

Public & Private Health Facilities

Mapping

TABLE OF CONTENTS

Item	Description	Page #
	Table of Contents	1
I.	FACILITY INFORMATION & DEMOGRAPHICS	2
II.	STAFF INFORMATION	2
III.	SERVICES OFFERED	2
IV.	INFRASTRUCTURE	3

Prepared By: _____

Date: ___/___/___

I. FACILITY INFORMATION & DEMOGRAPHICS

 Facility Name: _____ Facility Type: _____
 Village /Town: _____ Union Council: _____ Tehsil / Taluka: _____
 District: _____ Altitude: _____ Longitude: _____ Latitude: _____
 Catchment Population: _____ Don't Know
 Supporting Organization (if any): _____
 Name of in charge: _____ Phone Number: _____

II. STAFF INFORMATION

Staff Category	Number of Posts	Number Filled		Number Vacant	Number Working	N/A
		Male	Female			
Medical Officer						<input type="checkbox"/>
Specialist						<input type="checkbox"/>
Gynaecologist						<input type="checkbox"/>
Anaesthetist						<input type="checkbox"/>
Nurse						<input type="checkbox"/>
Dental Surgeon						<input type="checkbox"/>
Pharmacist						<input type="checkbox"/>
Drug Dispenser/ Pharmaceutical Tech.						<input type="checkbox"/>
Physiotherapist						<input type="checkbox"/>
Pathologist						<input type="checkbox"/>
Laboratory Technician						<input type="checkbox"/>
X-Ray Technician						<input type="checkbox"/>
Administrative Staff						<input type="checkbox"/>
Vaccinator/EPI Tech./ BCG Tech.						<input type="checkbox"/>
Facility Based LHW						<input type="checkbox"/>
Community Based LHW						<input type="checkbox"/>
Lady Health Visitor						<input type="checkbox"/>
Facility Based Midwife						<input type="checkbox"/>
Community Based Midwife						<input type="checkbox"/>
Dai/TBA/Aya						<input type="checkbox"/>
Hakim/ Homeopath						<input type="checkbox"/>
Traditional Healer						<input type="checkbox"/>
Support Staff						<input type="checkbox"/>
On Duty Staff				Yes	No	N/A
Is there On Duty staff for 24 hours Services						<input type="checkbox"/>
Emergency Staff						<input type="checkbox"/>
Surgical Staff						<input type="checkbox"/>
Female Paramedic						<input type="checkbox"/>
Obstetrician						<input type="checkbox"/>
Laboratory Staff						<input type="checkbox"/>
X-Ray						<input type="checkbox"/>

III. SERVICES OFFERED

- 1.
- 2.

- I.
- II.

Services	In Patient Dept		Out Patient Dept		N/A
	Yes	No	Yes	No	
Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Bank & Transfusion Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency & Trauma Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont. Services Offered)

Services	In Patient Dept		Out Patient Dept		N/A
	Yes	No	Yes	No	
Emergency Obstetric & Neonatal Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPI & Cold Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery/ Minor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecology & Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICU/CCU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MNCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detection & Management of Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 5 clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. INFRA STRUCTURE

Description	Available		Number of Rooms	Number of Beds
	Yes	No		
Male Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Female Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Paediatric Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Labor Room	<input type="checkbox"/>	<input type="checkbox"/>		
Maternity / Gynaecology Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Nursery / Newborn Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Surgical Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>		
Isolation Ward	<input type="checkbox"/>	<input type="checkbox"/>		
Minor Operations Rooms	<input type="checkbox"/>	<input type="checkbox"/>		
Operation Theatre	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>		
Radiology	<input type="checkbox"/>	<input type="checkbox"/>		
Out Patient Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
Warehouse / Store	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER SERVICES				
Medical Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Generator	<input type="checkbox"/>	<input type="checkbox"/>		
Toilettes	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Gas Supplies	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry	<input type="checkbox"/>	<input type="checkbox"/>		
Transport (Ambulance, Staff, etc...)	<input type="checkbox"/>	<input type="checkbox"/>		
• Vehicles in working condition	<input type="checkbox"/>	<input type="checkbox"/>		



**World Health
Organization**

• Vehicles Located within facility

Please Don't Forget to Thank Staff for their Time & Cooperation