

UPHMIS reporting format Community Health Centre (CHC)/Block Primary Health Centre (BPHC)					
State					Month
District					Year
Block	CHC/BPHC Name				
Category	Urban/Rural-	Public/Private-		Delivery Point-Yes/No-	
FRU (Yes/No)	Delivery point(If Yes)- L1/L2/L3-				
<b>Section A</b>	<b>Human Resource</b>	<b>Number reported for the month</b>			
<b>A1</b>	<b>HR (Regular/Contractual/Re-appointed) working at facility</b>	<b>Regular</b>		<b>Contractual</b>	
A1.1	Doctors (Level 1 & above)				
A1.2	Physician				
A1.3	Paediatrician				
A1.4	Radiologist				
A1.5	Gynaecologist & Obstetrics				
A1.6	Anaesthetists				
A1.7	Pathologist				
A1.8	General surgeon				
A1.9	Dental surgeon				
A1.10	Other specialist				
A1.11	MBBS male MO				
A1.12	MBBS female MO				
A1.13	Medical officer AYUSH- (Male)				
A1.14	Medical officer AYUSH- (Female)				
A1.15	Staff nurse				
A1.16	X-ray technician				
A1.17	Optometrist				
A1.18	Lab tech. (LT/LA)				
A1.19	Pharmacist				
A1.20	ANMs				
A1.21	Ward boy				
A1.22	Class IV employees (Total)				
A1.23	Administrative staff (UDC & LDC)				
A1.24	ARO available (Yes/No) (Only for BCHC/BPHC)				
A1.25	HCO available (Yes/No) (Only for BCHC/BPHC)				
A1.26	BPM available (Yes/No) (Only for BCHC/BPHC)				
A1.27	BCPM available (Yes/No) (Only for BCHC/BPHC)				
A1.28	BAM available (Yes/No) (Only for BCHC/BPHC)				
A1.29	Data entry operator/MCTS op. available (Yes/No) (Only for BCHC/BPHC)				
A1.30	FP counsellors				
A1.31	ARSH counsellors				
<b>A2</b>	<b>ASHA (applicable for only BCHC/BPHC)</b>	<b>Number of ASHAs</b>			
A2.1	ASHA sangini approved in block				
A2.2	ASHA sangini working in block				
A2.3	ASHA Sangini trained				
A2.4	Urban ASHA approved				
A2.5	Urban ASHA filled				
A2.6	ASHA approved as per PIP				
A2.7	ASHA filled against approved				
<b>A2.8</b>	<b>ASHA training</b>	<b>Number of ASHA received training</b>			
		<b>Induction</b>	<b>Round 1</b>	<b>Round 2</b>	<b>Round 3</b>
A2.8.1	ASHA trained in induction/Module 6&7				
<b>Section B</b>	<b>HR training status</b>	<b>Number of trained staff</b>			
		<b>MO (MBBS)</b>	<b>MO(AYUSH)</b>	<b>Staff Nurse</b>	<b>ANMs</b>
B.1	EmOC (Only at FRU)				
B.2	BEmOC				
B.3	LSAS (Only at FRU)				
B.4	SBA				
B.5	DAKSHATA				
B.6	NSSK				
B.7	F-IMNCI				
B.8	IUCD				
B.9	PPIUCD				

B.10	LAP			
B.11	Mini LAP			
B.12	DMPA (Inj. Antara)			
B.13	Comprehensive Abortion Care (CAC)			
B.14	FP/RMNCCH counsellors trained and working at facility			
B.15	ARSH counsellors trained and working at facility			
<b>Section C</b>	<b>Availability of RMNCH+A drugs, supplies and equipment as per 5x5 matrix</b>			
<b>C1</b>	<b>Reproductive health</b>	<b>Closing balance of reporting month</b>		
C1.1	DMPA			
C1.2	Mifepristone + Misoprostol (MMA)			
C1.3	PTK (Pregnancy test kits)			
<b>C2</b>	<b>Maternal health</b>	<b>Closing balance of reporting month</b>		
C2.1	Tab Alpha methyl dopa			
C2.2	Tab Labelatol			
C2.3	Tab Nifedipine			
C2.4	Sterile pads			
C2.5	Sanitary napkins			
C2.6	Haemoglobinometer			
C2.7	Urine albumin kit			
C2.8	IV fluid-ringer lactate			
C2.9	IV fluid-Dextrose (5%)			
C2.10	IV fluid-DNS (Dextrose normal saline)			
C2.11	IV fluid- normal saline (500 ml)			
C2.12	IV fluid- normal saline (100 ml)			
C2.13	Corticosteroid (Inj Dexamethasone/Betamethasone)			
C2.14	Tab Calcium carbonate with D3			
C2.15	Inj. Labelatol			
C2.16	Inj. Calcium gluconate			
C2.17	Glucose (75 gram) sachet/packets			
C2.18	Cord clamp			
C2.19	Labour table			
C2.20	Kelly's pad			
C2.21	Inj. Insulin			
C2.22	Inj. Anti D for Rh (-) ve PW			
C2.23	Inj. Benzathine penicillin			
C2.24	Blood grouping typing (Yes/No)			
C2.25	HIV screening (Yes/No)			
C2.26	Hepatitis B screening (Yes/No)			
C2.27	Partograph (Yes/No)			
C2.28	Standard 16 protocols displayed at facility (Yes/No)			
C2.29	Availability of five/seven trays as per protocol (Yes/No)			
C2.30	Facility following seven signals of FRU functionality (Yes/No) (applicable for only FRU)			
<b>C3</b>	<b>New born health</b>	<b>Closing balance of reporting month</b>		
C3.1	Inj. Vit K1 (1 mg/ml)			
C3.2	Mucus extractor			
C3.3	Bag and mask (240 ml) with both pre & term mask (size 0,1)			
C3.4	Clean linen/towels for receiving new born			
C3.5	Sterile cord cutting equipment			
C3.6	Designated newborn care corner (Yes/No)			
C3.7	Functional radiant warmer (Yes/No)			
C3.8	Designated space available for KMC (Yes/No)			
<b>C4</b>	<b>Child health</b>	<b>Closing balance of reporting month</b>		
C4.1	Inj. Adrenaline			
C4.2	Syrup Salbutamol			
C4.3	Salbutamol nebulizing solution			
C4.4	Syrup Albendazole			
C4.5	Inj. Gentamicin			
C4.6	Tab Amoxicillin DT (125 mg)			
C4.7	Tab Amoxicillin DT (250 mg)			
C4.8	Syrup Amoxicillin			

C4.9	Inj. Ceftriaxone or Cefotaxime	
C4.10	Tab Doxycycline	
C4.11	Cap Ampicillin	
C4.12	Inj. Ampicillin	
C4.13	Inj. Amikacin	
C4.14	Tab Metronidazole	
C4.15	Inj. Metronidazole	
<b>C5</b>	<b>Adolescent health</b>	<b>Closing balance of reporting month</b>
C5.1	Tab Dicyclomine	
<b>C6</b>	<b>Vaccines</b>	<b>Closing balance of reporting month</b>
C6.1	JE vaccine (where applicable)	
C6.2	IPV	
C6.3	Pentavalent	
C6.4	Cold box	
C6.5	ILR	
C6.6	Deep freezer	
C6.7	Vaccine carrier	
<b>C7</b>	<b>Functional apparatus and logistics</b>	<b>(Yes/No)</b>
C7.1	Weighing machine (Adult)	
C7.2	Weighing machine (Infant)	
C7.3	Height scale	
C7.4	Hub cutter with needle destroyer	
C7.5	Refrigerator	
C7.6	RTI/STI kit	
C7.7	Bleaching powder	
C7.8	Oxygen cylinder functional	
C7.9	BP apparatus with stethoscope	
C7.10	MVA kit/EVA	
C7.11	IUCD kit	
C7.12	NSV kit	
C7.13	Laparoscopic sterilization kit	
C7.14	MiniLap kit	
C7.15	Syphilis testing kit	
C7.16	PPIUCD/ Kelly's forceps	
C7.17	Thermometer	
C7.18	Wall mount thermometer	
C7.19	Fetoscope/Doppler	
C7.20	Autoclave/Boiler	
C7.21	Running water	
C7.22	Soap	
C7.23	Colour coded bins and bags (red/black) in sufficient quantity	
C7.24	Electricity power back-up and generator	
C7.25	Electricity power back-up and invertors	
C7.26	Labor room with attached toilet	
C7.27	MCP cards available in sufficient quantity	
C7.28	Case sheet in sufficient quantity	
C7.29	Functional safety pits available	
C7.30	Supervisory visit format for RI (applicable for only BCHC)	
<b>C8</b>	<b>Other functional equipment at facility</b>	<b>(Yes/No)</b>
C8.1	X-ray machines	
C8.2	USG machines	
C8.3	Boyles trolleys	
C8.4	Pulse oximeter	
C8.5	Semi auto analyser	
C8.6	Computers	
C8.7	Generator	
C8.8	Functional blood storage unit	
C8.9	Refrigerator for blood storage unit	
<b>Section D</b>	<b>Performance indicator</b>	<b>Number reported for the month</b>
<b>D1</b>	<b>Hospital</b>	

D1.1	Beds available						
D1.2	OPD new cases only						
D1.3	Plasters						
D1.4	Surgeons not conducted any surgeries during the month						
D2	Maternal & new born health	Number of pregnant women					
D2.1	Pregnant women visited for ANC check up						
D2.2	PW ANC examination	Weight	BP	Per abdomen	Blood group	Urine albumin	
D2.2.1	Pregnant women examined						
D2.3	High Risk Pregnancy	Number of pregnant women					
		Age 35+		Previous history of any complication		Any other	
D2.3.1	New pregnant women identified as HRP						
D2.4	Pregnant women Hb<7 gm received iron sucrose						
D2.5	Rh (-) ve pregnant women received inj. Anti D						
D2.6	Pregnant women delivered before 37 weeks of pregnancy						
D2.7	Pregnant women with true labour pain before 34 weeks of pregnancy						
D2.8	Case sheet filled for deliveries conducted at the facility						
D2.9	Pregnant women status	In labour			Not in labour		
D2.9.1	Arrived in the facility						
D2.9.2	(If referred) referred from :						
D2.9.2.1	SC						
D2.9.2.2	PHC						
D2.9.2.3	Private						
D2.9.2.4	Others (other public hospitals, AWW, ASHA etc.)						
D2.9.3	Admitted in the facility						
D2.9.4	Outcome among arrival	Women			Newborn		
D2.9.4.1	Referred to higher facility						
D2.9.4.2	Sent home healthy						
D2.9.4.3	Deaths at facility						
D2.9.4.4	Facility based death review conducted						
D2.10	Newborn						
D2.10.1	Still birth : Fresh						
D2.10.2	Still birth : Macerated						
D2.10.3	Newborn where delayed cord cutting procedure followed						
D2.10.4	Newborn received skin to skin care immediately after delivery						
D2.10.5	Newborn weighted at birth less than 1800 gram						
D2.10.6	LBW received KMC as per the guideline						
D2.11	Number of cases where JSY incentive paid to						
D2.11.1	Mothers						
D2.11.2	ASHAs						
D2.12	Number of deliveries which are to be incentivised (as per guideline) from						
D2.12.1	BPHC/NFRU CHC (>50 deliveries)						
D2.13	C-sections at FRUs conducted by on call specialists						
D2.13.1	On call for Govt specialists						
D2.13.1.1	Anaesthetists						
D2.13.1.2	Gynaecologists						
D2.13.2	On call for Pvt. Specialists						
D2.13.2.1	Anaesthetists						
D2.13.2.2	Gynaecologists						
D2.14	C-sections which are to be incentivised as per guideline						
D2.14.1	Number of C-Sections at rural facilities (> 5th C-section) which are to be incentivised ( Only for CHC-FRU)						
D3	Maternal complication	Sent home healthy after discharge	LAMA	Died at facility	In case of out-referral		
					Survive	Died	Status unknown
D3.1	Prolonged labour						

D3.2	Obstructed labour						
D3.3	Rupture of membrane>12 hours without labour						
D3.4	Rupture of membrane >18 hours in labour						
D3.5	Pregnancy induced hypertension						
D3.6	Mild / severe pre-Eclampsia						
D3.7	Eclampsia						
D3.8	Antepartum hemorrhage (APH)						
D3.9	Infection / sepsis						
D3.10	Preterm labour						
D3.11	Premature rupture of membrane						
D3.12	Post-partum hemorrhage (PPH)						
D3.13	Anemia						
D3.14	Others						
D4	Newborn complication	Sent home healthy after discharge	LAMA	Died at facility	In case of out-referral		
					Survive	Died	Status unknown
D4.1	Preterm birth (<37 weeks gestation)						
D4.2	Low birth weight (<2500 grams)						
D4.3	Asphyxia						
D4.4	Infection / sepsis						
D4.5	Birth anomalies						
D4.6	Others						
D5	Child Health	Number of children (upto 5 years)					
		Children (upto 5 Years)	Diarrhoea (2 month - 5 years)	Pneumonia (2 month - 5 years)			
D5.1	OPD						
D5.2	IPD						
D5.3	Received Inj.Gentamycin						
D5.4	Received Tab/Sy. Amoxicillin						
D5.5	Only ORS						
D5.6	Only Zinc						
D5.7	ORS and Zinc						
D5.8	Referred out						
D5.9	Child death	0-28 days (Neonatal death)	29 days -1year (Post natal death)	1-5 years (Child death)			
D5.9.1	Number of Children died						
D6	Family Planning	Number of services					
D6.1	1 <sup>st</sup> Dose of DMPA	Post Abortion	Post Partum	Post Interval			
D6.1.1	Women						
D6.2	Fix days	Number of fix days					
		FDS	FDOS				
D6.2.1	Planned						
D6.2.2	Held						
D6.3	Services	Number of acceptors in fix days					
		FDS	FDOS				
D6.3.1	LAP						
D6.3.2	ML						
D6.3.3	NSV						
D6.3.3	IUCD						
D6.3.5	DMPA (Inj. Antara)						
D6.3.6	Centchroman						
	Follow-up/complications	Male Sterilization	Female Sterilization	PPIUCD	IUCD	DMPA	
D6.3.7	Follow-up cases						
D6.3.8	Complications						
D6.3.9	Beneficiaries received counselling for FP						
D6.3.10	Beneficiaries presented with complete Basket of Choice						
D7	JSSK						
	Beneficiaries received free services under JSSK	PW	Newborn				
D7.1	Drugs and Consumables						
D7.2	Ultrasound test						

D7.3	Diet			
D7.4	Blood transfusion			
D7.5	Diagnostic services			
D7.6	Transported from lower to higher hospitals (IFT)			
D7.7	Transported from home to hospital			
D7.8	Drop back			
D7.9	Free treatment			
<b>D.7.10</b>	<b>JSSK grievance redressal</b>	<b>In number</b>		
D7.10.1	Complaints received			
D7.10.2	Complaints resolved			
<b>Section E</b>	<b>Process Indicator</b>	<b>In number</b>		
E1.1	Misbehaviour incidents by patients & relatives			
E1.2	Employees reported absent during inspections			
E1.3	Is the agency hired for bio medical waste management at facility? (Yes/No)			
E1.4	Contract rate per bed (in Rs.)			
E1.5	Bio medical waste lifted by agency during the month			
E1.6	Drugs expired during the month			
E1.7	Stock out including emergency medicine			
E1.8	Grievance redressal cell functional at facility (Yes/No)			
E1.9	Citizen charter available at facility (Yes/No)			
<b>E2</b>	<b>Process Indicators (applicable for BCHC/BPHC)</b>	<b>In number</b>		
E2.1	Has the HMIS/MCTS validation committee constituted? (Yes/No)			
E2.2	HMIS/MCTS validation committee meeting held for the month (Yes/No)			
E2.3	Indents made as per rate contract at facility			
E2.4	Value (Rs.) of purchase orders placed as per rate contract			
E2.5	Indent made as per rate contract against which supply not received			
E2.6	Indents made for local purchase			
E2.7	Value (Rs.) of purchase orders placed as per local purchase			
E2.8	Purchase committee meeting held for the month (Yes/No)			
E2.9	Physical verification of stock held during the month (Yes/No)			
<b>E2.10</b>	<b>ASHA Grievance Redressal Cell (AGRC)</b>	<b>Number of ASHA complaints</b>		
		<b>Received</b>	<b>Resolved</b>	<b>Not resolved &gt; 21 days</b>
				<b>Referred to higher committee</b>
E2.10.1	ASHA complaints			
E2.11	ASHA sangini meeting held in Block (Yes/No)			
E2.12	No. of ASHA sangini attended review meeting			
E2.13	ASHA cluster meeting planned			
E2.14	ASHA cluster meeting held			
E2.15	ASHA participated in cluster meetings			
E2.16	ASHA submitted vouchers for the payment of incentives			
E2.17	ASHA received incentives against submitted vouchers			
E2.18	RI quarterly review meeting conducted (Yes/No)			
E2.19	Whether the funds for consolidation of micro plan utilized			