCU Records
5.6	Newborn admission with wt>2.5 kg (Wt 1.5-2.5 kg)		SNCU Records
5.7	Newborn admission with wt<1.5 kg		SNCU Records
5.8	Total number of babies given I/V antibiotics		SNCU Records
5.9	Total number of exchange transfusions done		SNCU Records
5.10	Total number of newborn deaths in SNCU		HMIS record 14.13
5.11	Total number of newborn referred		SNCU Records