



Data Collection for Health Services Costing in India

Data collection tool: Sub-Health Centre

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Data Collection Tool: Sub-Health Centre

This document is part of a series that provides a standardised methodology for costing health services in India. The series describes the methodology used in the costing and also provides a manual and set of data collection tools for use in applying this methodology. The methodology follows standard costing principles.



Facility Cost Data Collection Tool- Sub Centre

Cost data collection tool: Sub-Centre

Interview Date: _____ State Name: _____ District Name: _____
 Facility Name: _____

Section 1: General Information

Interview with the head of the facility or person In-charge

- A. Whether the sub-centre is a delivery hut? _____ (Yes/No)
 B. Please tell me how many days per week this facility is closed? : _____ (Days per week)
 C. Please tell me how many hours per day this facility is open? : _____ (Hours per day)
 D. If the facility remains closed on Public holidays then mention total public holidays in last year: _____(Days in year)

Section 2 & 3: Human resource-Salary and fringe benefits details

Staff No. Code	Designation@	Monthly gross salary (inclusive of all allowances or deductions)	Annual Incentive received for trainings (TA/DA received for trainings)	Period/days of posting in the year 2017-18*	Days of absence from this health facility in the period of posting in the year 2017-18**
1.	Health Worker Female Regular				
2.	Health worker Female (RCH)				
3.	Health worker (M)				
4.	Helper (Safaikaramchari)				
5.	Volunteer				
6.	Others				

@ Add extra rows if more personnel

*Include any person posted during 2017-18, but now transferred/not posted and include any person not posted at this facility during 2017-18, but providing services in sub centre for few days or week/ month/ year. **Leave of any nature, training days, etc.



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Section 3: Details of allowances received last year (Interviews and record review)

Staff No. Code	Designation	Government residence			Transport facility		Uniform provided/ allowance			Any other allowance OR Special allowance
		Square feet of the house building or rooms provided i.e. covered area (Do mention the unit of data collection)	Square feet of the open area in the accommodation provided (Do mention the unit of data collection)	Amount paid in a year or How much would you pay if you would rent this house i.e. monthly rental price*12?	Amount paid in a year	Vehicle name and year of make, if provided free	Times per year (a)	Unit cost of uniform (b)	Amount If above information not available ask, "For how much it will be available from market, if bought on its own?"	
1.	Health Worker Female Regular									
2.	Health worker Female RCH									
3.	Health worker (M)									
4.	Helper(Safaikaram chari)									
5.	Volunteer									
6.	Others									



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Section 4: Annual services delivered*(Facility reports to be reviewed and not areas reports) (If data is collected for less than 1year than mention the period)

	Services delivered	Actual services delivered during 2017-18
1.	Ante natal care (number of visits)	
2.	Delivery (number of women)	
3.	Post-natal care (number of PNC within 48 hrs at the facility)	
	Post-natal care (number of PNC visit by ANM at outreach level)	
4.	New born care corner (number of new born admitted in sub centre)	
5.	Immunisation (Total number of new children registered for immunization in year 2017-18 under the facility)	
	Immunisation (Total number of new children registered for immunization in year 2017-18at outreach level)	
6.	Total number of old registered children forwarded for immunization in 2017-18.	
7.	Routine OPD under 5 years age (number of patients) (diarrhoea/ ARI/pneumonia/ fever/jaundice/malnutrition etc.)	
8.	Routine OPD above 5 years age (number of patients) (General weakness and Fever, Diarrhoea, Worm infestation, ARI, First aid, malaria and other consultations)	
9.	Family Planning: Tubectomy Motivation (number of women)	
10.	Family Planning: Tubectomy Procedure (number of women)	
11.	Family Planning: IUCD Motivation (number of women)	
12.	Family Planning: IUCD Procedure (number of women)	
13.	DOTS provision under the sub centre area (number of patients)	
14.	Family Planning Camps (number of camps)	
	Number of Patient treated / sterilized in family planning camps	
15.	Number of school health program / RBSK (number of camps)	
	Number of school children screened under RBSK	
16.	Number of village health & nutrition days	



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Section 4b: Vaccine Details

Vaccines	Number of doses	Number of vials consumed
BCG		
DPT I+II+III+ Booster		
Polio-O+ I+II+III+ Booster		
Hepatitis B I+II+III		
Pentavalent I+II+III		
Measles		
Vitamin A (Add the total doses)		
TT		
OPV booster		
JE		
Any other (IPV)		

Section 5: Sources of Revenue

Sources	Amount collected during the period 2017-18
User fee	
Referral Charges	
Laboratory investigation fees	
Others	



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Section 6: Population covered under facility

Total population under the sub centre	Total=	Female=
	Male=	Children= 5-10 years
	Children (under 5 years)=	

Section 7 and 8: Details of the Physical infrastructure

Particulars	Specify
Area of the building (Total area in Sq. ft.) (Covered space)	
Area of the building (Total area in Sq. ft.) (Open space)	
What is the rental price of 100 sq ft place where this centre is located?	
Was there any expense on renovation or construction of accessory items during the period 2017-18	

Section 8: Services delivered in different rooms in facility (Put 1 if particular service is delivered in a particular room)

Room No.	Square meter or square feet	List services for which it is used. Write serial number codes from Annexure 1
1		
2		
3		
4		
5		
6		
Corridor 1		
Corridor 2		
Corridor 3		



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Section 9: Details about furniture and non-medical equipment (Do ask for any items that are there in stock register and are stored due to non-utilisation or non-functionality)

Name of the equipment or furniture	Quantity of functioning items in each room								
	Room no. 1	Room no. 2	Room no. 3	Room no. 4	Room no. 5	Room no. 6	Corridor 1	Corridor 2	Corridor 3
Almirahs (Small wooden)									
Almirah (Small steel)									
Almirah (Big steel)									
Armless chairs									
Bed side locker									
Bed side table									
Buckets									
Centrifuge									
Curtains									
Curtain rods									
Clock /watch									
Coat rack									
CFL tubes									
Bulbs									
Delivery bed									
Drum with tap for storing water									
Examination bed or table									
Fans									
Foot step									
Hand washing basin									
Inpatient bed									
Kerosene stove									
Labour table									
Operation Lamp									
Large medicine cupboard									
Large wooden benches									
Large steel benches									



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Three seater steel chairs									
Mattress									
Medicine chest									
Medicine trolley									
Metal chair									
Metal file cabinet									
Microscope									
Mugs									
Plastic bin									
Refrigerator									
Sauce pan with lid									
Screen									
Side wooden racks									
Sink									
Small wooden benches									
Stove 4 burner									
Stool (wooden)									
Stool (steel)									
Telephone									
Tube lights									
Wheel chair									
Wooden chair									
Wooden screen									
Wooden Table									
Wooden table with steel top									
Wall mounted side fan									
Others (specify)									



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Section 10: Details of Medical Equipment (Observation cum record review of stock registers) (Equipment procured in year 2018 should not be captured, but condemn equipment in year 2018 should be captured.)

Room No.	Table 10: Equipment details	Quantity	Price	Date of Purchase of Equipment	Useful life of the Equipment	List services for which it is used. Write serial number codes from Annexure 1
	General purpose					
	Ambu Bag (Paediatric size) with Baby mask					
	Artery Forceps, straight, 160mm Stainless steel					
	Basin 825 ml., ss (Stainless Steel) Ref. IS 3992					
	Basin deep (capacity 6litre) ss Ref: IS: 5764					
	BP apparatus Aneroid 300 mm with cuff IS:7652					
	Cheatle's Forcep					
	Clinical Thermometer oral & rectal					
	Cord cutting Scissors, Blunt, curved on flat, 160mmSS					
	Cusco's/Graves Speculum vaginal bi-valve medium					
	Dressing Drum with cover 0.945 liters stainless Steel					
	Dressing Forceps (spring type), 160mm, stainless steel					
	Flashlight / Torch Box-type pre-focused (4 cell)					
	Foetoscope					
	Hemoglobinometer –set Sahli type complete					
	Hub Cutter, Manual					
	I/V Stand					
	Ice pack box					
	Kelly's hemostat Forceps straight 140mm ss					
	Kidney tray					
	Measuring Jug 1 litre –ss					
	Measuring Tape					



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Plain Forceps					
Plastic Sheet clear PVC 180 cm long					
Room Heater/Cooler for immunization clinic					
Sims Speculum vaginal double ended ISS Medium					
Sims Uterine Depressor/Retractor					
Sponge holder					
Sterilizer					
Stethoscope					
Surgeon's Scrubbing Brush with white Nylon Bristles					
Surgical Scissors straight 140mm, ss					
Suture needle curved					
Suture needle straight					
TalquistHb scale					
Tissue Forceps – 160 mm					
Torch (ordinary)					
Tracking Bag and Tickler Box (Immunization)					
Tray instrument/Dressing with cover 310x 195x63mm SS, Ref IS: 3993					
Vaccine Carrier					
Vulsellum Uterine Forceps curved 25.5 cm					
Weighing Scale, Adult 125kg/280 lb					
Others					



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Section 10b: Special equipment for new born care corner

Baby purpose	Quantity	Price	Date of Purchase of Equipment	Useful life of equipment	List services for which it is used. Write serial number codes from Annexure 1
Hub Cutter,electric					
Light examination, mobile, 220-12 V					
Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles					
Pump suction, foot operated					
Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500ml					
Thermometer, clinical, digital, 32-34 0C					
Weighing Scale, spring					
Others					



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Section 11: Details of drugs consumed in the facility (Take consumption data and not the supply data)

Name of drug	Quantity Consumed	Quantity Expired	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1
Iron & Folic Acid Syrup				
Iron & Folic Acid Tablets (IFA) – large (as per the standards provided)				
Iron & Folic Acid Tablets (IFA) – small (as per the standards provided)				
Gentian Violet Crystals/paint				
Oral Rehydration Salts (ORS packets)				
Cotrimoxazole (Trimethoprim & Sulphamethoxazole Tablet) (Pediatric)				
Water –Miscible Vitamin Concentrate (Vitamin A Syrup)				
Zinc Sulphate Dispersible Tablets				
Absorbent Cotton				
Albendazole Tablets				
Chloramphenicol Eye Ointment				
Cotton Bandage				
Methylergometrine Tablets (Methergin)				
Mesoprost tablets				
Methylergometrine Injection				
Paracetamol Tablets				
Povidine Iodine Ointment (Betadine Ointment)				
Other kits				
Iodine Kits				
Nischay Scheme Kit				
Oral Pills				
Copper T				



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Section 12a: Consumables. Material and Supplies

Consumables. Material and Supplies	Quantity	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1
200 watt Bulb			
Blank Immunization Cards / Joint MCH Card (one per pregnant mother) and Tally Sheets			
Dipsticks for urine test for protein and sugar			
Disposable Cord clamp			
Disposable gloves			
Disposable lancet (Pricking needles)			
Disposable Sterile Swabs			
Disposable Sterile Urethral Catheter (rubber plain 12 fr)			
Dry cell / Battery			
Extractor,mucus,20ml,ster,disp Dee Lee			
Foley's catheter (Adult)			
Glass Slide box of 25 slides			
I / V Cannula			
Intravenous set			
Oxygen catheter 8 F,			
Oxygen Cylinder			
Partograph charts			
Reagents such as Hydrochloric acid,			
Reagents such as acetic acid,			
Reagents such as Benedict's solution,			
Reagents such as Bleaching powder,			
Reagents such as Hypochlorite solution,			
Reagents such as Methylated spirit			
Routine Immunization Monitoring Chart			
Specimen collection Bottles			
Sterile Gloves			
Syringe 10cc			
Syringe 5cc			
Syringe 2cc			



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Section 13: Details about IEC material (Observation cum record review in stock register)

Type of IEC material (Specify size)	Expenditure	List services for which it is used. Write serial number codes from Annexure 1
Flex board		
Paper Charts		
Wall paintings		
Others		

Section 14: Details of stationary and other miscellaneous items (Record review for billed amounts of purchased stationary)

Items	Quantity	Expenditure
Registers		
Paper weight		
Pin holder		
Glass top on table		
Office files		
Brooms		
Cleaning agents (Harpic, soaps etc.)		
Others		



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Section 15: Vehicles Details

Type of Vehicle	Quantity	Date of Purchase of Vehicle	Price	Average Life

Section 16: Utilities

1.Means of transport	Expenditure(Annual)
Maintenance	
Repairs	
Insurance	
Others	
Total (If available)	
2. Building	
Electricity	
Water	
Facility rent (if relevant)	
Maintenance of facility	
Telephone	
Kerosene	
Other	
Total (If available)	
3. Equipment	
Maintenance	
Repairs	
Others	
Total (If available)	



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Section 17: Laboratory/ Radiological investigation/Procedure

Type of tests	Quantity
Haemoglobin estimation	
Urine for albumin and sugar	
Urine Test for pregnancy confirmation	
Malaria Slides made	
TB Slides made	
Others	

Section 18: Details of referral transport (Data to be taken from referral reports. If there is no record for verbal referral then get the data from the ASHAs)

Total number in 2017-18	No. of Under-Fives	No. of Over-Fives	Modes of transport	List services for which it is used. Write serial number codes from Annexure 1

Section 19: Details about cash benefits paid to patients (ANM could be asked to mention the different entitlements for patient services and then capture the data for the same)

Name of Scheme	Amount paid during the period 2017-18	List services for which it is used. Write serial number codes from Annexure 1
JSSK		
Others		



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Section 20: Details about utilisation of funds and grants

	Amount spent during the period 2017-18	List services for which it is used. Write serial number codes from Annexure 1
Untied funds		
Alternate Vaccine delivery		
Incentives Paid to Asha		
Others		

Notes/ Additional findings



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Section 21: Time allocation sheet. Staff Member Code (Enter Code as entered in Table 2):

Service code no	Activity name	Type of activity		Fixed schedule activity			Routine activity		
		Fixed schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
1.	Ante natal care								
2.	Institutional deliveries								
3.	Post natal care (at the facility)								
	Post natal care (at outreach level)								
4.	New born care corner								
5.	Immunisation (at the facility)								
	Immunisation (outreach)								
6.	Routine OPD (over 5 years age)								
7.	Routine OPD (under 5 years age)								
8.	Tubectomy motivation								
9.	Tubectomy procedure								
10.	IUCD motivation								
11.	IUCD procedure								
12.	Special care services								
13.	DOTS provision								
14.	Meeting CHC						NA	NA	
15.	Meeting PHC						NA	NA	



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Service code no	Activity name	Type of activity		Fixed schedule activity			Routine activity		
		Fixed schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
16.	Family planning camp								
17.	Other health camps								
18.	Outreach: Pulse polio Immunisation								
19.	Outreach: School health activity/camp								
20.	Outreach: village health nutrition days						NA	NA	
21.	IEC Activities (related to national health programs)						NA	NA	
22.	Disease surveillance and Control of local endemic diseases						NA	NA	
23.	Administration (Maintenance of records, registers and reports).						NA	NA	
24.	Outreach : House to house surveys						NA	NA	
25.	Outreach : Water and Sanitation						NA	NA	
26.	Trainings								

*'1' for once a year participation, '2' for twice a year, 3 for thrice a year participation, 4 for quarterly participation, 5 for once every two months, 6 for monthly participation, 7 for fortnightly participation, 8 for weekly participation, 9 for twice a week participation, 10 for thrice a week participation



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Annexure 1

Code No.	Name of Service
1.	Ante natal care
2.	Institutional deliveries
3.	Post -natal care
4.	New born care corner
5.	Immunisation
6.	Routine OPD (over 5 years age)
7.	Routine OPD (under 5 years age)
8.	Tubectomy motivation
9.	Tubectomy procedure
10.	IUCD motivation
11.	IUCD procedure
12.	Special care services
13.	DOTS provision
14.	Meeting CHC
15.	Meeting PHC
16.	Family planning camp
17.	Other health camps
18.	Outreach: Pulse polio Immunisation
19.	Outreach: School health activity/camp
20.	Outreach: village health nutrition days
21.	IEC Activities (related to national health programs)
22.	Disease surveillance and Control of local endemic diseases
23.	Administration (Maintenance of records, registers and reports).
24.	Outreach : House to house surveys
25.	Outreach : Water and Sanitation
26.	Trainings
27.	Others (specify)

